

Can community outreach reduce men's use of partner violence?

Findings from the CHANGE Trial in South Africa



(Photo Credit: Ruari-Santiago McBride)

Little is known about how to reduce men's perpetration of intimate partner violence. Our team, from Sonke Gender Justice and Wits University, led the Sonke CHANGE Trial in Diepsloot, a township near Johannesburg.

How we did the research

The trial tested if the Sonke CHANGE intervention could reduce men's reports of perpetrating partner violence over two years. A trial means that some areas of Diepsloot were randomly chosen to get the project (called "intervention clusters"), while others did not ("control clusters"). This allowed us to compare behaviors of men living in intervention clusters with men living in control clusters.

Who we spoke to

In 2016, we asked 2 604 men to privately enter information about their lives, relationships, and use of violence. Men were 18 to 40 years old and willing to take part. About half were employed, but less than half finished high school. Most were from elsewhere in South Africa and had moved to find work. On average, men had lived in Diepsloot for 7 years but few saw it as their "home".

After two years, we traced the same men and found 63% of them. They answered similar questions about their lives, relationships, and violence and we compared their answers over time to see if behaviour changed.



Diepsloot residents taking part in a Sonke workshop that addresses equitable gender views and reducing violence. (Photo Credit: Ruari-Santiago McBride)

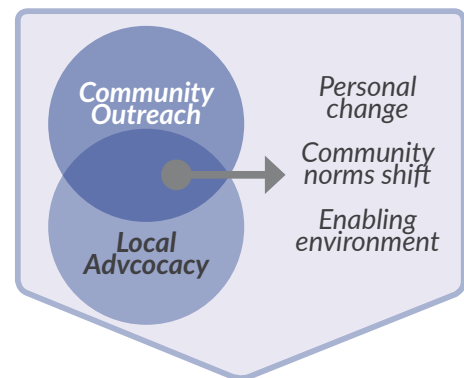
Changing men's IPV use

Sonke CHANGE is a multi-level intervention that engages men in confronting harmful aspects of masculinity. It has a larger goal of achieving gender equality and human rights.

Community mobilisers from the local area were trained to lead activities with groups of men and women. Activities included two-day curricularised workshops to help people reflect on violence, alcohol, gender and talk about ways to improve the neighbourhood. Mobilisers, with help from volunteer activists, ran door-to-door campaigns, painted murals, and partnered with other key stakeholders on events and meetings. Mobilisers were also expected to lead local advocacy efforts to shift policy at the community level in order to create an enabling environment for eliminating IPV (Fig 1).

Because Sonke CHANGE focuses on community education and outreach, we call it a "light touch" intervention (vs. therapeutic interventions that work with people many times).

Fig 1. Sonke CHANGE model for IPV prevention



Reduction in Men's Use of IPV

Lessons about *the setting*

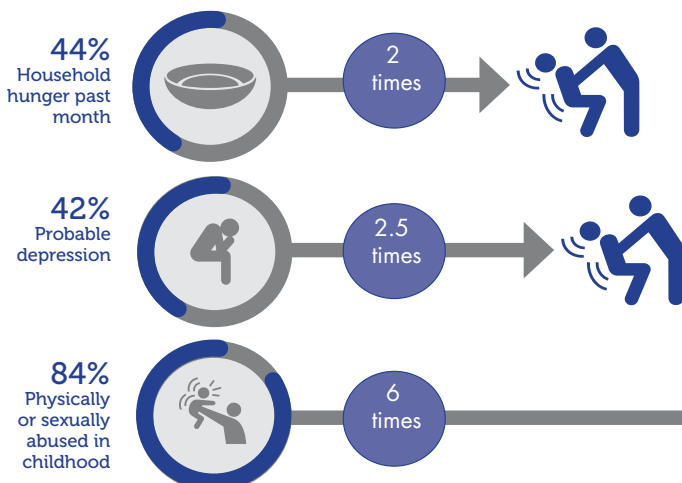


Fig 2. Odds of men reporting partner violence, after controlling for sociodemographics and clustering, n=2 406

Poverty, mental health, child abuse drive men's IPV use

Participant life experiences are strongly associated with their IPV use as adults. Poverty, mental health, and a history of physical or sexual childhood abuse increased odds that men used violence in the past year. Troublingly, these life challenges were faced by nearly half of men - and a majority were abused as children.



Lessons about *Intervention delivery*

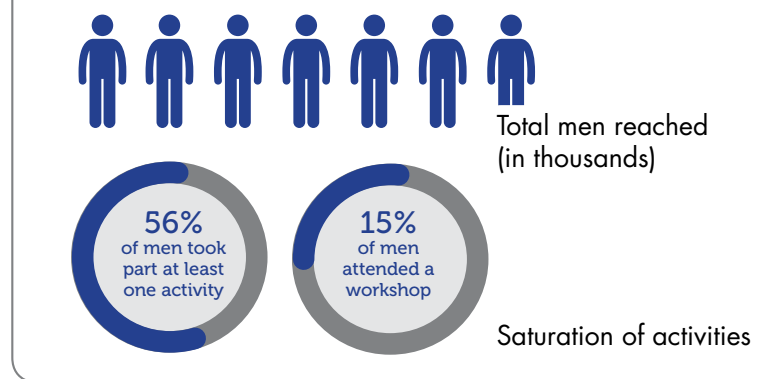
While outreach was strong, mobilisation was weaker

The CHANGE intervention was largely delivered as planned. However, while outreach activities met the goal of involving 60% of men, 2-day workshops were only attended by a small number of men (Fig 3).

Action Teams were launched and recruited more than 60 volunteer activists. However, it was challenging to maintain a consistent group and at any one time point there were only a maximum of 18 volunteer activists.

There were challenges in mobilising in a township setting. Workshop participants lacked money and food, which meant they attended for transport money or lunch rather than for “pure” activism. When people needed to look for work, they stopped taking part in Action Teams. Security made some outreach activities harder than anticipated.

Fig 3. Reach and saturation of activities



Local advocacy did not unfold as planned. While there was strong partnership with local organisations through the Diepsloot Stakeholders Forum, there was little other advocacy work - partly because Sonke's traditional approach to pointing out unfinished cases in court hindered building good partnerships in the area.

Lessons about *Effectiveness*

Intervention had no effect

We compared the risk of men using IPV in intervention and control communities. This analysis controlled for key demographics, like age, education, relationship status.

There was a reduction in IPV perpetration over time, but no difference between intervention and control communities (Fig 4). This means that while partner violence improved, the intervention itself did not lead to the change.

There were no differences between intervention and control communities on any of the secondary outcomes including:

- non-partner rape
- transactional sex
- depression
- alcohol misuse
- sexual power
- gender attitudes
- parenting
- social cohesion

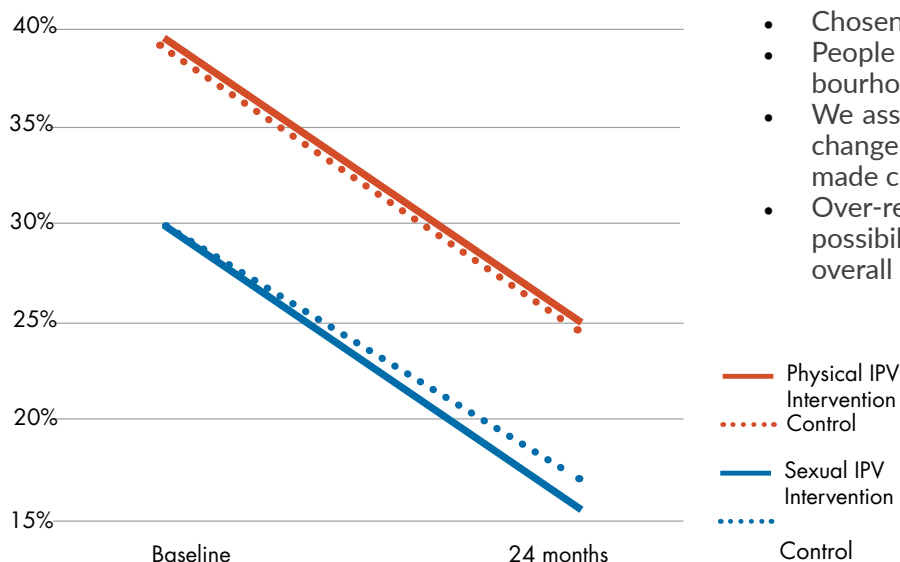
Again, this suggests the intervention was not effective in improving men's behaviours.

Limitations

There are several limitations to keep in mind:

- Chosen measures may not work properly
- People may move in and out of neighbourhoods (contamination).
- We assessed how the entire community changed (not if those actively taking part made changes in their lives).
- Over-reported use of IPV at baseline is a possibility, though this does not change overall study findings.

Fig 4. IPV improved, but not due to the intervention



Through the CHANGE trial, we learned that:

- While men were reached through outreach activities, they were harder to engage in deeper, reflective workshops.
- Local advocacy requires skills building, as it is difficult for untrained staff and local volunteers to conduct it organically.
- The lack of repeat interactions with the same men may have been a shortcoming - this “light touch” outreach intervention was unable to transform entrenched gender attitudes and use of IPV.

Address *root causes of IPV perpetration*

Future projects could consider therapeutic or sustained efforts in settings with high rates of poverty and mental health challenges.

- A What Works project in Zambia, called [Common Elements Treatment Approach](#), reduced men’s partner violence perpetration by assisting them with alcohol use and mental health.
- A What Works project in South Africa, [Stepping Stones and Creating Futures](#), helped young men in townships reduce IPV by working with them intensively around gender beliefs and job readiness.
- Future projects should work with men to lessen harsh parenting and physical abuse of their own children.
- Engaging young people at school (such as in the Pakistani What Works project [Right to Play](#)), prior to their first use of IPV, will be key to primary prevention.

We urge the government of South Africa and the City of Johannesburg to partner with stakeholders in Diepsloot to:

Respond *effectively to cases of IPV*

- Fund the network of organisations who are already directly dealing with IPV cases.
- Ensure survivors have access to criminal justice services by funding existing legal aid services in Diepsloot.
- Establish comprehensive post-rape services in the area (as the closest Thuthuzela Care Centre is prohibitively far).
- Start mental health care in the Diepsloot community, since a majority of residents will experience IPV or other trauma.

Prevent *IPV before it starts*

- Increase funding for community development, job creation, and safe social spaces.
- Roll out evidence-based violence prevention interventions, including those that challenge inequitable and violent gender norms.
- Fund a National Strategic Plan for Ending Gender-Based Violence to ensure that actors have clear roles for preventing IPV.

“Light touch” community outreach may not reduce men’s IPV, but other proven What Works interventions hold promise

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Project Publications:

1. Christofides NJ, Hatcher AM, Pino A, Rebombo, D, McBride RS, Peacock D. A cluster randomised controlled trial to determine the effect of community mobilisation and advocacy on men’s use of violence in periurban South Africa: study protocol. *BMJ open*. 2018;8(3):e017579.
2. Hatcher AM, Gibbs A, Jewkes R, McBride RS, Peacock D, Christofides N. Effect of childhood poverty and trauma on adult depressive symptoms among young men in peri-urban South African settlements. *Journal of adolescent health*. 2019;64:79-85.
3. Hatcher AM, Stöckl H, McBride R-S, Khumalo M, Christofides N. Pathways from food insecurity to intimate partner violence perpetration among peri-urban men in South Africa. *American journal of preventive medicine*. 2019;56(5):765-772.

4. Hatcher AM, Gibbs A, McBride R, Rebombo D, Khumalo M, Christofides N. Gendered syndemic of intimate partner violence, alcohol misuse, and HIV risk among peri-urban, heterosexual men in South Africa. *Social Science & Medicine*. In Press.

5. Hatcher AM, McBride R, Rebombo D, Munshi S, Khumalo M, Christofides N. Process evaluation of a community mobilization intervention for preventing men’s partner violence use in peri-urban South Africa. *Evaluation and Program Planning*. In Press.

6. McBride, R, Khumalo, M. Intimate partner violence in a South African township. In *Connected Lives* (Manderson & Mkhwanazi, Eds.) Pretoria: HSRC Press.

7. Christofides NJ, Hatcher AM, Rebombo, D, McBride RS, Munshi, S, Khumalo, M, Pino A, Abdelatif, N, Peacock D, Levin, J, Jewkes, R. Findings from the CHANGE trial: a cluster randomised controlled trial to assess the impact of a multi-level intervention to reduce men’s perpetration of intimate partner violence against women. *Trials*. In submission.

8. Magni S, Hatcher AM, Wamoyi J, Christofides N. Predictors and patterns of transactional sex with casual partners among adult men living in an informal urban area, South Africa. *JIAS*. In submission.