

Preventing violence against women and children

An evidence review

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This report presents findings from an evidence review of interventions in South Africa to prevent violence against women and violence against children, that were documented between 1999 and 2021. It identifies and distils principles, approaches and activities that hold promise for effectively reducing violence experienced by women and children in South Africa.

Key findings

- ▶ Effective violence prevention interventions are culturally relevant and responsive to the context in which they are delivered. They address multiple risk factors through multi-level interventions, for example coupling gender transformative training and income support, parent/caregiver support with cash transfers, and community mobilisation and advocacy. Programmes achieving sustainable change mobilise community members and work with community value systems, while transforming settings that lead to violence.
- ▶ Vulnerability to violence is increased by spatial marginalisation, economic exclusion, hunger and a lack of economic opportunities. Interventions that combine economic empowerment with violence prevention can prevent perpetration and victimisation.
- ▶ Violence prevention needs to be trauma-informed. Programme implementers and participants (men and women, children and parents) are likely to have experienced some form of trauma or early adversity, which increases the risk of future victimisation and perpetration.
- ▶ Findings show that in a country like South Africa, with a history of violence (state-sanctioned, community and interpersonal), effective violence prevention requires measures that holistically reduce harm caused by exposure to violence in childhood, communities and in adult relationships.
- ▶ Interventions that are likely to be effective are those whose implementation is well thought through, have an implementing agency with the required capacity and the intervention is context-relevant. When intervention components are not fully implemented, or not implemented as intended, there is a reduced likelihood of reducing violence.

Recommendations

- ▶ The Department of Planning, Monitoring and Evaluation should ensure that large government programmes such as the 16 Days of Activism, Child Protection Week, community dialogues etc. and policies are periodically evaluated.
- ▶ In addition to publishing positive results about interventions that work and how to achieve success, researchers need to publish negative results, reporting on challenges to implementation. More process evaluation work needs to be done to understand the resources needed and implementation context required to achieve success. This knowledge can help advance the field.
- ▶ Donors should help reduce the fragmentation and fragility of the NGO sector and support the development of a strong and vibrant civil society and women's movement in South Africa.

Introduction

In 2019 the Institute for Security Studies (ISS) partnered with the Centre for Learning on Evaluation and Results (University of the Witwatersrand) and Africa Centre for Evidence (University of Johannesburg) to map research, evaluations and other studies on violence prevention in South Africa. The evidence map responded to a need expressed by the Violence Prevention Forum (VPF).

In early 2019 the VPF identified the ‘lack of knowledge about existing violence prevention interventions and programmes’ as one of the six factors that stood in the way of preventing violence in South Africa.¹ It identified a need for a central repository of South African programmes that have been rigorously evaluated.

The evidence map was created using a systematic review methodology, drawing on best international practice for evidence mapping.² The map included 57 individual studies.³ It included only empirical studies of specified interventions aimed at affecting women and children’s experiences of violence. The map excluded conceptual studies, opinion pieces and studies that aimed to establish the causes of violence. The 57 studies comprised 47 journal articles and 10 grey literature reports.⁴

The evidence map is intended as a tool for policymakers, implementers and donors seeking to implement, or support the implementation of, evidence-informed violence prevention efforts in South Africa. However, an evidence map is a snapshot of what evidence exists – it does not provide a synthesis of what the evidence tells us about what works and what does not or the factors that impact effect.

A next step is required to analyse and synthesise research collated in the map. This review aims to give policymakers, donors and implementers more information on what the evidence tells us about which interventions work and why, and how they help prevent violence in South Africa.

How to use this evidence review

This review of evidence should be used as a knowledge source for those working in the field of violence prevention in South Africa, particularly those seeking to give effect to the National Strategic Plan on

Gender-Based Violence and Femicide⁵ and the White Paper on Safety and Security.⁶

It focuses on interventions that have been implemented in South Africa. It includes evidence generated through qualitative and quantitative methodologies, and both a summary of the available evidence and an assessment of the quality of that evidence. Perhaps most importantly it also highlights the contextual factors that influence programme effectiveness.

The findings of this evidence review can be used to:

- Identify the gaps in our knowledge that need to be filled by additional research
- Identify the interventions that show promise and have the best evidence for their effectiveness
- Identify the contextual issues that must be addressed if interventions are to be successful
- Match the evidence for interventions with an assessment of the quality of interventions to inform decision making
- Inform the allocation of resources to build on what we know and implement evidence-informed interventions.

Methods

This review was guided by the questions: How and in what context do interventions impact perpetration and victimisation? And how can violence prevention interventions be implemented at scale? Additional guiding questions were:

- What types of interventions were implemented, in which contexts?
- Which interventions show promise in the South African context?
- What are the characteristics of interventions that show promise?
- What is the quality of the evidence produced?
- What recommendations can we draw from the evidence?

The approach taken was similar to a narrative review. The objective was not to aggregate results from the studies but to summarise the evidence. Narrative review

typically involves ‘the selection, chronicling, and ordering of evidence to produce an account of the evidence.’⁷

The advantage of taking this approach is that it allows for the inclusion of qualitative and quantitative studies. It also allows for an interpretive account of the evidence, where key themes, patterns and findings can be identified across multiple studies and comprehensively viewed.

However, narrative reviews have been criticised for lacking methodological structure and can easily become descriptive of the findings. To counter this limitation, the review was carried out systematically by two researchers for dual independent assessment of the evidence. A realist analytical lens was also applied. Like other realist research methods, realist synthesis focuses on providing explanations for why interventions may or may not work, in what contexts, how and in what circumstances.⁸

A realist analytical lens was used which focuses on explaining why interventions work or not, in what contexts, how and in what circumstances

Realist synthesis methods and processes are designed to unpack and understand the impact of context on the effectiveness of interventions and to explain to policymakers and programme designers why the interventions work and in what conditions.⁹ The approach taken in the review also unpacks the theories that explain programme functionality and effectiveness. The ability to identify pathways and mechanisms of change that ensure effectiveness are most important for replication, policy adoption and to inform policy and implementation decisions.

We reviewed papers that evaluated interventions. Because of the broad definition applied in the evidence map for intervention, some of the papers had a clearly defined intervention while others had more loosely defined interventions. Although this was sufficient during the mapping stage, for the evidence review a tighter definition of intervention and evaluation (Chart 1) was applied to focus on those papers with a clearly articulated intervention from which we could identify the components, intended outcomes and measured results.

Chart 1: Definition of intervention and evaluation used

Intervention: a programme, policy, set of actions, activities or input that tangibly intervenes in a social system at any level – individual, household, community, societal.

Evaluation: a process of examining or assessing the impact of an intervention through collection and analysing of data around the activities.

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INDIVIDUAL STUDIES
WERE INCLUDED IN THE
EVIDENCE REVIEW

Papers that clearly articulated an intervention and reported evaluative results were included in the summary of findings. Those that were descriptive or did not offer an evaluative assessment were excluded from the summary of findings, but were included in the analysis of contextual factors for effective implementation. A list of the papers can be found [online](#). The approach used was preferred for the review for the following three reasons:

- The papers included in the map cover diverse interventions in a range of contexts. The interventions address complex behaviour change processes that cannot be fully understood outside of the context within which they occurred, the influence of different actors (programme designers and implementers) and the responses of programme clients (programme participants/beneficiaries).
- While most reviews tend to be limited to experimental and quasi experimental impact studies, this was too narrow an approach for the needs of the South African policymaking and implementation community. Studies included in the map varied methodologically and in how researchers reported results. Therefore, traditional methods of synthesising evidence that extract effect size for meta-analysis would be insufficient and inappropriate for these studies. Cunningham and

colleagues demonstrate how narrative summary can be successfully used to systematically summarise heterogenous studies to give a perspective on what is known about an evidence base.¹⁰

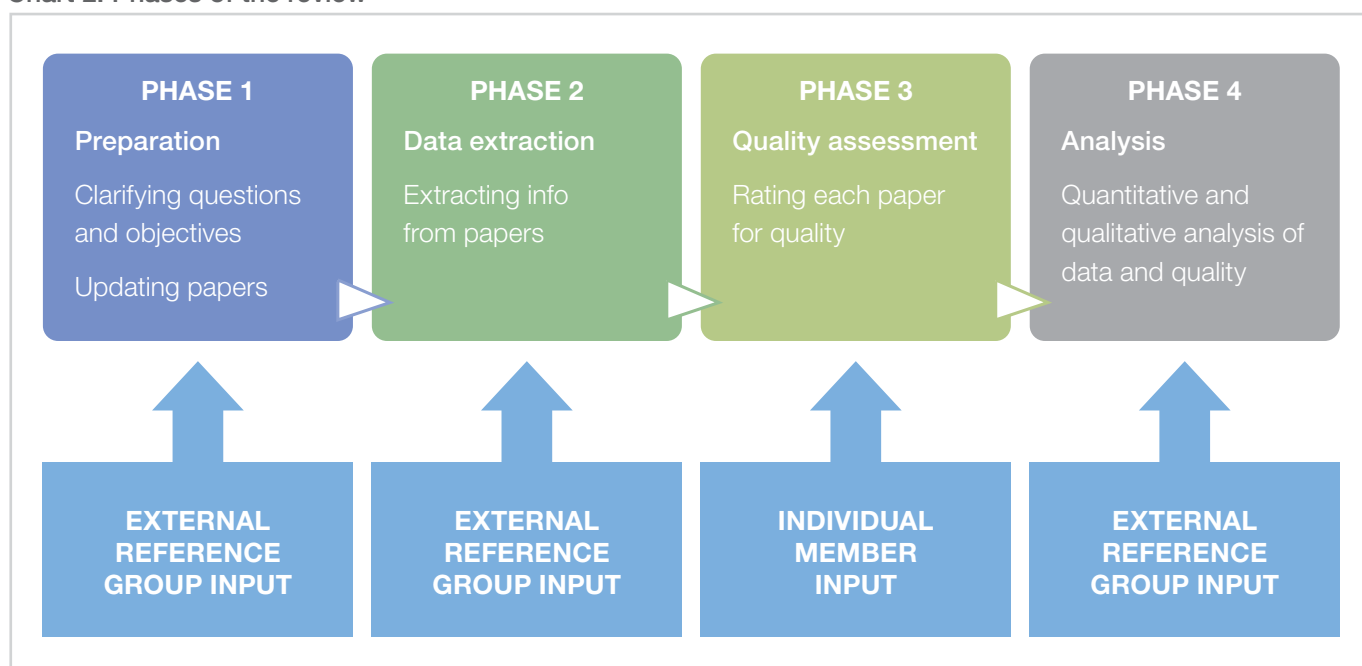
- The last consideration in the choice of methods and approach for this review was the imperative to include studies that were completed after the map was developed in 2019. While some syntheses rely on strict search and assess processes, which once completed cannot be reopened, a realist synthesis allows for the inclusion of relevant studies that are discovered after the initial search for literature is completed.

The review was carried out in four phases (Chart 2) by two independent researchers. Weekly discussion meetings were held to ensure consistency and consensus between the researchers. Input was also sought from a reference group made up of researchers, policymakers, programme implementers and development partners. The reference group represented intended end users of the review.

Preparatory step

This step included setting up a reference group to guide the project. The reference group helped finalise the questions and scope of the review. The last aspect in this

Chart 2: Phases of the review



step was sourcing articles published between April 2019 (when the original map was completed) and May 2021 for an up-to-date account of evidence.

Data extraction and quality assessment

The extraction process was informed by Greenhalgh, whose realist review considered the impact of school feeding programmes.¹¹ Two data extraction tools were developed, for qualitative and quantitative studies. The extraction sought the following information:

- Study design, sample size and outcome data
- Nature of the experimental and (where present) control interventions, including intensity and timing
- Process detail, where included
- Context of where the intervention was tested, and where the study took place
- Theories or mechanisms postulated (or assumed) by the study's authors to explain the success or failure of the programme.

Each paper or report was read in full, and data extracted. An Excel spreadsheet captured the information extracted from the studies. This was used for tracking progress and for analysis. The entries were double-checked by two researchers for standardisation, consistency and accuracy.

An assessment of the quality of evidence presented in each paper or report was undertaken. A rating was based on preselected criteria and input from the reference group to avoid misguided recommendations. The rating tool¹² was standardly applied to all papers and included:

- Background and conceptualisation of the problem
- Research question fit
- Sample
- Control of confounding variables
- Context
- Research design
- Data analysis
- Limitations
- Discussion and conclusions
- Ethical considerations, whether ethical standards were met, and participants appropriately protected.

A total of 23 questions were developed and applied, as appropriate, to both the qualitative and quantitative papers.

The two researchers analysed in detail the full text of each paper to provide a rating for each of the 23 questions. A quasi-binary scoring was applied with '1' indicating a positive, '0' indicating a negative, and '0.5' indicating some promise. All ratings were entered into an Excel spreadsheet which was coded to calculate the rating score out of 23. The scores were then categorised into one of three ratings based on these ratings: weak = a score between 0 and 8, moderate = a score between 9 and 16, and strong = a score greater than 16.

Analysis

A qualitative and quantitative analysis of the data was undertaken. Crosstabs and frequencies were used for descriptive analysis of the data to identify patterns and trends and produce summaries of the findings. The findings related to the evidence were critically appraised through extensive discussion and consensus building between the two researchers.

The papers were categorised according to whether they addressed violence against women (VAW) or violence against children (VAC). A summary of the study methods, the duration or dosage of the intervention, violence type and outcomes measured, intervention findings, quality, and an overall appraisal of the effectiveness of that body of research to address VAW and VAC were produced.

The preliminary findings from that phase were shared with the external reference group for feedback. Input was integrated into the review. The limitations of this review are that it is not a formal synthesis of evidence and does not attempt to aggregate effect or pull findings from the different studies.

Context

Policy environment

Since 1994 the South African government has adopted over 20 laws, policies, strategies and plans aimed at reducing levels of crime and violence (as shown in Chart 3). In addition, each province has developed provincial strategies/policies or plans.

The policy environment is dynamic, reflecting shifts in paradigm with changes in political leadership in the different ministries and the country. It is also fragmented, with several policies, laws and strategies being implemented simultaneously, led by different ministries and relying on different implementing machinery.

Different definitions of violence prevention are applied in legislation and policy. The National Strategic Plan on Gender-Based Violence and Femicide states that prevention means addressing the range of risk factors that drive gender-based violence, femicide and violence and contribute towards the normalisation of violence. Though discontinued, the Programme of Action Addressing Violence Against Women and Children (VAWC)¹³ defined violence prevention as preventing VAWC from occurring through a sustained strategy for transforming attitudes, practices and behaviours. It emphasised addressing the root and underlying causes of VAWC to stop it before it occurs.

The Integrated Social Crime Prevention Strategy applied a public health approach and used the concept of primary, secondary and tertiary prevention.¹⁴ The strategy does not define prevention but offers definitions of the different levels of prevention.

Similar to the Integrated Social Crime Prevention Strategy, the 2016 White Paper on Safety and Security¹⁵ uses the three-tiered prevention model. The White Paper talks of building safer communities. It states that the site of primary prevention interventions is the general public or environment; the site of secondary prevention interventions is regarded as being those 'at risk' of offending or of criminal victimisation; while the site of tertiary prevention are those who have already engaged in either criminality or have been victimised.

The White Paper further argues that only through a combination of all three prevention areas – primary, secondary and tertiary – can safer communities be achieved.¹⁶ This approach of viewing violence prevention as requiring a combination of interventions at each of the three levels is adopted in this review.

Government policies suggest that violence prevention requires a whole-of-government or all-of-society approach, often establishing inter-governmental coordinating mechanisms, while at the same time creating a 'well-defined' sub-sector with its own performance targets, professional networks, performance indicators, etc.

The fragmentation and multiplicity of policies and policy interventions are likely to shape the way the problem of violence is understood, the kinds of evidence generated and the networks of researchers and policymakers involved in policy discussions and programme implementation. These different networks and stakeholders need to use and build on existing evidence, some of which might be outside of their sector of focus. This review is intended to aid the process.



VIOLENCE REDUCTION
LAWS, POLICIES AND
STRATEGIES ADOPTED BY SA
GOVERNMENT SINCE 1994

Chart 3: Legislation and frameworks for the prevention of violence in South Africa

	Violence against children		Violence against women			
INTERNATIONAL	United Nations Convention on the Rights of the Child Prevent violence against children, protect children from further harm, support and treat children who have experienced violence		Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW)	United Nations Declaration of Basic Principles of Justice for Victims of Crime and Abuse of Power	Universal Declaration of Human Rights (UDHR) Upholds the principle of non-discrimination on the basis of gender	
REGIONAL	The African Charter on the Rights and Welfare of the Child Prohibits child marriage, child labour and child abuse	The Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa Expands on women's human rights in relation to GBV to eliminate all forms of discrimination	SADC Protocol on Gender and Development Requires States Parties by 2015, to enact and enforce legislation prohibiting all forms of GBV; and ensure that perpetrators of GBV are tried by a court of competent jurisdiction	African Charter on Human and Peoples' Rights Guarantees the rights to freedom from discrimination; equality before the law and equal protection of the law; and personal liberty, including security of the person		
NATIONAL	Constitution of the Republic of South Africa, Act 108 of 1996 Protects the rights of all South Africans to equality, dignity and freedom from all forms of violence, maltreatment, abuse and exploitation while having access to justice and fair treatment					
	Children's Act 38 of 2010 Holistic range of interventions for children, and their families, including prevention and early intervention programmes, child protection services and therapeutic and aftercare services	Domestic Violence Act 116 of 1998 Provides victims of domestic violence with protection from abuse, accounting for the variety of family and co-residential relationships in South Africa	Criminal Law (Sexual Offences and Related Matters) Amendment Act, Act 32 of 2007 Defines rape, sexual assault, compelled rape or sexual assault, and the compelling of persons older than 18 years to witness a sexual offence. Differs from the DVA in that the DVA characterises the relationship between victim and perpetrator as 'intimate' whereas the Sexual Offences Act does not	Promotion of Equality and Prevention of Unfair Discrimination Act, 4 of 2000 (PEPUDA) Gives expression to the right to equality, section 8 stipulates that no person may be unfairly discriminated against on the grounds of gender, expressly including GBV		
		Domestic Violence Amendment Bill Extends the definition of domestic violence to include victims of assault to any form of intimate relationship, includes online protection orders	The Criminal and Related Matters Amendment Bill Accused only granted bail under exceptional circumstances with victims heard in court before bail is decided and before parole decisions are made	The Bill to Amend Criminal Law (Sexual Offences and Related Matters) Amendment Recognises sexual intimidation as an official offence, increases reporting duty for those who suspect child abuse, extends national register for sex offenders to all perpetrators and making it public		
		National Policy Guidelines for Victim Empowerment (NPGVEP) Enhances the SOR and ensures a coordinated, multi-sectoral and departmental approach to address the needs of victims				
		National Policy Framework: Management of Sexual Offence Matters Attempts to enhance the NPGVEP, recognises LGBTQI, immigrants and refugees and awaiting trial detainees and incarcerated offenders				
		National Development Plan 2012 aims to have all people living in South Africa feel safe and have no fear of crime by 2030; through strengthening the criminal justice system, creating a professional police service, demilitarising the police, having an integrated approach to safety, building community participation and addressing the underlying root cause of violence				
		2016 White Paper on Safety and Security Promotes an integrated and holistic approach to safety and security, recognising the role of the state, civil society, private sector and citizens to achieve this	2016 White Paper on Policing Separates 'police focused' from broader policy on safety and security, and provides an enabling legislative framework aligning police services to rest of public service	Integrated Social Crime Prevention Strategy 2011 Involves state beyond policing at national, provincial and local levels to respond to crime-related issue in a coordinated and focused manner	Community Safety Forums Policy Provides a framework for integrated, localised safety planning that is coordinated and aligned to national and provincial priorities	

Implementation context

The system of government is an important consideration regarding evidence, how existing evidence can be used to strengthen violence prevention interventions, and where it is appropriate to take them to scale. The government service delivery system has the largest footprint in the country. Even where the state is not directly providing a service, such as in social welfare where nearly 90% of all services are provided by non-governmental organisations (NGOs), the performance and sustainability of many of these organisations are dependent on government systems of funding and reporting.¹⁷

An evaluation of the state’s response to violence by the Department of Planning, Monitoring and Evaluation concluded that government was effective only in the area of policy and legislation, as shown in Chart 4.¹⁸

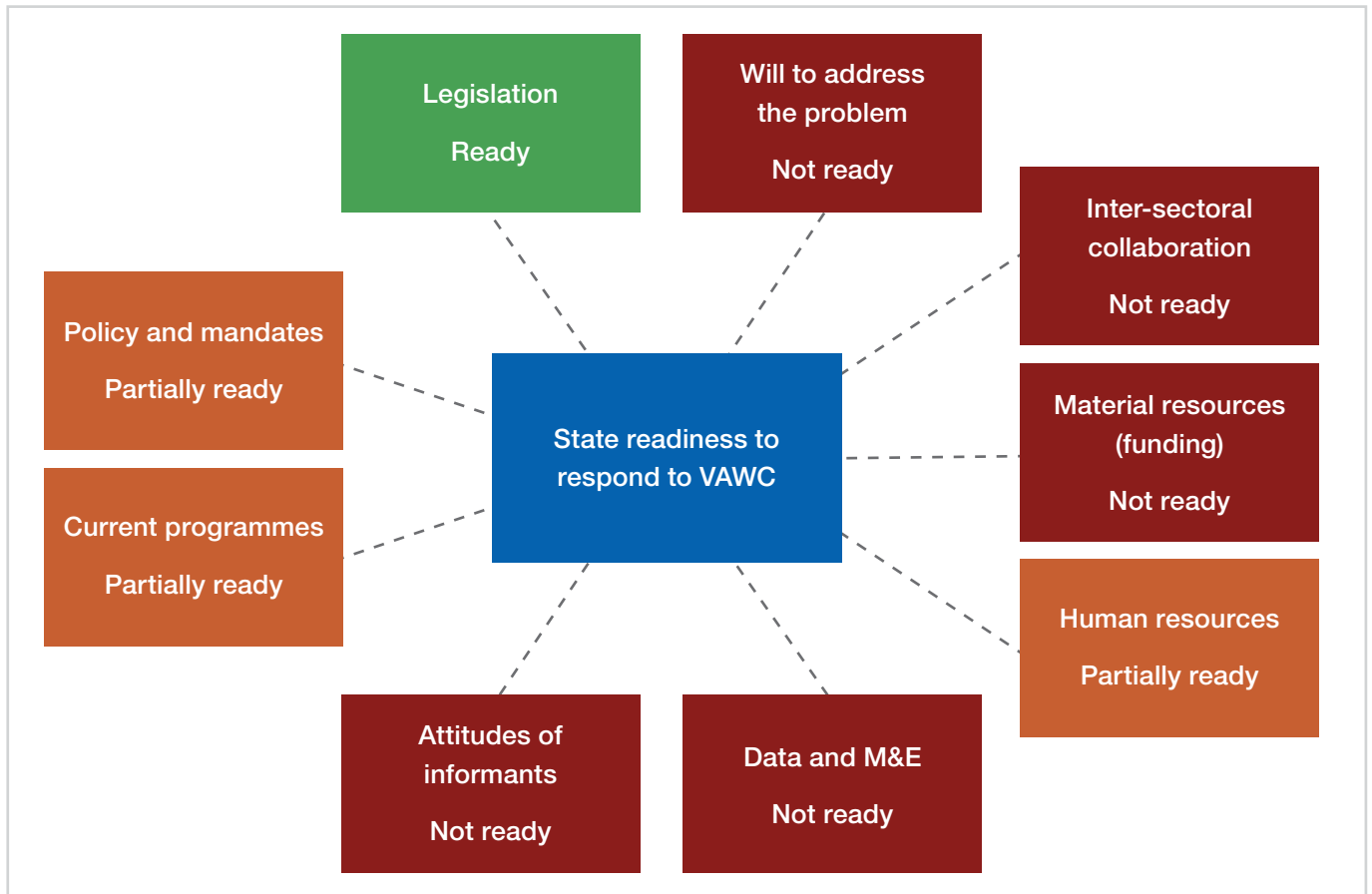
NGOs play an important role in delivering most services and programmes that were evaluated in the papers

included in the review. However they face challenges of capacity, access to financial resources to sustain programmes and influence donors, and often have to compete for resources. These issues have contributed to a fragmentation in how NGOs, even those working in similar areas, deliver services.¹⁹

In considering the evidence presented below, it is important to note that most of the programmes were implemented in research contexts, which are different from real-world contexts. Research sites are generally well-resourced and well-staffed, and implementation is supported for optimal fidelity.

However, any effort to improve reach of the programmes will be implemented by imperfect systems and in imperfect conditions, and if implemented through government systems, will probably have to align with government policy and monitoring and evaluation frameworks. Also, just because a programme is found effective in one context, does not mean it will be effective in another. A process of adjusting/adapting an

Chart 4: Government readiness to respond to VAWC



intervention for a new context is therefore essential to ensure it is contextually appropriate and relevant.

NGOs are often under-resourced and most of their funds are spent on staff and implementation costs. NGOs often have weak or non-existent monitoring and evaluation systems. This means that without dedicated funding or supportive partnerships with research institutions, they cannot conduct the kind of implementation research necessary to constantly learn and adapt to contextual changes.

Most of the programmes were implemented in research contexts, which differ from real-world contexts

Our aim, therefore, is not to indicate which programmes should be scaled and which should not, but to highlight

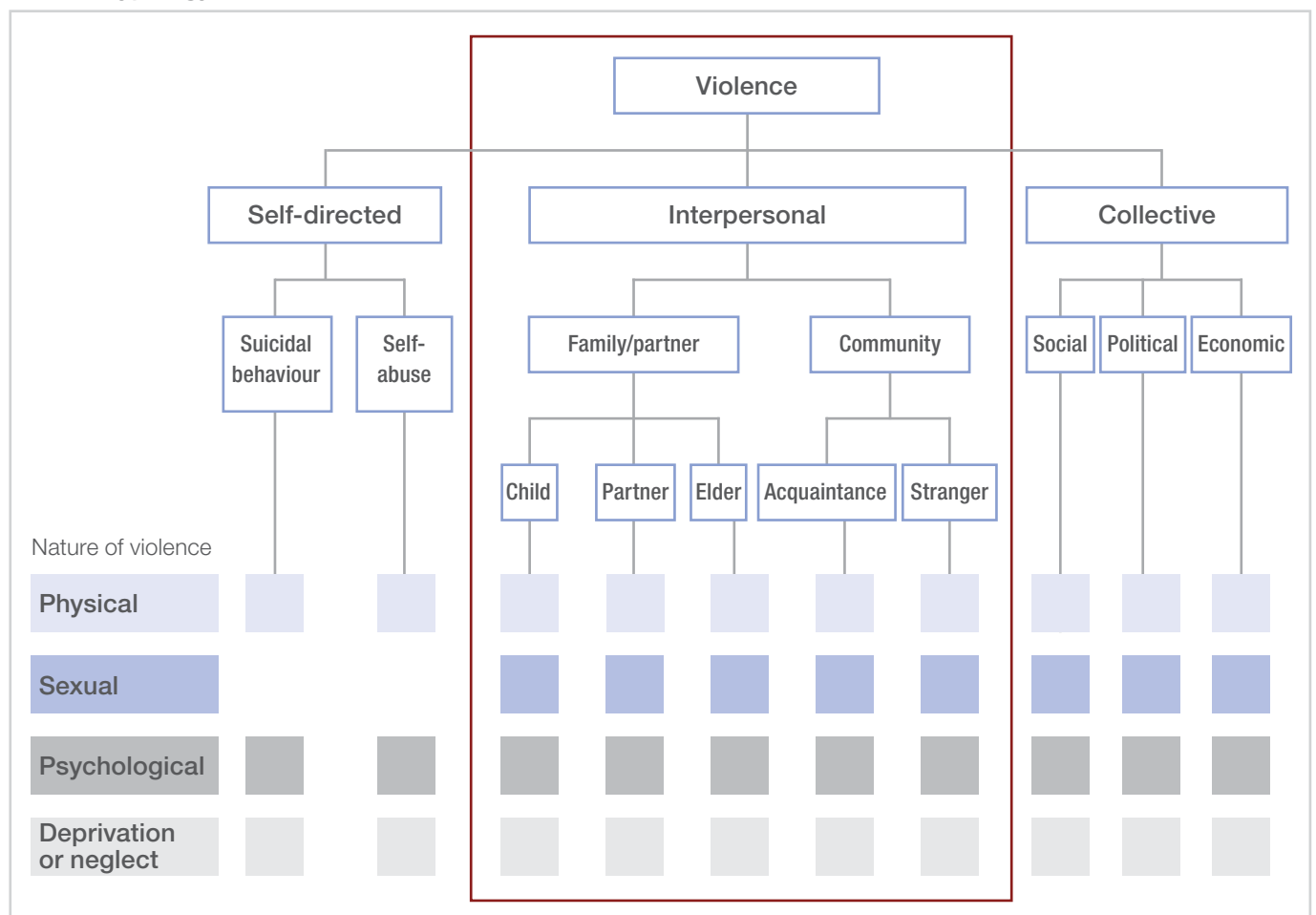
what is known about interventions that have been tested in South Africa and to distil principles, approaches and activities that hold promise for reducing violence.

Definitions used in this review

Violence is a complex phenomenon. It lacks a clear and universally accepted definition – and yet a definition is critical for developing effective interventions. The World Health Organization’s (WHO) World Report on Violence and Health proposes a definition that has been widely adopted.²⁰ The WHO defines violence as ‘the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, mal-development or deprivation.’

This review of evidence focuses on interventions that were directed to address interpersonal violence

Chart 5: Typology of violence



within the family or in interpersonal relationships, and within communities. It includes physical, sexual and psychological violence and neglect (Chart 5).

While recognising the various sub-categories of violence – gender-based violence; intimate partner violence; and violence against women and girls (VAWG) – and their place in the discussion, this review focuses on the broad category of violence against women and violence against children. The main distinction between the two is that violence against children includes all forms of violence experienced by children by virtue of their age, including violence perpetrated by adults against children and peer-on-peer violence.²¹

The review recognises the intersections between VAW and VAC. They share many risk factors, often co-occur in the home, have common consequences that span the life course and frequently intersect in adolescence.²² At the same time we also recognise that they are often studied as separate and as a duty bearer, the state has a legal obligation, enshrined in international law, to protect children against violence and to leave no child behind. This includes all appropriate legislative, administrative, social and educational measures.²³

Just because a programme is effective in one context, does not mean it will be effective in another

This has implications for both state involvement in instances of VAC that may be different from VAW, and the implementation of various interventions. This review will use 'VAC' to refer to all forms of violence experienced by children and 'VAW' to refer to all forms of violence experienced by women.

Population

The following definitions of women and children were applied. Women were defined by their biological sex. Sexuality was not a variable for exclusion. This means that if an intervention aimed to reduce violence in female same-sex relationships or violence against women because of their sexual orientation, this was included.

However, an intervention with transgender women or with men who have sex with men was excluded. Women

did not have to be the target group of the intervention (e.g. a programme targeted at men to reduce VAW/VAC is covered) – but the intended effects must be on women and/or children. Women did not need to be the only or main target group of the intervention and programmes.

Children were defined in line with South Africa's legal definition of a child covering the ages 0-18. Studies targeting both boys and girls were included in the review. Programmes did not have to solely target a reduction in VAC, but could include additional outcomes and target groups.

Interventions

In this review, intervention was defined broadly. An intervention refers to a programme, policy, strategy, set of actions and activities, input, etc. that tangibly intervenes in social systems. Interventions can be applied at any level (e.g. societal, household or individual) and both targeted and universal interventions were included. All interventions regardless of setting, location and audience were eligible for inclusion (as long as they measured outcomes of interest for the review). Single as well as multi-component interventions including those where the reduction of VAW and VAC was not the sole objective were included.

The categorisation of interventions in the review borrowed from the framework used to develop the evidence map. The framework itself was informed by existing ones, including INSPIRE, the framework adapted and used by Pundir and colleagues;²⁴ the RESPECT framework for preventing violence against women;²⁵ and the UN Women framework to underpin Action to Prevent VAW.²⁶ Some of the international specifications for interventions were adapted and expanded to include programmes and interventions relevant to South Africa.

The review focused on six categories of interventions for which there is evidence of effect: laws and policies, norms and values, parent and caregiver support, response services, economic strengthening, and schools as sites of intervention.

In each of the categories of intervention the review explored what the evidence says about what shows promise of effect, how it worked, why it worked and the context within which it worked. Chart 6 presents the categories and how they were defined.

Chart 6: Intervention categorisation

Category	Explanation
Laws and policies	This includes legislation promulgated by national and provincial legislatures, policies approved by government or any other institution (i.e. universities) or plans and/or strategies to prevent violence. This includes laws banning or increasing legal consequences for perpetration of violent (corporal) punishment or domestic violence, laws criminalising or increasing legal consequences for perpetration of sexual abuse and exploitation of women/children, laws preventing or reducing substance misuse (advertisement, prices, coupons), laws limiting access to firearms and other weapons, family and child protection laws, laws pertaining to violence against children, and laws on media content regulation.
Norms and values	Interventions addressing risk factors associated with violence supporting norms. Interventions in this category included social and behaviour change communication (print, radio and TV) and awareness-raising campaigns; social mobilisation, community dialogues, marches, movements, etc.; and bystander interventions.
Parent/caregiver support	Interventions with caregivers/parents to improve parenting outcomes. This includes a range of interventions such as home visiting programmes, group parenting programmes, integrated parenting programmes, and grandparent support programmes; foster care; and foster care support programmes.
Response services	Interventions to provide care and reduce harm when violence has occurred. This includes mental health support interventions such as counselling; alternative housing like shelters and safe houses; and integrated service centres.
Economic strengthening	Interventions aimed at addressing risk factors associated with poverty or lack of resources. This includes social protection, economic empowerment, income-generation interventions such as microfinance/savings schemes, etc.
Schools as sites of intervention	Viewing the school itself as a means of intervening in the lives of individuals, disrupting and preventing violence.

Outcomes of interest

The outcomes of interest were impacts on levels of violence experienced by women or children. A study was included if it measured impacts on perpetration or victimisation of women or children.

Studies were also included if they measured secondary outcomes, which were measured impacts on risk factors or protective factors for violence. For example, studies that measured impacts of interventions on substance abuse with the intention of reducing the risk of victimisation were included, while a study that measured impacts of a substance abuse intervention on substance use with no links to violence perpetration or victimisation was excluded.

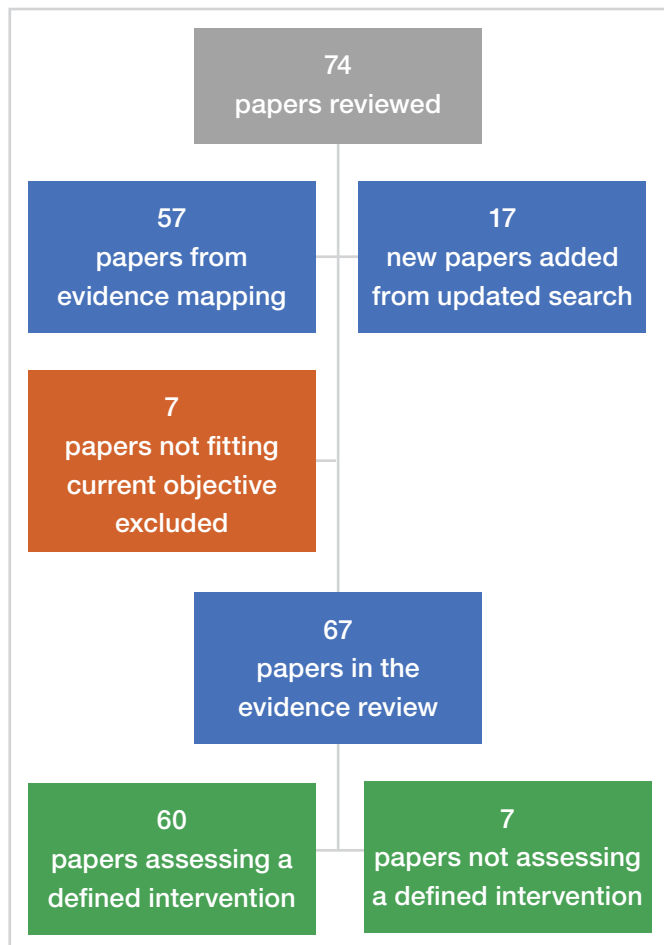
Violence prevention was defined broadly as ‘approaches and/or interventions and/or actions that are intentionally directed to reduce the risk of violence.’ The definition applied aligned with South African violence prevention policies. It refers to interventions designed to address violence before it occurs (both universal and targeted) and to prevent reoccurrence and impairment from exposure and experiences of violence, such as shelters, therapy, etc.

Understanding the research reviewed

Overview of reviewed papers

Fifty-seven papers from the mapping exercise plus an additional 17 papers identified in the more recent search

Chart 7: Papers included in the review



resulted in a total of 74 papers that were reviewed. Of these, seven papers that did not fit the objective of the synthesis were removed, leaving a total of 67 papers in the review. Of the 67 papers, 60 were characterised as evaluative (i.e. a defined intervention was evaluated and the findings presented in the paper), and seven were characterised as non-evaluative.

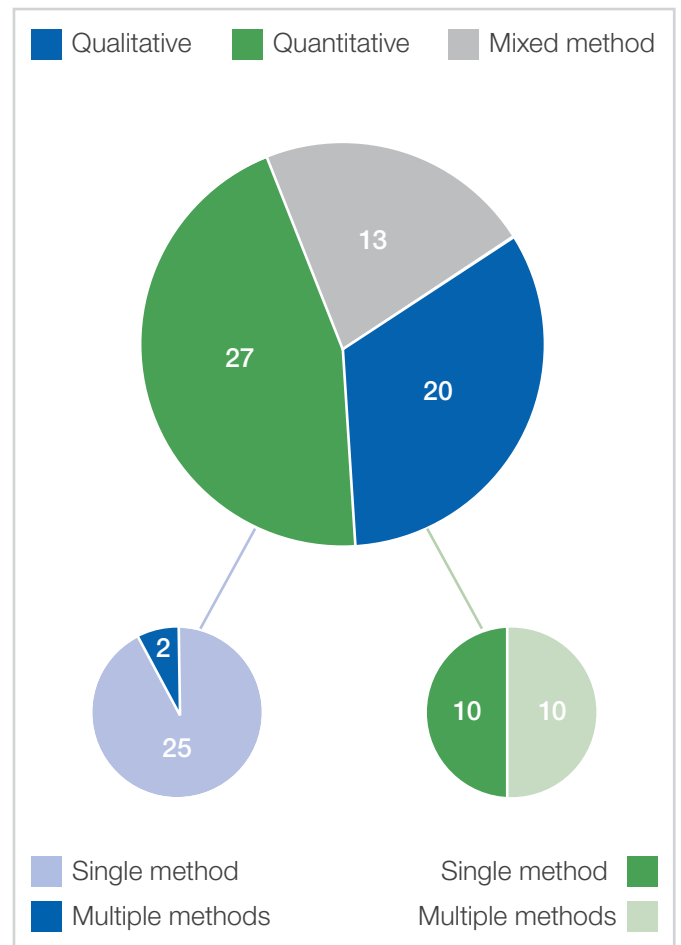
The synthesis of findings below reflects the 60 evaluative papers. Findings from the seven non-evaluative papers are used to enrich the discussion and conclusions.

Research design and methodology

Twenty qualitative studies, 27 quantitative studies, and 13 mixed methods studies were included. Papers were further categorised by the processes, procedures and tools used to collect and analyse data.

First, studies were sorted by the number of data collection methods used – either single or multiple. Studies that used multiple methods can provide more

Chart 8: Research design and methodology



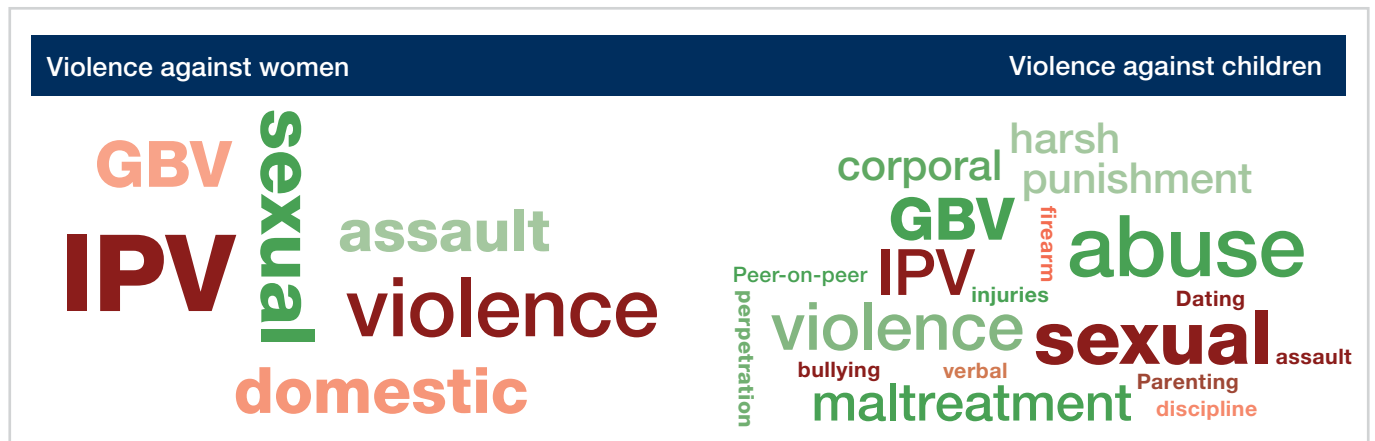
comprehensive analysis due to their ability to triangulate the data.²⁷ Thirty-four studies used a single method for data collection (24 qualitative and 11 quantitative) and 25 studies used multiple methods to collect data (two qualitative and 10 quantitative).

By definition, mixed methods papers integrated both qualitative and quantitative methods for data collection, and when used well can draw on the strengths of qualitative and quantitative approaches to meet the research goals.

Terminology and type of violence addressed

The papers were almost evenly split in terms of the type of violence they addressed – 33 papers (55%) focused on VAW and 27 papers (45%) focused on VAC. A number of different terms are used to describe the problem of violence tackled in the papers. How the different terms relate to, or differ from, each other is not always clear, as researchers often use terms interchangeably.¹⁸

Chart 9: Violence terminology



The most common terms used for VAW papers are intimate partner violence (IPV) (19 instances), domestic violence (four), gender-based violence (GBV) (five), sexual violence (three), and sexual assault (three). VAC papers focus on a broader range violence types and terms, with child abuse (four), sexual abuse (five), child maltreatment (three), IPV (three), GBV (three), sexual violence (two), corporal punishment (two), dating violence (one), peer-on-peer violence (one), violence against children (one), firearm injuries (one), harsh discipline (one), and harsh parenting (one).

Research participants

For research focusing on VAC, three papers included the broad category of children as participants, and 11 included adolescents (three on adolescent girls and one on adolescent boys). Three focused on parents and caregivers alone, and seven on parent-child dyads. One reviewed child abuse cases, one reviewed the Firearms Control Act 60 of 2000 to assess its impact on firearm injuries in children, and one paper included women but focused on their childhood sexual abuse.

For research focusing on VAW, the majority of studies (17) had only women as participants, two included women and men, three included women, men and their wider communities, 10 focused on men, and one assessed university policies and social media.

Types of interventions

Overall, the most common type of intervention focus was norms and values, which was either the sole focus

or in combination with another intervention type in 60% (36) of papers. On their own, norms and values were targeted in 20 studies, parent and caregiver support in six, laws and policies in three, economic strengthening in one, and response services in 14 papers. The most common combination of intervention categories were norms and values and economic strengthening in 12 studies, norms and values and parent and caregiver support in four studies, and finally, norms and values and empowerment in one study.

Interpreting intervention effectiveness

Intervention effectiveness is defined as the reported impact on violence-related outcomes, whether the primary or secondary outcome in the research. For the purposes of this evidence review, three levels were used to rank the effectiveness of an intervention:

- Positive: a positive change in the direction of the/all measured violence-related outcome/s.
- Mixed: some positive change in the direction of the measured violence-related outcomes but no change in others.
- Negative: a negative change in the direction of the measured violence-related outcome that indicates the intervention was counterproductive.

These should be considered with caution. For example, complex interventions with multiple violence-related outcomes are more likely to show mixed findings compared to simple interventions that assess only one violence-related outcome.

Another reason for mixed findings may be the inclusion of more fine-grained analyses that tease out complex relationships between variables. This type of analysis is especially important for building a sophisticated understanding of the problem and tailoring interventions to be contextually relevant.

Overall, 28 studies (47%) reported positive findings, 30 studies (50%) reported mixed findings, and two studies (3%) reported negative findings. For papers that focused on VAW, 12 studies (36%) reported positive findings, 19 (59%) reporting mixed findings, and two (6%) reported negative findings. For VAC papers, 16 (59%) reported positive findings and 11 (41%) reported mixed findings. Details of intervention effectiveness are described further by target group (VAW or VAC) and intervention type below.

Quality assessment rating

Once the information from each paper was analysed, a quality assessment was conducted. Three categories of quality were conceptualised:

- Weak: the paper falls short in substantial areas warranting caution when using its findings.
- Moderate: the paper has a number of strengths with some weaknesses but overall the findings may be relied on with some caution.
- Strong: the paper may include some gaps but the overall assessment is that the design and findings of the paper are robust.

Overall, five studies (8%) were found to be weak, 21 studies (35%) were moderate and 34 studies (57%) were strong. For papers focused on VAW, three studies (9%) were weak, 12 (36%) moderate, and 18 (56%) strong. For VAC papers, two (7%) were weak, nine (33%) were moderate and 16 (59%) were strong. The majority of papers with positive and mixed findings were rated strong.

Findings of interventions to prevent violence against women

Norms and values

Thirteen studies focused on norms and values, four were quantitative, four mixed methods and five were qualitative. Interventions addressing inequitable

gender norms that support or normalise violence vary considerably by whom they target, duration and intensity.

Some interventions, such as court-mandated psycho-educational sessions, target men who have already committed violence. The Zero Tolerance Village Alliance implemented by the Thohoyandou Victim Empowerment Programme (TVEP) intervenes with both men and women and aims to interrupt the acceptance of violence at community level. The Sonke CHANGE and One Man Can programmes intervene with men (who may or may not have used violence before) in a community setting to challenge norms.

All studies of interventions with adult men to change their behaviour had mixed findings

All studies of interventions with adult men to change their behaviour had mixed findings. This means for some men the programme achieved positive outcomes while for others there was no measurable change after attending the programme.

The study assessing court-mandated psycho-education sessions found that men who were mandated to attend training often resisted the intervention (which may reflect an inability to take responsibility for their behaviour).²⁸ The study found that the interventions themselves are often weak in integrating feminist principles sufficiently to challenge gender inequality and male domination over women while not dismissing the oppression men might experience.²⁹

Interventions with men seem to increase knowledge of gender and power and awareness of inequitable gender norms. The studies did not find sufficient evidence that an increase in awareness translates into a universal behaviour change in men.

In several studies the authors conclude that one of the reasons the interventions do not change behaviour could be that they are unable to alter the socio-economic conditions that drive the perpetration of violence, such as economic and spatial marginalisation. They also report that extremely violent men are likely to have been victims of physical and sexual violence as

young boys. The interventions often do not address childhood victimisation of male perpetrators.

The paper assessing women's perspectives of male-focused interventions³⁰ and studies that assessed the impact of the CHANGE programme,^{31, 32, 33} and in which males were the primary recipients of the programme, urged researchers to seek the views and experiences of the female partners of programme participants. This was about whether their experiences of physical and emotional violence changed after the interventions.

Where interventions increased men's knowledge of gender-based violence without including women, this was found to have a harmful effect on women. In one such a case, men reported reductions in physical violence while women reported increases in psychological abuse.³⁴

Community mobilisation seems to have most impact when implemented in rural areas or in places where the community is relatively stable

Community mobilisation and advocacy involve a host of activities including community dialogues, workshops, mobilising state resources to strengthen preventive and response services, and the use of community radio to communicate gender transformative content. In the evaluations of the CHANGE³⁵ and two TVEP programmes,^{36, 37} community mobilisation was reported to have positive impacts on perceptions of women's role in society and households, women's sexual and reproductive health, reduction in victim blame for rape and other norms that support violence against women.

In an adaptation of the One Man Can programme with university students, authors found that critical engagement and dialogue can shift key norms on gender equality and change attitudes towards sexual violence. However there are mixed outcomes regarding the impact on perpetration or women's experience of victimisation.

Community mobilisation and advocacy were found to be difficult to achieve where they relied on volunteers in communities with high levels of poverty and unemployment. In the CHANGE programme process evaluation, authors found that the programme had difficulty retaining volunteers as most of them were looking for income-earning opportunities.

The physical environment also limited the implementation of programme components. In a context where the physical environment was characterised by informality and high-density, community mobilisation activities that required infrastructure such as community halls, sports grounds, etc., could not be implemented. Looking at the studies in this category, community mobilisation seems to have most impact when implemented in rural areas or in places where the community is relatively stable.



DIALOGUE AND COMMUNITY
MOBILISATION SHIFTED
NORMS THAT SUPPORT
VIOLENT BEHAVIOUR

Overall dialogue, critical engagement and community mobilisation were found to shift norms that support violent behaviour. These kinds of programmes can address the risk factors associated with violence. It is clear from the evidence that such interventions need to be context-relevant, culturally appropriate, involve both men and women and be informed by current evidence on risk factors. The impact of interventions

aimed at interrupting violence-supporting norms on violence perpetration and victimisation is not well established.

Advocacy for external stakeholders (mostly provincial or city level governments) to intervene to eradicate risks and threats of violence in communities have had less impact, partly because these have not been well developed or implemented (and are once-off, and not sustained).

Chart 10: VAW studies under norms and values

Paper	Intervention	Outcomes	Findings	Quality
VAWC9	Weekly court-mandated psycho-educational sessions with male perpetrators of IPV	Men's understandings of their own perpetration of violence	Mixed	Moderate
VAWC17	Psychodynamic group-based educational sessions with male perpetrators of IPV	Women's experiences of the effectiveness of the intervention	Mixed	Moderate
VAWC21	One Man Can: A transformative HIV and anti-violence programme on gender ideologies and masculinities with men: six workshop sessions	Perceptions of women's rights, relationship power and decision making, gendered divisions of household labour, violence towards women, children and other men	Mixed	Strong
VAWC43	Women's Health CoOp: Brief intervention for drug use, sexual risk behaviours and violence prevention among vulnerable women: two sessions of two hours each	Substance use, victimisation	Positive	Strong
VAWC60	Thohoyandou Victim Empowerment Programme: Stakeholder forums, community 'five-day' dialogues, training, capacity building and mentoring	Effectiveness of the project to support community members' knowledge, understanding, advocacy for and exercise of sexual, reproductive and gender rights	Mixed	Weak
VAWC61	Thohoyandou Victim Empowerment Programme: Stakeholder forums, community 'five-day' dialogues, training, capacity building and mentoring	Effectiveness of the project to support community members' knowledge, understanding, advocacy for and exercise of sexual, reproductive and gender rights	Mixed	Moderate
VAWC63*	CHANGE: Two full-day workshops, mini workshops of three to four hours with men	Men's trajectories of change in IPV behaviours	Mixed	Strong
VAWC64	CHANGE: Two full-day workshops, mini workshops of three to four hours with men	Men's IPV perpetration	Mixed	Strong

Paper	Intervention	Outcomes	Findings	Quality
VAWC66	CHANGE: Two full-day workshops, mini workshops of three to four hours with men	Men's IPV perpetration, substance use	Mixed	Moderate
VAWC67	Eyethu Soccer League: Soccer-based violence prevention programme with men: six-month period	Conflict resolution, violence perpetration, risky sexual behaviour, substance abuse	Negative	Weak
VAWC71	One Man Can: A transformative HIV and anti-violence programme on gender ideologies and masculinities with men: six workshop sessions	Changes in men as they were involved in the development of an intervention to prevent sexual violence	Positive	Moderate
VAWC73	Women's Health CoOp: Brief intervention for drug use, sexual risk behaviours and violence prevention among vulnerable women: four one-hour modules over two sessions	Drug abstinence, sober at last sex, condom use, experience of IPV	Mixed	Strong
VAWC75	Zero Tolerance Village Alliance: A community-based intervention to address sexual and gender-based violence in rural communities	Self-reported experiences of SGBV, knowledge of where to obtain care and perception of women's agency to refuse sex	Positive	Moderate

* VAWC63 evaluates two interventions, CHANGE is categorised under *norms and values*, and Stepping Stones and Creating Futures under *norms and values combined with economic strengthening*; the paper is included under both sections.

Norms and values combined with economic strengthening

Twelve papers evaluated interventions that combined norms and values and empowerment or economic strengthening. Three were qualitative, eight quantitative and one mixed methods. Five of the papers reported findings from the evaluation of the IMAGE programme; two reported findings from Stepping Stones and Creating Futures.

Combining norm changes with economic empowerment through microfinance was reported to have a positive impact on women's experience of violence. All IMAGE evaluations³⁸ found the programme to have increased women's control over resources and collective action, shifted gender norms and reduced IPV. The papers argued that the positive effects would probably not have been achieved if microfinance had been provided in the absence of gender transformative training.

Gender transformative training on its own will also not produce sustainable changes in norms and values when

the economic position of women is not changed. It is concluded that microfinance combined with gender transformative training has a positive impact on IPV and reduces the risk of and vulnerability to this type of violence. The intervention was also found to be cost-effective for the trial phase.

An important conclusion from the studies is that while the provision of microfinance shifted women's control over resources in their homes and to a limited extent community, programmes like this are not able to transform South Africa's highly skewed resource and power distribution.

Similar findings were reported in papers assessing the effect of Stepping Stones and Creating Futures.³⁹ Evaluations found that by providing men with resources to critically reflect on masculinities and opportunities to improve their livelihoods, the programme had a positive impact on male-reported IPV perpetration. Interestingly the programme did not seem to demonstrate an effect

on controlling behaviour. Women who reported prior IPV experiences also did not experience any positive effect.

The programme was ineffective in improving male earnings or moving men from low-earning jobs. Therefore in the context of a South African informal settlement, intervening with men to transform masculinities from those supportive of using violence against female partners combined with livelihood support, where the programme was implemented by an NGO familiar with the context, did shift some men's perceptions of themselves and reduce the risk of their use of physical violence.

However the research did not find any impact on psychological forms of violence. This raised a question about whether men simply substituted one form of violence for another, having learnt that physical violence was not socially acceptable.

Overall the review found that in South Africa, interventions that couple economic strengthening with gender transformative training can have an impact on physical IPV perpetration and victimisation, though not for all men. The interventions changed norms that supported violence in intimate relationships and improved and strengthened women's status in the relationship and community.

Chart 11: VAW studies under norms and values combined with economic strengthening

Paper	Intervention	Outcomes	Findings	Quality
VAWC25	IMAGE , combining gender training, HIV prevention and microfinance for women: Loan centres met fortnightly, training (12- to 15-month curriculum), Phase 1: 10 one-hour sessions, Phase 2: one-week training for peer leaders, over 12-15 months	Women's views on the effectiveness of the intervention	Positive	Strong
VAWC26	IMAGE , combining gender training, HIV prevention and microfinance for women: Loan centres met fortnightly, training (12- to 15-month curriculum), Phase 1: 10 one-hour sessions, Phase 2: one-week training for peer leaders, over 12-15 months	Cost-effectiveness of intervention	Positive	Strong
VAWC31	IMAGE , combining gender training, HIV prevention and microfinance for women: Loan centres met fortnightly, training (12- to 15-month curriculum), Phase 1: 10 one-hour sessions, Phase 2: one-week training for peer leaders, over 12-15 months	Experiences of physical or sexual IPV, attitudes towards gender norms, personal and financial well-being	Positive	Strong
VAWC32	IMAGE , combining gender training, HIV prevention and microfinance for women: Loan centres met fortnightly, training (12- to 15-month curriculum), Phase 1: 10 one-hour sessions, Phase 2: one-week training for peer leaders, over 12-15 months	Economic well-being, empowerment, experiences of IPV, HIV risk behaviour	Positive	Strong

Paper	Intervention	Outcomes	Findings	Quality
VAWC34	HIV Prevention Trial Network (HPTN) 068 Study: Cash transfers conditional on school attendance	Experiences of physical IPV	Positive	Strong
VAWC45	IMAGE , combining gender training, HIV prevention and microfinance for women: Loan centres met fortnightly, training (12- to 15-month curriculum), Phase 1: 10 one-hour sessions, Phase 2: one-week training for peer leaders, over 12–15 months	Economic well-being, empowerment, experiences of IPV, HIV risk behaviour	Positive	Strong
VAWC57	Stepping Stones and Creating Futures , group-based intervention for men: 21 three-hour-long sessions delivered twice a week	HIV risk, IPV perpetration	Mixed	Strong
VAWC63*	Stepping Stones and Creating Futures , group-based intervention for men and women: 21 three-hour-long sessions delivered twice a week	Men's trajectories of change in IPV behaviours	Mixed	Strong
VAWC65	Stepping Stones and Creating Futures , group-based intervention for men and women: 21 three-hour-long sessions delivered twice a week	IPV perpetration, economic well-being, experiences of IPV	Mixed	Strong
VAWC69	Stepping Stones and Creating Futures , group-based intervention for women: 21 three-hour-long sessions delivered twice a week	Reductions in IPV experience, strengthened agency, shifted gender relations	Mixed	Strong
VAWC70	Stepping Stones and Creating Futures , group-based intervention for men: 21 three-hour-long sessions delivered twice a week	Reductions in IPV perpetration, reductions in non-partner sexual violence	Mixed	Strong
VAWC74	Stepping Stones and Creating Futures , group-based intervention for men and women: 21 three-hour-long sessions delivered twice a week	IPV perpetration and victimisation	Mixed	Strong

* VAWC63 evaluates two interventions, CHANGE is categorised under *norms and values*, and Stepping Stones and Creating Futures under *norms and values combined with economic strengthening*; the paper is included under both sections.

Response services

For this review the concept of prevention included interventions that aimed to reduce the negative impact of exposure to violence. This includes all interventions with women who have experienced violence to foster

recovery and reduce the likelihood of revictimisation or continued exposure to violence.

Seven studies were identified that assessed such services – one quantitative, five qualitative, and one mixed methods. These interventions include shelters run

by NGOs, routine screening and the management of IPV through primary healthcare services, therapeutic services to survivors of violence and post-rape care.

Two evaluations of effects of accessing shelters for women experiencing IPV^{40,41} found that shelters provided women with resources to be able to leave abusive relationships, removing the imminent threat of IPV. The two studies that assessed shelters did not track the women after they left the shelter. Therefore the extent to which accessing a shelter enabled women to not only escape their abusive relationship but to also avoid abusive relationships in the future is not known.

In a study that assessed the use of a special protocol for screening and managing IPV, women who came to the clinic and were suspected of experiencing IPV were screened and referred to a specially trained psychiatric nurse. Of the women who were screened and offered advice, 84.2% proceeded to lay charges and others applied for protection orders. Most of the participants found the intervention helpful in pointing them to other services. Participants reported an improved mental state in terms of their mood, sociability or sense of well-being, as well as decreased anxiety, suicidal ideation and alcohol abuse.⁴²

However, like other response services, the extent to which the intervention led to the cessation of violence is unknown. The intervention did seem to remove the imminent threat of violence and empowered women to make alternative decisions.

Another similar intervention, which involved 20-minute intervention sessions during HIV testing, risk assessment and the development of a plan to reduce the risk of violence, reported positive findings on victimisation. Of the participants, 34% reported a decrease in the severity and frequency of physical violence, 13.5% a decrease in sexual abuse, and 27.5% a decrease in physical abuse. The mean Danger Assessment Score dropped significantly from 6.0 to 2.8 post-intervention.⁴³

One study assessed the quality and effect of post-rape care and found that the services were inadequate, and public sector and NGO service providers tended to prioritise physical health over mental health outcomes. They also relied on interventions that were not evidence-based and were insufficient to provide for specific needs

of individual survivors. This made coping and recovery after rape more difficult for survivors.

Though the study did not measure the link between the quality of the service and future victimisation, it did find that those who accessed services and had other support systems were more likely to recover.⁴⁴ Therefore accessing effective post-rape care can reduce some of the risks associated with sexual violence. Survivors often need different kinds of services depending on individual needs.

The study also highlights the importance of post-rape services helping survivors to identify and access support in their own families, among friends or in other groups to which they are connected. Those working with survivors also struggle with mental health problems, particularly related to vicarious trauma, and service providers, caregivers and family members require support.

Response services enable healing for those exposed to violence and reduce the likelihood of victimisation

One paper assessed informal justice mechanisms such as mediation by pastors, community/traditional leaders, etc. as an alternative to criminal justice responses to domestic violence/IPV.⁴⁵ Though the study's methods were relatively weak, it provided insight into what survivors usually look for in response services and the challenges that women face when seeking help.

Most of the informal justice mechanisms reviewed in the paper were located within the community, making them accessible to women. They were often available at times that NGOs or government offices were closed. The services also prioritised reconciliation over prosecution. This seemed to be aligned with what clients who accessed the services needed. The paper reported anecdotal indications of cases that were successfully resolved through informal mechanisms. However due to design limitations it was not possible to determine with certainty from the study what the effect of these interventions were on male perpetration and female partner victimisation.

Chart 12: VAW studies under response services

Paper	Intervention	Outcomes	Findings	Quality
VAWC2	Standard of care of mental health support in post-rape care services	Access to post-rape services, quality of services, coping after rape	Mixed	Strong
VAWC22	Treatment of women survivors of child sexual abuse (CSA) through a mix of theories, psychodynamic and cognitive-behavioural therapies and the strengths-based post-traumatic growth model	Immediate or ongoing losses associated with CSA	Mixed	Moderate
VAWC24	Shelter provided by an NGO	Resilience in women affected by violence	Positive	Moderate
VAWC29	Routine screening and management of IPV in primary care	Benefits of the intervention	Mixed	Strong
VAWC36	20-minute intervention session during HIV post-test counselling	Experiences of IPV, assessment of risk for IPV	Positive	Moderate
VAWC48	Shelter for abused women	The significance of sheltering in abused women's lives	Positive	Moderate
VAWC55	Informal justice structures	The role of alternative mechanisms in addressing domestic violence	Mixed	Weak

Overall, the findings show that in a country like South Africa with a history of violence (state-sanctioned, community and interpersonal), effective violence prevention will require measures to reduce harm caused by exposure to violence in childhood, community and in adult relationships. Response services provide mechanisms for those who have been exposed to violence to heal and reduce the likelihood of victimisation, mental health problems and a host of other challenges that increase risk to violence.

Laws and policies

Two papers focused on laws and policies that could prevent VAW, one mixed methods and one qualitative. One study explored how university policies impacted sexual violence at universities and the other assessed the implementation of the Domestic Violence Act (DVA) 116 of 1998.

The links between policy, service delivery and performance are complex. The existence of a policy or law does not guarantee its impact on lived experiences in communities and relationships. The impact of

legislation or policy is determined by the extent to which the law or policy is implemented, the quality of the implementation, resources available to implement, and capacity of those implementing. This needs to be considered when interpreting the findings presented by papers in this category.

One study assessed the implementation and effect of the DVA and reported that the Act was associated with an increase in women's access to and use of protection orders. Access to protection orders was in turn associated with cessation of abuse for some women while for others the violence worsened. The use of a protection order (as per the DVA) was associated with an increase in some women's personal efficacy while others felt disempowered.

Their disempowerment was associated both with how their partners and families responded to their seeking a protection order, and to the inability of the criminal justice system personnel (mostly the police) to provide adequate services. Many police stations were reported to have failed to meet the requirements and standards

Chart 13: VAW studies under laws and policies

Paper	Intervention	Outcomes	Findings	Quality
VAWC4	University policies on women's sexual violence on campus	Management of sexual violence cases on campus, prevention of sexual violence on campus, secondary victimisation	Negative	Moderate
VAWC56	Implementation of the Domestic Violence Act of 1998	Exploration of the implementation of the DVA	Mixed	Moderate

set by the DVA and National Instructions. The transfer of the DVA from the Independent Complaints Directorate to the Civilian Secretariat for Police was also found to have reduced the quality of the implementation of the Act.⁴⁶

One paper looked at violence on university campuses.⁴⁷ The study assessed the effectiveness of sexual violence policies at Rhodes, Witwatersrand and Cape Town universities. The study used social media data to assess the effectiveness of a university policy to reduce sexual violence on campus. The research had methodological limitations that impacted on the quality of the argument and conclusions reached. The study found that protocols and policies that universities had put in place were inadequate to prevent sexual violence on campus.

A major predictor of government action in this sector is having active civil society and women's organisations

In some cases, universities had protocols that allowed the accused to continue studying while the case was pending, without adequate protection for the survivor. These practices were found to be detrimental to the well-being of survivors and likely to expose them to more violence. Internal university policies were found to be geared for mediation and dis-incentivised victims from pursuing criminal charges.

Overall, the papers in this category show that policies and laws are important building blocks for violence prevention interventions. However, policies need to be sensitive to the needs of victims in order to be effective. They also need to be effectively implemented.

Further, a significant predictor of government action on violence against women is having active civil society and women's rights organisations.⁴⁸ When effectively implemented and supported by a strong and vibrant civil society, policies can afford women the required protection from violence and ensure the accountability of perpetrators.

More evaluative research is needed on the impact of policies that government and other institutions have adopted to address violence against women.

Findings of interventions to prevent violence against children

Norms and values

A total of six papers were reviewed – two qualitative, one mixed and three quantitative. The interventions in this category differed in several ways. Firstly, in the type of violence addressed. Four papers focused on IPV (i.e. gender-based violence in a relationship). Two studies were of interventions addressing violence between peers in school. Four studies targeted both boys and girls, two targeted only girls, one targeted boys and one targeted children and their caregivers.

Most reported on the impact of the interventions on risk and protective factors, and experiences of violence. All studies of interventions addressing IPV reported positive findings. An evaluation of the Let Us Protect Our Future intervention found that adolescents in the programme reported reduced experiences of forced sexual violence by their partner, but it was more effective at reducing forced sex among boys than girls.⁴⁹ The programme was reported to have reduced the risk factors for adolescents that drive the perpetration of sexual violence.

Intervening to interrupt the dominant conceptualisation of masculinity and offer better understanding of sex before sexual debut was found to have a lasting effect on boys' sexual behaviour. A study assessing the PREPARE HIV-based IPV prevention programme found that while PREPARE had no positive impact on sexual risky behaviour, including the use of condoms or having sex with multiple partners, the programme had a significant positive impact on the perpetration of sexual coercion and violence in adolescents' intimate relationships.⁵⁰

The SKILLZ Street programme with adolescent girls was able to build girls' confidence, helping them make healthier choices and avoid unwanted sex.⁵¹ The paper does not report on the impact of the programme on victimisation.

One study exploring the use of film as an intervention addressing gender violence found that films could be effective in challenging prevailing norms and beliefs about violence.⁵² However, participants' responses were measured at the time of watching the film. This approach weakens the evidence and conclusion.

A school-based anti-bullying intervention that applied an integrated model for behaviour change had mixed outcomes on participants' perpetration and experience of verbal bullying.⁵³ Significant post-intervention improvements were reported in participants' knowledge of verbal bullying, attitudes towards preventing verbal bullying behaviour, intentions to not verbally bully and having an action plan. At the same time the study found no significant effect of the intervention on experiences of verbal bullying.

Offering a better understanding of sex before sexual debut had a lasting effect on boys' sexual behaviour

Overall, intervening with children early to challenge norms and beliefs that support violence both in intimate relationships and with acquaintances has more likelihood of reducing violence perpetration and victimisation. This could be because younger children who are still developing a sense of self have more opportunities to adjust their beliefs and values.

Chart 14: VAC studies under norms and values

Paper	Intervention	Outcomes	Findings	Quality
VAWC18	Video-making workshop, follow-up workshops, participatory analysis and archiving with school-going male and female adolescents and their teachers	Understandings of GBV	Positive	Weak
VAWC27	Let Us Protect Our Future: Six sessions of two hours each delivered on consecutive school days with male and female adolescents	Perpetration and experience of forced sex	Positive	Strong
VAWC38	School-based educational intervention for male and female adolescents, 20 weekly modules each delivered during a single school lesson	Experiences of verbal bullying, social norms	Mixed	Strong
VAWC39	The use of film and film text for school-going male and female adolescents	Learner understandings of gender, sexuality and gender violence representations in film	Positive	Moderate

Paper	Intervention	Outcomes	Findings	Quality
VAWC40	PREPARE: School-based intervention for male and female adolescents, 21 sessions between one and 1.5 hours delivered once a week after school	Risky sexual behaviour, sexual violence, IPV	Positive	Strong
VAWC41	SKILLZ Street: Soccer-based life skills programme for adolescent females, 10 two-hour sessions after school twice a week for five weeks	Delayed sexual debut, healthy relationships, avoidance of risky behaviour, increased reporting of sexual abuse	Positive	Moderate

Schools as sites of intervention

Two studies assessed school-based interventions where the school environment itself was treated as an intervention. The first study tested the link between school connectedness and protection against violence. The second study tested whether separating girls and boys by having same-sex schools could reduce girls' experiences of violence.

Children who are connected to a school are protected against risk-taking behaviour

An analysis of masculinities, coping styles, school connectedness and various risk factors found that though mental health and risk outcomes were influenced by male learners' endorsement of hegemonic masculine norms and the use of maladaptive coping styles, boys

who had a higher degree of school connectedness were protected against risk-taking behaviours.⁵⁴ The paper did not measure impact on actual perpetration or victimisation.

An in-depth exploration of single-sex schools found that separating girls and boys protected girls from sexual violence but not from peer-to-peer verbal and physical violence.⁵⁵ The study challenged the notion of femininity as safe and non-violent and the idea that violence can be prevented by trying to create safe single-sex spaces for girls. It shows how girls can be equally capable of perpetrating violence.

Overall, children who are connected to a school are protected against risk-taking behaviour that makes them vulnerable to violence. Creating single-sex environments does not seem to improve girls' safety in school. Interventions in schools have to see both boys and girls as potential victims and perpetrators of different types of violence.

Chart 15: VAC studies under schools as sites of interventions

Paper	Intervention	Outcomes	Findings	Quality
VAWC5	Assessing levels of school-connectedness among male and female adolescents	Violence and violence-related behaviour, substance abuse, depression, sexual risk behaviour (sexual practices, condom use and HIV/AIDS knowledge)	Positive	Moderate
VAWC6	In-depth interviews with single-sex school girls	Patterns of violence and safety in single-sex schools for girls	Mixed	Moderate

Parent and caregiver support

Two quantitative studies assessed the impact of parent and caregiver support. The interventions included mothers and their infants over eight weeks (one paper) or, more intensively, over six to seven months. Both studies reported positive findings and were methodologically strong. The interventions aimed to reduce the risk of child maltreatment through improving the relationship between mothers and infants by promoting responsive and supportive caregiving.

Parenting programmes are most effective if they reach parents when they are most receptive to change

A home-based mother-infant intensive intervention to improve the quality of mother-infant relationships was delivered from the antenatal period to six months postpartum through initial weekly sessions that tapered to fortnightly and monthly over time.⁵⁶ Outcomes were measured at six, 12 and 18 months after birth. The study reported that as maternal intrusiveness and depressive disorder decreased and maternal sensitivity improved, infants were also found to be more securely attached to their mothers.

In the book-sharing programme, maternal and infant outcomes were assessed, including infant cognitive development.⁵⁷ The study reported that mothers displayed greater sensitivity after the programme and

that the quality of parent-infant interactions improved. Infants were found to have significantly improved cognitive and socio-emotional development, both of which could be attributed to the improvement in the interactions between mother and infant.

These parent-infant interventions show promise with a growing body of robust evidence. Parenting programmes are shown to be most effective if they reach parents when they are most receptive to change.⁵⁸ These early interventions can also help families avoid the development of problem behaviours and are considered most effective for enhancing overall family well-being in addition to preventing child maltreatment.⁵⁹

Interventions that challenge parents'/caregivers' acceptance of violence in disciplining their children and encourage positive relationships also report positive results. Furthermore, children with greater attachment and more security are more resilient and likely to report abuse and to raise securely attached children themselves.

Norms and values in combination with parent and caregiver support

Eight studies combined norms and values change with parent and caregiver support: one mixed methods paper, one qualitative paper and six quantitative papers.

Seven of these studies evaluated one or more of the Parenting for Lifelong Health (Sinovuyo) programmes, with some variations in the delivery of the interventions or with additional components. These interventions involved parents or caregivers and their adolescent children, and

Chart 16: VAC studies under parent and caregiver support

Paper	Intervention	Outcomes	Findings	Quality
VAWC15	A home-based mother-infant intervention, one-hour-long sessions, two antenatal, weekly for the first eight weeks postpartum, fortnightly for the next two months, and then monthly for the final two months	Maternal sensitivity, infant attachment, maternal depression	Positive	Strong
VAWC33	Book-sharing: Book-sharing intervention for mothers and infants, 1.5-hour sessions once a week for eight weeks	Parent-caregiver interactions, parent sensitivity, infant development	Positive	Strong

in one study younger children. The programmes varied in duration from 10 to 14 weekly sessions.

Overall, parent-adolescent interventions aimed to increase positive parenting and decrease harsh discipline in efforts to reduce child abuse. The interventions assessed a broader range of outcomes, not limited to child abuse, for both adolescents and parenting. These included adolescent behaviour problems, parent stress, social support, parent and adolescent mental health, exposure to violence in the community and in one study family financial well-being.

Children who feel secure and are well attached to their parents or caregivers are more resilient and likely to report abuse

In this sense, the interventions can be considered more comprehensive parenting programmes. Five of these studies reported positive findings and three reported mixed findings. All were methodologically strong quality.

Preliminary research was conducted for the Sinovuyo Caring Families Programme for Parents and Teens. The first study tested its feasibility and initial effectiveness⁶⁰ and a second evaluated a pilot study of the same programme.⁶¹ Both papers reported reductions in violent or abusive parent behaviour, increases in positive parenting and a decrease in adolescent behavioural problems. The feasibility study also reported reductions in parent substance abuse and parent stress.

A randomised controlled trial of the programme⁶² reported mixed results, indicating that full delivery of the programme may be more complicated. The study reported reductions in abuse and adolescent substance use, and improvements in positive parenting and in parent mental health, stress, substance use and social support. However, there were no improvements in neglect, inconsistent discipline, adolescent mental health or behaviour. While parents reported diminished abuse and corporal punishment, adolescents' reports of abuse and corporal punishment did not change positively.

A qualitative study on Sinovuyo Teen Parenting Programme used focus groups and interviews to understand participants' perspectives of the parenting

programme and the role it played in reducing child abuse.⁶³ The paper highlighted the mechanisms of change underlying the intervention, which included parents and adolescents finding new ways of spending time together, more effective communication strategies, and replacing their negative behaviours with positive ones.

The paper found that creating an environment in the family that was firstly conducive for participants to learn alternative ways of being, and secondly prioritised openness and mutual respect, enabled parents and adolescents to shift and normalise positive behaviours. This change was identified as key to the reductions in physical and verbal abuse.

An evaluation of the Sinovuyo Caring Families programme for young children reported mixed findings and had a strong quality rating.⁶⁴ Implemented over 12 sessions across three-months, the intervention aimed to reduce the risk of child maltreatment. Overall the evaluation showed some evidence that an increase in positive parenting could be linked to a reduction in child maltreatment. There was some indication of increases in positive parenting, but there were no differences between the intervention group and the control group on harsh parenting practices or observations of negative parenting.

There was also a decrease in positive child behaviour. The paper proposes that this might be due to an emphasis on setting limits and discipline rather than encouraging positive behaviour in the early sessions.

This paper highlighted the need for culturally and contextually relevant interventions – parents were receptive to the concepts of positive parenting but found the nonviolent discipline strategies to be culturally dissonant or possibly too complex to implement consistently without more intensive intervention.

One study used social network analysis to explore the effects of a parenting programme implemented alongside a community mobilisation process.⁶⁵ A policy brief providing insights and lessons from the study was also reviewed.⁶⁶ The study reported positive findings and has a strong quality rating. The larger intervention consisted of the set of four programmes within the Parenting for Lifelong Health intervention that were delivered to

caregivers of the appropriate age groups. The aim of the intervention was to increase positive parenting and reduce harsh parenting and corporal punishment.

A continuous community mobilisation process was used to enhance the receptiveness and effectiveness of the intervention. The paper found increases in positive parenting behaviours and a reduction in harsh parenting, and that the community mobilisation process helped diffuse these intervention effects from participants of the programmes to wider community members outside of the programme.

The combination of a community component and a family-level intervention worked to strengthen the attitudes and values related to positive parenting and engendered a sense of commitment within the community to positive parenting.

Lastly, an evaluation of the Skhokho intervention – which aimed to prevent gender-based violence among school-going adolescents – reported mixed findings.⁶⁷ The evaluation was methodologically strong. The learner intervention package material was integrated into the curriculum and delivered during routine life orientation lessons. A second arm included a Skhokho for Families intervention, which included a four-day workshop with caregivers and their children.

The primary violence-related outcomes included incidence of physical and sexual violence, incidence of severe IPV and incidence of non-partner rape. The findings were mixed in that statistical significance was not achieved for some of the outcomes, however the general impact of the intervention appeared to be promising.

There were improvements in adolescents' exposure to violence, improved sexual health and a reduction in the risk factors for IPV. However, there was no statistical evidence of lower IPV incidence. There was instead a significant reduction in female caregivers' own experience of IPV.

The interventions reviewed showed considerable promise. Combinations of interventions include many elements and many outcomes, all of which are difficult to impact to the same degree under research conditions, and even more so under real-world conditions. A substantial amount of research has been done on the Parenting for Lifelong Health suite of programmes, compared to other interventions, and each piece has demonstrated new learning and adaptation to make the interventions more contextually relevant and feasible for scale up. Overall, the interventions showed improvements in both adolescent and parent outcomes, from mental health to fewer experiences of violence.

Chart 17: VAC studies under norms and values combined with parent and caregiver support

Paper	Intervention	Outcomes	Findings	Quality
VAWC11	Sinovuyo Teen Programme: 12 weekly sessions of two to 2.5 hours each	Child abuse, adolescent behaviour problems, parenting practices, parent stress, substance use	Positive	Strong
VAWC12	Sinovuyo Teen Programme: 10 sessions over a five-week period	Child abuse, adolescent behaviour problems, positive parenting, parent and adolescent social support	Positive	Strong
VAWC13	Sinovuyo Teen Programme: 14 weekly sessions	Child abuse, parenting practices, caregiver and adolescent mental health, substance abuse, adolescent behavioural problems, social support, exposure to community violence, family financial well-being	Mixed	Strong
VAWC19	Sinovuyo Teen Programme: 14 weekly workshop sessions and home visits for those who miss group sessions	Parent and adolescent experiences of a child abuse reduction programme	Positive	Strong

Paper	Intervention	Outcomes	Findings	Quality
VAWC37	Sinovuyo Caring Families Programme for Young Children: 12 weekly sessions between two to three hours over three months	Harsh parenting, positive parenting, child behaviour problems	Mixed	Strong
VAWC59	Policy brief based on VAWC62	Positive parenting, corporal punishment, IPV	Positive	Weak
VAWC62	Parenting for Lifelong Health programmes: Thula Sana, Sinovuyo Caring Families Programme for Children, Sinovuyo Caring Families Programme for Parents and Teens, Book-sharing, Community mobilisation component: Continuous community mobilisation process. In addition, four parenting programmes run 16 times over the duration of the study lasting between eight and 12 weeks each	Positive parenting, female caregiver social networks, parenting behaviour	Positive	Strong
VAWC72	Skhokho: School intervention package delivered during LO lessons. Four-day workshop	Incidence of physical and sexual violence, severe IPV, non-partner rape	Mixed	Strong

Response services

Seven papers focused on response services – five mixed methods and two qualitative.

Of the seven studies, six focused on child sexual abuse. Five of these involved children and one involved women survivors of child sexual abuse. One study focused on child abuse (including physical and sexual abuse and neglect). Overall, five studies reported mixed findings and two reported positive findings. Four studies were rated strong and three moderate. Three papers assessed a specific intervention for dealing with child sexual abuse (two papers focused on victims and one on perpetrators) and four studies explored the dynamics of standard of care in the child protection system.

Included in this category was an evaluation of the Fight With Insight diversion programme that explored the rehabilitation of young sexual offenders.⁶⁸ The 12-week programme showed mixed findings and had a moderate quality rating for methodology. Combining cognitive behavioural therapy with sport, specifically boxing, the aim was to bring about the personal and social development of youth offenders.

The combination of therapies was highlighted as key to the intervention's success. The intervention noted a reduction in recidivism, assumption of responsibility on the offender's part, greater impulse control and self-awareness and improved problem-solving and decision-making skills.

The paper relied on interviews with the intervention group, their parents and a comparison group of offenders who only attended the cognitive behavioural therapy to draw these conclusions, without additional triangulation of the data to verify the findings. Perceptions of the success of the programme were highly subjective as acknowledged by the authors.

The key finding for this study is that the combination of cognitive behavioural therapy with an additional component, possibly group-based and sport-related, may be the underlying factor that led to the positive findings.

Parents were receptive to positive parenting but found the non-violent discipline strategies too complex to implement consistently without more intervention

An expressive art group intervention over 10 weekly sessions for sexually abused adolescent girls had positive findings and the study was of moderate quality.⁶⁹ The study found that the group-based nature of the intervention combined with the expressive art activities and reflective discussions enhanced the therapeutic value of the intervention. Participants in the intervention reported that their sense of isolation was relieved, and that they experienced improved interpersonal closeness and more positive self-esteem.

The study concluded that the intervention showed promise as an alternative therapeutic strategy in low-resource settings. One limitation was that the intervention was delivered in English to semi-fluent English language-speaking participants, which is bound to have limited participant engagement with the programme content and possibly their ability to effectively reflect on how the programme impacted them, thus influencing the evaluation outcomes.

One study examined a strengths-based group intervention for women who had experienced child sexual abuse called Survivor to Thrive.⁷⁰ The six-session intervention was delivered over a three-month period. The paper reported positive findings and was methodologically strong.

The main outcome of the intervention was post-traumatic growth. The study found that survivors changed their self-perception from being a 'survivor' to being a 'thriller'. The programme facilitated the starting point for healing, intensified emotional awareness and a change in self-perception. Participants in the intervention also felt that they had an opportunity to take ownership of their healing outcomes and be more in control of their growth path.

For participants, the change was personal (self), interpersonal (their relationships) and more broadly in how they regarded the world and their place in it. The group-based nature of the programme provided an opportunity for the participants to explore their trauma in a safe environment. The paper does concede that the sample size was small and

>70%

OF CASES REPORTED TO
SOCIAL SERVICES AREN'T
REFERRED TO POLICE

that longer-term follow-up of reported growth should be assessed to identify whether additional adversity could undermine the positive growth experienced during the intervention.

Two papers explored the standard of care for children who had been sexually abused. The first used both quantitative and qualitative methods to assess the mental health adjustment, or recovery, of children at a sexual assault centre.⁷¹ The study reported mixed findings and was methodologically strong. The main outcome assessed was the psychological adjustment of children receiving the standard of care. The study found that some recovery was seen over time, particularly for depression, but that one in four children still showed clinical levels of anxiety nearly six months after having disclosed their abuse.

The study found that the greatest periods of anxiety for children were during the disclosure period and immediately after, where they were faced with their caregiver's response, medical exams, contact with the police and the potential presence of the perpetrator. These represented key potential sites for interventions to prevent or mitigate further harm to child survivors of sexual abuse.

An additional finding was that caregivers were often emotionally unavailable – either due to the sexual assault or in general – but that family support was critical for the child's recovery. Support for both the child and the caregivers was important and the latter may be neglected. Caregivers raised both structural and institutional barriers to help-seeking for their children, but psychological barriers such as wanting the child to move on prevented help-seeking and were obstacles to children's long-term recovery.

The second study explored the standard of care in the child protection system for child sexual abuse survivors and included an examination of the experiences of social workers and the workplace.⁷²

The study presents mixed findings and has a moderate quality rating. The paper highlights numerous environmental or structural challenges, including insufficient safe and quiet spaces to interact with children, and the multiple deprivations of child victims that distract from therapy that should be addressed.

There are many indications of vicarious trauma and burnout for social workers whose caseloads are almost unmanageable, and who face the hopelessness of the criminal justice system and the obstacles in the child protection system that the social workers must navigate.⁷³ This highlights the many factors that are not currently directly addressed in interventions for child sexual abuse: poverty, safe spaces, normalised violence and crime and poor service delivery.

A comparison of the standard of care in the child protection system to a residential care programme for sexually abused children has also been conducted.⁷⁴ The paper reports mixed findings and has a strong quality rating. The positive findings include earlier disclosure of abuse from children, both caregivers and children felt supported and heard, and a sense that their well-being had improved both during and after the programmes. For younger primary school children, there were improvements in their behaviour problems. This was not evident in the adolescent children. Adolescent children did display small improvements in their resilience.

High case loads, systemic failures and vicarious trauma contribute to social worker burn-out

The conclusions of the study confirmed and added to the literature on responses to child abuse – that safe environments are critical, interventions must be locally relevant, human resource capacity must be improved, and community- and family-based responses are most effective and sustainable.

In one study, multiple methods were used to track child abuse cases through the child protection system to assess current practice of case management.⁷⁵ The paper reports mixed findings and has a strong quality rating. The paper summarises that while the legal and policy framework on which the child protection system rests are comprehensive, their implementation is poor.

A number of challenges in the case management of child abuse victims are noted which have critical effects on re-victimisation, recovery and justice. For example, the slow response by duty bearers to physical abuse leaves perpetrators free to continue the abuse. The broken

links between social services and the police create a gap where cases are missed, and key elements of cases are overlooked. For example, over 70% of cases reported to social services are not referred to the police for investigation; and just over 50% of children receive no therapeutic support.

There is some indication that for child survivors of trauma, group-based interventions offer a space and validation that individual intervention modalities may not provide. This however may be specific to older participants (adolescents and women). There is no research on group-based interventions for very young survivors of child sexual abuse.

The studies of response services highlight several issues: that there is often a disconnect between services and systems; that service providers working with affected children are overburdened and not sufficiently supported; that the standard of care provided for victims is not sufficient to support recovery.

Provision of counselling (different types of counselling/ mental health care) to victims of child sexual violence show some promise in helping children process the abuse, rebuild attachment to family/caregivers and start the recovery process. These interventions work best when they involve support to caregivers/parents.

Chart 18: VAC studies under response services

Paper	Intervention	Outcomes	Findings	Quality
VAWC20	Fight With Insight: Diversion programme for male youth sexual offenders, 12-week programme on weekly one-day sessions	Reduction of recidivism, increase in self-awareness, problem-solving and decision-making skills, impulse control, assumption of responsibility	Mixed	Moderate
VAWC35	Exploring the standard of care for child sexual abuse at a sexual assault centre	Psychological adjustment of children post sexual assault	Mixed	Strong
VAWC44	Therapy sessions between sexually abused children and a social worker in standard of care	Challenges to intervention with CSA	Mixed	Moderate
VAWC47	An expressive art group intervention for sexually abused adolescent females, 10 weekly sessions	The value of an art group intervention for sexually abused adolescents	Positive	Moderate
VAWC53	Examination of the child protection system's management of child abuse cases	Investigate the current practices of child protection workers in relation to case management	Mixed	Strong
VAWC54	Comparison of the standard of care in child protection services to the Isibindi-Childline Residential Therapeutic Programme	Impact and efficacy of a local therapeutic programme for sexually abused children living in rural areas compared to standard state-provided care	Mixed	Strong
VAWC68	Survivor to Thriver: Strengths-based group intervention for women who experienced child sexual abuse, six sessions of two to three hours in two-week intervals over a three-month period	Post-traumatic growth	Positive	Strong

Chart 19: VAC studies under economic strengthening

Paper	Intervention	Outcome	Finding	Quality
VAWC30	HPTN 068 Study: Monthly cash transfers conditional on 80% of monthly school days for up to three years for female adolescents aged 13 to 20	Safer sex practices, experiences of IPV	Mixed	Strong

Economic strengthening

One quantitative study focused on economic strengthening. It assessed the impact of a conditional cash transfer on the reduction of IPV for young women aged 13 to 20.⁷⁶ The paper reported mixed findings and had a strong quality rating. The intervention consisted of a monthly cash transfer for adolescent girls (R100) and their parents/caregivers (R200) which was conditional on their attending at least 80% of the monthly school days for a period of three years.

Adolescent girls in the intervention were found to be at lower risk of having an additional sexual partner and at lower risk for physical IPV, but not sexual IPV.

The paper proposes that the mechanism for change in the intervention was not a change in power dynamics between partners – which would be expected given other literature – but on young women choosing to not engage in sexual partnerships (i.e. an increase in their ability to have a choice).

The paper makes the case for using a structural intervention with age and gender-sensitive targeting. Economic strengthening was used as a method to encourage and facilitate adolescent girls to both attend school and reduce their exposure to victimisation.

Laws and policies

One quantitative paper focused on laws and policies. The single paper in the law and policies category of interventions assessed the impact of the 2004 Firearms

Control Act on the prevalence of child gun injuries.⁷⁷ The paper reported positive findings and had a moderate quality rating.

Using secondary data over a period of 10 years (2001–2010) compared to the previous 10 years (1991–2000) from a single children’s hospital, the paper reports on patterns and trends in gun injuries. The main outcome of the paper was incidence of firearm injuries and deaths in children, which the paper finds to fall significantly after the introduction of the legislation of firearms.

Counselling for child sexual violence victims works best when support is also provided to caregivers/parents

The study does not consider any additional factors that could contribute to the reductions in gun injuries in children and is based on data from one hospital in one province, but the findings are indicative of the power of well-implemented legislation to control access to guns. The paper considers most of the firearm injuries to be unintentional, with many children caught in crossfire close to home. This is deduced by examining data on the circumstances surrounding the injury reported on presentation to the hospital, and surmising based on the data that most children presented with single gunshot wounds. This suggests pervasive violence in communities which has multiple root causes that are unlikely to be significantly reduced by legislation alone.

Chart 20: VAC studies under laws and policies

Paper	Intervention	Outcome	Finding	Quality
VAWC10	Impact of the Firearms Control Act 2004	Incidence of firearm injuries and deaths in children	Positive	Moderate

Discussion

The importance of context

Several papers highlighted the significance of the context in which a programme was implemented. If programmes are transferred without adaptation or due consideration given to contextual factors, programme effectiveness could be impacted. The CHANGE programme, for example, initially had positive findings when implemented in rural parts of South Africa, but did not achieve similar results when implemented in an unstable and high-density township/informal area.⁷⁸

Similarly, the effectiveness of therapeutic interventions was found to be influenced by context. Capri⁷⁹ found that providing therapy in communities where the therapy itself is not understood, the resources are few and the office/clinic does not offer adequate protection or privacy to children, impacts on both the quality of the therapy and likely impact on the children receiving it.

Cultural sensitivity is necessary for individuals to integrate knowledge provided by programmes into their lives

Narang et al. further argue that the effect of certain therapeutic interventions will be greatly reduced where children experience complex trauma. In social conditions (like South Africa) where children are exposed to multiple traumas perpetrated by one or more people, even within the caregiving system,⁸⁰ e.g. schools, numerous simultaneous interventions may be needed to address multiple vulnerabilities and risk factors.

Crucially, family support for children appears to be key to their recovery and to preventing secondary victimisation. Yet families themselves often require interventions to confront their own traumas to be able provide support to the child victim. Caregivers report not knowing how to deal with their child's changing behaviours, and structural and institutional obstacles are combined with psychological barriers to accessing support. Families may struggle to seek help because they do not want to deal with the trauma, or access support as a last resort when difficulties are entrenched.

Perhaps an important aspect of context is the congruency of programme content and the values and beliefs of the communities where the interventions take place. Most violence prevention interventions, both in VAW and VAC, have a transformative agenda. They aim to transform parenting practices away from harsh parenting to positive parenting or apply a gender transformative lens to challenge gender norms that subjugate women and undermine children's individual rights. It can be expected that the programmes will include messages and content that are inconsistent with current practices and values of that community. At the same time, cultural sensitivity and relevance is necessary for individuals to be able to integrate new knowledge provided by programmes into their way of life. The balance between imposing a value system new to a community and challenging norms and beliefs that are conducive to violence is not easy to achieve.

Sustainable change requires cultural sensitivity and avoiding symbolic or cultural violence akin to colonial racist philosophy that enabled the eradication of cultural heritages of communities to be replaced by western value/belief systems.⁸¹ Interventions based on a recognition of the indigenous practices that support and promote, for example, positive parenting and family well-being, can be culturally relevant and more readily accepted by communities.

Fitting interventions to contexts in ways that are acceptable and culturally relevant is a difficult task and requires skill and supervision. Trained professional implementers and close supervision are essential for successful implementation.

Need to address structural drivers of vulnerability

Several papers conclude with the recognition that addressing the conditions keeping black communities marginalised and poor is important to addressing violence. Where people experience grinding poverty, and where there is persistent food insecurity, fewer chances of making positive contributions to society, unemployment and poor education, violence might seem like a secondary concern.

Capri also raises questions about whether parents and caregivers ignore or excuse the statutory rape of children when perpetrators offer children food and clothes.⁸²

Parenting programmes, though offering parents and caregivers the skills to deal with stress to prevent them from transferring it to their children, are not able to address the socio-economic and environmental conditions that intensify parental stress.

Evaluations of the Stepping Stones programme also found that although the programme helped men find work, this was not enough to enable them to escape poverty. The employment they accessed was insecure and underpaid. Similar conclusions are drawn in the evaluations of the IMAGE programme.

Parenting programmes help parents and caregivers deal with stress but won't address the socio-economic conditions that intensify parental stress

Nonetheless, the evidence suggests that targeted violence prevention programmes hold promise for reducing individual, family and community-level risk factors for violence. They can remove the imminent threat for violence, and in some cases reduce perpetration and victimisation for those who participate in the programmes. At the same time change is constrained by the socio-economic conditions that poor communities live in, by intergenerational trauma and poly-victimisation.

Transformative change that can reduce levels of violence at societal level will require reducing risk factors associated with poverty, living in marginality, and inequality. Poverty and unemployment are structural problems in South Africa. It's undergirded by a history of poor education, spatial dislocation, lack of access to financial resources and a capitalist economy that thrives on poorly paid/underpaid labour and is dominated by monopolies that restrict new entrants.

These problems cannot be solved by programmes tinkering at the margins. They require structural interventions to fix education, incentivise investments in dislocated communities and change the structure of the economy. Effective violence prevention will also need to be trauma-informed, recognising that South African society has endured a violent, traumatic past that dehumanised people and assigned value based on race and wealth.

Limitations of criminal justice responses to violence

It is also important to find alternatives to criminal justice responses to violence. Currently, in policy and in research, most response interventions for male perpetrators are in the criminal justice systems. These include accessing protection orders, increasing arrest, improving access to justice, specialised courts, etc.

These are important and will remain a vital part of reducing levels of violence in the country. However in some cases women do not want to pursue



GENDER-BASED VIOLENCE
INTERVENTIONS AMONG
ADOLESCENTS MUST
INCLUDE BOYS AND GIRLS

criminal charges against their partners, and there is evidence that for some women the use of criminal justice interventions increases their risk to victimisation.⁸³

Also, the South African criminal justice system is not always effective in dealing with violence.⁸⁴ Several papers found that despite providing women and children with information about their rights, and how to open criminal cases and access protection orders, these interventions' effectiveness could be limited when criminal justice system personnel do not handle the cases well. The police were also reported as being unresponsive and ineffective in how they responded to cases.⁸⁵ Sometimes, due to criminal justice procedures and the rights of defendants, suspects in cases of sexual violence against children are released on bail without there being any means to ensure that they do not come into contact with the victim.

'As a reactive and blunt instrument, the police and courts are not an adequate solution for dealing with violence. Also, there is no evidence that arrest leads to sustainable change in behaviour. This is supported by findings from the What Works to Prevent Violence Against Women and Girls Programme global evidence review, which showed that criminal justice interventions tend to have mixed and sometimes harmful effects on women and children.

Access to protection orders was found to reduce violence for some survivors, but the levels of violence post protection orders remained relatively high. Further limited evidence (in quantity or quality) was found of the impact of specialist courts on reducing violence against women.⁸⁶ This highlights the need to find alternative ways to respond to violence, and to improve the ability of the criminal justice system to support victims.

Implementation

Several programmes experienced attrition as participants dropped out of activities. In most cases the authors argued that the attrition was not systematic (there was no discernible pattern or shared characteristics among those who dropped out of the programme) that would call into question the validity of the findings. Nonetheless attrition needs to be analysed closely, particularly when considering scaling up interventions.

People participate in activities if there are adequate incentives. These could be intrinsic i.e. that they find the intervention useful and it is something they want. It could also be related to the programme itself, e.g. the time when the activities are carried out, the location of the activities and how accessible the programme is. A few studies reported giving small incentives to participants to retain participation.

Research has been conducted on the effect of incentives on the data collected and increasingly we are learning that, if implemented correctly, incentives do not necessarily affect the quality of data.^{87, 88} However, incentives may be impractical for other reasons – for example they could increase the cost of research, or could lead to conflict or unmet expectations with people who do not participate in the research. The ethical questions about incentives must continue to be debated, given the nature of the research and the extent to which participants may put themselves at risk in participating.

Changing values and norms alone is not enough to change behaviour, at least not sustainably

Most researcher-driven or researcher-led programmes, even those implemented by NGOs but that had a strong research component, are implemented in a controlled manner to ensure fidelity of the implementation and research rigour. This is important to be able to inform an assessment of whether the intervention works as intended. However, these conditions are not replicable. Ensuring the quality of implementation even outside the pilot/testing conditions is critical to effective interventions.

If we consider research as a process, with piloting and feasibility testing for adaptation, rigorous controlled testing for effectiveness, and implementation research for application in the real world, then South African studies are limited to the first two. And more implementation research is required. This should, however, not stand in the way of moving forward with effective interventions, but could be bolstered by good, long-term partnerships between research organisations and implementers.

Most of the studies evaluated included a relatively small number of women, men, parents, adolescents and

communities. Some of the interventions targeted as few as 15 participants. The largest targeted over 2 000 participants. The extent to which these programmes on their own can bring about the kinds of shifts needed to reduce violence at scale in South Africa has been questioned.^{89, 90} Large-scale violence prevention interventions are needed.

Lessons from the studies reviewed are that attention needs to be paid not only to the grand narrative articulated in policies like the National Strategic Plan on Gender-Based Violence and Femicide, White Paper and others. Also important are details about which activities are relevant in which context; who, how, where and when they will be delivered; which government budget will fund the activities; which NGOs will implement; and capacities for implementation, management and tracking.

Programmes were also implemented with varied intensity. The briefest interventions were implemented in primary healthcare centres where participants saw a nurse/healthcare practitioner for consultations lasting less than an hour, with some positive impact. More intensive programmes ranged from two two-hour sessions to 21 three-hour sessions implemented daily, twice a week or weekly.

Some of the interventions were implemented over a couple of months, others up to a year. Response services such as therapy for groups or individuals had 10 weekly sessions. Some of the programmes were invasive, requiring participants to submit to weekly drug testing, observation of parent-child interactions in the home, community observations, etc. The extent to which these are practical and desirable at scale is unclear.

The time required from participants in the programme is not insignificant. There is not enough evidence in this review to make a determination on the link between intensity and outcomes measured. We identified access to relevant information about alternatives (ways to protect oneself/to resolve conflict/discipline children), available services and resources to be important mechanisms to enable change.

Therefore in thinking about scale there are different paths that can be taken. For example, universal

interventions can be developed to distribute information, empower people with different strategies, and share knowledge about available services. This can drive demand for more intensive interventions or for more information, and more intensive interventions can be made available to those who need them.

What does this mean for scaling up?

The individual programmes evaluated offer useful evidence of interventions that hold promise in South Africa (and what does not).

Preventing VAW

- Interventions that encourage critical reflection on gender and gender roles can shift norms and beliefs about gender equality and norms that underpin the use of violence in relationships.
- Raising awareness on its own is not enough to change values or norms. Gender transformative work is intensive and ongoing.
- Changing values and norms alone is not enough to change behaviour, at least not sustainably. Behaviour modification strategies should supplement this. Also important is addressing structural and environmental factors that constrain individual choices.
- Economic empowerment of both men and women is paramount to addressing inequity and poverty and undoing the legacy of colonialism and apartheid. Black men and women in South Africa are likely to be subjected to conditions that limit educational attainment, economic opportunity, and opportunities for self-advancement. They are more likely to live below the poverty line and be trapped in intergenerational poverty and unemployment or underemployment. Although the economic empowerment of women has been the hallmark of feminist thinking, in South Africa addressing other systems of oppression that keep the large majority of black people living in poverty should be an integral part of reducing violence. Economic empowerment needs to be conceptualised within this context of structural drivers of poverty and inequality in South Africa.
- Good prevention programming needs to be trauma-informed. Most people in South Africa have endured some form of victimisation – whether it be through

interpersonal, state-sanctioned, cultural or structural violence. The impact of these experiences needs to be acknowledged and addressed to interrupt the cycle of violence.

- Accessing information and effective referral mechanisms is important. Women, men and children often need services that cannot be provided by one single organisation.

Preventing VAC

- Parenting programmes have shown significant promise in reducing harsh parenting and improving parent-child relationships. However these programmes are intense and are not necessarily required universally. Screening procedures that identify families that are at risk can help target those who need these kinds of interventions.
- Intervening early increases the likelihood of achieving positive outcomes across the lifespan. Intervening with adolescent boys and girls before sexual debut can reduce the likelihood of risky sexual behaviour, perpetration of sexual violence and other violence in relationships. Similarly, promoting positive parent-child relationships in infancy can prevent VAC.
- Interventions to address gender-based violence among adolescents should always include both boys and girls.
- Good prevention programming needs to be trauma-informed. Most people in South Africa have endured some form of victimisation – be it from interpersonal, state-sanctioned, cultural or structural violence. The impact of these experiences of violence need to be acknowledged and addressed to interrupt the cycle of violence. For example when working with parents/caregivers, programmes need to plan to address parents'/caregivers' own experiences of violence, either current or previous.
- Economic empowerment is paramount to undoing the legacy of colonialism and apartheid. Access to grants for adolescents can have a transformative effect, and can reduce the risks associated with poverty and lack of access to food.

Implementing at scale

Many government policies refer to a whole-of-government or whole-of-society approach to addressing

violence. This is a good approach. It is essential that the relevant government agencies and departments clarify what that means in practice. From the evidence reviewed, the following can be deduced:

- Government holds significant power in its monopoly over policy development, its role as a duty bearer, its large resource base, and its control of the public service delivery system (criminal justice, social sector, schools, primary healthcare centres etc.). Ensuring service delivery to poor communities, removing environmental stressors such as unkempt urban areas, uncollected refuse, lack of infrastructure etc., and ensuring quality and caring services are all important to transforming attitudes and ensuring that all human lives are valued. This can only be done by government.
- NGOs need to be supported in their work with government to ensure the implementation of policy and to deliver essential services that require particular expertise that is not available within the government system.
- Other sectors also need to have a clear role. The private sector cannot remain solely a source of funding for programmes.⁹¹ The private sector can take an active role as it did in the fight against HIV with work-based programmes and supporting community development to reduce hunger, poverty and inequality. Government policies can incentivise private sector participation in violence prevention.
- Principles and standards of practice can be integrated into different services and effective referral mechanisms.
- Effective management and supervision are critical to ensuring that quality services are delivered and staff are cared for, to avoid vicarious stress and compassion fatigue.

Conclusions and recommendations

This report presents findings of an evidence review covering 60 evaluative and seven non-evaluative research papers. The evidence review does not aggregate effect sizes from the studies, but summarises what the evidence tells us about interventions tested to prevent violence in the South African context.

The aim of the review was to identify and distil principles, approaches and activities that hold promise for reducing violence in South Africa. The intention of the review was not to identify individual programmes that should be scaled up.

The review was carried out with guidance from a multi-sector reference group made up of researchers, policymakers, programme implementers and development partners. The following conclusions are drawn:

- Interventions that are likely to be effective in addressing perpetration and victimisation addressed more than one risk factor to violence, and were based on a strong theory of change. For example, coupling gender transformative training and income support interventions; parent support programmes coupled with cash transfers; community mobilisation interventions combined with advocacy. This suggests that a variety of interventions are needed, either simultaneously or sequenced, to address multiple risk factors and poly-victimisation.
- The need to address structural drivers of violence, particularly poverty and inequality, is a recurrent theme in several papers. Vulnerability to violence is increased by spatial marginalisation, economic exclusion, hunger and a lack of economic opportunities. Interventions that combine economic empowerment and violence prevention show effect on perpetration and victimisation. The transformative economic empowerment of both men and women is paramount to undoing the legacy of colonialism and apartheid and removing risk factors associated with marginality and lack of access to resources.
- In South Africa violence prevention needs to be trauma-informed. This means providing services in ways that foster trust and safety, respect diversity and collaborate with communities.
- From the studies reviewed, response services providers such as police, social workers, nurses, etc. are working in difficult conditions with high case loads, and in systems that don't always provide them with adequate care. Addressing vicarious trauma and burnout that hobble our response services is important in preventing violence.

- Although most of the papers neatly fitted into either the VAW or VAC category, some did not. In line with existing literature, papers reporting interventions with men found that men who experienced childhood sexual violence were more likely to be abusive to their partners and to be more violent. They were also likely to engage in violence with acquaintances. This raises questions about the effectiveness of having fragmented policy interventions that focus on different types of violence; and whether South Africa could benefit from a holistic violence prevention strategy that works across the lifespan.
- Flexibility, adaptability and responsiveness to the needs of survivors and individuals accessing programmes are important success factors. This requires flexibility in the implementation environment, something that is not always possible in government agencies that are guided by annual performance plans and other regulatory tools. The implementation capacity within government is also limited. Collaboration with NGOs is vital for scale violence prevention interventions.

Recommendations for government:

- Address the policy fragmentation and coherence of policy interventions across violence prevention. The starting point should be aligning implementation of the White Paper on Safety and Security with the National Strategic Plan on Gender-Based Violence and Femicide. We recognised that complete alignment, though desirable, might not be achieved. However it is still something that should be attempted.
- The Department of Planning, Monitoring and Evaluation should ensure that government interventions build on what we know about risk factors and what works in the South African context. It should also ensure that large government programmes such as the 16 Days of Activism, Child Protection Week, community dialogues, etc. and policies are periodically evaluated under the National Evaluation Policy Framework.
- The government's ability to translate policy into action seems limited. Assessing capacity to implement and system readiness should be requirements of policy development to avoid the development of policies that cannot be implemented. This can avoid wastage of resources. Development partners such

as the Deutsche Gesellschaft für Internationale Zusammenarbeit, United Nations agencies and European Union who have increasingly played a role in policy development should provide technical assistance to help strengthen the government's ability to translate policy and legislation into action.

- Addressing poverty is critical to preventing and reducing violence. Government has a significant role to play in addressing structural drivers of poverty and inequality.

Recommendations for donors and project sponsors:

- Contribute to the reduction of the fragmentation and fragility of the NGO sector and support the development of a strong and vibrant civil society and women's movement in South Africa.
- Promote partnerships between research institutions and NGOs and make available funding for adaptation and scale up. Research-developed interventions are generally not firmly rooted in practice-based knowledge, likely making them less effective and without mechanisms for scale up, issues that research-practitioner partnerships could improve.

Recommendations for researchers:

- Carry out more mixed methods studies that can complement each other to build evidence for interventions that are contextually relevant and practically useful through improving our understanding of not only what works, but how and why it works.
- Interventions should build on what we know about risk factors – poverty, gender inequality, individual

relationship factors, mental health, child abuse and neglect, disability, safe spaces, normalised violence, crime, poor service delivery, etc. Key principles of interventions emerging as important for efficacy are that they should have a transformative agenda, be culturally relevant, address multiple risk factors, tackle structural change and be trauma-informed.

- Interventions can inadvertently cause harm – reporting on negative consequences is important for the sector to learn. In addition, endline assessments done immediately after the intervention often provide an incomplete picture and may bias results, since some intervention benefits may take time to emerge and others may dissipate over time. It is beneficial to have more than one end line assessment, and assess the intermediate and long-term effects of interventions.
- There is a lack of research on responses to violence. There needs to be more balance in the investment on prevention and response research. Part of the problem is the hard distinction between preventions and response. The two should be viewed as a continuum, and they're equally essential for violence prevention and harm reduction.

Recommendations for community-based organisations:

- Plan for evaluation of interventions to contribute to knowledge generation and evidence building.
- Collect and share process information from interventions about what is effective in which contexts to address violence in communities.

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