

Community interventions to prevent violence against women must follow best practice



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Violence against women is preventable, but there is much to learn about how to do this. The evidence base largely comprises evaluations of interventions, which have multiplied in the last two decades.¹ Many funded evaluations are small studies, but community-wide impact requires policy change and interventions delivered at scale. Violence against women practitioners have developed a range of approaches to community-wide interventions, with mixed results. These are often influenced by the SASA! Intervention of Raising Voices in Uganda, which was the first such study to show promise when evaluated, but there have been many subsequent variations, some adaptations, some substantially different in design.² In India, a large-scale rigorous evaluation of such an intervention has not previously been undertaken. Nayreen Daruwalla and colleagues' study³ represents a bold attempt to test their community-wide intervention delivered at scale in a large study conducted in the slums of Mumbai. The findings provide important lessons for the violence against women prevention evidence base.

Daruwalla and colleagues' intervention sought to reach 60 000 community members over 3 years and was evaluated in a 2-arm study with data collected in two interview-rounds from unique households in 48 randomised communities.³ The intervention's theory of change was based on the premise that women community members enrolled in groups, with sessions guided by a curriculum, would be equipped to identify and support survivors, and that this would change social norms related to violence against women and ultimately reduce violence against women. Three women's groups in each cluster received a structured programme that aimed to enable them to assist women experiencing violence against women. With training, women participants became volunteers and took the lead in survivor identification and support. There was also a light-touch component with men and youth. The study showed that the intervention did not reduce violence against women, whether perpetrated by an intimate partner or more general domestic violence. Notable findings were that group participation did not impact gender attitudes and the lived experiences of group members, and although

they identified women experiencing violence against women, there was no clear platform for driving social norm change.³

The evaluation used methods that are common with this type of intervention, but they are not ideal, and they encountered particular challenges due to the prevailing norms about violence against women. The prevalence of violence against women reported was very low (13.5% in the control group and 15.2% in the intervention group before the intervention and 13.5% and 11.8%, respectively, after the intervention [adjusted odds ratio 0.85, 95% CI 0.62–1.16]) compared with some other surveys, probably reflecting considerable under-reporting.^{4,5} Furthermore, at the two timepoints different people were interviewed. With only two assessments, trends could not be calculated, and there was no measure of individual change, both of which elevated the degree of measurement uncertainty.

There were also intervention weaknesses. The theory of change was not supported by the study findings. Survivor support is a very important element of intervention design and conveys powerful messages about non-acceptability of violence against women, but a theory of change for an intervention must be based on, and engage extensively with, local risk factors and their drivers. Violence against women is rooted in gender power inequalities, and this was not adequately addressed. Critical reflection on gender power, roles, and norms are at the heart of changing understanding, and communication skills building can be incredibly powerful, but they were not included. Effective interventions seek to impact the most important drivers of violence, work intensively with men and women, and are delivered at appropriate intensity by well trained and support personnel.^{6,7} Monitoring intervention delivery is vital, and it seems probable that had the attitudes and practices of women in community groups, who overtime led intervention delivery, been more closely assessed, awareness of their lack of change in attitudes and personal power could have been used to strengthen the intervention. Normally volunteers and staff are most affected by working on programmes and so evidence of enduring very gender inequitable

attitudes and practices in this group should have been a cause of concern.

Building an understanding of how to intervene effectively at scale is key to preventing violence against women. Research shows that this is possible, but social norms interventions need to be sustained for very long periods of time. Social policy interventions can also have a substantial impact, notably on harmful alcohol use, gun ownership, social grants, and stronger domestic violence legislative protections.⁸⁻¹⁰ Smaller scale studies have shown that prevention of violence against women within programmatic timeframes is possible, but interventions need to be very well designed and implemented.^{1,6} Rigorous co-development is now recognised as essential for rigorous intervention design and adaptation.¹¹ It can ensure that interventions are rooted in the lived realities of communities where they are implemented. Funder support for rigorous evaluations is needed to advance knowledge and provide a rigorous analysis of intervention effects; this requires longer time frames for research and more substantial funding.

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