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Prevention of violence against women and girls: lessons from practice

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This Series paper describes programming to prevent violence against women and girls, and emphasises the importance of systematic, sustained programming across the social ecology (ie, the delicate equilibrium of interacting social, institutional, cultural, and political contexts of people's lives) to transform gender-power inequalities. Effective prevention policy and programming is founded on five core principles: first, analysis and actions to prevent violence across the social ecology (individual, interpersonal, community, and societal); second, intervention designs based on an intersectional gender-power analysis; third, theory-informed models developed on the basis of evidence; fourth, sustained investment in multisector interventions; and finally, aspirational programming that promotes personal and collective thought, and enables activism on women's and girls' rights to violence-free lives. Prevention programming of the future will depend on all of us having a vision of, and a commitment to, gender equality to make violence-free lives for women and girls a reality.

Introduction

After decades of advocacy and programming by women's movements and feminist activists, violence against women and girls is now the focus of international, regional, and national attention and public debate.¹⁻⁶ What began mainly as local responses to women's and girls' immediate needs for refuge, support and counselling, legal recourse, and health care in the aftermath of violence has now expanded to include policy and civil society initiatives to confront violence against women and girls at national and international levels. Present efforts aim not only to respond to the outcomes of violence, but also to prevent violence from happening.⁷ Women and girls experience gender-based violence in every society around the world. The sheer scale of these types of violence and their negative effect on women's and girls' health, wellbeing, and economic and political participation makes effective prevention of violence against women and girls programming imperative.⁸

In this Series paper, we draw on practical experience and evidence from programming to argue for holistic approaches that address the individual, interpersonal, community, and societal drivers of violence against women and girls. From our experience in the practice of prevention of violence against women and girls, we have learned that effective prevention needs its underlying drivers to be tackled; fundamentally, we need to transform gender-power imbalances (appendix). We argue that meaningful change involves sustained investment in the prevention of violence against women and girls, especially in programming that embodies the following core principles: programme and policy designs grounded in a gender-power analysis; violence-supporting attitudes and norms being shifted to ones that reject violence and promote gender equality; and programming that ensures

multisectoral, coordinated efforts that promote personal and collective reflection and activism on women's and girls' rights to live free of violence.

To help to bring together experience and practice at present, this Series paper draws on Heise's ecological framework for violence against women to indicate key

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Key messages

- Evidence from research and programmatic experience shows that violence against women and girls in low-income and middle-income countries can be prevented through interventions that target the key driver of violence in these settings—unequal gender-power relations—and the way these inequalities shape individual and collective attitudes, norms, and behaviours.
- The various sectors (eg, health, criminal justice, security, faith, education, and civil society) should work together and use diverse strategies across the social ecology (ie, the delicate equilibrium of interacting, social, institutional, cultural, and political contexts of people's lives) to achieve meaningful change within social and political structures and for individuals and communities.
- Programming should be informed by theories of change that address the complexity of individual and social change processes. Theory-informed programming supports the development of programme components that are complementary and mutually reinforcing rather than stand-alone interventions.
- In view of the scale of violence against women and girls, innovative collaboration and coordination across sectors is necessary. In a multisector approach, the health sector is well positioned to contribute to prevention efforts.
- Evidence shows that changes in attitudes and behaviours do not need a generation, but can be achieved within shorter timeframes if intervention models adhere to key principles for effective prevention of violence against women and girls.
- Women's movements have led advocacy and action against violence against women, and remain central in the design and implementation of high-quality prevention programmes to violence against women and girls.
- Based on evidence and promising practical models, greater investment is needed in programmatic innovations, research-activist collaborations, and health sector-leadership to build even greater momentum for primary prevention of violence against women and girls.

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drivers and outcomes of violence against women and girls.¹ Heise's model recognises that violence occurs and is affected by gendered factors occurring across a social ecology (ie, the delicate equilibrium of interacting social, institutional, cultural, and political contexts in people's

lives) composed of various levels: individual, interpersonal, community, and societal. We have adapted the ecological framework for prevention of violence against women and girls by, at each level, underscoring the prevailing context that perpetuates violence against women and girls, and offering programming goals and strategy examples that embody the core principles of prevention of violence against women and girls. We also draw on evidence showing that changes in attitudes and behaviours do not have to take a generation, but can be achieved within shorter timeframes if intervention models adhere to key principles for effective prevention of violence against women and girls.⁹⁻¹¹ This Series paper focuses mainly on programming for prevention of intimate partner violence and non-partner sexual violence in low-resource settings, emphasising lessons that are likely to apply to prevention of other forms of violence and for other contexts.

Development of approaches for prevention of violence against women and girls

Background

Although prevention is a well established concept in the field of public health, theories and programming for primary prevention are relatively new in the field of violence against women and girls. Historically, violence against women and girls was seen as an inevitable social phenomenon, and interventions aimed to deal with the after effects. However, as more is learned about it, violence against women and girls is increasingly seen as an objectionable problem, and we now see an upsurge in prevention programming. Feminist groups and women's organisations led early efforts to support survivors and in the making of societal-level changes (eg, legal and policy reform).¹² Although women's rights activism succeeded in the 1990s to shift international policy and law to recognise women's rights more broadly, and violence against women and girls specifically, there was also growing debate around challenges in implementation. Provision of services in resource-poor settings is fraught with challenges related to programmes meeting demand, confronting unsupportive legal, cultural, and religious environments, and compensating for under-resourced government institutions.¹³⁻¹⁷ Some women's groups, especially in low-income and middle-income countries, recognised that individual attitudes and community norms that help to sustain violence against women and girls must be challenged by intervention at other levels of the social ecology.

In the public health sector, attention to HIV/AIDS and advocacy by women with HIV who indicated the gendered nature of the epidemic underscored the need to invest in prevention of violence against women and girls. Concerns for the wider effects of violence were also echoed by many in the development sector. Violence was no longer viewed as simply an individual problem that narrowly affected the lives of particular women and girls in some families. Violence against women and girls was

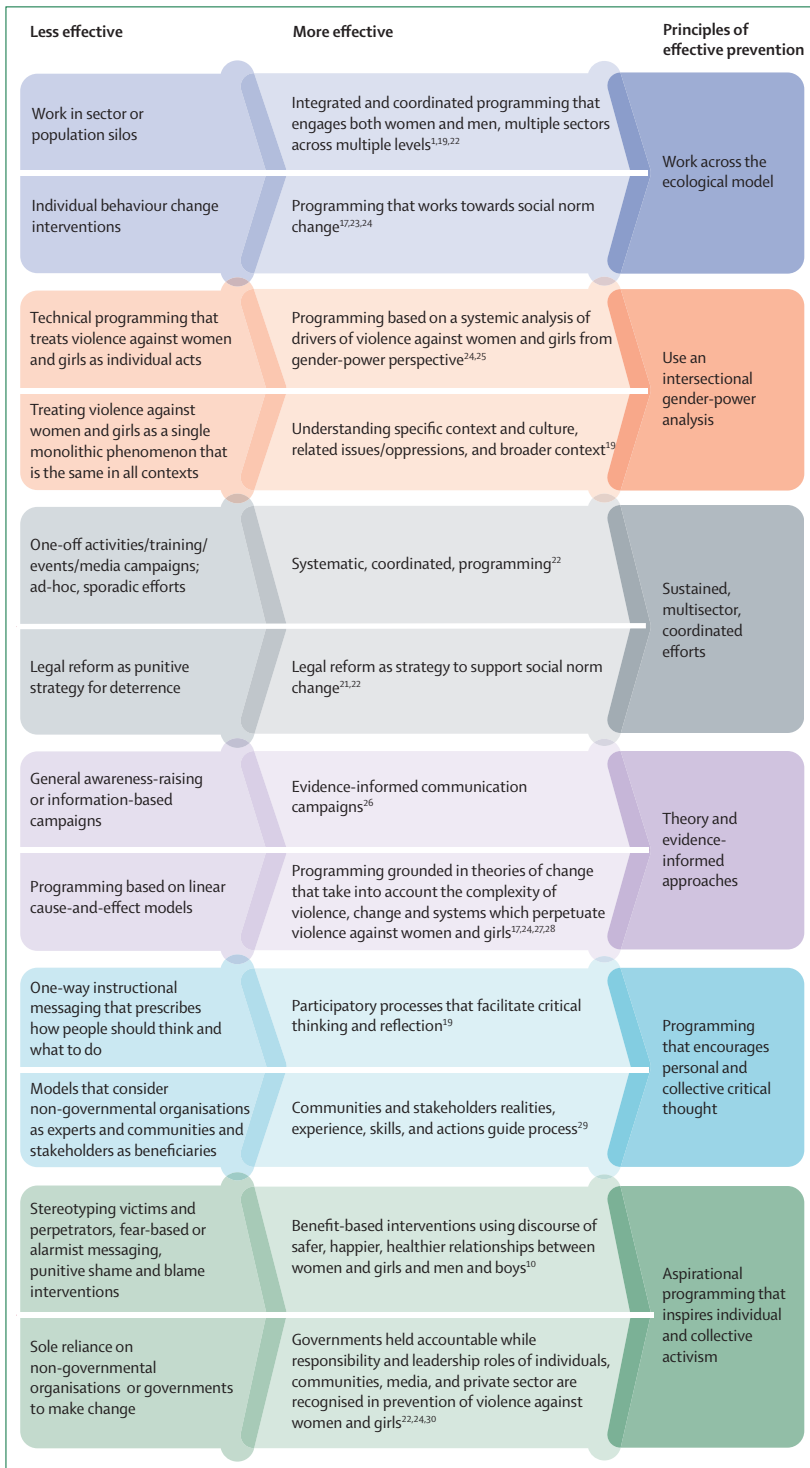


Figure 1: Principles for effective programming to prevent violence against women and girls

seen instead as a problem affecting one in three women around the world, and which has substantial wider effects on families, communities, and therefore, on global development goals.⁷ Moreover, many studies showed that violence is not necessarily only a moment in time, but can interfere with the lives of girls and women across their lifespans. Although forms of violence differ, the prevalence and profound and wide-reaching effects mean that violence, or the threat of violence, can damage the lives of most women and girls, as well as the health and wellbeing of societies.

As prevention efforts have grown, the prevention programming field has seen a plethora of initiatives. These programmes have typically included smaller scale workshop-type activities focusing on intimate partner violence or large-scale public awareness campaigns seeking to bring attention to violence against women and girls.^{18,19} These common prevention approaches, although important starting points, have encountered many similar issues.

First, focus is often exclusively on awareness-raising. Groups often get stuck in a repetitive cycle of general awareness-raising activities. Although awareness-raising helps to maintain a focus on the issue, campaigns must be consciously designed to support changes in the attitudes, norms, and behaviours that help sustain violence against women and girls.¹⁹

Second, action often occurs without collective analysis. Programmes often move directly into the action phase of work without undertaking the necessary first steps to build a collective understanding of violence against women and girls and determine the skills and support needed to make meaningful and practical change.¹⁹

Third, efforts might become siloed. Programmes often opt to work with a single population group (eg, men or women experiencing violence) or sector (eg, health care, police, or judiciary), without making the necessary connections with other groups, issues, and institutions.^{20,21}

Finally, individual-level change can be less effective. Efforts to change attitudes in individuals one at a time have had little overall result, particularly in view of the scale of the problem. Community-level work is necessary to make broader and sustained change at a population level.^{19,21}

As the drivers of violence against women and girls are researched and interventions are assessed, the results provide emerging evidence about what works to prevent violence.¹ This research suggests the need to transform power relations between women and men across the ecological model, and the importance of community mobilisation, shifts in public discourse, and broader social norm change.⁹⁻¹¹

No magic wand will prevent violence against women and girls. However, practice and alliances between programmers and researchers provide important lessons that inform funding allocation, programming, and further research. Figure 1 offers a distillation of lessons from practice and

evidence for prevention of violence against women and girls in low-income and middle-income countries, and principles for effective prevention programming.^{10,22-30}

See Online for appendix

Cross-cutting principles

Women's and girls' vulnerability to violence is deeply rooted in the greater power and value that societies afford men and boys in access to material, symbolic, and relational resources, compared with women.^{1,12,31,32} Simply stated, to be born a girl in a patriarchal society is a fundamental risk factor for various types of gender-based violence. This gender-based risk is often compounded by other forms of discrimination and inequality based on, for example, race, class, ethnicity, caste, religion, disability, HIV status, migration status, sexual orientation, and gender identity, which affect both exposure to violence and experiences of response.³³⁻³⁵

In 1998, an integrated, ecological framework to understand violence against women was developed by Heise. This description of the ecology of violence moved the study of violence against women forward substantially by underscoring the various causal layers that contribute to the perpetuation of gender-based violence.³⁶ The ecological model, updated in 2011, is widely accepted as a theoretical foundation for programming and research.^{1,37-39}

Figure 2 shows how the ecological model can be applied in programme design to address change at the individual, interpersonal, community, and societal levels. The figure suggests the main mechanisms that sustain violence against women and girls at each level of the social ecology and offers examples of how these manifest within the overarching frame of gender inequality and imbalance of gender-power relations. Importantly, the model also identifies the intended positive outcomes of efforts to prevent violence against women and girls across the ecological model, showing strategies to achieve these outcomes at different levels.

Although the unequal power relations that perpetuate violence against women and girls manifest interpersonally (ie, between individual women and men), they stem from power relations embedded and accepted within the local community and broader society. Analysis of these power dynamics is necessary, not only within individual relationships, but within the systemic structures that sustain these inequalities. Transformation of the long standing political structures, deeply entrenched socially accepted practices, and normative behaviours that maintain women's and girls' inequality and tolerance of violence against women and girls is complex, but achievable. Implementation of holistic strategies that recognise the interactions between social and political processes (eg, that community members rely on government institutions or that government policy is determined by popular pressure) is needed, as is understanding of how these processes in turn drive gender inequalities and violence against women and girls.

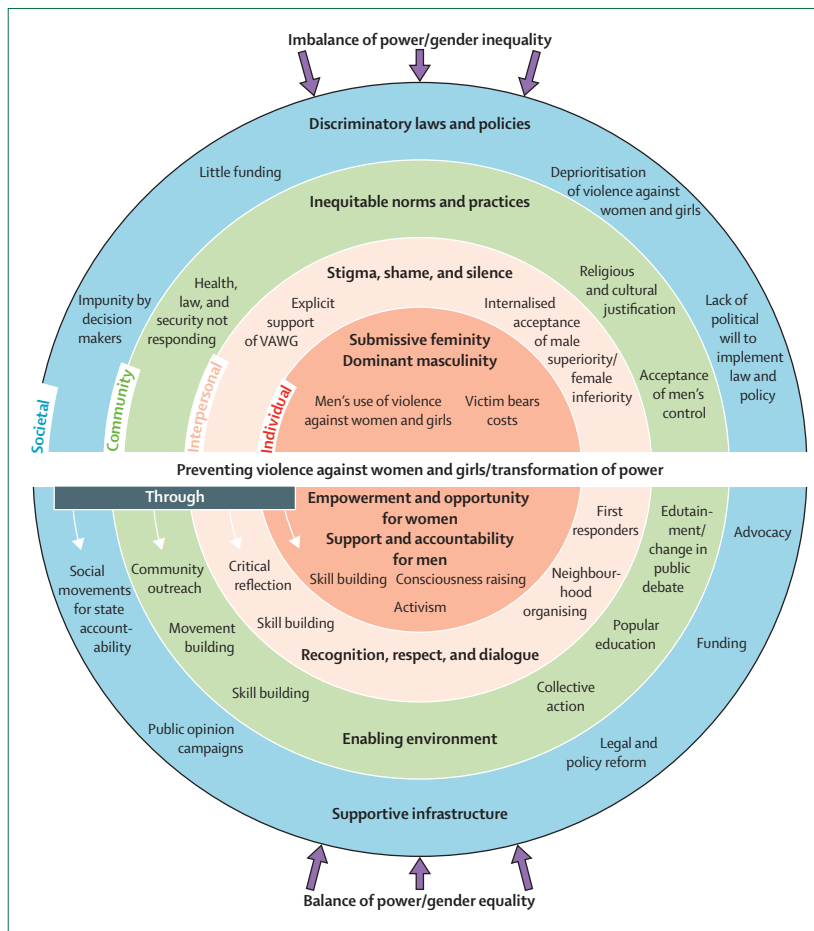


Figure 2: Transformation of power across the ecological model

The interconnectedness of causal drivers also means that substantial progress towards prevention of violence against women and girls cannot be achieved by one institution, sector, or group working in isolation. Individual groups and specific sectors (eg, health, justice, education, or security) have shown that design and implementation of important and successful programmes is possible. However, it is now clear that cross-sectoral coordination is essential and mutual reinforcement of programming helps to increase overall effectiveness while optimising resources.^{13,30,40,41.}

Societal level

At the societal level, violence against women and girls is shaped by law, policy, and service infrastructure, each of which contributes to public understanding and practical responses (figure 2, societal circle). Historically, most interventions at this level have focused on advocacy to change discriminatory laws and create a legal and policy infrastructure that ensures an adequate state response to violence against women and girls. Worldwide, remarkable strides have been made in the past 40 years, with successful efforts to change legal and policy norms. Advances have

been made in the recognition of all forms of violence against women and girls as human rights violations, public health and economic concerns, and matters for public investment and intervention—including when violence occurs in the private sphere. Evidence from a 2013 survey³⁰ of policies on violence against women across 70 countries and spanning four decades (1975–2005) shows that feminist civil society activism for social norm and policy change (appendix) has had the greatest effect to catalyse government action. The study further noted that the strength of autonomous women's movements is a strong predictor of the robustness of government violence prevention and response policies.

Although laws and policies are important to establish the public unacceptability of violence against women and girls, and serve as practical methods of legal recourse for women and girls, they are insufficient as prevention and response mechanisms. Indeed, prevention and response need multisector coordination within which the health sector itself has a substantial part to play. As noted in the second paper in this Series, by Claudia García-Moreno and colleagues,⁴² health providers are often some of the first non-family members to see the signs of violence. As studies on partner violence have noted, women with present or past experiences of abuse are more likely than non-abused women to make use of health services—often early in a lifecycle of abuse. However, health policy makers and health service staff have often held the view that violence in the home or between individuals is a private matter or a matter for the criminal justice system, not health providers. The health sector saw its role as solely in treatment of the medical consequences instead of being part of a coordinated prevention strategy. However, because of their key positioning for detection and ability to provide often-vital care, health staff have an essential role in a holistic approach. Furthermore, health sector engagement has the potential to send a powerful message; that violence is not only a social problem, but instead a dangerous, unhealthy, and harmful practice.

Although health providers, like other professionals, might have contact with individuals exposed to abuse, women and girls are nonetheless generally reluctant to disclose violence because of stigma and social pressure against disclosure of violence, fear of retribution from perpetrators or others, people's unwillingness to refer family members to the criminal justice system, and, frequently, the cost of legal proceedings.⁴³ Furthermore, national legislation condemning violence often functions alongside religious, customary, or indigenous laws that promote male dominance, and can include penalties for women and girls survivors.^{43–45}

Reformation of these parallel customary legal systems to increase women's and girl's rights in the community can be effective in the discouragement of violence and ensuring of appropriate care for victims and punishments for perpetrators, while recourse to civil or national law is maintained. These reform processes are best designed

Panel 1: The Right to Respect plan of the State Government of Victoria, Australia

A Right to Respect: Victoria's Plan to Prevent Violence against Women 2010–20 was a groundbreaking policy developed by the state of Victoria in Australia that aimed to end violence against women and girls. It was the first public policy of its kind worldwide with a focus on primary prevention of violence across individual, community, and societal levels. The Victoria Government saw a need to invest in prevention for four reasons: as part of fulfilling its human rights obligations; as part of health promotion (intimate partner violence was noted to be the leading contributor to death, disability, and ill-health in women aged 15–24 years); to reverse the effects on children and young people particularly in the family; and to reduce the economic cost of violence to Victoria state, estimated at AU\$3.4 billion in 2009.⁴⁷

A Right to Respect uses a public health approach with a population-level scope. Specifically, it aims to contribute to a substantial reduction in violence against women by cultivating non-violent and non-discriminatory social norms; creating gender-equitable, safe, and inclusive communities and organisations; and building equal and respectful relationships between women and men. Ambitious in its scope, policy makers adopted what they called a cross-government and whole-of-community approach, which drew on evidence that effective prevention strategies need partnerships across sectors and institutions.⁴⁸ Five settings were identified for implementation: education and training environments; local government health and community services; sports and recreation organisations; workplaces; and the media, art, and popular culture. The plan also acknowledged the diversity of Victoria's population and tailored strategies to address factors such as age, class, disability, ethnicity, and indigenous status that determine risks and needs around different forms of violence against women and girls.

As an inaugural plan, A Right to Respect's implementation strategies emphasised building of the organisational infrastructure to sustain implementation in the long term with a partnership-based model and clear accountable leadership. Furthermore, the plan aimed to build capacity and methods for

organisational change and workforce development, including in the health, education, and law enforcement sectors. Support for community leadership to bring about change was a further pillar, and included support of indigenous leadership and locally developed prevention programming.

Right to Respect was launched in 2009 with a costed plan for a 4-year pilot implementation in two urban sites and one rural site. However, the programme was not implemented because of a change in political leadership at the state level shortly after the plan itself was launched, which in itself is an example of the crucial role of political will to sustain prevention approaches over the long term.⁴⁹ However, the framework and the policy development process provide a model for similar government policies.

A Right to Respect was created on the basis of a long history of advocacy and intervention to respond to violence against women and girls, which was led at the onset by women's organisations in Victoria and across Australia, who advocated for policy reform and established response services for sexual assault and intimate partner violence. Statutory services in Victoria, including the police, also began to transform institutional cultures in line with changing laws and new leadership that prioritised the tackling of violence in the family and sexual assault. Three steering committees were established in the early 2000s to coordinate state and civil society work around sexual assault, family violence, and prevention in the workplace. However, as response services struggled to meet demand with inadequate funding, the need for primary prevention approaches across sectors became evident.⁴⁹

The framework for A Right to Respect was developed through a highly consultative process led by the Office of Women's Policy in Victoria's Department of Planning and Community Development. The process featured the following key elements:

- Broad consultation across civil society and government;
- Development of a solid evidence base;
- Government-community partnerships;
- High-level leadership and supportive institutional environments.⁴⁹

and implemented with the active participation and leadership of local women's rights activists.⁴⁶ In Ecuador, for example, indigenous women's organisations collaborated to affect the 2008 national constitution, affirming both gender equality and indigenous rights. Simultaneously, women activists from the Kichwa indigenous community worked locally to complement this progressive national legislation with a set of principles called the Regulations for Good Living (*Reglamentos de Buena Convivencia*), which built protections for women into their indigenous justice system.⁴³

Examples of prevention-focused state policies also exist, notably at the federal and state level in Australia (panel 1).^{19,47–50} However, more investment in societal-level

prevention is needed. Up to now, little research has been done on the effect of robust laws, policies, and availability of health and other services on reduction of prevalence of violence.¹ For violence prevention, state-led strategies are still woefully under-resourced in all contexts.^{51,52} Experience indicates there has been a duplication of vertical (ie, restricted to a specific context) and short-term activities, such as training service providers, with comparatively less investment in long-term programming to shift institutional practices and multi-sectoral collaborations.^{13,40,41}

These gaps emphasise the need to design and fully finance integrated and coordinated societal-level interventions in the public sector aimed at prevention of

violence in the community, interpersonal, and individual spheres. Investment is simultaneously needed in interventions for economically marginalised settings and those with weak institutional infrastructure, such as conflict-affected and low-income settings.

Community level

At the community level, the presence of and response to violence against women and girls is shaped by social norms about gender and power that can either support or discourage violence (figure 2, community circle). Social norms vary across communities and societies; religious and cultural beliefs often contribute to dominant framing (ie, normalised and legitimised understanding based on the prevailing interpretation of meaning and values) and justification for gender-based violence.^{46,53} The goal of community-level prevention of violence against women and girls is to create an enabling environment for equality and non-violence; an environment where a critical mass of support can grow among community members, leaders, and institutions to promote gender equality and non-violence. Without an enabling environment, individuals might want and attempt to change, but the broader climate might make change difficult or impossible. Conversely, when prevailing social norms reject violence and embrace gender equality, individuals can experience the rewards of rejection of abuse (eg, status, admiration, and acceptance) rather than sanctions of perpetration or experiences of violence (eg, shame, stigma, and isolation).

Community change also needs open discourse that challenges commonly accepted community and individual dynamics related to violence in ways that are culturally and socially relevant to the local setting.⁵⁴ The Campaign for Action on Family Violence in New Zealand (Family Violence: It's not OK), for example, drew on culturally relevant images, language, people, and situations to create a stronger enabling environment for changes in attitudes around intimate partner violence. The programme used a national social marketing and communication materials campaign, integration of storylines about family violence into popular soap operas, training of journalists and service providers and an innovative community action fund that supported 147 local community action projects.⁵⁵

Community-level efforts to prevent violence against women and girls, such as Raising Voices' SASA! approach (panel 2),⁵⁶ often emphasise mechanisms that strengthen social capital to foment a greater sense of individual and collective self-efficacy; a sense of personal agency and ability to accomplish a goal (see appendix for more on social cognitive theory).⁵⁸ Sustainable change is often thought to only occur when programmes promote self-organising processes that compel community members to take coordinated action to bring about the desired change (see appendix for Tostan's organised diffusion strategy).⁵⁹

Interpersonal level

Violence against women and girls commonly takes place in the context of one-to-one interpersonal interactions (figure 2, interpersonal circle). Individual attitudes and behaviours around violence are often shaped in the family, where people are first exposed to gender norms and ideas about the social value of women and girls. Although norms vary across communities and societies, gender biases are still pervasive. For example, demographic health survey results from around the world underscore the commonly held perception—by women and men—that there are circumstances in which men's violence against women is justifiable.^{60–62} This perception can be accompanied by views that a woman or girl is to blame for violence committed against her, and there might consequently be social or even legal sanctions against women who are victims. Because women and girls are most likely to disclose abuse first to family members, neighbours, and peers rather than formal service providers, the reactions of these first responders will often dictate women's perceptions of violence, whether or not they seek assistance, and, most profoundly, their future safety and wellbeing.^{1,63–65} These dynamics point to the importance of efforts affecting interpersonal-level change as a lever to change present norms and behaviours, and the socialisation of future generations.

Much programming so far has aimed to change behaviour at the interpersonal level, often by use of small group discussions about socialisation, gender, and violence, through which participants learn communication, healthy relationships, and assertiveness skills.^{66–68} Historically, much of this type of programming has been done by and for women and girls through methods such as consciousness-raising, which encourage women to question their gendered beliefs and experiences and perceptions of violence.^{69,70} These programmes are often personally empowering, yet without complementary processes that engage others (ie, those who use violence and justify or tolerate it), violence might not decline, and in some cases might even increase.⁷¹

Evidence now shows that work with both women and men (in gender-specific and mixed groups, depending on the topic and the situation) is more likely to promote non-violent norms around masculinity and less passive norms around femininity than work that only engages men or women separately.⁷² The main lesson is that interpersonal transformation happens when others (women and men) close to the individual understand and support change (see appendix for Close to Home example). As reported by Rachel Jewkes and colleagues⁷³ in the third paper in this Series, the range of interventions that involve work with men and boys to change attitudes, behaviours, and social norms is diverse and growing. From a social ecology perspective, this programming needs to be developed in a synergistic rather than siloed way. Programming needs

Panel 2: Raising Voices, inspiring personal and collective activism

SASA! is a community mobilisation approach developed by Raising Voices in Uganda that aims to prevent violence against women and HIV by addressing a core driver of both: gender inequality.⁵⁶ As a social-level adaptation of the Stages of Change theory,⁵⁷ SASA! is organised into four phases, each exploring a different type of power (start [power within], awareness [power over], support [power with], and action [power to]). The approach focuses on analysis and transformation of the core driver of men's power over women and the community's silence about this power. SASA! avoids instructional messaging (eg, stop violence against women) and so-called blame and shame language, and instead enables a process of consciousness raising in men and women community members, leaders, and other stakeholders through encouragement of critical thought (eg, questions such as "how are you using your power?"). In this way, SASA! continually challenges community members to think about their own experiences and come to their own analysis of the benefits or costs of how they use their power with their partners, families, clients, or community members. For example, male infidelity emerged as a topic of discussion early on in Uganda. Rather than spreading messages about faithfulness or condom use, SASA! encourages women and men to think about infidelity—why it happens and what implications it has on both partners, children, and the broader community—with men asking themselves is this a positive use of my power? Is it helping me have a good relationship?

SASA! activities focus on various aspects of power, and healthy relationships (eg, communication skills, gender roles, intimacy, respect) instead of specific messages on violence against women and girls and HIV. In this way, community members engage in thought and dialogue about how they are using their power in their relationships, and recognise behaviours that are both helpful and harmful; and are encouraged to make positive change.

SASA! aims to build a critical mass of individuals and generate communal thought about power and how it manifests as personal and collective action. Through use of a local activism strategy, SASA! creates a cohort of women and men from within a community, who are trained by staff of an implementing organisation to lead community activities. These community activists engage their friends, neighbours, relatives, and peer groups in informal activities, including quick chats, door-to-door discussions, community conversations, posters, comics, and

games as a part of their daily routine rather than through formal activities led by non-governmental organisations. In this way, non-government organisations are not the experts educating a community, but rather community members themselves are challenging each other about their own attitudes and behaviours, and deciding individually and collectively to change.

The SASA! approach also uses media and advocacy, training, and communication material strategies to engage at each layer of the ecological model, such as policy makers, journalists, health professionals, police, and religious and cultural community leaders.

A cluster-randomised controlled trial of SASA! done through a partnership between Raising Voices, the Center for Domestic Violence Prevention, Makerere University, and the London School of Hygiene & Tropical Medicine, UK, has shown the effectiveness of the approach in changing of norms and attitudes, as well as in reduction of violence and HIV risk behaviours. This is one of the first population-based studies in sub-Saharan Africa to show change at the population level. Results include:¹⁰

- The level of physical partner violence against women was 52% lower in SASA! communities than in control communities;
- Women exposed to SASA! were three times more likely to receive helpful support when they reported violence than women not exposed to SASA!;
- In SASA! communities, 27% of men reported concurrent sexual partners, whereas 45% of men in control communities reported multiple partners;
- 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;
- In SASA! communities, 28% more women and men believe it is acceptable for a woman to refuse sex than women and men in control communities.

"...I always thought that every word I spoke was wrong, that am supposed to be blamed for everything. But when SASA! came, it empowered me. It did not give me power because I had the power but I never knew that I had it. What it [SASA!] did was that it taught me how to use the power in me. They also taught me the basics of a good relationship and love." Woman in Makindye Division, Kampala.

to be implemented with a view to support men and boys to encourage more equitable gender power relations and support the leadership and participation of women and girls.

Increasingly, in holistic interventions to prevent violence against women and girls, programmers are moving from a linear cause-and-effect knowledge, attitudes, and practices (KAP) model to approaches incorporating theories of change that explore how

change happens in complex social systems. Practitioners such as Puntos de Encuentro (panel 3),⁷⁴ explore and apply theoretical concepts and models that address the complexity of individual and collective change, drawing from various fields to inform integrated programme design (appendix).^{73,75–89} These theories provide relevant insights into the complex nature of individual and collective behaviour change that can help to guide effective programme design.

For more on RaisingVoices see www.raisingvoices.org/sasa

For more on **Puntos de Encuentro** see www.puntosdeencuentro.org/en

Panel 3: *Puntos de Encuentro* (Meeting Points), sustaining multisector efforts in Nicaragua

In Nicaragua and throughout Central America and beyond, two homegrown social soap television series, *Sexto Sentido* (Sixth Sense) and *Contracorriente* (Turning the Tide) have moved millions of viewers to challenge the status quo of entrenched machismo and violence.

The Nicaraguan feminist non-government organisation *Puntos de Encuentro* (*Puntos*) produces and broadcasts their television series as part of a sustained, multipronged, coordinated approach to foster an enabling environment for individual and collective change and action. This approach is grounded in long-term collaborative relationships with hundreds of organisations, institutions, and coalitions, in addition to journalists, media outlets, and health and social service providers throughout the region who are working on the same issues.

Drawing on social learning theory, *Puntos* creates intertwining television storylines that acknowledge that change is nonlinear and often messy. Informed by communication for social change and complexity theories, the stories are not designed to tell audiences how to think or what to do, but rather to provoke thought and get people talking. The stories are developed in coordination with organisations and activists working on the issues, and reveal, with both drama and humour, the underlying power relations and the concrete struggles women and men confront when they challenge the status quo. Through emphasis on the importance of interpersonal communication, mutual respect and solidarity, and formal and informal support networks, the stories are also aspirational, seeking to promote the sense of individual and collective efficacy necessary to act in the face of obstacles.

By combining their television series, radio programme, feminist magazine, and training courses for women and youth activists, leaders, and media, *Puntos* not only seeks to change the social and cultural context in which private and public discourse and dialogue occurs, but also to strengthen social movements by connecting individuals to local services, organisations and community action. Storylines have dealt with intimate partner violence, sexual abuse in the family,

marital rape and rape on the street, sexual harassment, coercion in teen relationships, and commercial sexual exploitation and trafficking. These long-arc storylines are also edited into shorter videos that are used throughout the region workshops in schools and community groups.

At the time of writing, a new impact evaluation survey is underway. Results from the previous comprehensive impact evaluation of *Puntos*' work on HIV prevention, revealed that *Sexto Sentido* and related activities had reached and substantially affected 13–25 year olds in Nicaragua:⁷⁴

- 59% of respondents had regularly watched at least two of the previous three seasons;
- Two-thirds of viewers talked with others about the series, with more than half saying they had talked about issues of violence against women;
- Regular viewers had more gender-equitable views about gender roles and relationships, were more likely to say that a man hitting his wife is unjustifiable under any circumstances, and feel that they and their group of friends could jointly do something to solve problems of domestic violence; they were also more likely to know of a centre that provides attention for cases of domestic violence.

In the qualitative component, local organisations reported that the work had created new opportunities for dialogue and debate about difficult topics in families, schools, with friends, and in organisations and the media.

"Several subjects, like violence and AIDS, had a real impact on me. I'd talked about those issues but had never seen them as real as in *Sexto Sentido*. I've talked about those issues with my friends." Young woman, Juigalpa

The study also identified certain areas that need greater coordination to better capitalise on the increasing awareness promoted by the mass media components. This finding shows both the need and the challenge of developing and implementing sustained, multi-sector, and coordinated programming.

Practice shows that programmes that integrate outreach components, or move beyond small group work, have potential for broad, sustained change.^{26,90,91} For example, Oxfam's We Can campaign uses a model where both male and female community change makers reach out to ten people close to them to discuss issues of violence against women and girls, gender, and rights, capitalising on the social connections and trust between family members and peers.⁹¹

Individual level

The individual level is where women and girls experience the direct consequences of violence. Individual behaviour and attitudes, such as adherence to traditional masculine

and feminine gender norms, indifference to violence, and fear of intervention, serve to perpetuate interpersonal violence (figure 2, individual circle). For men and boys, accepted notions of masculinity can include social dominance, aggressive sexuality, and perpetration of violence stemming from feelings of entitlement, bias, and power. For women and girls, notions of femininity can include learned submissive roles which lead them to accept violent behaviour or feel that they are to blame for the violence that they have experienced.

One of the most important principles for effective violence prevention is to create aspirational programming. Aspirational programming presents ideas and concrete examples of the world that we envision for ourselves—and

Panel 4: Breakthrough, aspirational programming to inspire activism

Breakthrough's *Bell Bajao* (Ring the Bell) campaign in India calls on men and boys to challenge violence against women and girls.⁹⁷ The multimedia component of the campaign, which reached more than 130 million people in India alone, shows men or boys who overhear a man beating his wife (appendix). After a moment of deliberation, the neighbour rings the doorbell at the door to the home and asks for a cup of milk, to use the phone, or to retrieve a ball, as a pretext to let the abuser know that the violence will not be tolerated.

Breakthrough seeks to move men to become agents of change by showing an aspirational role of manhood—as leaders in provision of solutions to end violence against women rather than simply part of the problem as perpetrators. Breakthrough creates aspirational messages for men who could see in themselves the agency and the possibility for action. Men can confront men on their abuse of women and see that, although not all men are abusers, all men could be part of the solution. Breakthrough also aims to expose the underlying power structures that created the conditions for the violence to occur in the first place by shifting the onus of activism from the non-governmental organisations, state, or victim onto men in the community.

Breakthrough's commitment to the principle of working across multiple sectors in a sustained and coordinated way is shown in the Rights Advocates Program (appendix) and a strong community mobilisation initiative in two Indian states, which

includes community workshops and leadership training, so-called video vans, games, and street theatre to catalyse change from the individual to the societal level.

Bell Bajao shows the effect of use of aspirational programming to inspire individuals to become agents of change. Key findings of the endline survey suggested substantial changes in knowledge, attitude, and behaviour at both the individual and community level with regard to interpersonal violence.⁹⁷

Additional results included:

- *Bell Bajao*-inspired storylines were incorporated into four national soap operas and the campaign also became a question on India's equivalent of *Who Wants to be Millionaire*;
- Increased knowledge and awareness of the various forms of interpersonal violence, including physical, emotional, and sexual abuse, threats, and economic deprivation;
- Increased knowledge of the Protection of Women against Domestic Violence Act 2005 and survivor benefits, including a woman's right to stay in her marital home even after filing a complaint against her husband;
- Increased concern and greater intervention by community members in cases of interpersonal violence. For example:

"When I heard noises from a couple in my neighbourhood, I instantly remembered *Bell Bajao*—and I screamed, 'Snake! Snake!' Hearing my voice, the husband stopped beating his wife and started looking for the snake. I was so happy that I had stopped violence." Rajan, young man in Karnataka.

inspires activism. To engage in aspirational programming is to offer a vision of a positive, equitable relationship and how relationships like these can benefit all family members.^{92,93} For example, Sonke Gender Justice's One Man Can campaign uses positive messaging to depict men as part of the solution to violence against women and girls. One Man Can works intensely with individual men to present an alternative to dominant masculinity. To further reinforce transformative work at the individual level, One Man Can engages other levels of the ecological model through social marketing, community outreach, advocacy, and the media to encourage an enabling environment which supports individual-level change.⁹⁴ To prevent violence against women and girls, each individual must be seen as, and supported to be, a potential agent of change. These potential agents of change demand that individuals think critically about their own, and wider, societal values and behaviour.⁹⁵

Long-term, sustainable change that prevents interpersonal violence needs a supportive infrastructure, but it can only take place if individuals become agents of change themselves.⁹⁶ The very nature of interpersonal violence needs activities that help people to understand that healthy relationships are built on respect and trust. The Sisters for Life project in South Africa, where microfinance activities were supplemented with a gender and anti-violence

component, provides a good example of how programmes helping women explore their assumptions about their abilities, rights, gender roles, and personal agency have brought about successful change at the interpersonal level.⁹ Evidence from the intervention with microfinance for AIDS and gender equity (IMAGE) study, a randomised controlled trial, showed a promising reduction in abuse in the women who participated in the Sisters for Life arm of the programme.⁹

Programming must provide pathways for individuals to move from being passive witnesses to active participants who reject and interrupt violence, and recognition that everyone has to be part of the solution, such as Breakthrough's *Bell Bajao* campaign in India (panel 4).⁹⁷ Inspiration, training, and support of individuals to challenge attitudes that perpetuate violence and violent acts can empower community members to take action and confront violators.^{97,98} With support, individuals can start to have conversations that challenge gender roles and violence against women and girls. Group conversations can help women and men to recognise that they are not alone in their positive hopes and beliefs, and men and boys might hold themselves and each other accountable for discriminatory or violent actions. These changes in individuals and peer groups can have a ripple effect throughout the community.

For more about *Bell Bajao* see <http://breakthrough.tv/explore/campaign/bell-bajao/>

Discussion

There are an increasing number of models and assessment studies from which to draw upon when effective policy and programmes are designed and implemented to prevent violence against women and girls. Although some of these models can be adapted or scaled up, programme innovations that incorporate the principles outlined in this Series paper are crucial. Since gender norms and power relations are the core drivers of violence against women and girls, prevention of violence necessarily includes the political work to question discriminatory perspectives and practices that perpetuate violence and inhibit an effective response.

The field of violence against women and girls stands at a crucial juncture. The challenge before us is to establish how we can ensure that our efforts are producing real results and making a substantive difference in reducing violence in women's lives. Decades of experience from the practice of prevention of violence against women and girls in varied contexts has provided several key recommendations for policy makers, programmers, and funders to create a safer and more just world for women and girls.

The first recommendation is commitment to the principles of effective prevention of violence against women and girls. Policy makers, funders, service providers, and programmers can all strive to incorporate these principles into their efforts to prevent violence against women and girls. The principles, derived from years of practice and increasingly affirmed through assessment research, are key ingredients for effective and meaningful prevention of violence against women and girls (see appendix).

Second, the health-sector response should be strengthened. Policies within the health sector can ensure safe, accessible quality treatment is available for all victims of violence. Health-care providers are often the first point of contact for women and girls experiencing violence. Health-care systems can train providers on the basics of violence against women and girls, enabling them to better identify and respond to violence, and participate in prevention efforts in the community.

Third, health-sector leadership needs to be increased. Health-care practitioners and systems can strengthen the integration of primary prevention in policies and protocols against violence against women and girls, including intersections with other public health concerns such as HIV/AIDS, sexual and reproductive health, and mental health.

Fourth, support for collective, pro-feminist movement-based activism is necessary. Historically, collective activism for prevention at all levels of the ecological model has proved pivotal to challenge unjust gender norms, shape policy and inform intervention models.^{30,99} This support needs active involvement of both women and men in ways that contribute toward the

transformation of gender inequality. This work should be sustained and resourced as part of a comprehensive prevention approach (see appendix for more on funding for women's movements).¹⁰⁰

Fifth, investments should be made in innovation. Although several violence prevention models have been assessed and reported to be effective, the international donor community and governments must be open to, and encourage, creativity and theory-informed experiments in intervention design. The complexity and scale of violence against women and girls demands that we continue to think in innovative ways to best leverage long-term change in the attitudes, norms, and practices that perpetuate violence against women and girls. This includes support for cross-sectoral innovations in programme and policy design and implementation, and collaboration for data collection and analysis.

Sixth, investment is also needed in community-based prevention of violence against women and girls. Investment in prevention at the community and societal levels is necessary to reduce the prevalence of violence. Funding should support social norm change efforts that affect individual-level change, as well as at community and societal levels.

Finally, collaborative practitioner–researcher impact evaluations should be supported. Assessment of the effect of programming for the prevention of violence against women and girls through diverse qualitative and quantitative methods, especially at the community and societal levels, is crucial to ensure future well targeted investments and meaningful knowledge exchange. Mutually beneficial learning partnerships between research institutes and practitioner organisations, where the skills, experience, and needs of both partners are deemed of equal value, have been crucial to the field of reduction of violence against women and girls. Future collaborations should build the present evidence base to measure the effect of prevention strategies, as well as strengthen monitoring and assessment capacities within implementing organisations. Innovative avenues and mechanisms are needed to share theory, study findings, and recommendations for the future with all stakeholders.

New possibilities

We now have promising evidence to show that violence against women and girls can be ended through initiatives that tackle the root driver of violence in low-income and middle-income countries: gender inequality and imbalance of power. Every government, sector, institution, community, and individual has a part to play to shift long-accepted gender norms that have made discrimination and violence tolerable, by making strategic investments and long-term commitments. Innovations in programming and investment in emerging evidence are needed to make reductions to achieve the elimination of violence against women and girls. New skills, breadth of vision, and an insistence to

keep violence against women and girls on the global agenda are needed to address violence. Above all, ending of violence against women and girls should be recognised as not only a moral imperative and a social justice obligation, but a personal commitment each of us must make. Encouragingly, such momentum is already beginning to gather pace.

Contributors

LM and JH co-created the outline and led the development of the paper. They substantially contributed original text and analysis, co-creating the conceptual framework and diagrams with AB and MD. All authors contributed original text, wrote one of the case studies (JH wrote panel 1; LM wrote panel 2; AB wrote panel 3; and MD wrote panel 4), contributed references and to the editing process, led by LM. CZ provided technical and conceptual guidance and substantial editing.

Declaration of interests

LM is co-founder and co-director of Raising Voices and the author of the SASA! approach described in the paper. JH declares no competing interests. AB is the founder and former executive director of Puntos de Encuentro which is described in the paper. MD is Founder and President of Breakthrough, one of the organisations discussed in the paper.

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References

- 1 Heise L. What works to prevent partner violence: an evidence overview. London: Strive Research Consortium, 2011.
- 2 United States Department of State. USAID. United States strategy to prevent and respond to gender-based violence globally. Washington DC: Department of State/USAID, 2012.
- 3 WHO. Global and regional estimates of violence against women: prevalence and health effects of intimate partner violence and non-partner sexual violence. Geneva: World Health Organization, 2013.
- 4 Venis S, Horton R. Violence against women: a global burden. *Lancet* 2002; **359**: 1172.
- 5 Watts C, Zimmerman C. Violence against women: global scope and magnitude. *Lancet* 2002; **359**: 1232–37.
- 6 WHO. World report on violence and health. Geneva: World Health Organization, 2002.
- 7 Ellsberg M, Arango DJ, Morton M, et al. Prevention of violence against women and girls: what does the evidence say? *Lancet* 2014; published online Nov 21. [http://dx.doi.org/10.1016/S0140-6736\(14\)61703-7](http://dx.doi.org/10.1016/S0140-6736(14)61703-7).
- 8 United Nations General Assembly. In-depth study on all forms of violence against women: Report of the Secretary General. Geneva: United Nations, 2006.
- 9 Pronyk PM, Hargreaves JR, Kim JC, 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.
- 10 Abramsky T, Devries K, Kiss L, et al. Findings from the SASA! Study: a cluster randomised controlled trial to assess the impact of a community mobilisation intervention to prevent violence against women and reduce HIV risk in Kampala, Uganda. *BMC Medicine* 2014; **12**: 122.
- 11 Wagman J, Gray R, Campbell J, et al. A cluster randomized trial of the impact of an intimate partner violence and HIV prevention intervention on emotional, physical and sexual abuse, sexual risk and HIV incidence in Rakai, Uganda. *Lancet Glob Health* (in press).
- 12 Htun M, Weldon S. The civic origins of progressive policy change: combatting violence against women in global perspective, 1975–2005. *Am Polit Sci Rev* 2012; **106**: 548–69.
- 13 Ellsberg M. Violence against women and the Millennium Development Goals: facilitating women's access to support. *Int J Gynaecol Obstet* 2006; **94**: 325–32.
- 14 Heise LL, Raikes A, Watts CH, Zwi AB. Violence against women: a neglected public health issue in less developed countries. *Soc Sci Med* 1994; **39**: 1165–79.
- 15 Michau L, Naker D, Swalehe Z. Mobilizing communities to end violence against women in Tanzania. In: Haberland N, Measham D, editors. Responding to Cairo: case studies of changing practice in reproductive health and family planning. New York: Population Council, 2002; 415–33.
- 16 Schechtman R. Scaling up for zero tolerance: civil society leadership in eliminating violence against women and girls in Ghana, Rwanda and South Africa. Washington, DC: Global AIDS Alliance, 2008.
- 17 Burgess G. The uneven geography of participation at the global level: Ethiopian women activists at the global periphery. *Globalizations* 2011; **8**: 163–77.
- 18 Fried S. Violence against women. *Health Hum Rights* 2003; **6**: 88–111.
- 19 Fergus L. Prevention of violence against women and girls. Bangkok, Thailand: UN Women/ESCAP/UNDP/UNICEF/WHO, 2012.
- 20 Casey E, Carlson J, Fraguera-Rios C, et al. Context, challenges, and tensions in global efforts to engage men in the prevention of violence against women: an ecological analysis. *Men Masc* 2013; **16**: 228–51.
- 21 Morrison A, Ellsberg M, Bott S. Addressing gender-based violence: a critical review of interventions. *World Bank Res Obs* 2007; **22**: 25–51.
- 22 World Bank. Voice and agency: empowering women and girls for shared prosperity. Washington, DC: World Bank, 2014.
- 23 UNFPA. Programming to address violence against women. New York: United Nations Population Fund, 2009.
- 24 Fulu E, Warner X, Miedama S, Jewkes R, Roselli T, Lang J. Why do some men use violence against women and how can we prevent it? Quantitative findings from the United Nations multi-country study on men and violence in Asia and the Pacific. Bangkok: United Nations Development Programme/United Nations Population Fund/United Nations Women/United Nations Volunteers; 2013.
- 25 WHO, London School of Hygiene and Tropical Medicine. Preventing intimate partner and sexual violence against women. Geneva: World Health Organization, 2010.
- 26 Usdin S, Scheepers E, Goldstein S, Japhet G. Achieving social change on gender-based violence: a report on the impact evaluation of Soul City's fourth series. *Soc Sci Med* 2005; **61**: 2434–45.
- 27 World Health Organization. UNAIDS. Addressing violence against women and HIV/AIDS: what works? Geneva: World Health Organization, 2010.
- 28 Fabiano PM, Perkins HW, Berkowitz A, Linkenbach J, Stark C. Engaging men as social justice allies in ending violence against women: evidence for a social norms approach. *J Am Coll Health* 2003; **52**: 105–12.
- 29 Kahn J, Brett B, Holmes J. Dialogical masculinities: diverse youth resisting dominant masculinity. *J Constr Psych* 2011; **24**: 30–55.
- 30 Weldon LS, Htun M. Feminist mobilization and progressive policy change: why governments take action to combat violence against women. *Gen Dev* 2013; **21**: 231–47.
- 31 World Health Organization. Violence prevention: the evidence. Geneva: World Health Organization, 2010.
- 32 Hunnicutt G. Varieties of patriarchy and violence against women: resurrecting “patriarchy” as a theoretical tool. *Violence Against Women* 2009; **15**: 553–73.
- 33 Dutta D, Weston M, Bhattacharji J, Mukherji S, Kurien SJ, eds. Count me in: violence against disabled, lesbian and sex-working women in Bangladesh, India and Nepal. New Delhi: Center for Culturally Responsive Evaluation and Assessment, 2012.
- 34 Montalvo-Liendo N. Cross-cultural factors in disclosure of intimate partner violence: an integrated review. *J Adv Nurs* 2009; **65**: 20–34.
- 35 United Nations. Report of the special rapporteur on violence against women, its causes and consequences, Rashida Manjoo. Presented at the Human Rights Council at its 17th session. UN Doc. A/HRC/17/26, 2011.
- 36 Heise LL. Violence against women: an integrated, ecological framework. *Violence Against Women* 1998; **4**: 262–90.
- 37 Kelmendi K. Domestic violence against women in Kosovo: a qualitative study of women's experiences. *J Interpers Violence* 2014; published online June 12. <http://dx.doi.org/10.1177/0886260514535255>.
- 38 Sabri B, Renner LM, Stockman JK, Mittal M, Decker MR. Risk factors for severe intimate partner violence and violence-related injuries among women in India. *Women Health* 2014; **54**: 281–300.

- 39 Laisser RM, Nyström L, Lugina HI, Emmelin M. Community perceptions of intimate partner violence—a qualitative study from urban Tanzania. *BMC Womens Health* 2011; **11**: 13.
- 40 Guedes A. Addressing gender-based violence from the reproductive health/HIV sector: literature review and analysis. Washington, DC: USAID, 2004.
- 41 Bott S, Morrison A, Ellsberg M. Preventing and responding to gender-based violence in middle and low-income countries: a global review and analysis, World Bank policy research working paper 3618. Washington, DC: World Bank; 2005.
- 42 García-Moreno C, Hegarty K, d'Olivera AFL, Koziol-Maclain J, Colombini M, Feder G. The health-systems response to violence against women: an overview. *Lancet* 2014; published online Nov 21. [http://dx.doi.org/10.1016/S0140-6736\(14\)61837-7](http://dx.doi.org/10.1016/S0140-6736(14)61837-7).
- 43 UN Women. Progress on the world's women: in pursuit of justice 2011–2012. New York: United Nations Women, 2011.
- 44 Gokal S, Manzur SD. Religion, culture and tradition: strengthening efforts to eradicate violence against women. Toronto: Association for Women's Rights in Development, 2013.
- 45 Mir-Hosseini Z. Criminalising sexuality: Zina laws as violence against women in Muslim contexts. In Mir-Hosseini Z, Hamzić V, editors. Control and sexuality: The revival of zina laws in Muslim contexts. London: Women Living Under Muslim Laws, 2010; 19–48.
- 46 WLUML. Strategies of Resistance: Challenging the Cultural Disempowerment of Women. London: Women Living Under Muslim Laws, 2011.
- 47 Office of Women's Policy Department of Planning and Community Development. Victoria's Plan to Prevent Violence against Women 2010–2020. State of Victoria: 2009.
- 48 Victoria Health Promotion Foundation. Preventing violence before it occurs: A framework and background paper to guide the primary prevention of violence against women in Victoria. Victoria: VicHealth, 2007.
- 49 Dyson S. Preventing violence against women and girls: from community activism to public policy. Bangkok, Thailand: Partners for Prevention, 2012.
- 50 Council of Australian Governments. The national plan to reduce violence against women and their children. Canberra: Australian Government Publishing Service, 2010.
- 51 OECD-Development Assistance Committee (DAC). Financing the unfinished business of gender equality and women's rights: priorities for the post-2015 framework. Paris: OECD-DAC, 2014.
- 52 Towers J, Walby S. Measuring the impact of cuts in public expenditure on the provision of services to prevent violence against women and girls. Newcastle upon Tyne: Northern Rock Foundation, 2012.
- 53 Horn J. Not "culture" but "gender": reconceptualizing female genital mutilation/cutting. In: Chavkin W, Chesler E, editors. Where Human Rights Begin: Health, Sexuality and Women Ten Years After Vienna, Cairo, and Beijing. New Jersey: Rutgers University Press, 2005; 35–64.
- 54 Durlak JA, DuPre EP. Implementation matters: a review of research on the influence of implementation on program outcomes and the factors affecting implementation. *Am J Community Psychol* 2008; **41**: 327–50.
- 55 Trewartha C. It is OK to help: Effective community mobilisation to prevent family violence, theoretical approaches, examples, and measurement tools to inform development. Masters thesis, University of Auckland, 2011.
- 56 Michau L, Sauvé S, Chevannes C, et al. The SASA! Activist Kit for Preventing Violence against Women and HIV. Kampala, Uganda: Raising Voices: 2008.
- 57 Prochaska JO. Systems of Psychotherapy: A transtheoretical analysis, 2nd edn. Pacific Grove, Calif: Brooks-Cole, 1984.
- 58 Bandura A. Social foundations of thought and action. Englewood Cliffs, NJ: Prentice Hall; 1986.
- 59 Diop NJ, Faye MM, Moreau A, et al. The TOSTAN program evaluation of a community based education program in Senegal. New York: Population Council, 2004.
- 60 Uthman OA, Lawoko S, Moradi T. Factors associated with attitudes towards intimate partner violence against women: a comparative analysis of 17 sub-Saharan countries. *BMC Int Health Hum Rights* 2009; **9**: 14.
- 61 Antai D, Antai J. Collective violence and attitudes of women toward intimate partner violence: Evidence from the Niger Delta. *BMC Int Health Hum Rights* 2009; **9**: 12.
- 62 Upadhyay UD, Karasek D. Women's empowerment and ideal family size: an examination of DHS empowerment measures in Sub-Saharan Africa. *Int Perspect Sex Reprod Health* 2012; **38**: 78–89.
- 63 WHO. WHO multi-country study on women's health and domestic violence against women: report on the first results. Geneva: World Health Organization, 2005.
- 64 Coker AL, Smith PH, Thompson MP, McKeown RE, Bethea L, Davis KE. Social support protects against the negative effects of partner violence on mental health. *J Womens Health Gend Based Med* 2002; **11**: 465–76.
- 65 Borja SE, Callahan JL, Long PJ. Positive and negative adjustment and social support of sexual assault survivors. *J Trauma Stress* 2006; **19**: 905–14.
- 66 Jewkes R, Nduna M, Levin J, et al. Impact of stepping stones on incidence of HIV and HSV-2 and sexual behaviour in rural South Africa: cluster randomised controlled trial. *BMJ* 2008; **337**: a506.
- 67 Pulerwitz J, Martin S, Mehta M, et al. Promoting gender equity for HIV and violence prevention: results from the male norms initiative evaluation in Ethiopia. Washington, DC: PATH, 2010.
- 68 Peacock D, Levack A. The men as partners program in South Africa: reaching men to end gender-based violence and promote sexual and reproductive health. *Int J Mens Health* 2004; **3**: 173–88.
- 69 Maier SL. "We belong to them": the costs of funding for rape crisis centers. *Violence Against Women* 2011; **17**: 1383–408.
- 70 Campbell R, Baker CK, Mazurek TL. Remaining radical? Organizational predictors of rape crisis centers' social change initiatives. *Am J Community Psychol* 1998; **26**: 457–83.
- 71 Jewkes R. Intimate partner violence: causes and prevention. *Lancet* 2002; **359**: 1423–29.
- 72 Greene M, Levack A. Synchronizing gender strategies: a cooperative model for improving reproductive health and transforming gender relations. Washington, DC: Population Reference Bureau, 2010.
- 73 Jewkes R, Flood M, Lang J. 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. *Lancet* 2014; published online Nov 21. [http://dx.doi.org/10.1016/S0140-6736\(14\)61683-4](http://dx.doi.org/10.1016/S0140-6736(14)61683-4).
- 74 Solorzano I, Bank A, Pena R, Espinoza H, Ellsberg M, Pulerwitz J. Catalyzing personal and social change around gender, sexuality and HIV: impact evaluation of puntos de encuentro's communication strategy in Nicaragua. Horizons Final Report. Washington, DC: Population Council, 2008.
- 75 Rogers EM, Medina UE, Rivera MA, Wiley CJ. Complex adaptive systems and the diffusion of innovations. *Innov J* 2005; **10**: 1–26.
- 76 Dutta-Bergman MJ. Theory and practice in health communication campaigns: a critical interrogation. *Health Commun* 2005; **18**: 103–22.
- 77 Storey D, Figueroa ME. Toward a global theory of health behavior and social change. In: Obregon R, Waisbord S, editors. The handbook of global health communication West Sussex: Wiley-Blackwell; 2012; 70–94.
- 78 Grey-Felder D, Deane J. Communication for social change: A position paper and conference report. New York: Rockefeller Foundation, 1999.
- 79 Gumucio-Dagron A, Tufte T, eds. Communication for social change anthology: Historical and contemporary readings. South Orange, New Jersey: Communication for Social Change Consortium, Inc; 2006.
- 80 Figueroa ME, Kincaid DL, Rani M, Lewis G. Communication for social change: an integrated model for measuring the process and its outcomes. New York: Rockefeller Foundation/Johns Hopkins University Center for Communication Programs. 2002.
- 81 Singhal A, Rogers EM. Entertainment-education: A communication strategy for social change. Mahway, New Jersey: Routledge; 1999.
- 82 Singhal A, Rogers EM. A theoretical agenda for entertainment-education. *Commun Theory* 2002; **12**: 117–35.
- 83 Papa MJ, Singhal A, Law S, et al. Entertainment-education and social change: an analysis of parasocial interaction, social learning, collective efficacy, and paradoxical communication. *J Commun* 2000; **50**: 31–55.
- 84 Freire P. Pedagogy of the Oppressed. New York: Continuum, 1993.
- 85 Fraser C, Restrepo-Estrada S. Communicating for development: human change for survival. London: IB Tauris and Co Ltd, 1998.
- 86 Waisbord S. Family tree of theories, methodologies and strategies in development communication. New York: Rockefeller Foundation, 2001.

- 87 Bandura A. Self-efficacy: toward a unifying theory of behavioral change. *Psychol Rev* 1977; **84**: 191–215.
- 88 Lacayo V. Communicating complexity: a complexity science approach to communication for social change [unpublished dissertation]. Athens (OH): Scripps College of Communication of Ohio University, 2013.
- 89 Bicchieri C, Muldoon R. Social norms. In: Zalta E, ed. The Stanford Encyclopedia of Philosophy. <http://plato.stanford.edu/archives/spr2014/entries/social-norms/> (accessed July 2, 2014).
- 90 Usdin S, Christofides N, Malepe L, Maker A. The value of advocacy in promoting social change: implementing the new Domestic Violence Act in South Africa. *Reprod Health Matters* 2000; **8**: 55–65.
- 91 South Asian Campaign to End All Violence. Change making: how we adopt new attitudes, beliefs and practices. Oxford: Oxfam Great Britain, 2011.
- 92 Esplen E. Engaging men in gender equality: positive strategies and approaches. Sussex: Institute of Development Studies, University of Sussex, 2006.
- 93 Michau L. Approaching old problems in new ways: community mobilization as a primary prevention strategy to combat violence against women. *GenD Dev* 2007; **15**: 95–105.
- 94 Dworkin SL, Hatcher AM, Colvin C, Peacock D. Impact of a gender-transformative HIV and antiviolenence program on gender ideologies and masculinities in two rural, South African communities. *Men Masc* 2013; **16**: 181–202.
- 95 Brenner A. Resisting simple dichotomies: critiquing narratives of victims, perpetrators, and harm in feminist theories of rape. *Harvard J Law Gender* 2013; **36**: 503.
- 96 Miller V, VeneKlasen L, Reilly M, Clark C. Power: Concepts for revisioning power for justice, equality and peace. Washington, DC: Just Associates, 2006.
- 97 Breakthrough. Breakthrough's Bell Bajao! A campaign to bring domestic violence to a halt. New Delhi: Breakthrough, 2013.
- 98 Katz J. The macho paradox why some men hurt women and how all men can help. Naperville, Illinois: Sourcebooks; 2006.
- 99 Horn J. Gender and social movements: overview report. Brighton: Institute for Development Studies, 2013.
- 100 Arutyonva A, Clark C. Watering the leaves, starving the roots: the status of financing for women's rights organizing and gender equality. Toronto, Mexico City, Cape Town: Association for Women's Rights in Development, 2013.