Gender-Based Violence Prevention:
Lessons from World Bank Impact Evaluations

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Sveinung Kiplesund and Matthew Morton

Gender and Development, World Bank

## Synopsis

*Gender-based violence (GBV) is widespread, with adverse repercussions for individual wellbeing and development more broadly. Yet, knowledge on what works to prevent GBV is limited. Drawing on lessons from three impact evaluations supported by the World Bank, this brief highlights opportunities for addressing GBV in economic empowerment interventions. Interventions that address gender norms and engage men have shown some promise from a small number of World Bank evaluations. It is, however, clear that more rigorous impact evaluations are needed to better understand how to effectively prevent GBV, especially in developing countries.*

## Background

Gender-based violence (GBV) is widespread and devastating.[[1]](#footnote-1) It takes many different forms, including rape, physical abuse, workplace harassment, honor killings, child marriage, economic violence and female genital mutilation/cutting, among others. A recent study by the World Health Organization found that over 35 percent of women worldwide have experienced physical or sexual intimate partner violence (IPV) or non-partner sexual violence (Garcia-Moreno et al., 2013). With nearly one-third of (ever-partnered) women experiencing violence by a partner, IPV is the most common form of violence women experience. The impacts of GBV extend beyond the individual survivor, affecting children, households, workplaces, and communities. Studies have documented large development impacts. Conservative estimates from a number of countries put the economic costs of lost productivity due to intimate partner violence between 1 and 2 percent of GDP—more than what most governments spend on primary education (1.5 percent) (Duvvury et al., 2013). Designing and implementing projects that help prevent GBV are critical. They can improve the lives of millions of women and their families

and further the World Bank’s twin goals of eliminating extreme poverty and boosting shared prosperity.

## Nature of the Evidence from the World Bank

In recent years, the Bank’s portfolio of work on GBV has expanded. Yet, we only identified three impact evaluations measuring GBV as an outcome, and, among these, only one (Gupta et al., 2013) addressed GBV as a primary programmatic focus. Two additional impact evaluations have looked at related areas such as the impact of psychotherapy on survivors’ wellbeing in the Democratic Republic of Congo ([Bass et al., 2013](#_ENREF_3)) and the role of messages and information about HIV risk in changing sexual behaviors of youth in Kenya ([Dupas, 2011](#_ENREF_5)). However, these are not discussed here as they do not measure GBV exposure or perpetration.

## Summaries of Interventions Evaluated

The table in Annex 1 gives a brief overview of key features of the three interventions. **The Women’s Income Generating Support (WINGS) Program** ([Blattman et al., 2013](#_ENREF_4)) involved a cash transfer and business skills intervention aimed primarily at vulnerable women in Northern Uganda. The core intervention included regular supervision and advice on business activities. *The program had no impact on intimate partner violence and no statistically significant results for other empowerment measures such as women’s independence and status in the community.* The intervention did expand women’s economic opportunities, with monthly cash earnings doubling and savings tripling, but this economic empowerment did not appear to translate to reductions in violence exposure during the evaluation period. In one of the treatment arms, male partners also received business skills training in order to facilitate more cooperation between partners. This component had a small and significant positive effect on couples’ communication and relationships, but no observed impact on partner violence.

**The Empowerment and Livelihood for Adolescents (ELA)** program was also implemented in Uganda ([Bandiera et al. 2012](#_ENREF_2)). The program delivered "Adolescent Development Clubs," which provided safe places for positive social interactions along with vocational and life skills to girls aged 14-20. The clubs were led by female mentors who taught courses on income generation with a focus on micro-enterprises. Life skills courses covered topics such as sexual and reproductive health, family planning, rape, conflict resolution and leadership. *The study found that the share of girls reporting sex against their will dropped from 21 percent to almost zero.* Furthermore, the program significantly increased entrepreneurial skills and participation in income-generating activities, in addition to a number of positive outcomes related to condom use, teen pregnancies rates and knowledge about risky behaviors (HIV and pregnancy knowledge).

The third intervention took place in Cote d’Ivoire through women-only **Village Savings and Loans Associations (VSLA) and Gender Dialogue Groups (GDG)**  (Gupta et al., 2013)**.** The intervention was aimed at female VSLA participants and their male partners. VSLA is a methodology designed by CARE International in the 1990s to increase saving opportunities and capital acquisition through the creation of groups. In this intervention, the VSLA provided simple savings and loan facilities. In addition to the standard VSLA model, half of the groups also included a “Gender Dialogue Group.” The curriculum of these Gender Dialogue Groups was designed to help participants (both male and female) discuss norms and attitudes regarding financial decisions, the value of women in the household, gender equality and the use of violence. *Adding the Gender Dialogue Groups to the VSLA program showed statistically significant increases in control over household economic resources. Physical, sexual, and emotional IPV also decreased, although findings were not statistically significant.* Among women and men who attended the Gender Dialogue Groups regularly, physical IPV was significantly reduced.

The study in Cote d’Ivoire was not designed to measure the economic benefits of the loans scheme, although pre- and post-tests suggest that there were a number of positive economic impacts. This is in line with other trials, which have found VSLA to have an overall positive impact on household savings, assets and consumption expenditure. (Annan et al., 2013 and Ksoll et al., 2013).

# Emerging Policy Lessons

## Economic Opportunities and GBV

Programs to increase women’s economic empowerment may reduce GBV by increasing women’s bargaining power and ability to leave abusive relationships, though there are also risks that increased empowerment could threaten household patriarchies and exacerbate violence. The three interventions each had components aimed at increasing women’s economic opportunities. [Bandiera et al. (2012](#_ENREF_2)) found that the ELA program positively impacted young women’s likelihood of engaging in income-generating activities as well as significantly reducing the share of adolescent girls reporting having sex unwillingly. [Blattman et al. (2013](#_ENREF_4)), on the other hand, found no reduction in intimate partner violence, but large increases in women’s income and wealth. These mixed findings are consistent with the results of a recent systematic review: five studies found protective associations and six documented a risk association between women’s involvement in income generation and experience of past year violence ([Vyas & Watts, 2009](#_ENREF_10)). Protective elements can be effectively built into women’s empowerment interventions, as was done in Cote d’Ivoire where gender dialogue groups supplemented savings groups to address norms, attitudes, and relationship dynamics.

## Norms and Attitudes Change

Gender norms and attitudes are shaped by history and context, and are often resistant to change. Social norms about gender roles and violence can influence the risk of experiencing GBV. Since gendered expectations and limitations on agency can establish a pattern of subordination and voicelessness, changing norms can be an important part of a comprehensive approach to violence prevention. The ELA program in Uganda had positive effects on attitudes related to adolescent girls’ desired age of marriage and child bearing. The WINGS program did not find any significant changes in gender attitudes. In Cote d’Ivoire, where gender norms were tackled head on through Gender Dialogue Groups, significant results were found. The Gender Dialogue Group magnified the programs effect on reducing gender inequitable attitudes. Other evidence reviews suggest that addressing underlying gender and relationship norms can be a critical element of effective GBV prevention (Heise 2011 and [Ricardo et al., 2011](#_ENREF_9)).

## Safe Spaces and Social Interactions

Creating groups or a safe space where participants can meet and have positive interactions is an important component of many programmatic approaches to changing behaviors, attitudes and norms related to violence ([Paluck & Ball, 2010](#_ENREF_8)). Although the Blattman study found that the introduction of a group dynamics element aimed at enhancing the quality of group interactions increased income; it had little impact on psychosocial measures, social support and symptoms of depression. Gender-based violence outcomes were not reported for this part of the analysis.

## Engaging Men

Involving men in interventions that aim to empower women and reduce violence can be critical. In one treatment arm of the WINGS intervention in Uganda, male partners were given an opportunity to take part in the program from the start. It incorporated discussions about gender relations and exercises to improve communication and problem solving skills into the business skills training. While the component did not significantly reduce violence, the involvement of men had positive impacts on the couples’ interactions and women’s health. Other impact evaluations have found promising evidence of the impacts of interventions engaging men and boys on attitudes related to violence, but more research is needed to understand what kinds of program models work best and for whom ([Ricardo et al., 2011](#_ENREF_9)).

## Exposure

For any intervention it is important to consider the duration (length of intervention) and frequency (of activities) needed to achieve the desired outcome. The evidence base on this is still very small; few interventions have compared multiple frequencies and durations ([Ricardo et al., 2011](#_ENREF_9)). Reviews do, however, suggest that short-term and one-off interventions are less likely to show positive effects on attitudes, knowledge and behaviors related to GBV perpetration or victimization than longer term ones. It is difficult to draw any clear conclusions from the three interventions evaluated here. But it is notable that, for the two studies finding reductions in levels of GBV, the components addressing GBV lasted for an extended period of time (over three months). The study in Cote D’Ivoire highlighted the importance of exposure, documenting that when partners (both male and female) regularly attended gender dialogue groups, there were larger and significant reductions in frequency of past year physical partner violence.

# Implications for Program Design

There are too few World Bank impact evaluations on this topic to establish firm policy recommendations from the work. However, the results are consistent with broader evidence which points to a few key issues for program design that should be taken into account and evaluated more extensively.

* **Consider adding strategic design features to economic empowerment interventions that address gender-based violence and/or underlying norms.** These features can and should address underlying social and cultural norms enabling GBV, such as decision making dynamics, household power relations, and social sanctions/stigma related to specific behaviors.
* **Engaging men and boys can increase the likelihood of success.** Rather than engaging men only as potential perpetrators of violence, programs should leverage men’s influence as critical decision makers and potential agents of change, as well as recognize men’s susceptibility to violence themselves. Getting their buy-in is important. In some contexts it makes sense to engage men and boys separately, while in other settings this can be done through mixed sex groups ([Ricardo et al., 2011](#_ENREF_9)).
* **Consider the duration and intensity of components aimed at reducing GBV.** It takes time to change deep-rooted norms and behaviors, and few short-term or one-off interventions have proven effective in reducing violence.

# Implications for Research Design

Research in the field of GBV is clearly needed and important. While great strides have been made over the past decades documenting and raising awareness about GBV, there is still limited evidence around what works, and what doesn’t, in prevention. As the Bank expands its work in the area of GBV, it is imperative that the knowledge base about effective approaches to preventing violence and responding to the needs of those who experience GBV also evolves. Some key recommendations:

* **Explore active ingredients.** The design of the three impact evaluations reviewed here made it difficult to determine the effect of different components. In the ELA intervention from Uganda, for example, it is not possible to determine if it was the life skills training, the economic empowerment component or a safe space and social interactions that resulted in lower rates of unwanted sex. This makes replication of positive results more challenging, as it is unclear which programmatic elements, and in what sequence and combination, are essential for reducing GBV. Going forward impact evaluation designs can expand understanding of key components. Complementary process studies should be considered, as they can help assess process and implementation factors.
* **Include valid and reliable GBV-related measures following ethical guidelines.** As was shown by both Blattman et al. (2013) and Bandiera et al. (2012) it is useful to include GBV measures in interventions that do not focus solely on GBV. Gender-based violence measures need to follow existing guidelines and validated examples to ensure that data on GBV are both valid and ethically collected. Collecting data on GBV often involves different requirements to ensure study participants’ safety than for most other outcomes measured in economic research. A number of resources are available for practitioners wishing to include GBV measures, including the Gender Statistics Manual from the United Nations Statistics Division and the Researching Violence Against Women guide (see Annex 1 for these and other resources). In addition to using appropriate measures, it is important to include researchers with experience working on GBV. They can provide technical expertise, and further ensure the safety of participants and research staff.

**Finally, additional rigorous impact evaluations are needed.** Although it can be challenging and costly to implement randomized control trials in low-income contexts, there is an urgent need to invest in a stronger evidence base. Currently, the vast majority of evidence from rigorously evaluated interventions comes from a few high income countries. While some lessons can be drawn from these, the generalizability is questionable and needs to be tested in other contexts. Therefore, there is a need to test programs designed for preventing GBV and other interventions that the literature suggests may have positive or negative spillover effects on GBV. For example, a better understanding of impacts of cash transfers, microfinance, education, leadership training and public works on GBV is needed.

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| enGENDER IMPACTenGENDER IMPACT is an online gateway for Gender-Related Impact Evaluations. At [www.worldbank.org/engenderimpact](http://www.worldbank.org/engenderimpact) you will find profiles summarizing key information about World Bank funded Gender-related impact evaluations. These profiles are organized around priority areas for policy action including: reducing health disparities, shrinking education and skills gaps, increasing economic opportunities, boosting voice and agency, and addressing gender based violence. enGENDER IMPACT aims to share the knowledge from previous evaluations and encourage more and better evaluations in key gender topics.  |

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Heise, L. (2011). *What works to prevent partner violence? An Evidence Overview*: London: London School of Hygiene and Tropical Medicine.

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Paluck, E. L., & Ball, L. (2010). Social norms marketing aimed at gender-based violence: A literature review and critical assessment. New York: International Rescue Committee.

Ricardo, C., Eads, M., & Barker, G. (2011). Engaging boys and young men in the prevention of sexual violence: A systematic and global review of evaluated interventions. Pretoria: South Africa: Oak Foundation.

Vyas, S., & Watts, C. (2009). How does economic empowerment affect women's risk of intimate partner violence in low and middle income countries? A systematic review of published evidence. *Journal of International Development, 21*(5), 577-602.

Annex 1

# Overview of Interventions

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Study** | **Country** | **Programmatic/****implementing agency/partner** | **Intervention** | **Frequency and duration of gender related component**  | **Length between baseline and follow up** | **Target population** | **Sample size** | **GBV indicators and established measures used** | **Main results** |
| Blattman et al., 2013 | Uganda | AVSI Uganda and Innovations for Poverty Action  | * Cash transfer
* Business training
 | Business training lasted five consecutive days (not focused on GBV specifically) | 18 months | Vulnerable people between 14-30 (86% female) | 1800 | * Intimate partner victimization (emotional and physical)
* Items from the DHS questionnaire were used
 | * No impact on intimate partner violence
* Significant impact on women’s economic empowerment
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| Bandiera et al., 2012 | Uganda | BRAC Uganda, University College London and World Bank | * Vocational training
* Life skills training
 | Clubs are open five days a week. Life skills courses take place regularly and girls decide when and how many to take | 24 months | Adolescent girls 14-20 (average age 16) | 4800 | * Forced sex victimization
* Included a question on “unwilling sex in past year” in the questionnaire
 | * Significant decrease in girls who reported they had sex unwillingly in the past year
* Significant increase in entrepreneurial skill and participation in income-generating activities
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| Gupta et al., 2013 | Cote d’Ivoire | International Rescue Committee, Yale School of Public Health and Innovations for Poverty Action | * Village Savings and Loan Association (VSLA)
* Gender Dialogue Group (GDG)
 | VSLA meetings took place every week. The treatment arm also received eight bi-weekly GDG sessions  | Approx. 24 months | Women over 18. The GDG included male partners | 934 | * Domestic violence victimization (physical, emotional, sexual and economical) and acceptability of being beaten by husband.
* Items from the WHO study on domestic violence and women’s health in past 12 months.
 | * The GDG addition did help reduce overall levels of IPV. Sig. reductions in economic violence. Non-sig. reductions in physical and emotional abuse and a non-sign. increase in sexual violence. Physical IPV was significantly reduced among women and men most adherent to the curriculum
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Annex 2

# Resources for researching GBV

## Measures of GBV

Ellsberg, M., & Heise, L. (2005), Researching Violence Against Women: A Practical Guide for Researchers and Activists. Washington DC, United States: World Health Organization, PATH. Available at <http://www.path.org/publications/files/GBV_rvaw_complete.pdf>

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United Nations Statistics Division. (2013), *Guidelines for Producing Statistics on Violence against Women: Statistical Surveys,* Available at: <http://unstats.un.org/unsd/gender/docs/guidelines_VAW.pdf>

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## GBV ethical guidelines

World Health Organization. (2007). *WHO ethical and safety recommendations for researching, documenting and monitoring sexual violence in emergencies*. Geneva: WHO. Available at: [http://www.who.int/gender/documents/OMS\_Ethics&Safety10Aug07.pdf](http://www.who.int/gender/documents/OMS_Ethics%26Safety10Aug07.pdf)

World Health Organization. (2001). *Putting women first: ethical and safety recommendations for research on domestic violence against women.* Geneva: WHO. Available at: <http://www.who.int/gender/violence/womenfirtseng.pdf>

1. While this brief largely focuses on GBV against women, it should be noted that many survivors of GBV are male. Gay, bisexual and transgendered individuals are also often targeted. [↑](#footnote-ref-1)