

Understanding and preventing men's violence: Sonke's research on the drivers of violence and enablers of change

.

**Safer Western Cape
Nov 14, 2018**

Starting with the good news and
the optimism necessary to
sustain our work



Evidence for optimism

1. Strong body of local evidence: Stepping Stones, Sinovuyo, One Man Can, IMAGE Micro-Finance, Seven Passes Initiative etc
2. Success reducing levels of crime and violence against women in other places—64% reduction of domestic violence in the US 1994-2010.
3. Related areas: Reductions in FGM of 60-74% in East, West and North Africa between 1990-2017

Evidence for optimism

1. The challenge is achieving scale, sustaining impact, and securing political will.
2. #TotalShutdown, GBV Summit and Presidential commitments represent an breakthrough, as does this summit.



1. What are the causes and drivers of men's violence against women

First Principles.

- 1. Naming the problem:** When we talk about gender based violence, we are talking about men's violence against women. We must name the problem explicitly in order to be able to address it.
- 2. All of us: Addressing and preventing GBV more effective when women and men work together**
- 3. Prevention and response not a zero sum game:** Need to ensure that services are in place for survivors, that perpetrators are held to account AND that effective prevention strategies are adopted by local and national government and taken to scale.

Multiple masculinities

- Multiple ways of being a man (masculinities)
- Key characteristics of socially dominant masculinities found cross-culturally in more patriarchal countries:
 - ✓ Heterosexual (and demonstrably virile)
 - ✓ Dominance and control over women – including sexual entitlement and use of violence
 - ✓ Physical strength and toughness
 - ✓ Invulnerability or lack of fear of risk
- Other less accepted masculinities exist in societies and often are much less violent and more gender equitable

Men's attitudes about manhood do matter for nearly every health and violence issue (IMAGES by Promundo & ICRW)

Across multiple applications of the Gender Equitable Men Scale, men's attitudes about gender related to:

- Having sought ***HIV testing***
- Number of ***sexual partners***
- Rates of ***self-reported STI symptoms***
- Condom use
- Substance/alcohol use
- Couple communication about reprod
- Use of physical and sexual ***violence*** against female partners
- Their ***participation in care work and MCH***
- ***In sum, how and to what extent boys and men internalize prevailing inequitable social definitions of manhood and gender-related norms affects their health and that of their partners with direct linkages to SRH, MCH, GBV and HIV***



Sonke **CHANGE** Trial

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WhatWorks

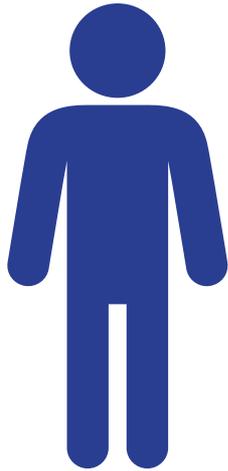
TO PREVENT VIOLENCE

A Global Programme To Prevent
Violence Against Women and Girls



Sonke-Wits Baseline Study in Diepsloot, 2016.

2 603 men



Age Median:
27 years
IQR: 23-32

Socio-economics

R 500

Median
monthly
income

49.7%

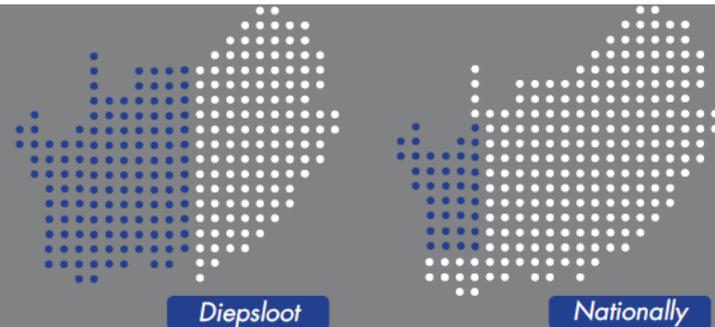
Employed in
past 3 months

38.6% matric

Sonke-Wits Baseline Study in Diepsloot, 2016.

56% of men enacted violence against women in the past 12 months -

a rate more than double the prevalence in other parts of the country.⁴



Who we spoke to

Men were 18 to 40 years old and most lived in a shack or single room. Men had an average monthly income of R1500 and half were employed in the past 3 months. Less than half of men finished matric and just over half were food secure.

Most men were from South Africa (83%), but only one-third were born in Gauteng. Men had been living in Diepsloot for a median of 7 years.

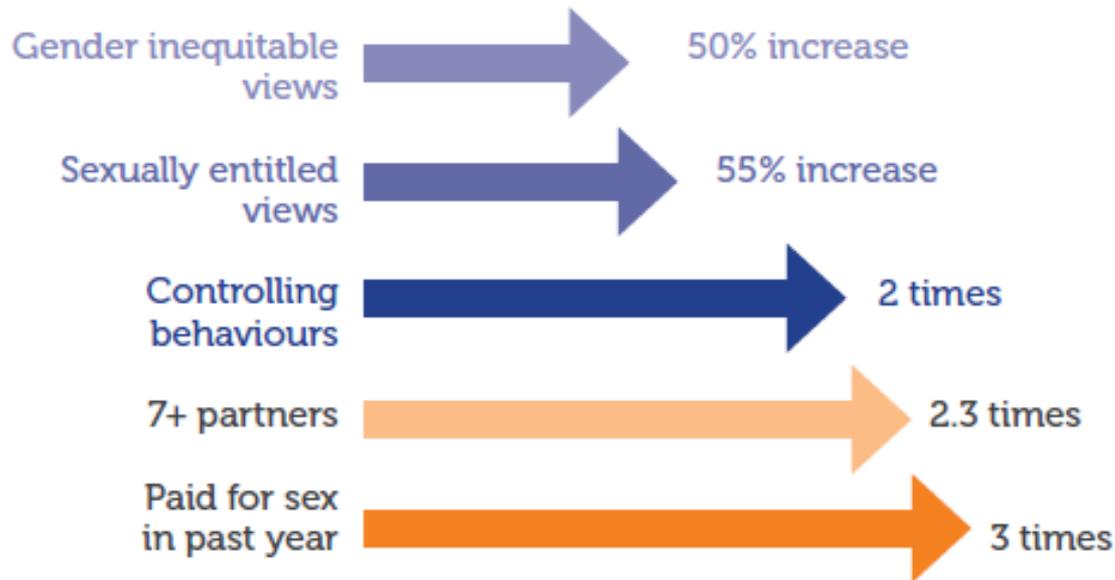
What we learned: Violence rates are high.

In the past year, 56% of men used violence against women. This included physical or sexual violence with a partner as well as sexual violence towards a non-partner.

One-third of men we spoke to used both physical and sexual violence against women. A majority (60%) enacted violence multiple times.

What did we learn about the impact of patriarchal norms?

Gender attitudes, behaviours & violence



How gender norms drive violence against women

Men with views like “women are unequal” and “men should make the decisions” have higher odds of violence against women. Sexually entitled views (e.g. a married woman cannot refuse sex with her husband) increase odds of violence. Controlling a partner doubles the odds that men used violence.

Men with 7 or more partners in the past year had double the odds of using violence. Paying for sex, (either with a sex worker or with small items like cell phones or food), triples the odds of recent violence.

What do we know about the men who used violence?

Exposure to childhood abuse

84%
Physically abused
or neglected



39%
Sexually abused



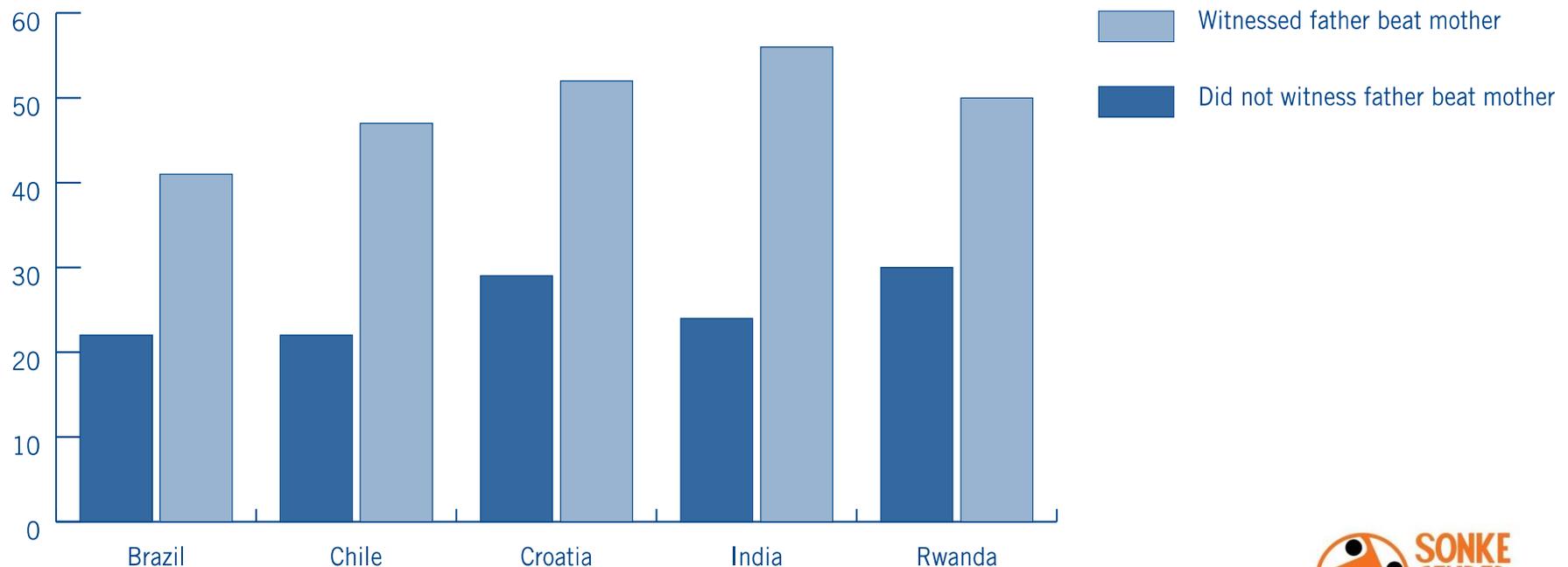
Exposure to trauma as adults

60%
One or more
adult traumas



Many studies show strongest single factor associated with men's use of VAW: witnessing IPV as children

Figure 2 Links between witnessing and ever perpetrating IPV

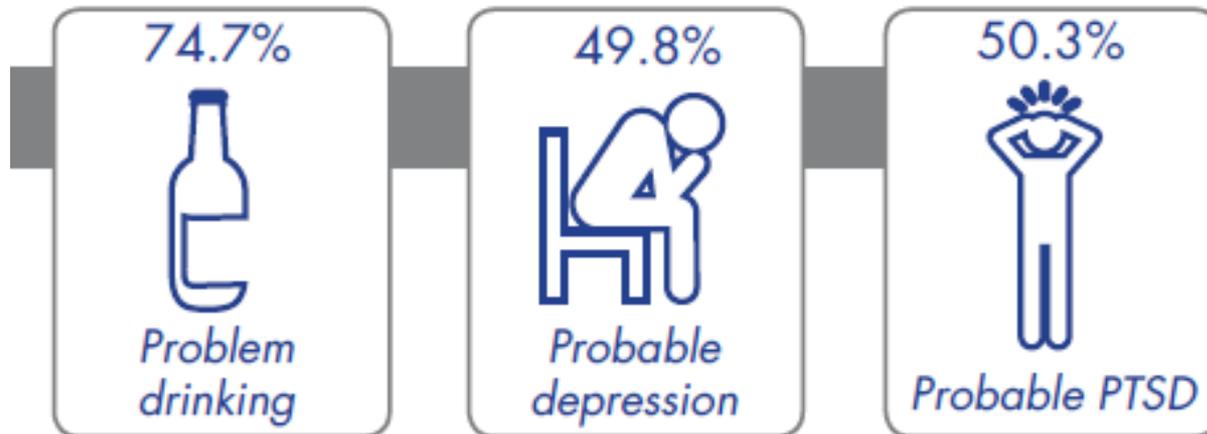


What do we know about the men who used violence? Mental Health

Mental health among men is at markedly poor levels:

- Half of men have probable depression, as measured by a brief screener of depressive symptoms.
- Probable post-traumatic stress disorder was reported by half of men.
- Three-quarters of men report problem drinking – high alcohol use that interferes with daily lives.

Inequitable gender views are the norm.



Other related drivers and enablers of men's violence against women.

Sociodemographics & violence

were more likely to live in crowded households and live apart from their partner. They were less likely to hold matric and were slightly younger. Having food security reduced odds of recent violence by 40%. South Africans and non-nationals used similar rates of violence against women. Income did not seem to predict violence use.



Other related drivers and enablers of men's violence against women.

Why men's life experience matters

Men experiencing child abuse were 5 times as likely to use recent violence against women. Depressed men were 3 times as likely. Men reporting adult trauma were 2.6 times as likely. Men who reported probable PTSD had 75% higher odds of also reporting recent violence against women.

Even after controlling for socio-demographics,

these strong relationships between life experiences and violence hold.

Problem drinking increased violence odds by 50%. But we learned that alcohol use might not lead to violence on its own, and may instead be a coping mechanism for dealing with past traumatic events and poor mental health.

Mental health & recent violence

Problem Drinking

Probable PTSD

Trauma

Probable Depression

Childhood Trauma



50%

75%

2.6
times

3
times

5
times

Understanding men's violence against women and girls: key factors

1. **Patriarchal gender norms:** expectations of male dominance, power over women, sense of entitlement to women's body and labour, divorce stigma, acceptance of harsh punishment for children.
2. **Inequitable gender order:** lack of economic rights for women, poor economic opportunities, discriminatory family laws (divorce, inheritance, land) .
3. **Sense of impunity:** Lack of social sanction for violence (inadequate laws or poor implementation)
4. **Childhood exposure to domestic and sexual violence and harsh physical punishment**
5. **Alcohol abuse,** often related to targeting of poor communities by alcohol industry and merchants leading to unregulated alcohol outlets.
6. **Access to guns and poor enforcement of gun laws and regulations.**
7. **Economic inequalities, employment or unemployment related stress**
8. **Young age and low educational outcomes for men and women associated with higher levels of violence perpetration and victimisation.**

Is there reason to believe that
we can prevent violence?

Lots of evidence that we can
reduce violence—both
programmatically and in national
data.

Success requires political will,
adequate and sustained
resources, citizen oversight and
accountability.

Impact of a Gender-Transformative HIV and Antiviolence Program on Gender Ideologies and Masculinities in Two Rural, South African Communities

Shari L. Dworkin¹, Abigail M. Hatcher², Chris Colvin³, and Dean Peacock⁴

Men and Masculinities
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Evaluation of Green Dot: An Active Bystander Intervention to Reduce Sexual Violence on College Campuses

Ann L. Coker¹, Patricia G. Cook-Craig¹,
Corrine M. Williams¹, Bonnie S. Fisher²,
Emily R. Clear¹, Lisandra S. Garcia¹,
and Lea M. Hegge¹

Abstract

Using a cross-sectional survey of a random sample of 7,945 college undergraduates, we report on the association between having received Green Dot active bystander behavior training and the frequency of actual and observed self-reported active bystander behaviors as well as violence acceptance norms. Of 2,504 students aged 18 to 26 who completed the survey, 46% had heard a Green Dot speech on campus, and 14% had received active bystander training during the past 2 years. Trained students had significantly lower rape myth acceptance scores than did students with no training. Trained students also reported engaging in significantly more bystander behaviors and observing more self-reported active bystander behaviors when compared with nontrained students. When comparing self-reported active bystander behavior scores of students trained with students hearing a Green Dot speech alone, the training was associated with significantly higher active bystander behavior scores. Those receiving bystander training appeared to report more active bystander behaviors than those simply hearing a Green Dot speech, and both intervention groups reported more observed and active bystander behaviors than nonexposed students.

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BMJ

RESEARCH

Impact of Stepping Stones on incidence of HIV and HSV-2 and sexual behaviour in rural South Africa: cluster randomised controlled trial

Rachel Jewkes, director,^{1,2} M Nduna, lecturer,³ J Levin, chief statistician,⁴ N Jama, director,¹ K Dunkle, assistant professor (research),⁵ A Puren, deputy director,⁶ N Duvvury, director⁷

RESEARCH ARTICLE

Open Access

Findings from the SASA! Study: a cluster randomized controlled trial to assess the impact of a community mobilization intervention to prevent violence against women and reduce HIV risk in Kampala, Uganda

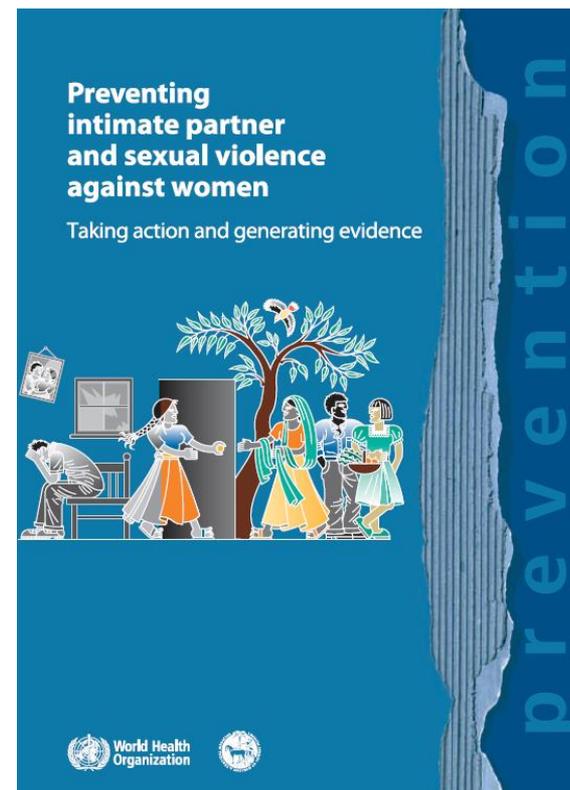
Tanya Abramsky^{1*}, Karen Devries¹, Ligia Kiss¹, Janet Nakuti², Nambusi Kyegombe¹, Elizabeth Starmann¹, Bonnie Cundill¹, Leilani Francisco³, Dan Kaye⁴, Tina Musuya⁵, Lori Michau² and Charlotte Watts¹

RESEARCH ARTICLE

Open Access

Working with men to prevent intimate partner violence in a conflict-affected setting: a pilot cluster randomized controlled trial in rural Côte d'Ivoire

Mazeda Hossain^{1*}, Cathy Zimmerman¹, Ligia Kiss¹, Tanya Abramsky¹, Drissa Kone³, Monika Bakayoko-Topolska³, Jeannie Annan², Heidi Lehmann² and Charlotte Watts¹



Parenting for Lifelong Health: a pragmatic cluster randomised controlled trial of a non-commercialised parenting programme for adolescents and their families in South Africa

Lucie D Cluver,^{1,2} Franziska Meinck,^{1,3} Janina I Steinert,¹ Yulia Shenderovich,^{1,4} Jenny Doubt,^{1,5} Rocio Herrero Romero,¹ Carl J Lombard,^{6,7} Alice Redfern,¹ Catherine L Ward,⁸ Sibongile Tsoanyane,⁹ Divane Nzima,^{10,11} Nkosiyapha Sibanda,¹² Camille Wittesaele,¹ Sachin De Stone,¹³ Mark E Boyes,¹⁴ Ricardo Catanho,¹ Jamie McLaren Lachman,^{1,9} Nasteha Salah,¹⁵ Mzuvukile Nocuza,¹ Frances Gardner¹

Preliminary Analysis of endline data from Sonke Change Trial

- 1. Significant reductions in levels of reported violence in both intervention and control arms.**
- 2. Reduced levels of reported violence amongst low and moderate users of violence but not amongst the high users .**

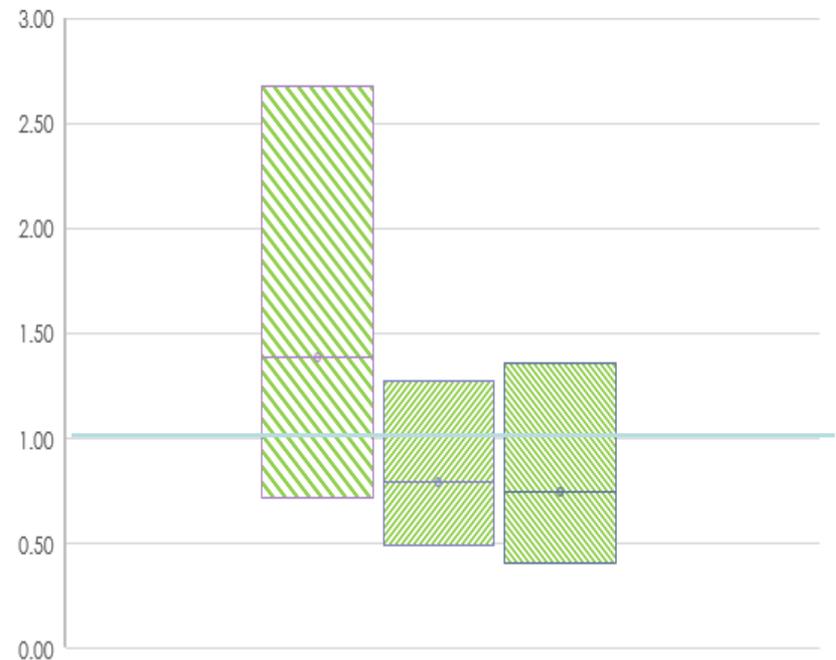
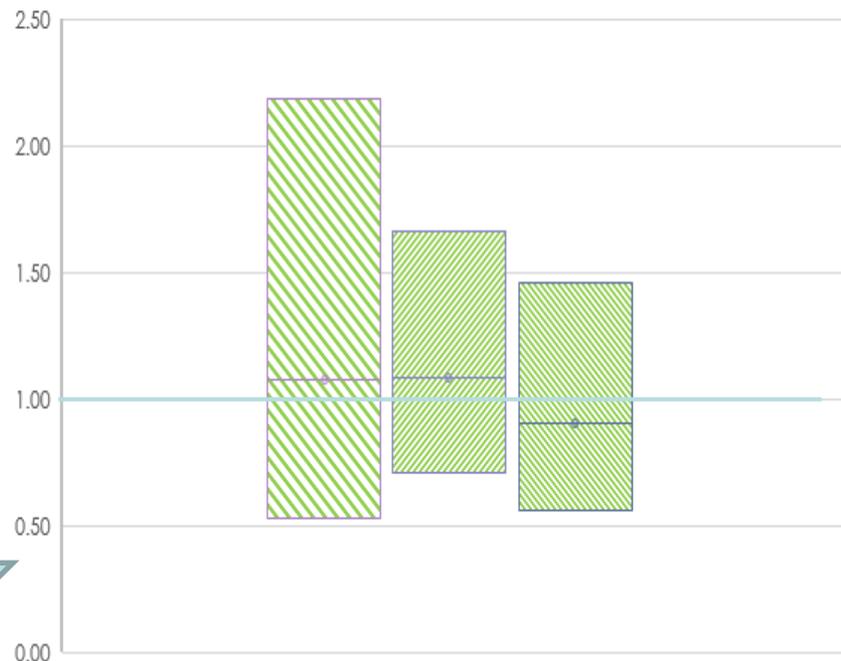
Impact of the intervention of physical and sexual IPV perpetration

Physical IPV

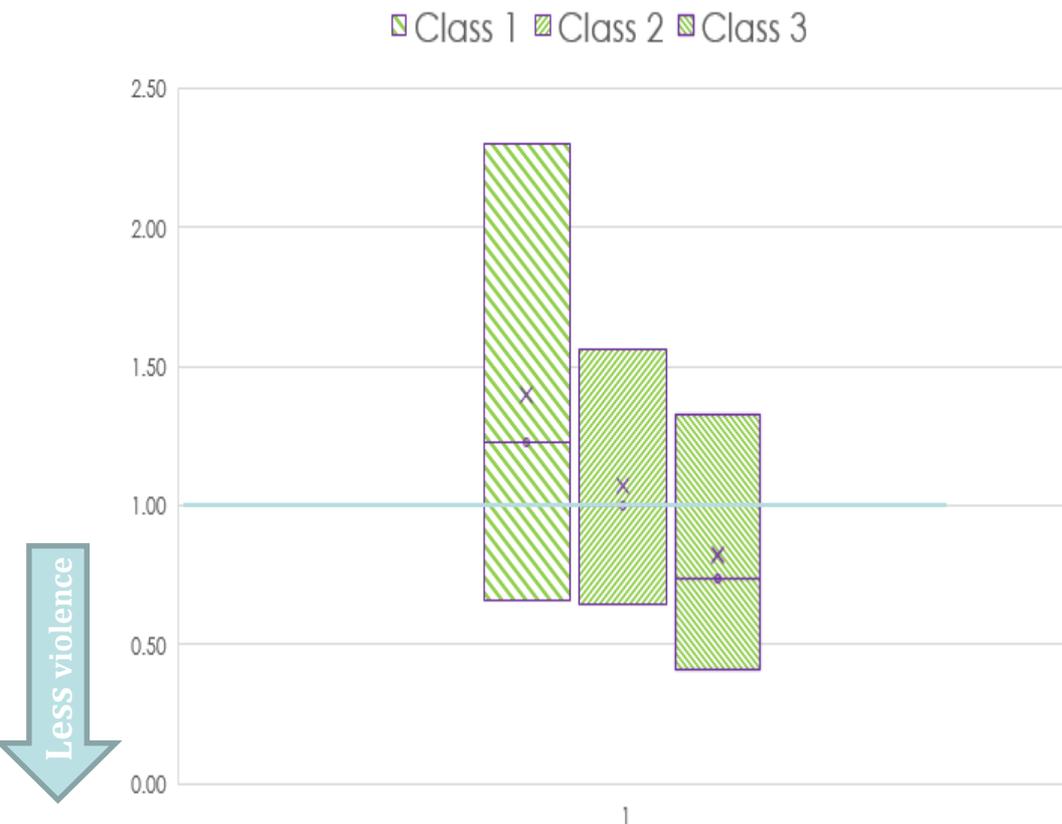
Sexual IPV

Class 1 Class 2 Class 3

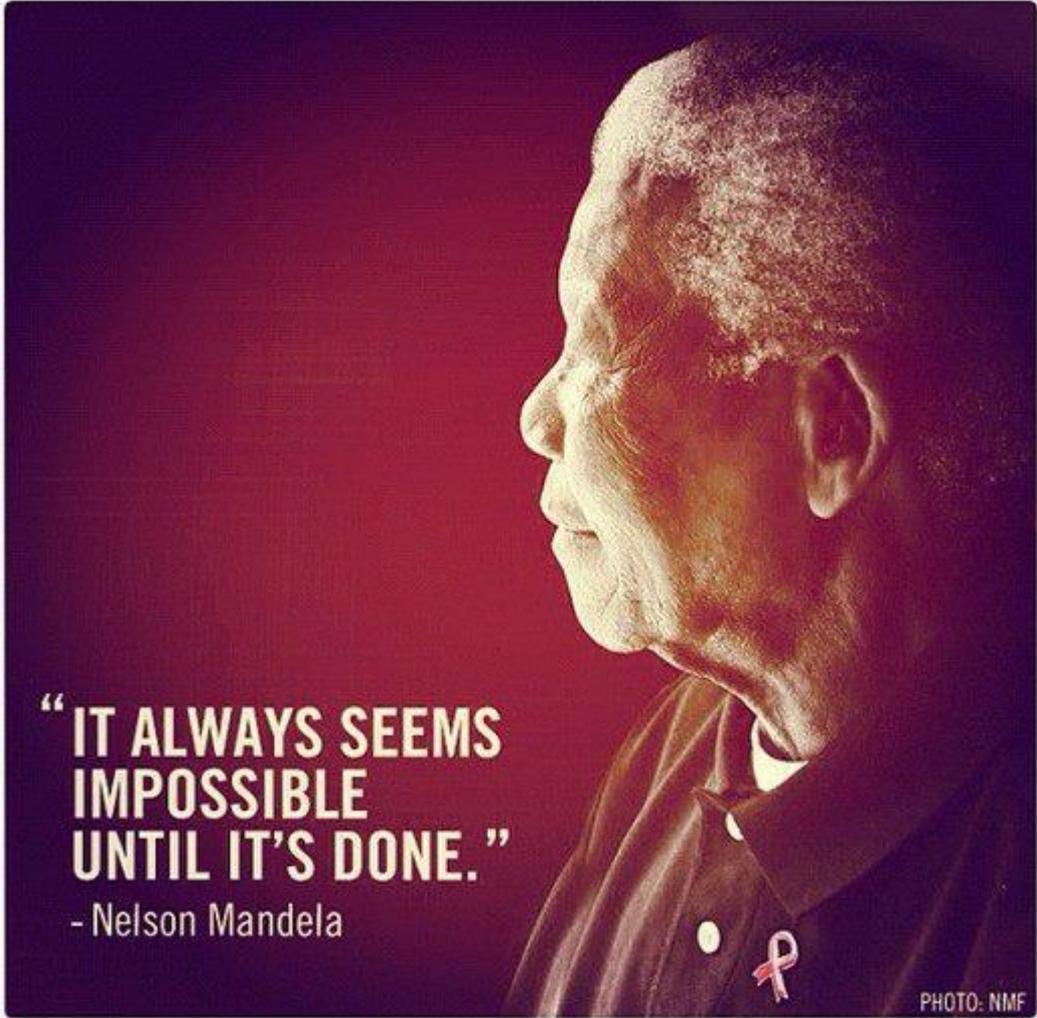
Class 1 Class 2 Class 3



More severe physical and or sexual IPV



- Overall picture is that the intervention had little difference between classes of men on physical IPV alone,
- There was some evidence that there may have been more effect on Class 2 and 3 (less violent) men for sexual IPV
- There is also some evidence of greater effect on Class 3 (least violent) men for more severe IPV (aOR 0.74 95%CI 0.41, 1.33)



**“IT ALWAYS SEEMS
IMPOSSIBLE
UNTIL IT’S DONE.”**

- Nelson Mandela

PHOTO: NMF

