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# violence prevention the evidence

## Promoting gender equality to prevent violence against women

### **Series of briefings on violence prevention**

This briefing for advocates, programme designers and implementers and others is one of a seven-part series on the evidence for interventions to prevent interpersonal and self-directed violence. The other six briefings look at reducing access to lethal means; increasing safe, stable and nurturing relationships between children and their parents and caregivers; developing life skills in children and adolescents; reducing availability and misuse of alcohol; changing cultural norms that support violence; and victim identification, care and support.

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# Overview

## **Promoting gender equality is a critical part of violence prevention.**

The relationship between gender and violence is complex. Evidence suggests, however, that gender inequalities increase the risk of violence by men against women and inhibit the ability of those affected to seek protection. There are many forms of violence against women; this briefing focuses on violence by intimate partners, the most common form. Though further research is needed, evidence shows that school, community and media interventions can promote gender equality and prevent violence against women by challenging stereotypes that give men power over women.

## **School initiatives are well placed to prevent violence against women.**

School-based programmes can address gender norms and attitudes before they become deeply ingrained in children and youth. Such initiatives address gender norms, dating violence and sexual abuse among teenagers and young adults. Positive results have been reported for the Safe Dates programme in the United States of America and the Youth Relationship Project in Canada.

## **Community interventions can empower women and engage with men.**

Community interventions can address gender norms and attitudes through, for example, the combination of microfinance schemes for women and methods that empower men as partners against gender-based violence. The strongest evidence is for the IMAGE microfinance and gender equity initiative in South Africa and the Stepping Stones programme in Africa and Asia. Community programmes with male peer groups show promise in changing attitudes towards traditional gender norms and violent behaviour, but they require more rigorous evaluations. Well-trained facilitators and community ownership appear to boost the effectiveness of these interventions.

## **Media interventions can alter gender norms and promote women's rights.**

Public awareness campaigns and other interventions delivered via television, radio, newspapers and other mass media can be effective for altering attitudes towards gender norms. The most successful are those that seek to understand their target audience and engage with its members to develop content. We do not yet know, however, whether they actually reduce violence.

## **Programmes must engage males and females.**

There is some evidence that microfinance schemes that empower women (without engaging with men) may actually cause friction and conflict between partners, especially in societies with rigid gender roles. Further research is needed to explore how such possible negative effects might be overcome.



# 1. Introduction

The relationship between gender and violence is complex. The different roles and behaviours of females and males, children as well as adults, are shaped and reinforced by gender norms within society. These are social expectations that define appropriate behaviour for women and men (e.g. in some societies, being male is associated with taking risks, being tough and aggressive and having multiple sexual partners). Differences in gender roles and behaviours often create inequalities, whereby one gender becomes empowered to the disadvantage of the other. Thus, in many societies, women are viewed as subordinate to men and have a lower social status, allowing men control over, and greater decision-making power than, women.

Gender inequalities have a large and wide-ranging impact on society. For example, they can contribute to gender inequities in health and access to health care, opportunities for employment and promotion, levels of income, political participation and representation and education.

Often inequalities in gender increase the risk of acts of violence by men against women (see definitions, **Box 1**). For instance, traditional beliefs that men have a right to control women make women and girls vulnerable to physical, emotional and sexual violence by men (1,2). They also hinder the ability of those affected to remove themselves from abusive situations or seek support (3). Violence against women is most often perpetrated by an in-

## BOX 1

### Definitions

**GENDER EQUALITY:** Equal treatment of women and men in laws and policies, and equal access to resources and services within families, communities and society at large (11).

**GENDER EQUITY:** Fairness and justice in the distribution of benefits and responsibilities between women and men. Programmes and policies that specifically empower women are often needed to achieve this (11).

**GENDER-BASED VIOLENCE:** Violence involving men and women, in which the female is usually the victim; and which is derived from unequal power relationships between men and women. Violence is directed specifically against a woman because she is a woman, or affects women disproportionately. It includes, but is not limited to, physical, sexual and psychological harm (including intimidation, suffering, coercion, and/or deprivation of liberty within the family, or within the general community). It includes that violence which is perpetrated or condoned by the state (13). This widely accepted definition of gender-based violence is now often expanded to include violence that results from unequal power relations between men and between women (e.g. homophobic violence).

**VIOLENCE AGAINST WOMEN:** Any public or private act of gender-based violence that results in, or is likely to result in physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty (14).

**INTIMATE PARTNER VIOLENCE:** Any behaviour by a man or a woman within an intimate relationship that causes physical, sexual or psychological harm to those in the relationship. This is the most common form of violence against women.

## BOX 2

### Intimate partner violence

In a study of intimate partner violence across ten countries, the percentage of women reporting physical or sexual violence by their partners, or both, in their lifetime varied from 15% (in one city in Japan) to 71% (in a province of Ethiopia). The percentage of women reporting physical or sexual violence, or both, in the past year ranged from 4% (in cities in Japan, Montenegro and Serbia) to 54% (in a province of Ethiopia) (15).

intimate partner, but it takes many other forms: violence by a family member, sexual harassment and abuse by authority figures, trafficking for prostitution, child marriages, dowry-related violence, honour killings, sexual violence committed by soldiers during wars and so on (4). Health consequences of such violence range from physical injuries and unwanted pregnancies to sexually transmitted infections (including HIV), emotional problems such as anxiety and depression and (in extreme cases) homicide or suicide (3,5,6–10).

For decades, therefore, promoting gender equality has been a critical part of violence prevention. This has included interventions that confront the entrenched beliefs and cultural norms from which gender inequalities develop, and efforts to engage all sectors of society in redressing these inequalities, both of which are thought to reduce gender-based violence. Despite the long history and high visibility of such measures, however, few have been subject to any kind of scientific evaluation.

This briefing reviews some of the most promis-

ing methods of promoting gender equality and their effectiveness in reducing violence towards women. There are many types of violence against women, but this briefing focuses specifically on interventions to prevent violence by intimate partners and during dating, as these have been evaluated more than other interventions in this area. These include:

- **School-based interventions**

These work with school children before gender attitudes and behaviours are deeply ingrained. The most widely evaluated are dating interventions that attempt to create equal relationships and change attitudes and norms towards dating.

- **Community interventions**

These try to effect change in individuals and whole communities, by addressing gender norms and attitudes. They can include methods to empower women economically and to enlist men as partners against gender-based violence.

- **Media interventions**

Public awareness campaigns use mass media to challenge gender norms and attitudes and try to raise awareness throughout society of violent behaviour towards women and how to prevent it.

Government interventions to promote gender equality, such as laws and policies (see **Box 3**), can also play an important role in the primary prevention of violence. These are not discussed at length in this briefing, however, as there have been few evaluations of such measures.

## BOX 3

### Laws and policies to promote gender equality

The development of international and national legal frameworks that promote gender equality can play an important role in preventing violence against women. Internationally, a number of human rights agreements require states to take measures to eliminate gender-based violence against women (15). These include the Convention on the Elimination of All Forms of Discrimination Against Women; the International Covenant on Civil and Political Rights; and the International Covenant on Economic, Social and Cultural Rights. Significant changes are also underway worldwide to strengthen national laws and policies. Among them are laws that criminalize violence against women (e.g. intimate-partner violence, rape in marriage, trafficking for prostitution); laws and policies that support and protect those affected (e.g. implementing protection orders, child and family protection units, specialized response teams, women's shelters and family courts); improving the response of police and other criminal justice officials towards cases of violence against women; and improving women's rights in marriage, divorce, property ownership and inheritance and child support (3,16,17).

## 2. School-based interventions

School-based interventions attempt to address gender norms and equality early in life, before gender stereotypes become deeply ingrained in children and youth. A number of initiatives have been developed to address gender norms, dating violence and sexual abuse among teenagers and young adults (18). These target either male peer groups, or male and female youth together, and aim to increase knowledge of intimate partner violence, challenge gender stereotypes and norms and reduce levels of dating violence. Evaluations of these programmes suggest they can increase knowledge about dating violence and improve attitudes towards it; their effectiveness at reducing levels of actual abuse towards females appears promising, although it has not been consistently demonstrated and evaluations have largely focused on short-term outcomes (18–21).

Positive results have been reported, however, particularly for the Safe Dates programme in the United States and the Youth Relationship Project in Canada. Safe Dates is a school and community initiative that targets eighth and ninth grade girls and boys (13–15-years-old). It includes a ten-session educational curriculum, a theatre production, a poster contest, training for providers of community services and support services for affected adolescents. A randomized controlled trial of the programme found that (compared to members of a control group) participants reported less psychological abuse and sexual and physical violence against their current dating partner one month after the programme ended (22) and four years later (23).

Dating programmes are more effective if they are delivered in multiple sessions over time (rather than in a single session) and if they aim to change attitudes and norms rather than simply provide infor-

mation (30). Furthermore, there is some evidence that for men, programmes presented to mixed male and female groups are less effective in changing attitudes than those presented to all-male groups (31). Although the majority of evaluated school programmes for dating violence have been conducted in the United States and other high-income countries, some initiatives are being implemented in developing countries. For instance, in South Africa, an adaptation of the Safe Dates programme for students in eighth grade (13–14-years-old) is now being evaluated. Furthermore, the Men As Partners programme (see Community interventions, below) has established groups for students in grades 5 to 8 (10–14-years-old). These encourage boys to stop domestic and sexual violence towards women and girls and to become responsible fathers (32). The programme, however, has yet to be evaluated.

The Youth Relationship Project in Ontario, Canada, is a community-based intervention to help at-risk 14–16-year-olds develop healthy, nonabusive relationships with dating partners by providing education about healthy and abusive relationships, conflict resolution and communication skills and social action activities. A randomized controlled trial showed that the intervention was effective in reducing incidents of physical and emotional abuse and symptoms of emotional distress over a 16-month period after the intervention (24).

Other programmes targeting both males and females have changed attitudes towards violence. For instance, in the United States, a five-session programme on dating violence for students in grades 9 to 12 (14–18-years-old) addressed how gender inequality fosters violence, challenged individual and societal attitudes towards violence as a means of conflict resolution, helped students develop non-violent communication skills and identified re-



sources to support victims of dating aggression. A well-designed evaluation found that the programme significantly lowered male and female participants' tolerance of dating violence (compared to members of a control group) (25).

Another programme in the United States, Mentors in Violence Prevention, provides six or seven two-hour educational sessions to male and female high-school and college students, in mixed or single-sex groups. Here the students learn about different types of abuse, gender stereotypes and society's acceptance of violence against women. In addition, role-playing helps participants to confront sexist attitudes and to actively prevent violence (26). An evaluation of the programme in ten schools examined the knowledge and attitudes of participants before and two to five months after the programme. This found that, compared to members of a control group, participants' knowledge of violence against women significantly increased after the programme. The study also indicated that the programme improved participants' attitudes towards violence against women and gave them greater confidence to intervene or speak out against it (27).

Initiatives that work solely with male peer groups have also been shown to change violence-related attitudes in the short term – particularly towards sexual violence – and to promote new ideas of masculinity based on non-violence and respect for women. In the United States, for example, university undergraduates participated in a one-hour programme led by four male peer educators. This

included a video that described a situation leading to rape, and taught basic skills for helping a woman recover from rape, communicating openly in sexual encounters and challenging the societal normalization of rape. A randomized controlled evaluation found that, immediately after the programme, levels of acceptance of rape-myths and the likelihood of raping (measured by a behavioural question) were significantly lower for participants than before the programme – and no such changes were reported in the control group. A follow-up study at seven months indicated that the beneficial changes were enduring; however, no changes were found in levels of sexual coercion before and after the intervention (28).

In a related initiative, The Men's Program, a video was shown to male undergraduates describing a homosexual, male-on-male, rape to teach the students how it might feel to be raped. The video also made connections with male-on-female rape to encourage empathy for survivors. In addition, participants were taught how to support rape victims and confront peers who joked or boasted about raping women. An evaluation of this approach randomly assigned participants to one of two additional training modules that dealt with either bystander intervention in situations involving alcohol where there is a danger of rape, or defining consent in situations involving alcohol. A randomized controlled trial found that in both treatment groups, participants were significantly less likely (than members of the control group) to accept myths about rape or commit sexual assault or rape (29).



# 3. Community interventions

Community interventions to reduce gender equality usually attempt to empower women, strengthen their economic position (through, for instance, microfinance schemes) and change gender stereotypes and norms (17,30,33,34). These programmes have mainly been implemented in developing countries. Although most programmes involve women (alone or with men), some community programmes work solely with male peer groups focusing on masculinity, gender norms and violence. This reflects a growing awareness of the importance of engaging men and boys in interventions, not only to redefine concepts of masculinity based on dominance and control, but also to engage them in stopping violence against women. Community interventions aim to change not just the way individuals think and behave, but also to mobilize entire villages or districts in efforts to eradicate violence against women.

## 3.1 Microfinance

A number of initiatives involving micro-finance have been established to increase women's economic and social power. These provide small loans to mobilize resources for income-generating projects, which can alleviate poverty. While microfinance programmes can operate as discrete entities, successful ones tend to incorporate education sessions and skills-building workshops to help change gender norms, improve communication in relationships and empower women in other ways (35).

One of the most rigorously evaluated and successful programmes is South Africa's Intervention with Microfinance for AIDS and Gender Equity (IMAGE). This targets women living in the poorest households in rural areas, and combines financial services with training and skills-building sessions on HIV prevention, gender norms, cultural beliefs, communication and intimate partner violence (36–

38). The programme also encourages wider community participation to engage men and boys. It aims to improve women's employment opportunities, increase their influence in household decisions and ability to resolve marital conflicts, strengthen their social networks and reduce HIV transmission.

A randomized controlled trial found that, two years after completing the programme, participants reported 55% fewer acts of violence by their intimate partners in the previous 12 months than did members of a control group (37). Compared with controls, these women reported fewer experiences of controlling behaviour by their partners (34% of participants versus 42% of those in the control group), despite having suffered higher levels of this behaviour than members of the control group before entering the programme. In addition, participants were more likely to disagree with statements that condone physical and sexual violence towards an intimate partner (52% of participants versus 36% of the control group) (37). Furthermore, a higher percentage of women in the programme reported household communication about sexual matters and attitudes that challenged gender roles. The programme did not, however, have an effect on either women's rate of unprotected sexual intercourse at last occurrence with a non-spousal partner or HIV incidence (37).

Other stand-alone credit programmes targeting women appear to show promise in reducing intimate partner violence. These include Grameen Bank and Bangladesh Rural Advancement Committee (BRAC) Rural Development programmes<sup>1</sup> in Bangladesh.

<sup>1</sup> The Grameen Bank and the BRAC Rural Development Programme are the two largest non-governmental credit programmes in Bangladesh. Participants are organized into small solidarity groups which share responsibility for repayment.

Here, women participants were interviewed retrospectively and asked if the programme had changed their experience of intimate partner violence. Their answers revealed that they were less than half as likely to have been beaten by their partners in the previous year as women living in villages with no exposure to such programmes (39). Women were protected from intimate partner violence through their ability to bring home a resource that benefited their partners, which improved their status in the household. Since participation allowed the women greater contact with others outside the home, their lives (and, therefore, experience of intimate partner violence) also became more visible. These programmes also showed benefits for the entire community. Levels of intimate partner violence among non-participating women living in villages where credit programmes had been implemented were about 30% lower than among non-participating women in villages with no credit programmes.

The promise of these programmes is tempered, however, by reports of lenders exploiting disadvantaged borrowers with very high rates of interest – which can trap people in debt and contribute further to poverty (40) – and of increases in intimate partner violence (41). Disagreements over the control of newly acquired assets and earnings, combined with women's changing attitudes towards traditional gender roles, improved social support and greater confidence to defend themselves against male authority, sometimes led to marital conflicts and violence against women perpetrated by their partners (39). Increases in violence following participation in credit programmes have also been reported elsewhere (42), at least in the initial stages of membership (43).

These negative outcomes may be explained by differences between the Grameen and BRAC credit programmes and South Africa's IMAGE intervention, described above. IMAGE includes education and skills-building sessions that address a variety of social issues and engage men and boys. The Grameen and BRAC programmes do not, however, include such educational and skills-building sessions (except for self-employment, often a year after membership). Furthermore, these programmes are solely for women. Pre-existing gender roles appear to affect the violence-related outcomes of credit programmes: in communities with rigid gender roles, women's involvement can result in increased levels of intimate partner violence, but not in those with more flexible gender roles (44). Through education and skills-building, and engagement with

boys and men, IMAGE has the potential to change the attitudes of whole communities, making them more receptive to female empowerment, without a backlash.

### **3.2 Challenging gender norms and attitudes**

Other community programmes challenge gender norms and attitudes that justify intimate partner violence. The most widely established and rigorously evaluated is the Stepping Stones programme, a life-skills training intervention developed for HIV prevention, which has been implemented in Africa and Asia. Using a variety of methods, including reflection on one's attitudes and behaviour, role-play and drama, it addresses issues such as gender-based violence, communication about HIV, relationship skills and assertiveness. Thirteen three-hour sessions are run in parallel for single-sex groups of women and men. These are complemented by mixed peer group and community meetings. Stepping Stones is designed to improve sexual health by developing stronger, more equal relationships between those of different gender. Versions of the programme have been evaluated in a variety of countries (45); however, the most thorough study is a randomized controlled trial in the Eastern Cape province of South Africa, with participants aged 15–26 years-old. This indicated that a lower proportion of the men who had participated in the programme committed physical or sexual intimate partner violence in the two years after the programme, compared with the men in a control group (46). Furthermore, a qualitative evaluation in Gambia that followed participating couples over one year found that, compared to couples in a control group, they communicated better and quarrelled less, and that the men were more accepting of a wife's refusal to have sex and less likely to beat her (47).

In Uganda, Raising Voices and the Centre for Domestic Violence Prevention run a community initiative for males and females, designed to challenge gender norms and prevent violence against women and children (48). This includes raising awareness of domestic violence and building networks of support and action within the community and professional sectors; community activities such as theatre, discussions and door-to-door visits; and using radio, television and newspapers to promote women's rights. A review of the programme after two years suggested that all forms of intimate partner violence had decreased in the community (48). However, 8% of women and 18 % of men reported

## BOX 4

### Nicaraguan backlash shows need to engage men, as well

During the last decade, Nicaragua has pioneered a number of initiatives to protect women against domestic violence. These have included:

- A network of police stations for women (Comisaria de la Mujer), where women who have been abused receive psychological, social and legal support;
- A ministry for family affairs (Mi Familia), which among other responsibilities, ensures that shelter is available to women and children who suffer domestic violence;
- Reform of the national reproductive health programme to address gender and sexual abuse.

At the same time civil society groups have campaigned to promote the rights of women and to empower them to oppose domestic abuse. Despite these efforts, the reported number of acts of domestic and sexual violence against women has increased dramatically: e.g. reports of sexual abuse received by the Comisaria de la Mujer rose from 4174 (January–June 2003) to 8376 (January–June 2004).

Researchers at the Universidad Centro Americana and the Institute for Gender Studies say two factors explain this increase: better reporting of cases, as women are now encouraged to speak out; and the growing awareness among women that cultural traditions that foster violence are no longer acceptable under international law. In turn, as Nicaraguan women have more actively opposed male hegemony, domestic conflicts have increased and more men have resorted to domestic violence.

These findings suggest responses to domestic violence must not focus exclusively on women, but must also target men to prevent a backlash (49).

an increase in physical violence against women following the introduction of the programme. This backlash was attributed to men feeling threatened by the empowerment of women (see **Box 4**).

A number of programmes work specifically with male peer groups, addressing values and attitudes associated with violence against women, redefining concepts of masculinity and engaging men in violence prevention. In general, however, few rigorous evaluations have assessed the impact of these programmes on violence. In Africa, Asia, Latin America and the United States, Men As Partners provides education and skills-building workshops for men to explore their attitudes regarding sexuality and gender and promote gender equality in relationships (50). The project provides enhanced health-care facilities for men, leads local and national public education campaigns and advocates for change at national and international levels. A review of a five-day workshop in South Africa reported some positive results, although it was not an independent study, and it failed to include a control group for comparison. Nonetheless, changes in gender attitudes were reported among the men attending and completing a survey (67% of those attending completed a survey). For instance, 54% of men *disagreed* with the statement that “men must make all the decisions in a relationship” in a pre-training interview, compared with 75% three months later.

Similarly, 61% of men *disagreed* that “women who dress sexy want to be raped” before training, compared with 82% three months later (50).

Another intervention that uses male peer groups is Brazil’s Program H. This fosters healthy relationships and aims to prevent HIV and other sexually transmitted infections. Program H has two main components: educational sessions (with video, role-playing and discussions) lasting two hours per week for six months to promote changes in attitude and behaviour; and a social marketing campaign to promote changes in norms of masculinity and lifestyles. An evaluation among 14–25-year-old males compared three communities: the first received the Program H educational component, the second received the educational component plus the social marketing campaign and the third (control group) received no intervention. Compared to the control community, at six months, participants in the two communities that received one or both of the interventions were less likely to support traditional gender norms than before the intervention (51).

India has also tested a version of Program H, with the same design and time frame as in Brazil. An evaluation found that it encouraged male participants to question traditional gender norms. Additionally, the proportion of men in the Indian programme reporting violence against a partner in the previous three months declined significantly in

the intervention groups, compared to the control group (52).

While evaluations of community interventions indicate that they may help in reducing violence and changing gender attitudes and norms (17,30,33,34), more scientific evaluation studies are needed, particularly for programmes focusing on male peer groups. Community interventions are

more effective when facilitators are well-trained and have won the trust of a community. Their success is also linked to communities taking ownership of interventions, the concurrent use of a variety of methods and activities (30), adequate and sustained funding and the support of high-level political decision-makers.

# 4. Media interventions

Media interventions use television, radio, the Internet, newspapers, magazines and other printed publications to reach a wide range of people and effect change within society. They aim to increase knowledge, challenge attitudes and modify behaviour. Media interventions can also alter social norms and values (e.g. the belief that masculinity is associated with aggression) through public discussion and social interaction. Media campaigns have proven successful in increasing knowledge of intimate partner violence and influencing attitudes towards gender norms, but less is known about their ability to reduce violent behaviour, as it is difficult to measure potential changes in levels of violence associated with media interventions (21,30,33,53). Research shows, however, that the most successful media interventions are those that begin by understanding the behaviour of their audience and engaging its members in developing the intervention (30).

One of the best-known and most carefully evaluated media programmes is Soul City in South Africa (54). This uses a series of radio and television episodes to highlight intimate partner violence, date rape and sexual harassment, among other social problems. The series is accompanied by information booklets that are distributed nationally. An evaluation of the fourth series, which focused on gender-based violence, used a random sample of the national population and conducted two sets of interviews, eight months apart: before and after the intervention. The study reported an association between exposure to the Soul City series and changes in knowledge and attitudes towards intimate partner violence (55). For instance, at follow-up, the percentage of people *agreeing* with the statement “no woman ever deserves to be beaten” had increased from 77% to 88%, while the percent-

age *disagreeing* with the assertion “women who are abused are expected to put up with it” had increased from 68% to 72%. However, there were no significant changes reported in other attitudes such as “as head of household, a man has the right to beat his wife” (55) and the study design was not able to establish if there was an impact on violent behaviour.

In Nicaragua, a mass communication strategy named *Somos Diferentes, Somos Iguales* (We are different, We are equal) has promoted social change to improve sexual and reproductive health. The strategy aimed to empower women and young people to take control of their lives and to promote women’s rights and gender equality. Activities included a national television series (*Sex-to Sentido*, or Sixth Sense), a radio talk show for youth and community activities such as training workshops for young people and youth leadership camps. The television series was a weekly drama with issue-based storylines that was broadcast in Nicaragua, other Central American countries and the United States. Using a sample of Nicaraguan youth (13–24-years-old), an evaluation found that the strategy was associated with a positive change in attitudes towards gender equity, among those exposed to it. However, the study lacked a control group for comparative purposes and did not measure changes in levels of violence towards women (56).

A number of campaigns have targeted men specifically, aiming to challenge traditional concepts of masculinity associated with violence. Evaluations of these have not, however, looked at their effect on violence. For instance, a 2001 Australian campaign known as Violence against Women—It’s Against All the Rules targeted 21–29-year-old men. Sports celebrities delivered the message that vio-

lence towards women is unacceptable and that a masculine man is not a violent man (57). Similarly, in the United States, Men Can Stop Rape runs a public education campaign for men and boys with the message “My strength is not for hurting”. The campaign materials highlight how men can be strong without overpowering others and aim to re-define masculinity (58). Internationally, the White Ribbon campaign engages men and boys in work to end violence against women. This educational initiative raises awareness about violence against women and challenges men to speak out against it. Supporters wear a white ribbon, symbolizing their promise never to commit, condone or remain silent about violence towards women (59).

Many other public information campaigns promote gender equality and raise awareness about intimate partner violence, though few have been evaluated. These campaigns can be useful for advocating for the implementation of laws and policies that contribute to gender equality (see **Box 3**). International campaigns include:

- 16 Days of Activism to End Gender Violence: This annual campaign, established by the Center for Women’s Global Leadership in 1991, has engaged organizations in more than 130 countries. Activities include raising aware-

ness about violence as a human rights issue, strengthening local work around violence against women and pressuring governments to make the changes needed to eliminate violence (<http://www.unfpa.org/16days/>);

- UNITE to End Violence Against Women: Launched by the UN Secretary-General in February 2008, this aims to raise public awareness and increase political will and resources for preventing and responding to violence against women and girls (<http://endviolence.un.org/>);
- Say NO to Violence Against Women: Run by the United Nations Development Fund for Women, this advocates for the right of every woman to lead a life free of violence (<http://www.unifem.org/campaigns/vaw/>); and
- Stop Violence Against Women: Launched in 2004 by Amnesty International, this advocates for equal rights for women and children, urging governments to abolish laws and practices that perpetuate violence against women and adopt policies that protect women (<http://www.amnesty.org/en/campaigns/stop-violence-against-women>).

# 5. Summary

The promotion of gender equality is an essential part of violence prevention. A range of school, community and media interventions aim to promote gender equality and non-violent relationships by addressing gender stereotypes that allow men more power and control over women. These include some well-evaluated interventions, but more evaluations are needed that use measures of actual violent behaviour as an outcome rather than improvements in attitude or knowledge, whose relation to violent behaviour may be unknown.

Some school-based programmes have demonstrated their effectiveness. With the exception of the Safe Dates programme and the Youth Relationship Project, however, evaluations of these have looked at short-term outcomes and more research is needed on their long-term effects. School programmes are well placed to prevent violence against women, since they have the potential to address gender norms and attitudes before they become deeply ingrained. They are also ideal environments to work with male peer groups, where rigid ideas about masculinity can be questioned and redefined. Among community interventions, the IMAGE and Stepping Stones programmes are

supported by the strongest evidence. Community programmes with male peer groups show promise in changing attitudes towards traditional gender norms, as well as violent behaviour, but they require more rigorous outcome evaluations. Finally, media interventions, such as Soul City in South Africa, appear to be effective at addressing attitudes towards gender norms and women's rights that may influence violent behaviour. However, we do not yet know whether they actually reduce violent behaviour.

There is evidence that the success of some microfinance programmes in empowering women (without engaging with men) may actually cause friction and conflict between partners, especially in societies with rigid gender roles (44). Further research is needed to explore how such possible negative effects might be overcome. When gender roles become more flexible, most women enjoy greater power, status and economic independence and the threat of violence against them decreases (60). It is important, therefore, to engage both men and women and boys and girls in interventions that promote gender equality and prevent violence against women.



# References

1. Ilika AL. Women's perception of partner violence in a rural Igbo community. *African Journal of Reproductive Health*, 2005, 9:77–88.
2. Mitra A, Singh P. Human capital attainment and gender empowerment: the Kerala paradox. *Social Science Quarterly*, 2007, 88:1227–1242.
3. Heise L, Garcia-Moreno C. Intimate partner violence. In Krug et al., eds. *World report on violence and health*. Geneva, World Health Organization, 2002.
4. Heise L, Ellsberg M, Gottmoeller M. A global overview of gender-based violence. *International Journal of Gynecology and Obstetrics*, 2002, 78:S5–S14.
5. *Violence against women. Fact sheet No. 239*. Geneva, World Health Organization, 2008. (<http://www.who.int/mediacentre/factsheets/fs239/en/print.html>, accessed 5 February 2009).
6. Sarkar NN. The impact of intimate partner violence on women's reproductive health and pregnancy outcome. *Journal of Obstetrics and Gynecology*, 2008, 28:266–71.
7. Coker AL. Does physical intimate partner violence affect sexual health? A systematic review. *Trauma Violence and Abuse*, 2007, 8:149–77.
8. Plichta SB. Intimate partner violence and physical health consequences: policy and practice implications. *Journal of Interpersonal Violence*, 2004, 19:1296–323.
9. Campbell JC. Health consequences of intimate partner violence. *Lancet*, 2002, 359:1331–36.
10. Dutton MA et al. Intimate partner violence, PTSD and adverse health outcomes. *Journal of Interpersonal Violence*, 2006, 21:955–968.
11. *Transforming health systems: gender and rights in reproductive health*. Geneva, World Health Organization, 2001.
12. UN Economic and Social Council (ECOSOC). *Agreed Conclusions 1997/2. 18 July 1997*. (<http://www.unhcr.org/refworld/docid/4652c9fc2.html>, accessed 5 February 2009).
13. United Nations Population Fund (UNFPA). *Violence against girls and women: a public health priority* (<http://www.unfpa.org/intercenter/violence/>, accessed 5 February 2009).
14. United Nations General Assembly A/RES/48/104 20th December 1993. (<http://www.un.org/documents/ga/res/48/a48r104.htm>, accessed 5 February 2009).
15. Garcia-Moreno C et al. Prevalence of intimate partner violence: findings from the WHO multi-country study on women's health and domestic violence. *Lancet*, 2002, 368: 1260–69.
16. Commonwealth Secretariat. *Integrated approaches to eliminating gender-based violence*. London, Commonwealth Secretariat, 2003.
17. Morrison A, Ellsberg M, Bott S. *Addressing gender-based violence in the Latin American and Caribbean region: a critical review of interventions. World Bank policy research working paper 3438*. (<http://www-wds.worldbank.org/>, accessed 5 February 2009).
18. Hickman LJ, Jaycox LH, Aronoff J. Dating violence among adolescents: prevalence, gender distribution, and prevention programme effectiveness. *Trauma, Violence and Abuse*, 2004, 5: 123–142.
19. Avery-Leaf S, Cascardi, M. Dating violence education: prevention and early intervention strategies. In: Schewe PA, ed. *Preventing violence in relationships: interventions across the life span*. Washington, DC, American Psychological Association, 2002.
20. Wekerle C, Wolfe DA. Dating violence in mid-adolescence: theory, significance and emerging prevention initiatives. *Clinical Psychology Review*, 1999, 19:435–456.
21. Whittaker DJ, Baker CK, Arias I. Interventions to prevent intimate partner violence. In: Doll LS et al., eds. *Handbook of injury and violence prevention*. New York, Springer, 2007.
22. Foshee VA et al. An evaluation of safe dates an adolescent dating violence prevention programme. *American Journal of Public Health*, 1998, 88:45–50.
23. Foshee VA et al. Assessing the effects of the dating violence prevention program "Safe Dates" using random coefficient regression modelling. *Prevention Science*, 2005, 6:245–257.
24. Wolfe D et al. Dating violence prevention with at-risk youth: a controlled outcome evaluation. *Journal of Consulting and Clinical Psychology*, 71(2): 279–291.

25. Avery Leaf S et al. Efficacy of a dating violence prevention program on attitudes justifying aggression. *Journal of Adolescent Health*, 1997, 21:11–17.
26. Ward, KJ. *MVP Evaluation 1999–2000* (<http://www.sportinsociety.org/files/mvp-evaluation1.pdf>, accessed 5 February 2009).
27. Campbell JC. Health consequences of intimate partner violence. *Lancet*, 2002, 359:1331–36 (<http://www.sportinsociety.org/files/completeformat.doc>, accessed 5 February 2009)
28. Foubert JD. The longitudinal effects of a rape-prevention program on fraternity men's attitudes, behavioral intent, and behavior. *Journal of American College Health*, 2000, 48:158–163.
29. Foubert JD, Newberry JT. Effects of two versions of an empathy-based rape prevention program on fraternity men's survivor empathy, attitudes and behavioural intent to commit rape or sexual assault. *Journal of College Student Development*, 2006, 47:133–148.
30. Harvey A, Garcia-Moreno C, Butchart A. *Primary prevention of intimate partner violence and sexual violence: background paper for WHO expert meeting May 2–3, 2007*. ([http://www.who.int/violence\\_injury\\_prevention/publications/violence/IPV-SV.pdf](http://www.who.int/violence_injury_prevention/publications/violence/IPV-SV.pdf), accessed 5 February 2009).
31. Brecklin LR, Forde DR. A meta-analysis of rape education programs. *Violence and Victims*, 2001, 16:303–321.
32. Sonke Gender Justice Project. *Men as partners: engaging men to reduce children's vulnerabilities to HIV/AIDS and gender-based violence in Nkandla, KwaZulu-Natal and OR Tambo, Eastern Cape*. ([www.genderjustice.org.za](http://www.genderjustice.org.za), accessed 5 February 2009).
33. Guedes A. *Addressing gender-based violence from the reproductive health/HIV sector: a literature review and analysis. Report commissioned by USAID Interagency Gender Working Group (IGWG)*. Washington, DC, POPTech project, 2004.
34. *Engaging men and boys in changing gender-based inequity in health: evidence from programme interventions*. Geneva, World Health Organization, 2007.
35. Kim J et al. Assessing the incremental benefits of combining health and economic interventions: experience from the IMAGE Study in rural South Africa. *Bulletin of the World Health Organization*, 2009, in press.
36. Rural AIDS and Development Action Research Programme (RADAR). *Social interventions for HIV/AIDS. Intervention with Micro-finance for AIDS and gender equity (IMAGE) study. Evaluation Monograph No. 1*. South Africa, RADAR, 2002.
37. Pronyk PM et al. Effect of a structural intervention for the prevention of intimate-partner violence and HIV in rural South Africa: a cluster randomised trial. *Lancet*, 2006, 368:1973–83.
38. Kim JC, Watts CH, Hargreaves JR et al. Understanding the impact of a microfinance-based intervention on women's empowerment and the reduction of intimate partner violence in South Africa. *American Journal of Public Health*, 2007, 97:1794–1802.
39. Schuler SR et al. Credit programs, patriarchy and men's violence against women in rural Bangladesh. *Social Science and Medicine*, 1996, 43:1729–1742.
40. Rhyne E. *Commercialization and crisis in Bolivian microfinance*. Bethesda USA, Microenterprise Best Practices, 2001.
41. Kabeer N. Conflicts over credit: re-evaluating the empowerment potential of loans to women in rural Bangladesh. *World Development*, 2001, 1:63–84.
42. Rahman A. Micro-credit initiatives for equitable and sustainable development: who pays? *World Development*, 1999, 27:67–82.
43. Ahmed SM. Intimate partner violence against women: experiences from a woman-focused development programme in Matlab, Bangladesh. *Journal of Health and Population Nutrition*, 2005, 23:95–101.
44. Koenig MA et al. Women's status and domestic violence in rural Bangladesh: Individual and Community level effects. *Demography*, 2003, 40:269–288.
45. ActionAid International. *Evaluating Stepping Stones. A review of existing evaluations and ideas for future M&E work*. ([http://alextechw10.co.uk/steppingstones/downloads/AAI\\_SS\\_review\\_final-May\\_2006.pdf](http://alextechw10.co.uk/steppingstones/downloads/AAI_SS_review_final-May_2006.pdf), accessed 5 February 2009)
46. Jewkes R et al. Impact of Stepping Stones on incidence of HIV and HSV-2 and sexual behaviour in rural South Africa: cluster randomised controlled trial. *British Medical Journal*, 337: a506. doi: 10.1136/bmj.a506
47. Paine K et al. "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*, 2002, 1:41–52.
48. Raising Voices and the Center for Domestic Violence Prevention. *Mobilising communities to prevent domestic violence, Kawempe Division, Uganda. Impact Assessment*. (<http://www.preventgbvafrica.org/images/publications/evaluations/rv.cedovip.impactassess.pdf>, accessed 21 August 2008).
49. Schopper D, Lormand J-D, Waxweiler R, eds. *Developing policies to prevent injuries: guidelines for policy-makers and planners*. Geneva, World Health Organization, 2006.
50. Peacock D, Levack A. The men as partners in South Africa: reaching men to end gender-based violence and promote sexual and reproductive health. *International Journal of Men's Health*, 22 September 2004. ([http://findarticles.com/p/articles/mi\\_moPAU/is\\_3\\_3/ai\\_n13733408?tag=artBody;col1](http://findarticles.com/p/articles/mi_moPAU/is_3_3/ai_n13733408?tag=artBody;col1), accessed 21 August 2008).
51. Pulerwitz J et al. Promoting gender-equity among young Brazilian men as an HIV prevention strategy. *Horizons Research Summary*. Washington, DC, Population Council, 2006.
52. Verma RK et al. *From research to action – addressing masculinity and gender norms to reduce HIV/AIDS related risky sexual behavior among young men in India*. Washington, DC, Population Council, 2008.
53. Campbell JC, Manganello J. Changing public attitudes as a prevention strategy to reduce intimate partner violence. *Journal of Aggression, Maltreatment and Trauma*, 2006, 13:13–39.

54. Soul City Institute. Johannesburg (<http://www.soulcity.org.za>, accessed 21 August 2008).
55. Usdin S, Scheepers E, Goldstein S et al. Achieving social change on gender-based violence: a report on the impact evaluation on Soul City's fourth series. *Social Science and Medicine*, 2005, 61:2434–2445.
56. Solórzano I et al. *Catalyzing personal and social change around gender, sexuality, and HIV: impact evaluation of Puntos de Encuentro's communication strategy in Nicaragua*. Washington, DC, Population Council, 2008.
57. Flood M. Engaging Men: Strategies and dilemmas in violence prevention education among men. *Women Against Violence: A Feminist Journal*, 2002–2003, 13:25–32.
58. Men Can Stop Rape. *Strength Campaign*. (<http://www.mencanstoprape.org>, accessed 5th February 2009).
59. White Ribbon Campaign (<http://www.whiteribbon.ca>, accessed 5th February 2009).
60. Archer J. Cross-cultural differences in physical aggression between partners: a social-role analysis. *Personality and Social Psychology Review*, 2006, 10(2):133–53.