EVIDENCE REVIEW

Reducing and preventing violence against women: factors affecting impact, with a focus on multi-component, place-based approaches

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ACKNOWLEDGEMENTS

This review was commissioned by Respect Victoria.

Acknowledgement of country

Respect Victoria acknowledges the Aboriginal peoples of Victoria as the First Peoples and Traditional Owners and Custodians of the lands and waterways on which we rely. We proudly acknowledge Aboriginal communities across Victoria and their ongoing strength in practising the world's oldest living culture. We acknowledge the significant and ongoing impacts of colonisation and commit to working alongside Aboriginal communities to affect change. We recognise the ongoing leadership role of Aboriginal communities in addressing and preventing family violence and violence against women and will continue to work in collaboration with First Peoples to eliminate these forms of violence from all communities.

Victim survivor acknowledgement

Respect Victoria acknowledges the significant impact of family violence and violence against women on individuals, families and communities, and the strength and resilience of the children, young people and adults who have, and are still, experiencing this violence. We pay our respects to those who did not survive and to their loved ones.

Statement of commitment to Aboriginal self-determination

Aboriginal peoples continue to be impacted by the cumulative effects of individual, institutional and societal violence, colonisation and racism over generations. This has contributed to the severity and disproportionate impact of family violence on Aboriginal women, families and communities to this day, and created the conditions that significantly increase the risks and barriers to accessing support. Respect Victoria acknowledges that self-determination is the foundation for better outcomes for Aboriginal communities. True self-determination means that Aboriginal peoples and communities at the centre of approaches to address community experiences of family violence and violence against women. This includes recognising and respecting the inherent strength and diversity of Aboriginal peoples, families and communities across Victoria, and the leadership role of Aboriginal Community Controlled Organisations in violence prevention. Respect Victoria's work to prevent family violence against Aboriginal peoples and violence against Aboriginal women will be informed by the principles of self-determination set out in Dhelk Dja: Safe Our Way – Strong Culture, Strong Peoples, Strong Families. We are firmly committed to working in collaboration with Aboriginal Community Controlled Organisations to create a more equitable, respectful and safe community.

Acknowledgement of contributors

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A summary of early findings and implications of this research was shared with key leaders from organisations specialising in the primary prevention of violence against women and they provided valuable advice, direction, and suggestions for further research which have been incorporated here.

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EXECUTIVE SUMMARY

Introduction

Overview and purpose

The review:

- aimed to synthesise global and Australian evidence on prevention interventions to identify whether – and under what conditions – they can reduce rates of perpetration and/or victimisation of violence against women (referred to as 'impact')
- examined evidence on combining interventions to mutually-reinforce each other for greater impact (known as a 'saturation' approach), and on how this might extend beyond those directly engaged to the broader population
- will inform a multi-year project to develop a place-based 'saturation model' for prevention of violence against women, led by Respect Victoria, and gave particular attention to place and community-based approaches.

Background and context

- Victoria has built an enabling policy environment and infrastructure to support place-based approaches[i]. Previous projects have built foundational evidence for how a place-based saturation model might be designed and implemented[ii], and many process, output and outcome evaluations of prevention activity in Victoria attest to their strength.
- While globally a growing number of evaluations of prevention of violence against women interventions *have* demonstrated impact[(1)], there is limited evaluation and research evidence demonstrating the *impact* of Victorian prevention work on the severity and prevalence of violence.
- Further, to achieve and sustain impact across a broader population, research indicates that individual interventions are not enough[(2-4)]. There is a need to better understand how to combine and scale interventions to measurably reduce and prevent violence at the *population* level, and the conditions, factors, and processes that enable and sustain reductions.

Guiding questions

The following questions guided this review:

1. What does recent research and practice tell us about the effectiveness of prevention interventions, in terms of impact on rates of perpetration and/or victimisation of violence against women?
2. What do we know about the foundational conditions, variables or criteria that affect the extent of prevention practice impact?
3. What do we know about how and whether outcomes from individual interventions are strengthened because of how they interact when coordinated with other interventions, and what design, implementation or contextual conditions contribute to any 'mutually-reinforcing effect'?

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[i] Such as through the Regional Prevention Partnerships led by Women's Health Services.

[ii] Including the VicHealth-funded Generating Equality and Respect (GEAR) program.

Review scope

The review:

- focused on the *impact* of prevention interventions – defined as reductions in victimisation and/or violence perpetration against women, whether with specific intervention groups or at the population level
- did not analyse in detail other outcomes of prevention activity – especially reductions in the drivers and reinforcing factors of violence – which are equally important, and likely precursors[(5)] to such impacts
- included studies from low, middle and high-income countries internationally, and gave particular attention to place- and community-based approaches employing multiple components, and their impact on rates of violence against women
- included a range of interventions designed to prevent new violence against women, reduce recurring violence, and/or reduce risk of victimisation or perpetration (regardless of how source material described the type of intervention, as varying terminology is used).

Methodology

- This review was a scoping study, synthesizing evidence from a range of sources that met inclusion criteria based on the questions and scope above.
- The process included a desk review of primary research and evaluations, meta-analyses and evidence summaries, non-empirical evidence, and 'grey' literature on practice evidence, accompanied by discussions with Respect Victoria staff, prevention sector stakeholders and other key informants.
- The review did not include studies relying on qualitative data only, nor quantitative evaluations measuring other types of 'impact' (to that defined in the Scope, above), such as of attitudinal, practice or normative shifts[(6)][iii].

Assumptions and limitations

- This review did not attempt to replicate the search and analysis processes of recent comprehensive or rigorous reviews, and instead analysed their findings in the light of current research objectives and questions. These were supplemented by primary research and evaluations that emerged after those reviews were published. It is possible some studies have been missed.
- Most source material focussed on men's physical and sexual intimate partner violence and non-partner sexual violence against women. This material, in most cases, did not examine in detail the impact of interventions on emotional, economic or other types of violence, for example, nor on any violence perpetrated within same-sex partnerships – a limitation effectively transferred to this review.
- The analysis covers interventions from low, middle and high incomes countries, and often from contexts that vary significantly from Victoria's in terms of existing prevalence rates, norms around gender roles, and the extent of state and institutional support in creating an enabling environment for change. Caution is needed when drawing conclusions about their applicability in the Victorian context.
- Only a small number of interventions have been subject to longitudinal evaluation[iv] that would illuminate, in the intimate partner violence example, what happens as participants' relationships evolve, or as they enter new ones, due to an earlier or ongoing intervention. The paucity of

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[iii] It is anticipated the upcoming ANROWS umbrella review of prevention interventions in high-income countries will complement the findings presented here, as well as provide more detailed analysis of the evidence-base around outcome (as opposed to impact-only) results of evaluations in such contexts.
[iv] I.e. following up with the same participants at later periods to measure changes in the impact of the intervention over time.

evaluations that capture longer-term change limits this and other reviews, and indeed currently hampers a broader understanding of how to effectively prevent violence against women.

Findings

Evidence of the impact of prevention interventions

Well-crafted primary prevention interventions can reduce violence against women for groups they engaged, in programmatic timeframes

- As of 2020, at least 96 randomised controlled trials or quasi-experimental studies had been conducted globally, assessing interventions for their impact on men's perpetration or women's victimisation for physical or sexual intimate partner violence, and non-partner sexual violence[(1)].
- 41 (including 14 in high-income countries) of these showed 'positive' (statistically significant) impact at the end of the intervention, and 18 (including three in high-income countries) were 'promising' (e.g. significant for a sub-group, or a non-significant trend).
- 37 (including 13 in high-income countries) showed 'no impact' on the forms of violence described above. However, they may have had statistically significant reductions on other forms of violence, such as emotional or economic violence against women[v].
- No comparable impact evaluations were found in Victoria (or Australia), though several Victorian interventions are similar to examples shown to be impactful in similar contexts elsewhere.
- 'Positive' and 'promising' interventions in high-income countries included schools and college-based interventions, couple and parenting interventions, and ante- or-post-natal interventions, working with general (as opposed to 'higher-risk') populations, and addressing the drivers of violence.
- A smaller number of interventions reviewed in high-income countries aimed to reduce individual (higher) risk. Most targeted behaviours of young women (e.g. with regards to alcohol consumption), with some showing impact on victimisation[(1)]. Only one intervention targeted men with substance abuse issues, however it did not show impact on perpetration of violence[(7)]. Another supporting young people leaving out-of-home care did show impact[(8)].

Limited evidence suggests impact can result from new incidents of violence being prevented, or recurring violence being reduced, or do both

- A recent study examined in detail the data from six randomised controlled trials. All interventions were deemed impactful in low- and middle- income contexts (NB: with high past-12-month prevalence levels relative to Victoria's).
- The interventions were conceptualised as primary prevention, and included activities aimed at shifting gender norms, building skills, engaging leaders, etc. However, they did not specifically target 'at risk groups' or adopt early intervention approaches.
- Impact was found to result from:
  1. new incidences of violence being prevented from emerging (against statistical expectations), or
  2. reductions in recurring violence (i.e. that was already existing at baseline), or
  3. a combination of the two[(9)].
- There is currently insufficient research to indicate which factors determine whether an intervention will have more impact on 'new' or 'recurring' violence. Recommendations included the need for interventions to have a clear theory of change and specific impact pathways for desired outcomes.

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[v] The 'no impact' category is broad, referring to interventions showing no statistically significant impact on types of VAWG mentioned for 'positive impact', BUT could include interventions showing significant reductions in other forms of VAWG (e.g. emotional or economic intimate partner violence).

Existing evidence is too limited – and skewed – to enable definitive conclusions about effectiveness by type of intervention

- Attempts have been made to classify interventions by strength of available evidence, but these show *what interventions are getting evaluated* for impact on violence against women, and how they compare against the indicators those evaluations measured. They do not provide an objective assessment of everything that works, or could work, among all the prevention interventions that exist.
- The quality of design and implementation determine how effective an intervention is more so than the 'type of intervention' per se(10).
- Most existing evaluations are of Interventions directly targeting/engaging individuals to promote changes in attitudes, beliefs and behaviours. Equally important is the work to shift environments or build capacity for prevention, but it is difficult, and arguably undesirable, to directly attribute changes in victimisation/perpetration rates to such interventions through evaluative processes (therefore such evaluations are rare).
- Even less is known about how different intervention types might enhance the impact of other interventions when implemented as part of a coordinated, multi-component approach(10).

Evidence of impact at population level

Few evaluations seek to measure population-level impact, but there is some emerging evidence

- The evaluations of most interventions aiming to prevent violence against women are limited to measuring impact on target groups specific to that intervention's scope, such as college students or first-time parents.
- The interventions that *have* demonstrated population-level impact fall into two broad categories (described further below):
    1. policy, legislative and environmental interventions, and
    2. place-based, multi-component community mobilisation interventions.

Certain policy, legislative and environmental interventions have been correlated with reductions in violence against women

- Two of these involved a suite of initiatives: the US Violence Against Women Act (VAWA)(11) correlated with reductions in rates of, and homicides due to, intimate partner violence, in jurisdictions receiving VAWA grants; and, in a local Nicaragua municipality, a number of initiatives implemented over a 20-year period correlated with reductions in women's reported experience of physical intimate partner violence[vi].
- Other policy and welfare system changes correlated with reductions in victimisation, including reforms to parental leave provisions, firearms control, off-premises alcohol outlet density and school-based restraining orders (all in high-income countries)(6); and two social protection programs, in Peru and Colombia(12). However, the strength of evidence varies for different types of policy change (e.g. evaluations of similar interventions in other contexts may show conflicting results).

Three multi-component, place-based community mobilisation interventions demonstrated population-level impact

- All three(13-15) were implemented in low- and middle-income African countries (two in Uganda and one in Ghana). The population size was limited by the anticipated reach of the interventions, but all interventions involved several thousand people across one or more administrative areas of a local municipality.

[vi] A household survey in 1995 (n=354), and follow-up 2016 (n=846) across a municipality (pop.200,000) showed a 70% decrease in women's past 12-month experience of physical intimate partner violence (from 27% to 8%), but no significant change in sexual violence (lifetime only data collected).

- Impact in all three was measured through randomised controlled trials, using surveys in 'control' and 'treatment' communities.
- The programs involved 'a set of interventions in which multiple components are deployed[(1)].'

Features of place-based interventions demonstrating population-level impact

- The three prevention interventions presented above were the only randomised controlled trial-evaluated interventions found by the review that demonstrated impact on perpetration rates or victimisation of violence against women at the population level[vii]. They all met quality principles discussed below, and shared several other features:
  1. The demonstrated impact was limited to intimate partner violence against women, including when the intervention itself aimed to prevent broader forms of violence against women. In this latter case, programmers concluded that prevention of other forms, such as non-partner sexual violence, likely requires a specialised approach[(16)].
  2. They were multi-component and included activities at multiple levels of the social ecological model – including institutional and policy advocacy, organisational development in locally-based sectors (such as education, police and health), direct participation programs, communications and social marketing.
  3. They adopted a 'people-powered' and benefits-based approach, supporting individuals and groups to develop skills and help guide actions and behaviours that positively shift drivers of violence across different settings where people live, work and play[(17)].
  4. They were designed and phased around theories of behaviour change, not simply in terms of violence perpetration behaviour, but also the behaviours associated with the drivers of that violence. They planned activities across multiple levels of the social ecology in a way that aligned with a sequential understanding of the behaviour change process[(18)].

Conditions and factors that influence impact

Foundational conditions that underpin primary prevention intervention effectiveness

- Recent reviews[(19)] of interventions evaluated as 'impactful' highlighted several conditions that are foundational for achieving impact. These are:
  1. A prevention infrastructure: the core components, facilities, services and mechanisms considered essential for enabling and sustaining effective prevention of violence against women.
  2. Adherence to quality design principles: address the identified drivers, use an explicit gender analysis, follow a program logic, tailor to context, setting and population[viii].
  3. Effective partnerships with, and connections to, response services including high-level support for victim survivors.
- Good practice in each of these three categories is well-documented elsewhere across international, national and Victorian literature, and not reproduced in this review[ix].

Factors that make a difference to the scale and sustainability of violence against women impact

- In addition to the above, recent reviews show engagement 'intensity' with participants was a determining factor for the level of impact, particularly in interventions directly engaging individuals and groups. The intensity to impact relationship was one of 'more is more'[(20)] and interventions had no impact below a certain level of intensity[(10)].

[vii] With the exception of change driven through nationwide welfare policy in Peru and Colombia.

[viii] Those distilled in international reviews align with those in Australia's national framework:

[ix] International evidence reviews have distilled quality or effectiveness principles that can be categorised under these three 'foundational conditions' and many of these overlap with the principles in *Change the Story* (diverging only with relation to their contextual scope across low and middle-income countries).

- The following factors were identified as indicators of *intensity*:
  1. An adequate number of skilled and supported practitioners
  2. Appropriate program length
  3. Number, duration and frequency of sessions allowing time for reflection and experiential learning.

Combining interventions to maximise or expand impact

Rationale for combining interventions: the mutually-reinforcing effect

- Health promotion theory and practice suggests combining interventions in a coordinated way across settings and the social ecological levels to achieve a 'mutually-reinforcing effect.' [(21)]
- This might be achieved through combining multiple strategies or techniques[(21)], in multiple settings/sites[(22)x], and/or at multiple social ecology levels[(23)]. In practice, a combination is common (given, for example, different techniques tend to be more applicable to certain levels of the social ecology).

Mutual reinforcement in prevention of violence against women

- A mutually-reinforcing effect has been demonstrated in many different health promotion areas[(23)].
- In the prevention of violence against women, several evidence reviews noted that multi-component interventions tend to have more impact that single-component ones[(2, 3, 10, 19).]
- A recent meta-analysis[(24)] of impact evaluations of violence against women interventions globally (from prevention to response) concluded that combination or multi-component interventions were on average 60 per cent more effective than single-component ones – though caution is needed in interpreting this conclusion for specific programs and contexts.[xi]
- Exactly how the 'mutually-reinforcing effect' operates is poorly understood. As previously noted, most existing evaluations are of individual rather than multi-component interventions.

Initial principles for maximising impact by combining interventions

- The reviewed research makes clear that a direct relationship between 'more interventions' and 'more impact' should not be assumed[(21)], even if the interventions meet quality standards and other conditions for impact.
- Some guidance for achieving mutual reinforcement in prevention of violence against women activity is emerging. The combination of interventions should be:
  1. Based on the principle of addressing multiple drivers and reinforcing factors – the most recent rigorous evidence review suggests that 'multiple components' are not, in and of themselves, the key to mutual reinforcement, but rather 'more components' means greater reach and range of influence to *address multiple drivers*, which is crucial[(10)].
  2. Sequenced to support the phases of behaviour change – while a range of approaches to sequencing have been suggested across health promotion research, the evaluated successful place-based, multi-component interventions have phased activity across levels and strategies in accordance with behaviour change theories.
  3. Synchronised across settings and levels – ensuring that 'intervention components and activities that are implemented at the different levels are synchronized in terms of optimal timing' and with 'a sense of coherence in the themed intervention activities[(25)].' It also requires a certain intensity

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[x] For example, in tobacco control 'creating smoke-free environments in public spaces such as schools and restaurants had the effect of reinforcing individual smoking cessation programs, both by reducing opportunities to smoke and shifting social norms regarding the acceptability of smoking

[xi] Data shared by the researchers. When added to the magnification effect of partnering with civil society (another parameter of the research and pillar of Spotlight) the 'magnification effect' rose to the 70-90% rate published in the final report.

of activity, not just within a single intervention but between them: 'creating repetition of program activities and messages' through 'a multiple-exposure approach[25].'

Discussion

Considerations around impact and its measurement in the Victorian context

- The evidence distilled here challenges a long-held assumption that primary prevention work (only) lowers risk gradually and in a diffuse manner[26]. Primary prevention interventions for violence against women can indeed have relatively short-term impact on individuals, including for those who may already be perpetrating or experiencing violence[1].
- The fact that impact can be due to the prevention of 'new' violence (i.e. before it occurs), and/or reductions in recurring violence, supports the premise in *Change the Story* that primary prevention can contribute to the response to existing violence by stopping or reducing it (while providing the social norms and structures that maximise the possibility of maintaining changed behaviours and rebuilding lives after violence has occurred)[4].
- The research reviewed does not account for the specific impact an intervention might have on *higher risk groups* who are not already experiencing or perpetrating violence. These would be subsumed under the category of those not experiencing/perpetrating violence at baseline in the studies from which the above evidence is drawn. More research is needed to fully understand the factors that influence the *type* of impact a primary prevention intervention might have, and on which sub-sets of the population.
- None of the above implies, of course, that separate response and early intervention activities are not needed. Far from it: all three are crucial elements of a comprehensive and integrated system.

Considerations for how to maximise impact in the Victorian context

- Whether prevention activity *does* achieve impact, and to what extent, is a matter of design quality, delivery intensity and appropriate contextualisation of the work, criteria that align with and reinforce those in existing frameworks used in Victoria, most notably *Change the Story*[4].
- Effective and available response systems, and an enabling legal, policy and institutional environment, can themselves magnify prevention activity impact[24], which supports the approach used in Victoria, and emphasises the need for continued investment.
- However, prevention interventions need to be delivered at a certain level of *intensity* to have impact. This implies attempting to 'stretch' programming to reach more people, but with fewer opportunities for direct engagement, for example, or with larger practitioner-to-population ratios, can undermine the overall utility of the program.
- While exact figures vary (i.e. for 'adequate' dosage, duration, or number of skilled practitioners), depending on the setting and context, some 'threshold' estimates are emerging for specific types of interventions or settings. International analyses can provide useful up-to-date guidance to prevention activity in Victoria on this[10].
- The few interventions worldwide that have demonstrated population-level impact have been place-based, 'people powered' community mobilisation programs, employing multiple techniques across several levels of the social ecology. Coordination mechanisms for such approaches exist in Victoria[27], but further research is needed to understand how to contextualise and ensure adequate intensity of community mobilisation work for prevention of violence against women in the Victorian context.

Initial implications for a place-based saturation model in Victoria

- In planning and coordinating multi-component prevention work, a direct relationship between 'more components' and 'more impact' cannot be assumed. Rather, increased impact appears to result from addressing multiple drivers and reinforcing factors (in a quality way).
- A deep understanding of the nature of the current (past 12-month) violence against women prevalence is therefore needed, in the context where the intervention will take place, to identify specific drivers and reinforcing factors, and their relative weight. Addressing these multiple factors should guide the choice of components employed—techniques, settings and levels—in a multi-component prevention program.
- This is a departure from approaches that seek mutual reinforcement by simply multiplying techniques, settings or levels of action alone.
- The development of a Victorian place-based model could learn from multi-component community mobilisation models globally in terms of sequencing activity to support the phases of behaviour change, and synchronising implementation of different activities across settings and levels.
- However, expectations around the possible impact of any Victorian multi-component, place-based community mobilisation model should also be assessed with caution due to differences in context, policy and institutional support, and past 12-month prevalence rates, between Victoria and the sites of evaluated examples.

Conclusion

- This review has shown that multi-component prevention work is indeed more impactful than single component interventions when certain criteria and conditions are met. These have been identified in the report, and include adherence to quality design principles, adequate implementation intensity, and attention to addressing multiple drivers through an intentionally phased approach.
- The review found examples of coordinated, multi-component, place-based approaches meeting these conditions – that have resulted in population-level impact.
- There is good reason to expect that impact on perpetration and victimisation of violence against women could be achieved at population level through a Victorian multi-component, place-based model that draws on the learnings above.
- Further research and consultation are needed to determine foundational design and implementation parameters for a place-based saturation model, along with the conceptual approach and key elements that should be included in the model and its design.

INTRODUCTION

Overview and purpose

The purpose of this review was to identify and synthesise international and Australian evidence on interventions and approaches that have demonstrated impact on violence against women, to better understand: which conditions, processes and criteria support this impact; and how to combine interventions so that they mutually-reinforce each other for greater or broader impact.

The review gave particular attention to place and community-based approaches (see Glossary), and examined the elements and processes required to maximise their impact – especially those employing multiple components or strategies to harness a mutually-reinforcing effect. It was specifically concerned with interventions that demonstrated reductions in rates of perpetration and/or victimisation, while noting that other outcomes—especially reductions in the drivers and reinforcing factors of violence—are equally important and likely precursors to such impacts[xii].

The review is part of a series of papers that will inform the inception stage of a multi-year project to develop a 'saturation model' for primary prevention of violence against women, led by the state-wide Victorian prevention agency, Respect Victoria. Respect Victoria describes a 'saturation model' as a method of implementation, coordination and evidence-building to strengthen multi-component prevention activity in a specific place and with defined communities. Building evidence for such a model is part of the agency's commitment to identifying opportunities for scaling-up and systematising primary prevention initiatives[(28)].

Background and context

Victoria is a world leader in settings-based prevention approaches to violence against women[xiii] (for example, through the education system, workplaces and local government), though the work is 'as yet incomplete and has […] engaged a limited number of organisations and settings[(29, 30)].' Additionally, more than one hundred discrete initiatives have been funded under the Victorian Government's *Free from Violence* strategy[(31)], and innovative prevention approaches have been driven by, with and for Aboriginal communities, migrant and faith communities, women with disability, older people and LGBTIQ+ people[(29)]. An enabling policy environment and infrastructure in Victoria could potentially support, with adequate funding and appropriate design, piloting a place-based saturation model and its subsequent scale-up. In particular, it could provide a strong foundation for coordinated primary prevention activity at the regional level, as does the work of many local governments at the municipal level, and systems for collective impact exist in the state[(27)].

Several Victorian-specific projects have also contributed to evidence on place-based prevention approaches, including the VicHealth-funded Generating Equality and Respect (*GEAR*) program, which tested a multi-setting, multi-strategy model for prevention of violence against women at a small-scale site. The three-and-a-half-year project highlighted the importance of building leadership, community readiness and infrastructure for prevention, and 'built a transferable model for planning and leading site-based primary prevention activity[(32)].' An assessment of the impact of the *GEAR* program on the drivers of violence or levels of perpetration/victimisation was not possible at the time of its evaluation due to the short implementation timeframes. However, the evaluation report made several important recommendations, including the need for

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[xii] While not the focus here, a forthcoming ANROWS report reviews interventions in high-income countries that include those demonstrating broader outcomes on drivers and reinforcing factors of violence against women (and proxy indicators).

[xiii] No major review of prevention interventions conducted over the past decade has surfaced evidence of whole-of-settings based approaches that are as extensive as Victoria's.

further investments in coordinated, multi-component place-based models, due to their strong potential to 'affect attitudinal and behavioural change over time[32].'

Lessons can also be drawn from the large number of process, output and outcome evaluations of the above activity, and other prevention work conducted to date. However, currently, there is limited evaluation and research evidence demonstrating the direct *impact* of Victorian prevention work on the severity and prevalence of perpetration or victimisation.

Globally, over the past decade, there has been a growing number of evaluations demonstrating that interventions designed to prevent violence against women can have measurable impacts. These impacts can be observed in relatively short timeframes and are not limited to reductions in the gendered drivers and reinforcing factors of violence against women, but also include significant reductions in perpetration and victimisation rates[xiv]. Most of this evidence has been derived from evaluations of discrete projects or programs with a limited target population. This review sought, in the first instance, to learn what factors and conditions might have contributed to such impact to determine key lessons for Victorian prevention work.

However, to achieve impact across a broader population and sustain it over time, research indicates that small-scale and stand-alone interventions are not enough[2-4]. Therefore, the review also sought to examine what international research and evidence tells us about combining and scaling interventions to measurably reduce and prevent violence at the *population* level, or about the conditions, factors, and processes that enable and sustain reductions.

Respect Victoria commissioned this review to address some of these critical 'missing pieces' in the evidence, as part of a series of papers that will inform the design, implementation and evaluation of a saturation model for Victoria.

Guiding questions

The following questions guided this review:

1. What does recent research and practice tell us about the effectiveness of prevention interventions, in terms of impact on rates of perpetration and/or victimisation of violence against women?
2. What do we know about the foundational conditions, variables or criteria that affect the extent of prevention practice impact?
3. What do we know about how and whether outcomes from individual interventions are strengthened because of how they interact when coordinated with other interventions, and what design, implementation or contextual conditions contribute to any 'mutually-reinforcing effect'?

Review scope

A focus on impact – at intervention level and population level

The review included studies on the impact of prevention work—with impact defined as reductions in victimisation and/or perpetration of violence against women—whether with specific intervention groups or at the population level (see Glossary definitions related to impact at different levels). It sought to identify conditions, criteria and processes that contribute to such impact, and/or to the mutually-reinforcing effect. In limiting its focus to the characteristics associated with impact, it did not seek to reproduce in detail all

[xiv] There have been a number of meta-reviews of evaluations employing rigorous experimental or quasi-experimental methods, over the past decade - discussed further under Methodology.

principles of good practice in design and implementation of prevention interventions (which are well-described elsewhere[33]).

Specific attention to place-based approaches

While the review included a high-level scan of all types of prevention intervention (see Methodology), it gave particular attention to place- and community-based approaches employing multiple components (see definitions in the Glossary). Again, the focus was on factors affecting impact on rates of violence against women, rather than broader principles of effective place-based programming per se[34].

Included studies from across low, middle and high-income contexts

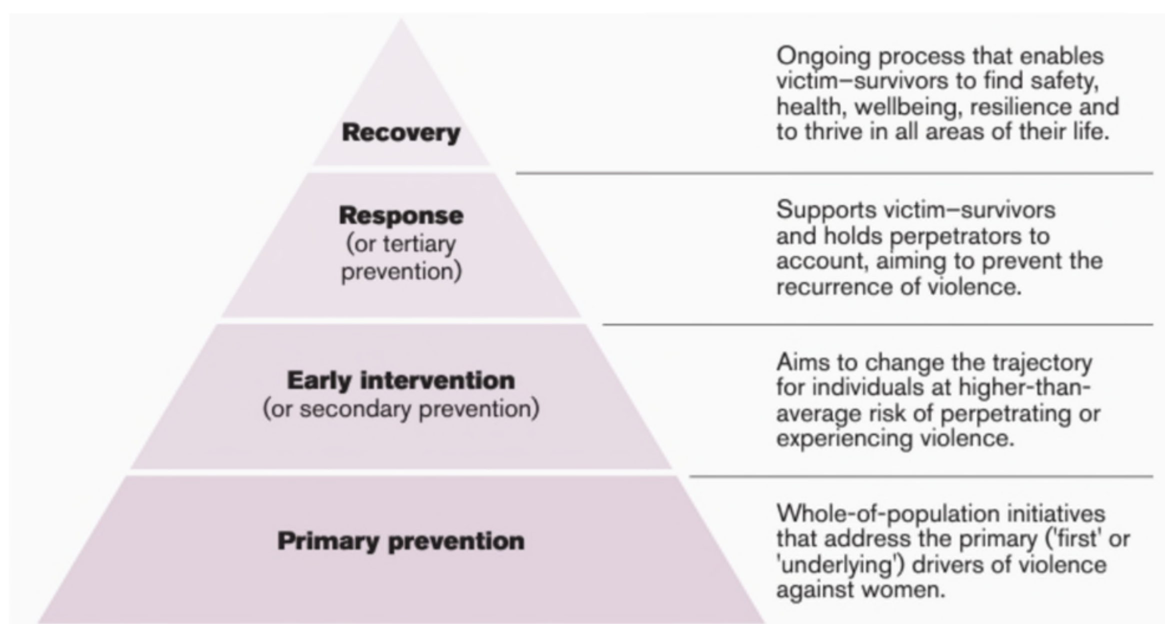
The review's scope was global. It included studies from low, middle and high-income countries internationally. As such it is distinct from, and complements, a forthcoming ANROWS review of interventions that focuses on high-income countries but includes a broader range of outcomes (i.e. beyond reductions in rates of perpetration/victimisation, the focus here)[6].

Used specific definitions related to type of intervention

A range of definitions are employed in the international literature to describe different activity types to address violence against women, especially 'primary prevention,' 'secondary prevention' and 'early intervention.'

This review uses the definitions in *Change the Story*[4] (Figure 1 below), which are based on those outlined in the 2007 VicHealth framework for prevention of violence against women[35], and later in the United Nation's (UN) *Framework to Underpin Action to Prevent Violence against Women*[36]. Early intervention, and secondary prevention, is defined as activity with groups considered at higher-risk of perpetrating or experiencing violence, and primary prevention as whole-population activity addressing the (first/primary) drivers of violence. The definitions used in this review are guided by a socio-ecological model that entails changing conditions and environments (social, community, organisational) *as well as* working with individuals. Given the diversity of needs and experiences within any population, an intersectional approach, coupled with targeted work with specific population groups is a necessary feature of prevention work seeking to reach across a whole population.

Figure 1: Definitions used in this review.



Source: Our Watch (2021). p.58

Included a range of interventions designed to prevent new violence, reduce recurring violence and/or reduce risk

The review was interested in how to lower the rates of violence against women, regardless of how source material described the type of interventions. That is, the review included studies of both 'whole population' interventions, and interventions with groups understood to be at higher risk of perpetration or victimisation. It also included interventions that demonstrated reductions in victimisation and/or perpetration regardless of whether these reductions were due *to new incidents of violence being prevented* among individuals not currently experiencing or perpetrating violence (i.e. compared to statistical expectations), and/or due to *already existing patterns of violence being reduced or stopped.*

The dark blue boxes in Table 1 below represent the scope of interventions included in this review – that is, evaluations of primary prevention (whole population) and early intervention (higher risk population) activity, and their impacts on both new and recurring violence.

Table 1: Types of intervention and impact in scope for this review

Type of impact ↓ / Type of activity →	**Primary prevention** Focuses on the population as a whole, and the range of settings in which gender relations and violent behaviour are shaped, to address factors leading to or protecting against VAW	**Early intervention** Focuses on individuals and groups with a high risk of perpetrating/being a victim of VAW and the factors contributing to that risk	**Response and recovery** Focuses on those affected by violence and on building systemic, organisational and community capacity to respond to them
Preventing violence before it occurs	Build social structures, norms and practices that protect against VAW and/or reduce the risk of it occurring.	Mitigate the impact of prior exposure to risk factors and build protective factors.	Contribute to social norms against VAW by demonstrating accountability for violence and women's right to remedy and support.
Preventing recurring violence	Build social structures, norms and practice that protect against and/or reduce the risk of recurring exposure to/perpetration of violence.		Provide remedy and support to women affected by violence and hold individual men using it accountable. In demonstrating this, it also strengthens social norms against VAW.
Preventing long-term harm from violence	Build social structures, norms and practices that maximize the prospects of rebuilding lives after violence, minimize tis impacts and reduce the likelihood of recurrence in the longer term.		Support to individuals to prevent negative impacts of violence, promote rebuilding and reduce the likelihood of recurrence in the longer term.
Examples	Building women's economic independence, while working with both men and women to strengthen equal and respectful relationships. Shifting norms toward gender relations and VAW through mutually reinforcing group education, community mobilisation and local media activities.	A psycho-educational programme for children who are exposed to parental violence to address the consequences of this exposure as a risk factor for future perpetration or victimisation.	A workplace policy to strengthen support for women workers affected by IPV (e.g. paid leave provisions, co-worker sensitivity training). Legislative and procedural reform to strengthen access to justice for victims of sexual assault.

Note: Dark blue boxes indicate the types of intervention (horizontal) and types of impact (vertical) in scope for the review (as part of a comprehensive systems approach to eliminating violence against women). Based on UN Women (2015). p.15.

While very few studies on response or recovery interventions have been evaluated for impact on violence rates as defined here (given that is not the primary objective of such activity)[19], they have been included with regard to their role in 'mutual reinforcement' of multi-component prevention efforts. That is, the review sought to understand whether combining interventions results in greater impact, and therefore looked not only at combinations of 'all primary prevention' activities, or 'primary prevention plus early intervention' activities, but also at a broader range of activity across the spectrum of primary prevention, early intervention, response and recovery.

Methodology

This review was a scoping study, seeking to identify and synthesise 'relevant evidence that meets pre-determined inclusion criteria regarding the topic [including] multiple types of evidence [and aiming for a] comprehensive overview of the evidence rather than a quantitative or qualitative synthesis of data[37].' The findings presented provide a high-level overview of the state of the research and practice on the factors that influence the impact of prevention of violence against women interventions, with a particular emphasis on multi-component and place/community-based approaches.

The study parameters and inclusion criteria for resources were limited by the scope above and further refined through a process that included a high-level desk-based scan accompanied by discussions with Respect Victoria staff and several key informants. A deeper desk-review then mapped literature and practice on 'combination', 'saturation' or 'mutually-reinforcing' approaches to preventing violence against women, to understand what had been learned from these efforts so far. The review drew out key lessons from other place- or community-based programs employing multiple components, and possible directions for the design and development of a saturation model.

The review included primary research and evaluations, meta-analyses and evidence summaries, non-empirical evidence, and 'grey' literature on practice evidence, including that from broader areas of social change/justice and health promotion. A wide range of literature was sourced through the SmartCat academic search engine, supplemented by Google Scholar. The following search terms were used in a range of combinations:

- (effective) (primary) prevention / social norm change / social change / health promotion / public health
- violence against women / gender-based violence / sexual violence / intimate partner violence / domestic and family violence
- mutually-reinforcing / multi-component / saturation / scale/scaling/scale-up
- site-based / community-based / place-based / cohort
- intervention / program(me) (design) (standards) (principles) / model / framework / system / network

Grey literature searches were undertaken via Google using similar terms as above as well as relevant online knowledge hubs and clearinghouses.

Over the past decade there has been a proliferation of literature in these areas, which has been comprehensively reviewed and synthesised in more recent years, both in the Australian context (for the second edition of the national framework for prevention of violence against women, *Change the Story*[4]). It has also been reviewed in the international context, especially for the United Kingdom Government-funded *What Works to Prevent Violence against Women* program (referred to here as '*What Works*'), which produced a *Rigorous Global Evidence Review of Interventions to Prevent Violence against women and Girls*[1], and *Effective Design and Implementation Elements in Interventions to Prevent Violence against Women*[10] - both published in 2020, drawing on and adding to earlier comprehensive and systematic reviews[10, 19]. This review did not attempt to replicate the search and analysis processes of these earlier reviews, and instead analysed their findings in the light of the objectives and questions for this research, which were supplemented by primary research and evaluations emerging since those reviews were published.

Assumptions and limitations

By applying the methodology outlined above, the review captured a large part of the literature to guide an exploration and analysis of the review questions, however relevant studies may have been missed.

Beyond the *What Works* and other 'whole-of-prevention-field' reviews referred to above, other rigorous, as well as systematic reviews have focused on specific prevention settings (such as workplaces or education), strategies (such as campaigns or community mobilisation) or population groups (such as adolescents) and include outcome as well as impact evaluations. These have been referred to where relevant, in terms of impact findings generalisable to a place-based, multi-component model, but not investigated in depth.

The upcoming ANROWS umbrella review of prevention interventions in high-income countries[(6)] will complement the findings presented here, as well as provide more detailed analysis of the evidence-base around outcome (as opposed to impact-only) results of evaluations in such contexts.

A focus in source material on men's physical and sexual intimate partner violence, and non-partner sexual violence, against women

Most of the source documents, such as the *What Works* rigorous global evidence review[(1)] referred to above (and the systematic reviews that preceded and informed it[(3, 19, 38)]), define impact in terms of statistically significant reductions in men's perpetration or women's victimisation of physical or sexual intimate partner violence (intimate partner violence) or non-partner sexual violence (NPSV). That review acknowledges the limitations of relying on such a determination of intervention effectiveness[xv]: it did not include emotional, economic or other types of violence, nor, for example, any violence perpetrated within same-sex partnerships. It also did not include qualitative studies on reductions in perpetration/victimisation, nor quantitative evaluations measuring other types of 'impact', such as attitudinal or other changes that were not perpetration/victimisation.

As many of the findings on reductions in violence against women perpetration/victimisation presented in this review rely on *What Works* and the reviews that preceded it, those limitations also apply here. However, we attempt to redress these limitations by bringing in other sources of evidence and analysis to provide a more nuanced understanding of impact and the conditions, factors and processes that influence impact on broader forms of violence against women, and on the drivers of such violence.

The need for attentiveness when assessing transferability of findings across contexts

The evaluations analysed in existing reviews and discussed here cover interventions from low-, middle- and high-income countries, and often from contexts that vary significantly from Victoria's in terms of existing prevalence rates, norms around gender roles, and the extent of state and institutional support in creating an enabling environment for change. For example, the review found only three multi-component prevention program evaluations where impact was demonstrated on rates of violence against women at the population-level. Of these, two were designed, implemented and evaluated in Uganda, and one in Ghana.

There is undoubtedly a great deal to learn from such interventions, but caution has been exercised when drawing conclusions about their applicability in a Victorian context. The applicability of interventions will vary across different cultural, social, and political settings, and their effectiveness in, and timeframes for, reducing violence will likely vary depending on the starting rates of 12-month prevalence, and the context-specific

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[xv] The review also included, to a limited extent, impact on child and youth peer violence – as this was an objective in a handful of the What Works programs.

factors driving it. The lessons learned from these interventions for the saturation model itself will therefore need to be analysed within the context of Australia's political, social and structural landscape to determine their relevance and potential for adaptation.

Limited evaluation of long-term impacts

Assessment of impact on perpetration/victimisation in the evaluations reviewed here relied upon empirical methodologies that seek, as far as possible in social research, to ensure measured results can be attributed to the intervention, or at least that the intervention can be said to have measurably contributed to the results[xvi]. In the vast majority of cases, such methodologies have relied on relatively short measurement timeframes that minimise the possibility of other variables affecting incidence of violence within control or treatment populations. They generally measure the difference in men's perpetration and women's victimisation at the end, compared to the start, and compared to a control group or groups. Only a small number of interventions have been subject to longitudinal evaluation that follows up with the same participants at later periods to quantitatively measures impact and sustainability over time. The added value of long-term measurement and evaluation was not a focus of the evidence reviews upon which this study draws.

There is obviously only a limited possibility of first experiences/perpetrations of violence emerging (or being prevented) within any short-term evaluation period. Yet most of the findings here are limited to results measured over such a short timeframe; meaning evidence is also limited on the impact these interventions might have on new incidents of violence emerging (or being prevented) beyond their program timeframes.

To fully understand whether an intervention is preventing violence before it occurs, a longer evaluation timeframe is needed. Such longitudinal research would enable, in the intimate partner violence example, an understanding of what happens as participants' relationships evolve, or as they enter new ones, as a result of an earlier or ongoing intervention. The lack of evaluations that capture this is a limitation of the current review, and indeed currently hampers a broader understanding of how to effectively prevent violence against women.

[xvi] Most evaluations also include qualitative components that also provide nuance around the nature of the intervention's influence and the experiences of participants, but the focus here is on the (quantitative) methodological components measuring impact on victimisation/perpetration.

FINDINGS

Evidence on the impact of prevention interventions

This section presents findings relating to the first guiding question: What does recent research and practice tell us about the effectiveness of prevention interventions, in terms of impact on rates of perpetration and/or victimisation of violence against women?

Well crafted prevention interventions can reduce violence against women in program timeframes

There is solid evidence that well-crafted prevention interventions can reduce violence against women perpetration and/or victimisation, and in relatively short intervention timeframes. The rigorous review undertaken in 2020 by the *What Works* program(1) looked at peer-reviewed studies published over nearly two decades from 1 January 2000. It included studies undertaken as part of the *What Works* program itself, alongside others evaluated using randomised controlled trial or a quasi-experimental methodologies. 'Impact' was defined as 'whether the intervention prevented physical or sexual intimate partner violence; or non-partner sexual violence experienced by women or perpetrated by men or child and youth peer violence.'

The *What Works* review found that globally, ninety-six randomised controlled trials or quasi-experimental studies assessing interventions' impact on men's perpetration or women's victimisation for physical or sexual intimate partner violence, and non-partner sexual violence had been conducted as of 2020. Thirty-one percent of these were in high-income countries, and 69 per cent in low-to-middle income countries.

- Forty-one (including 14 in high-income countries) were rated 'positive' (statistically significant[xvii]) at the end of the intervention,
- Eighteen (including 3 in high-income countries) were rated 'promising'[xviii] (e.g. significant for a sub-group, or a non-significant trend), and
- Thirty-seven (including 13 in high-income countries) showed 'no impact'[xix] on the forms of violence described above. However, they may have produced statistically significant reductions on other forms of violence, such as emotional or economic violence against women.

Under the definitions used in this review (see Section **Used specific definitions related to type of intervention**), the vast majority of the interventions encompassed in the *What Works* review were conceptualised as primary prevention, along with a smaller number that would be understood as secondary prevention or early intervention. Both types of intervention resulted in reduced reports of past 12-month victimisation/perpetration by participants.

Among the primary prevention interventions in high-income countries (the context closest to Victoria's), those that were evaluated as 'positive' or 'promising' in the *What Works* review included: three that were schools-

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[xvii] 'Positive impact' was defined as a significant ($p<0.05$) reduction in the perpetration or experience of physical intimate partner violence, or sexual intimate partner violence (or combined), or non-partner sexual violence, or where relevant, peer violence.

[xviii] Three groups of outcomes were considered 'promising': 1) a non-significant trend ($p<0.1$) towards a reduction in the perpetration or experience of physical intimate partner violence, or sexual intimate partner violence (or combined), or non-partner sexual violence, or, where relevant, peer violence; 2) a significant ($p<0.05$) reduction amongst a sub-group for the perpetration or experience of physical intimate partner violence, or sexual intimate partner violence (or combined), or non-partner sexual violence (e.g. among those attending more than 50% of sessions), or, where relevant, peer violence; 3) a significant ($p<0.05$) reduction in intimate partner violence overall, but with evidence of a significant ($p<0.05$) increase in intimate partner violence at another time point, or, where relevant, peer violence.

[xix] The 'no impact' category is broad, referring to interventions showing no statistically significant impact on types of VAWG mentioned for 'positive impact', BUT could include interventions showing significant reductions in other forms of VAWG (e.g. emotional or economic intimate partner violence).

based, one based in a college sports setting, one couple/parenting intervention, and two that were ante- or post-natal interventions. However, the evidence on ante- and post-natal interventions as a category was conflicting, with an equal number of evaluations in high-income countries showing no impact.

In more recent studies, a meta-analysis of randomised controlled trials examining adolescent relationship and dating programs, confirmed that such interventions can result in small but statistically significant decreases in overall dating violence, specifically in relation to physical and psychological violence (the authors suggested sexual violence was more difficult to address[(39)]). The interventions included in the meta-analysis were almost all conceptualised as primary prevention, with a focus on addressing gendered drivers.

For programs categorised as early intervention in this study, those shown in the *What Works* review to have a 'positive' or 'promising' impact in high-income countries all targeted young women. While one worked with 'young, high-risk pregnant women', the remaining seven were either empowerment-based self-defence interventions[xx], or aimed at tackling behaviours around alcohol and substance abuse among young women who were self-reported 'episodic drinkers' (some of whom reported previous experience of sexual assault). The *What Works* review found no evaluations of interventions working with men or boys at higher risk of perpetration, whether due to alcohol and substance abuse or otherwise, or with children and young people who may have experienced violence. The forthcoming ANROWS review found a more recent evaluation of a relationship and parenting program delivered to men with substance abuse issues, which did not reduce intimate partner violence[(7)]. More promisingly, an evaluation of the impact of providing supported housing to young people leaving out-of-home care in the US found participants were less likely to experience partner violence than a control group[(8)].

Evaluations analysed in the above reviews rarely made clear whether measured reductions were due to preventing statistically-expected new incidents of violence from emerging, or because violence that was already occurring ceased. According to a recent study[(9)] (discussed below), this may be due to coding practices that confound the two categories, rather than a lack of raw data *per se* that would otherwise enable this analysis (an important consideration for future evaluations).

Neither the evidence reviews analysed here, nor the broader literature search undertaken as part of this scoping review found any prevention of violence against women interventions in Victoria (or Australia) that had been rigorously evaluated for impact on perpetration and/or victimisation of violence against women, though the ANROWS review described two policy changes that correlated with positive impact[xxi]. However, a number of relatively long-standing Victorian interventions, such as the Respectful Relationships Education in Schools program and the Baby Makes Three program are similar to some of the impactful examples in similar contexts elsewhere.

Limited evidence suggests impact can result from preventing new incidents of violence, or reducing recurring violence, or both

Very recent research[(9)] looked at how evaluations in this field defined outcomes, and how different conceptualisations and coding of variables influenced interpretations about impact. The researchers re-analysed data from six existing randomised controlled trial (all in low- and middle-income contexts) interventions that had demonstrated impact to understand if the impact reported was the result of an

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[xx] Only one of these was deemed by the researchers to have a methodologically sound evaluation (the Canadian Enhanced Assess, Acknowledge, Act Sexual Assault Resistance Programme (EAAA).

[xxi] The forthcoming ANROWS review found two policy interventions in the Australian context that are worth noting. One was a 'quasi-experimental study examining the impact of employer-provided parental leave on rates of partner violence in Australia. This systematic review reported that mothers from the primary study who were eligible for paid parental leave were 58% less likely to report partner violence in the first 12 months postpartum, compared to those who were not eligible [but the review] 'cautioned that these findings could be influenced by confounding factors'. The other was a study reporting 'that each additional off-premises liquor alcohol outlet in an area was associated with a 28.6% rise in police recorded intimate partner violence'.

intervention preventing *new* cases of violence (i.e. among those who did not report ongoing violence at baseline, and compared to the new cases we would expect to emerge in the intervention period based on population data), and/or of it *reducing the frequency* of violence (i.e. among women already reporting violence at baseline). They found a range of results:

- In one case, the intervention prevented the onset of physical intimate partner violence (i.e. in relationships where violence had not existed previously, and compared to statistical expectations) but did not reduce or stop ongoing physical violence (i.e. in relationships where violence already existed at baseline)[9, 40].
- Another prevented the onset of physical intimate partner violence (where none previously existed), and reduced ongoing physical violence (where it did already exist) but did not stop this latter ongoing violence completely[9, 41].
- One case had a contrary result to the first: it worked by reducing and/or stopping ongoing physical and sexual intimate partner violence but was ineffective at preventing the onset of new violence that had not previously existed in the relationship[9, 42].
- A final case (*SASA!* – discussed later in this report) was effective both in reducing ongoing sexual and physical intimate partner violence, and at preventing the onset of both types, but slightly more effective at the former than the latter[9].

These interventions would be conceptualised as primary prevention under the definitions used here (See section: **Used specific definitions related to type of intervention**), and included activities aimed at shifting gender norms, building skills, engaging leaders, and other relevant factors. They did not specifically target 'at risk groups' or adopt early intervention approaches, though some included counselling for existing violence as part of their imperative to ensure or establish appropriate responses to victim survivors.

There is not yet enough research to indicate which factors determine whether an intervention will have more impact on existing or 'new' violence. The study did find differential impacts between interventions depending on the inclusion criteria and age group of their target populations. The authors speculated that couples-based interventions, for example, 'may be better suited to older, cohabiting couples who may be more invested in transforming their relationships as opposed to younger populations who may not yet be in long-term committed relationships, and therefore less invested in working with their partners to resolve relationship issues,'[9] but noted further research is needed. The authors recommended that, in order to identify intervention strategies that may be more or less effective for preventing new or reducing recurring violence, interventions and their evaluations 'need to specify a clear theory of change and pathways of impact for their outcomes of interest.'[9]

Existing evidence is too limited and skewed to enable definitive conclusions about effectiveness by type of intervention

The number of rigorous evaluations of prevention of violence against women interventions has not yet reached a level that enables definitive conclusions about the types of intervention that are likely to be the most effective in reducing violence. Attempts have been made to classify interventions by strength of *available* evidence, but as the *What Works* review notes: a 'shortcoming of systematic reviews is that they may not capture locally developed solutions or community programming that hold promise but lack rigorous evidence.'[43]

Categorisations of effectiveness by intervention type therefore show *what interventions are getting evaluated* for violence against women impact, and how they compare against the indicators those evaluations measured, *but do not provide an objective assessment of everything that works*, or could work, among all the prevention interventions that exist. Even less is known about how different intervention types might enhance the impact of others when implemented as part of a coordinated, multi-component approach. Those that may be categorised, based on available evidence, as having limited or no effectiveness as standalone

interventions, may nevertheless contribute to the impact of other interventions as part of a phased and comprehensive approach[43] (see Section: **Combining interventions to maximise or expand impact**).

Importantly, most existing *evaluations* are of interventions directly targeting/engaging individuals to promote changes in attitudes, beliefs and behaviours. The interventions generally seek, whether through workshops, social marketing, peer-to-peer influencing or other strategies, to directly impact those engaged to prevent or reduce future experiences of violence perpetration or victimisation. As such, it makes sense to evaluate the impact of the intervention on these individuals accordingly, and it is possible to attribute changes in individual behaviour to the intervention.

Such interventions are a crucial part of the spectrum of prevention work. However, it should be noted that not all prevention interventions seek to engage individuals this way: some, for example, build processes and capacity that enable direct engagement work, such as curriculum development or teacher training, others might seek to create an environment that enables gender equality and addresses the gendered drivers of violence, such as by promoting organisational policy or system changes (sometimes called 'environmental interventions'). It is difficult, and arguably undesirable, to directly attribute changes in victimisation/perpetration rates to such environmental interventions through evaluative processes (due, for example, to time lag, overlapping interventions, and the complexity of interactions between people and their environments). But these types of intervention are no less important when it comes to creating the enabling environment for change in the drivers, reinforcing factors, and ultimately rates of violence against women.

Finally, variations in the quality of design and implementation, along with contextual factors such as baseline prevalence, norms, and the strength of the enabling environment, mean that an intervention such as a parenting program may be impactful at reducing levels of violence against women in one case, and not in others. The relative effectiveness of any initiative rests on how well it has been conceptualised, how accurately it addresses context-specific drivers and reinforcing factors, how well and with what 'intensity' it engages with its target audience, what supports are in place, how long it runs for, and the skills of the practitioners involved. These factors likely matter more than the 'type of intervention' per se[10] (see Section: **Conditions and factors that influence impact**).

Evidence on impact at the population level

This section further addresses the research question: What does recent research and practice tell us about the effectiveness of prevention interventions, in terms of impact on violence against women perpetration or victimisation? However, it explores in more detail, the evidence for impact at a *population-level* – that is, beyond those individuals or groups directly engaged in an intervention.

Few evaluations seek to measure population-level impact, but there is some emerging evidence

Very few evaluations have sought to measure population-wide impact on rates of violence against women. Of the 96 robust evaluations conducted in the past two decades and identified in the *What Works* review, only eight appeared to evaluate impact at the population-level.

There are good reasons for this: in any context, most existing prevention interventions that are impact evaluated have a distinct target population such as college students or first-time parents. An intervention may well aspire to contribute to broader population-level change in concert with other interventions, but the

intervention's scope, and therefore its evaluation, is generally limited to measuring impact on the target population group, and usually only those directly involved in the intervention[xxii].

Some single-component or stand-alone prevention interventions may target a larger-scale population group, for example social marketing campaigns, edutainment, or digital technologies such as apps. However, these intervention types captured in the *What Works* review either did not measure impact at the population-level or did so but found they had no effect[(1)xxiii].

There is emerging evidence showing that well-conceptualised prevention interventions can have population-level impact. These fall into two broad categories: i) policy, legislative and environmental interventions, and ii) place-based, multi-component community mobilisation interventions.

Certain policy, legislative and environmental interventions correlate with reductions in violence against women

A small number of studies showed that certain policy, legislative or environmental reforms were associated with impact at the population-level. Two of these involved a suite of initiatives (in the US and Nicaragua), which are notable for demonstrating the potential contribution of a multiple intervention approach to a population-wide decrease in violence against women. The other studies involved specific welfare or other policy or environmental changes that correlated with subsequent reductions in victimisation, as demonstrated by comparing administrative data in implementation versus non-implementation municipalities (such as demographic surveys or homicide rates), or with surveyed population groups.

In the first category, the US Violence Against Women Act (VAWA)—first authorised in 1994—funded a number of prevention, early intervention and response programs nationwide[xxiv]. Decreases in rates of, and homicides due to intimate partner violence between 1993 and 2008 have been attributed to the Act. A study of more than 10,000 jurisdictions between 1996 and 2002 showed that 'jurisdictions that received VAWA grants had significant reductions in the numbers of sexual and aggravated assaults compared with jurisdictions that did not receive VAWA grants.'[(3)]

In Nicaragua, a 20-year longitudinal survey-based study[(44)] undertaken at the municipal-population-level, attributed reductions in women's reported experience of physical intimate partner violence[xxv] to several initiatives implemented over the same period. These included a range of legal and policy reforms, improved police, justice and service responses, and a series of awareness-raising and 'edutainment' initiatives aimed at transforming gender norms. The research noted the significant influence of strong feminist activism in policy and legal reforms and their subsequent success.

The forthcoming ANROWS umbrella review shows further promising results relating to the influence of large-scale policy reforms but notes that evidence on this remains limited. Promising results were shown for reforms such as firearms control, off-premises alcohol outlet density and school-based restraining orders[(6)]. In the *What Works* review, two separate economic analyses conducted in Peru and Columbia of the deployment of social protection programs, involving conditional cash transfers to women, showed statistically significant reductions in women's reported experiences of physical intimate partner violence[(12)]. These were

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[xxii] This could be for any number of reasons, from budget constraints to methodological challenges, to the possibility that they may indeed be operating in a prevention 'vacuum' as stand-alones.

[xxiii] The only existing rigorous evaluation in these categories of intervention was of a social norms sexual violence prevention marketing campaign at a large US university that found some positive changes in male students' beliefs, but no impact on reported perpetration.

[xxiv] The Act originally authorised US$1·6 billion in funding in 5 years and has been reauthorised several times since then.

[xxv] A household survey in 1995 (n=354), and follow-up 2016 (n=846) across a municipality (pop.200,000) showed a 70% decrease in women's past 12-month experience of physical intimate partner violence (from 27% to 8%), but no significant change in sexual violence (lifetime only data collected).

based on demographic survey data comparing municipalities where the intervention had been implemented to those where it had not.

The above policy and legislative examples demonstrate the crucial role of the state in creating the systemic conditions to enable change, and, in the Nicaraguan case, the role of women's movements in advocating for change, and then in supporting and diffusing messaging for policy and legislative reform at the local level. These examples also suggest that legal and policy-driven interventions can themselves measurably contribute to reductions in violence against women, especially by supporting multiple or multi-component initiatives.

Three multi-component, place-based community mobilisation interventions have demonstrated population-level impact

Place-based community mobilisation interventions, the second broad category demonstrating population-level impact, is particularly pertinent to the objectives of this review. Three such interventions found by the *What Works* review showed population-level impact, all of which were implemented in low- and middle-income countries in Africa (two in Uganda and one in Ghana). Population size was limited by the anticipated reach of the interventions, and in all three cases involved several thousand people across one or more administrative areas of a local municipality. Impact in all cases was measured through randomised controlled trials using surveys in control and 'treatment' communities, including people without any direct involvement in the intervention. These interventions and their results are described in the following section, and their defining features further examined.

As these interventions were classified as community mobilisation interventions, it is worth clarifying what this prevention strategy or technique entails. As the *What Works* researchers note, community activism/mobilisation interventions differ from others they evaluated in that they are not so much a single intervention as 'a set of interventions in which multiple components are deployed[(1)].' *Change the Story*, defines 'community mobilisation and strengthening' as supporting communities to address violence and shift norms, increasing their access to resources, and addressing broader community-level factors that may be contributing to violence against women[(4)]. That is, the work may be 'powered by individuals or groups' but it cannot be limited to a simple peer-to-peer engagement strategy—it requires that other prevention techniques and strategies are incorporated. As such, it has much in common with truly participatory and multi-component place-based community development approaches.

Of the three interventions, the ***SASA!* program** is the best known and the earliest evaluated. *SASA!* began in Uganda and has since been implemented in several other countries and contexts[(45)]. The program's initial aim was to prevent a range of forms of violence against women and concurrently reduce HIV risk factors (this focus has since been narrowed (see Section: **Features of impactful interventions**). It used multiple strategies at different levels including: advocacy and institutional strengthening; engagement; local government, cultural leader, police officer and health care provider capacity building; and, above all, community activism and diffusion—based on the hypothesis that 'sustained activism from and within communities drives change rather than external people or projects[(45)].'

The original evaluation focused on intimate partner violence and HIV outcomes. Over 2007–2012, the program demonstrated a 52 per cent reduction in women's past-year experience of physical intimate partner violence in the treatment communities, with smaller shifts in past year sexual intimate partner violence, and other 'results consistent with positive intervention impacts on all of the primary outcomes assessed' (e.g. help-seeking behaviours, knowledge, skills)[(13)]. The evaluators noted that 'in contrast to most current evidence, these intervention effects were demonstrated at the community level, and not limited to those with high reported levels of intervention exposure'[(13)]. This suggested the result was likely due to the success of the community diffusion model. The *SASA!* evaluation was the first randomised controlled trial applied to such a model for prevention of violence against women. However, a key limitation was the unexpected

degree of variation in results among control communities, which meant the treatment communities results did not reach statistical significance[xxvi]. Therefore, subsequent evaluations of similar interventions discussed below powered their randomised controlled trials accordingly to ensure statistical significance.

The **Safe Homes and Respect for Everyone (*SHARE)*** project – also conducted in Uganda – aimed to reduce physical and sexual intimate partner violence and HIV incidence. It used a multi-strategy approach centred on the role of trained and supported community activists to engage peers in conversations to change attitudes and social norms. It also included policy advocacy, capacity building police, social welfare officers, teachers and other officials, a men and boys' program, as well as screening and brief interventions to reduce violence and sexual risk for women seeking HIV counselling and testing. The evaluation showed a significant reduction in women's reports of past year physical and sexual intimate partner violence three years after baseline: women's experience of physical violence decreased from 17 to 12 per cent, and sexual violence from 13 to 10 per cent for the treatment population—approximately a 23 per cent reduction for both, compared to steady rates in the control population(14). While women's reported experience of emotional intimate partner violence reduced for the treatment group over the course of the study (from 25 to 18%), reported experiences also reduced for the control group (from 25 to 20%), therefore results could not be attributed to the *SHARE* project. Men's reported perpetration across all types of intimate partner violence also reduced, but the reductions were not statistically significant. As the study was nested within a larger, previously existing community survey, the effective sample size was established by that cohort. For intimate partner violence outcomes, there were approximately 3,500 people in the intervention group and 11,0000 people in the control group, making it the most robust of the three studies presented here.

Finally, the **Rural Response System (RRS)** intervention – conducted in Ghana, focused on addressing intimate partner violence. It also centred the role of trained and supported community activists and included a range of other strategies, including training for the police, health, social welfare staff, institutional/policy advocacy, and engaging other community-based organisations, traditional and religious leaders. It also included a violence response component, providing counselling, support and assistance to victim survivors to seek redress, and developing a referral system between community-based response systems and state agencies, and to strengthen appropriate traditional systems of resolution of violence against women(15). The evaluation showed a statistically significant reduction in women's past-year experiences of sexual intimate partner violence (from 17.1 to 7.7%, versus 9.3 to 8.0% in the control communities). There was also a non-significant trend towards reduction in women's past-year experience of physical intimate partner violence (from 16.5 to 8.3% versus 14.6 to 10.9% in the controls). That is, physical intimate partner violence also decreased in the control arm over the course of the study, but by less than the treatment group, and this was considered in the assessment of the significance of the treatment group reductions.

The researchers noted that, while food insecurity was not a direct correlate with intimate partner violence, it was identified as a potential risk factor at baseline and reduced over the course of the study in both the control and treatment arms(15). Men reported less physical and sexual intimate partner violence perpetration over the same period, but the changes did not reach statistical significance. Unlike the results of *SHARE* and *SASA!*, reports of emotional intimate partner violence perpetration by men in the RRS intervention were significantly lower at endline, compared to baseline (and the control group). Reports of male partner controlling behaviour also significantly reduced in the intervention compared to the control arm, as did women's report of depression(15). This latter finding is particularly interesting as it demonstrates that interventions aimed at preventing violence against women can have population-level co-benefits that extend beyond the intended violence prevention outcomes. The researchers noted that 'the improvement in

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[xxvi] The evaluators note that 'while levels of physical intimate partner violence declined in intervention communities over the course of the study, inter-cluster variation for this outcome increased markedly in control sites. This additional heterogeneity was unexpected and as the statistical power of a CRT is strongly determined by the degree of intercluster variation, it weakened the power of the study to detect a statistically significant intervention impact on the intimate partner violence outcome.'

women's depression may have resulted from actual support received from [the intervention] or the perceived societal support stemming from the visibility of [violence against women] as a social issue created by the intervention. Women's exposure to information on how to handle cases of [violence against women] and the perceived affirmation of a woman's power to seek help or redress could also have contributed to a reduction in depression[15].'

Features of impactful place-based interventions demonstrating population level impact

The three prevention interventions presented above demonstrated impact on the levels of violence against women at a population level—the only randomised controlled trial-evaluated interventions found by the *What Works* review to do so in the past two decades[xxvii]. These interventions were all characterised by conditions and quality principles that are essential for impact, which are discussed later in this report. They also had several other factors in common:

- the demonstrated impact was limited to intimate partner violence against women
- they were multi-component and included activities at multiple levels of the social ecological model
- they adopted a 'people powered' and benefits-based approach
- they were designed and phased around theories of behaviour change.

Demonstrated impact limited to intimate partner violence against women

In all three interventions, violence against women impact was limited to women's past-year experience of intimate partner violence[xxviii].

- *SHARE* aimed to reduce physical and sexual intimate partner violence and succeeded in significantly reducing both[xxix].
- RRS aimed to prevent and improve responses to all forms of violence against women and girls, but the evaluation only quantitatively measured outcomes for intimate partner violence. It demonstrated a statistically significant reduction in sexual and emotional intimate partner violence and a non-significant reduction in physical violence[xxx].
- *SASA!* (in its original evaluated iteration) aimed to prevent all forms of violence against women, but the evaluation only quantitatively measured outcomes for intimate partner violence. It demonstrated reductions in physical intimate partner violence, and to a lesser extent, sexual intimate partner violence, but not emotional intimate partner violence[13].

That is, none of these interventions demonstrated impact across a range of forms of violence against women. This could be because the evaluations were not constructed or powered to measure changes beyond intimate partner violence. The *SASA!* evaluation did collect and review qualitative and programmatic data related to other forms, such as non-partner sexual violence, and found no indication that the intervention was effective in these areas[13]. The *SASA!* programmers concluded that prevention of this form of violence against women requires a specialized approach[16].

Indeed, lessons from the *SASA!* program, distilled through a recent review process, indicated that 'including content and messaging to communities highlighting diverse forms of violence can be confusing or

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[xxvii] With the exception of change driven through nationwide welfare policy in Peru and Colombia.

[xxviii] Note: SHARE and SASA! also had aims and outcomes around HIV prevention, but these are not discussed here.

[xxix] Women's reported past-year experience. Note men's reported perpetration was not significantly reduced.

[xxx] Intimate partner violence also decreased in the control arm over the course of the study, but by less that the treatment group, and this is taken into account in the assessment of the significance of the reductions in the treatment group. The researchers note that food insecurity – though not a direct correlate with intimate partner violence – was identified as a potential risk factor at baseline, and reduced over the course of the study in both control and treatment arms.

overwhelming, and, depending on the specific context, could potentially alienate community members.[16]' This, combined with findings showing its limited effectiveness on non-partner sexual violence, led to a revised version of the program (*SASA!* Together), which has a narrower focus on male intimate partner violence against women.

Multi-component and multi-level

All three interventions used multiple techniques or strategies in their program models, such as institutional and policy advocacy, organisational development, direct participation programs, communications and social marketing. They worked at multiple levels of the social ecological model, using a phased approach and ensuring high-quality design and implementation. This recognised that institutional and systemic support are essential enablers to the normative and behavioural shifts sought in the community activism components of the interventions (see Section: **Enabling conditions for effective primary prevention interventions**).

However, these interventions were implemented in contexts with limited state support or resourcing for sectoral/institutional prevention activity, and in some cases limited response mechanisms. This meant that work at the organisational or institutional level of the social ecology was largely limited to capacity-building and engaging leaders in locally-based sectors such as education, police and health, combined with advocacy towards state-level policy makers for whole-of-setting approaches and institutional support.

'People powered' and benefits-based

While working at several levels of the social ecology and employing a range of strategies and techniques, a distinct feature of these interventions was their community-level, place-based focus, their use of training and their approach to supporting and empowering individuals and groups. This approach is based on social norm and diffusion of innovation theories[46, 47] positing that once a certain 'critical mass' of people adopts new attitudes and behaviours, others in their circles of influence begin making similar shifts[16].

The focus in all three cases was on diffusion of messaging through grassroots activism and political organising strategies. Local people were engaged as de-facto practitioners: trained and supported to further engage their peers, who then further engage their peers, the messages passed through conversations about gender, power and violence. The aim of these conversations was not to convey simple messaging, but to stimulate critical thinking, develop skills and help inspire and guide the actions and behaviours that positively shift drivers of violence across the different settings where people live, work and play[14, 15, 17].

The deep engagement of individuals and informal networks (as opposed to a uniquely settings-driven approach, for example) was seen as crucial for impacting levels of violence. The evaluation of *SHARE*, for instance, considered the program's impacts linked to the consistently high exposure of people to its activities and messages as a result of community activist dissemination[14].

The interventions also largely employed a benefits-based approach—that is they emphasised what would be gained from change over what was negative about the status quo. A recent review of the longest-running of the three interventions, *SASA!*, claimed such an approach increases and sustains engagement, whether at the individual, community or organisational/institutional level[16]. However, 'selling a vision' of what a world without violence against women would look like was not considered enough: a benefits-based approach also required providing the supports for, and showing pathways towards, change. For example, *SASA!* emphasised the 'benefits of non-violence rather than the negative emphasis on the consequences of violence,[18]' and, among other strategies, trained activists within communities to have conversations in a problem-solving and supportive way. Their practice evidence, developed over several decades of work showed that change 'requires a feeling of hope and practical alternatives, as well as specific skills and opportunities to try new things while being supported by family, friends and neighbours.[18]' *SASA!* practitioners also found that in relationship-level work, an emphasis on 'the quality of relationships—intimacy, communication, mutual care and respect—resonates more strongly than an emphasis on equal household roles.[18]'

The contention that a benefits-based approach is an enabler of successful programming is supported by research on other types of prevention intervention. For example, research reviewing 25 years of gender-based violence prevention with adolescents and young people noted that interventions 'conceptualized as holistic community wellness initiatives (vs. narrower, deficit-based programming)' seemed to garner more engagement, and 'work with LGBTQ+ youth has shown a similar pattern of youths wanting identity-affirming, strengths-based programming (that also addresses, but is not limited to, [gender-based violence] prevention).'[(48)]

Designed and phased based on theories of behaviour change

Based on the documentation available, the interventions that demonstrated population level impact all appeared to be informed by behaviour change theories and approaches[(15, 47, 49)]. That is, they were specific about the individual behaviours they were trying to change, not simply in terms of the behaviour of violence perpetration, but also the behaviours associated with the drivers of that violence at different levels of the social ecology, with individuals in their different roles. They also drew on theories of behaviour change to plan and stage their activities.

Both *SASA!* and *SHARE* drew on the transtheoretical model of behaviour change[(50)], which 'proposes that change occurs in sequential stages, although there may be relapse, and that at any time people are positioned in these different stages and need to be enabled to move to the next stage to effect behaviour change[(10)].' The stages are: pre-contemplation (not thinking of it yet), contemplation (thinking of it), preparation (taking steps), action (attempting to practice the new behaviour), and maintenance (or relapse). These stages are considered as relevant to institutional or organisational behaviour/practice change as they are to individuals and groups.

Both interventions therefore planned activities across multiple levels of the social ecology in a way that aligned with this understanding of the behaviour change process[xxxi]. Each was implemented in four phases, set different objectives and implemented different interventions at every phase[(47, 49)]. Practitioners observed that not only did this provide a framework for programming, but crucially assisted and enabled 'time for reflection, internalisation and experimentation with new behaviours or practices[(18)]' (which evidence reviews have identified as a variable that maximises impact (see Section: **Factors that make a difference to scale and sustainability of violence against women impact**).

Conditions and factors that influence impact

The research presented above confirms that violence against women impact can indeed be achieved with well conceptualised prevention interventions. Further, several interventions have demonstrated that their impact can extend to the population level, including several place-based interventions.

This section examines the findings relating to the second guiding question: What do we know about the foundational conditions that determine effective prevention practice, and which variables or criteria affect the extent of its impact?

Enabling conditions for effective primary prevention interventions

Recent reviews[(1, 3, 10, 19)] of the research and evidence-base all provided a summary of the conditions common to effective and impactful prevention work in some from, whether at the level of individual

[xxxi] The RRS programme in Ghana similarly operated on the theory of progressive change, the evaluation noting 'ingrained norms and learned behaviours need sustained and cumulative interventions over long periods of time to deliver results' but there was limited available program information regarding phasing.

interventions, or across a multi-component program. While these conditions were expressed differently in different reports and reviews, they can be summarised under three broad categories:

1. **A prevention infrastructure**: the essential core components, facilities, services and mechanisms for enabling and sustaining effective prevention of violence against women;
2. **Adherence to quality design principles**: address the identified drivers, use an explicit gender analysis, follow a program logic, tailor to context, setting and population[xxxii]; and
3. **Effective partnerships with, and connections to, response services** including a high level of support to victim survivors.

The factors that constitute good practice in each of these three categories are well-documented elsewhere, across international, national and Victorian literature[xxxiii]. It is outside of scope of this report to reproduce that evidence here, however the major features of thee enabling conditions are worth noting.

A prevention infrastructure

A prevention infrastructure refers to the core components, facilities, services and mechanisms for enabling and sustaining effective prevention of violence against women activity. The extent to which such an infrastructure is present and well-functioning varies from context to context, but reviews of interventions across contexts have noted the importance of, for example, coordination mechanisms, a trained workforce, high-quality materials, a supportive legal and policy environment and adequate resources[(51)]. While these features are rarely studied in intervention-level evaluations, and there are conceptual difficulties in evaluating their direct contribution to impact, it is clear that they provide an environment that enables quality prevention practice. Interventions shown to have had an impact have generally had elements of this infrastructure in place to varying degrees, and indeed in contexts where certain elements were lacking (such as adequate legislative or policy support), advocating for the development of that element was usually a work area of the intervention itself (see examples in Section: **Three multi-component, place-based community mobilisation interventions have demonstrated population-level impact**).

[xxxii] Those distilled in international reviews align with those in Australia's national prevention framework.

[xxxiii] A number of other evidence reviews have also distilled quality or effectiveness principle in this field. Many of these overlap with the principles in *Change the Story*, and where they diverge it is usually due to a different contextual focus (e.g. on low and middle-income countries, or on different types of violence), and so those principles are not reproduced here. However, this study did look at these evidence reviews closely for learnings relevant to the thresholds for impact and the mutually-reinforcing effect, and these are discussed in Section: *Factors that make a difference to scale and sustainability of violence against women impact.*

BOX 1: AUSTRALIAN PREVENTION FRAMEWORKS

In Australia, national and state-based prevention frameworks(4, 52) note the importance of prevention infrastructure to increase uptake of quality primary prevention across setting/sectors and enable its quality delivery. Our Watch and ANROWS' *Counting on Change* posits that improvements in the 'prevention infrastructure' should themselves be considered indicators for short-term 'success' in efforts to prevent violence against women(5). Recognising the importance of a well-functioning prevention infrastructure, Respect Victoria has begun a process of detailing the multiple interconnected core elements of such an infrastructure[xxxiv]: These include:

- structure for strategic system-level coordination
- on-going adoption and development of a shared theoretical framework
- a State-wide capability development system to recruit and retain a skilled, valued and remunerated workforce[xxxv]
- policy and legislation that supports the prevention of violence against women
- effective state-wide and setting level information sharing and communication
- quality assurance and continuous quality improvement systems[xxxvi]
- coordinated monitoring and evaluation, guided by state-wide systemic theory of change and outcomes framework[xxxvii]
- a well-resourced, independent women's movement
- knowledge and evidence informed systems and practice level change
- prevention activity integrated with the work of other state, regional and local level structures and systems
- setting/sector support, commitment and resourcing for prevention.

Adherence to quality principles

Evidence reviews and meta-evaluations conducted globally in the past decade have examined distinctions in the design, implementation and evaluation of impactful versus non-impactful prevention interventions. These have distilled several principles that appear to make a difference, that is, are common to impactful interventions, and frequently missing or incomplete in non-impactful ones. Ellsberg *et al's* review in *The Lancet*, for instance, notes that impactful programs and interventions engage multiple stakeholders with multiple approaches (often across multiple sectors) and 'not only challenge the acceptability of violence, but also address the underlying risk factors for violence including norms for gender dynamics, the acceptability of violence, and women's economic dependence on men. They also support the development of new skills, including those required for communication and conflict resolution.(3)' Similarly, Jewkes and colleagues(10)

[xxxiv] Including elements such as: a structure for coordination; ongoing adoption and development of a shared theoretical framework; effective information sharing and communication; quality assurance and continuous quality improvement systems; coordinated monitoring and evaluation; a well-resourced, independent women's movement; and setting/ sector support, commitment and resourcing for prevention.

[xxxv] Both Respect Victoria and Our Watch have called for and/or are exploring multi-method multi-agency workforce development approaches that establish practitioner credentials (qualifications, capabilities and experience), provide clear and accessible pathways for practitioner supply and career development, and deliver consistent, evidence-based pre-service education and training and ongoing professional development.

[xxxvi] Ensuring the integration of emerging evidence (from research, monitoring and evaluation and practice) into the approaches, tools and resources used to guide prevention initiatives - including workforce development.

[xxxvii] Potentially including a monitoring and evaluation system supporting a coordinated approach and capturing whole-system progress and outcomes of prevention activity, with data collected used to inform practice and policy.

identified ten key elements for effective design and implementation, which are reproduced in Table 2 below, and further discussed in the next section.

Table 2: Ten design and implementation elements of effective interventions to prevent violence against women and girls.

<table>
<tr><td rowspan="2">DESIGN</td><td>Rigorously planned, with a robust theory of change, rooted in knowledge of local context.</td><td>Address multiple drivers of VAW, such as gender inequity, poverty, poor communication and marital conflict.</td><td>Especially in highly patriarchal contexts, work with women and men, and where relevant, families.</td><td>Based on theories of gender and social empowerment that view behaviour change as a collective rather than solely individual process, and foster positive interpersonal relations and gender equity.</td></tr>
<tr><td>Use group-based participatory learning methods, for adults and children, that emphasise empowerment, critical reflection, communication and conflict resolution skills building.</td><td>Age-appropriate design for children with a longer time for learning and an engaging pedagogy such as sport and play.</td><td>Carefully designed, user-friendly manuals and materials supporting all intervention components to accomplish their goals.</td><td>Integrate support for survivors of violence.</td></tr>
<tr><td>IMPLEMENTATION</td><td colspan="2">Optimal density: duration and frequency of sessions and overall programme length enables time for reflection and experiential learning.</td><td colspan="2">Staff and volunteers are selected for their gender equitable attitudes and non-violent behaviour, and are thoroughly trained, supervised and supported.</td></tr>
</table>

Source: Jewkes et al (2020). p.33

BOX 2: PRINCIPLES FOR EFFECTIVE PREVENTION INTERVENTIONS IN THE AUSTRALIAN CONTEXT

In Australia, Our Watch assessed and analysed the above, and broader health promotion and social change literature for the second addition of *Change the Story* in 2022(4), and adapted findings for the Australian context. They concluded that effective evidence-based prevention interventions across techniques and settings are those which:

- use an explicit gender analysis and focus on changing the gendered drivers of violence against women
- draw on research, evaluation and consultation and seek advice from those with relevant expertise
- follow a program logic approach
- establish partnerships across sectors and between violence prevention/gender equality specialists and 'mainstream' organisations
- tailor initiatives to intended audiences and contexts
- develop an evaluation plan focused on measuring changes related to the drivers of violence
- share information and facilitate transparent reporting and shared learning
- establish mechanisms to respond to disclosures from victim survivors and perpetrators who may be identified through their engagement with a prevention program
- plan for the long-term sustainability of effective initiatives[xxxviii].

The Victorian Indigenous Family Violence Prevention Framework(53) (currently being reviewed and updated) has similarly distilled principles of quality prevention work specific to Aboriginal communities[xxxix]. Prevention interventions should:

- be led by Aboriginal communities
- include a whole-of-community approach and community strengthening
- be grounded in cultural respect and cultural strengthening
- promote non-violent social norms and strengthen protective factors in communities
- improve access to resources and systems of support
- include timelines, accountability and evaluation.

A high level of support to victim- survivors

It is well-established that prevention work can increase disclosures of existing violence(2, 4, 35, 36). It is basic ethical practice to liaise with response services prior to beginning a comprehensive program of prevention work, and to ensure that pathways are in place for victim survivors to access appropriate support.

What is less well-established is the relationship between this practice and violence prevention outcomes. However, recent research confirmed that if linkages and pathways between prevention and response services has not been established, or if response systems are not in place and readily accessible, it

[xxxviii] Pages 80 to 89 of *Change the Story* further detail the elements of effective vs ineffective/harmful practice in each of five prevention technique/strategy areas of: Direct participation programs; Organisational development; Community mobilisation and strengthening; Communications and social marketing; and Civil society advocacy and social movement activism.

[xxxix] The strategies/techniques deemed most effective for working with Aboriginal communities are: Raising Community Awareness; Family strengthening; Cultural strengthening; Responding to grief and trauma; Community information and education; and Self-esteem and resilience building.

contradicts prevention messages about the acceptability of violence, and undermines the effectiveness of primary prevention efforts. For example, the *What Works* evidence review showed that interventions that failed to provide or ensure direct assistance for victim-survivors of violence had little to no impact on experience/perpetration of violence compared to those that ensured such support[10]. Providing this support was understood to reduce stigma and shift norms and was a key part of the theories of change for those programs that did show impact on violence against women.

Factors that make a difference to scale and sustainability of violence against women impact

While it has been observed that impactful interventions meet most if not all the quality principles outlined above, it is difficult to distinguish which elements are the most important to their success. However, recent evaluations and reviews looked at the factors that seem to influence the level of impact achieved and the sustainability of that impact (i.e. above the 'baseline' of the conditions and quality principles above).

Some initial (cautious) conclusions were drawn in the *What Works* distillation of effectiveness in prevention programming (see Table 2 above), the clearest of which was that across a number of different types of interventions, the 'intensity' of engagement with participants was a determining factor for level of impact[10]. The *What Works* review concluded that there appeared to be an intensity threshold in order for even well-conceptualised interventions to achieve impact, noting that 'none of the interventions [reviewed] that had sub-optimal intensity were effective.[20]' They also noted that, above this 'optimal' threshold, and among the impact ranges of interventions reviewed, intensity seemed to have a roughly linear relationship with the level of impact, whereby 'more is more.[20]'

This relationship between intensity and impact has also been observed in other evidence reviews in specific settings or with specific population groups[38], and the following factors identified as indicators of *intensity*:

- an adequate number of skilled and supported practitioners
- appropriate program length
- the number, duration and frequency of sessions allowing time for reflection and experiential learning.

More detail on each of these categories is provided below.

The review also identified several factors that increased the effectiveness of different types of intervention. For example, direct participation interventions were more impactful when they included participatory, group-based methods with empowerment as their core goal[10]. It is beyond the scope of this review to distil or detail the elements of effective/impactful practice in each intervention area, but it will be important that any interventions implemented as part of the saturation project model are designed with such research in mind, and meet any standards or criteria that emerged from the literature on practice in that area. *What Works' Effective design and implementation elements in interventions to prevent violence against women and girls*[10] outlines success factors by type of intervention (e.g. couples' interventions, community activism, gender transformative and economic empowerment approaches, etc) and provides some guidance for quantitative minimums or benchmarks with regard to intensity (e.g. duration, dosage) in these different intervention types.

An adequate number of skilled and supported practitioners

A capability development system to recruit and retain a skilled, valued and appropriately remunerated workforce is a key element of prevention infrastructure. The more successful interventions in the *What Works* review had a large workforce on the ground[20], employed practitioners selected for their skills and experience (or with long training times), and ensured ongoing support was available to such personnel[10]. That is, greater effectiveness and/or impact was associated not only with an adequate number of practitioners, but with their skill and the level of support provided to them to do their job well.

The most impactful interventions trained staff for longer (three or more weeks), took staff and volunteers through the entire intervention as participants and built in time for practice prior to implementation[xl]. For example, for schools-based work: 'The key to the effectiveness appears to be sufficient time for selecting and training personnel and providing an accompanying manual to help them.(54)'

In community mobilisation interventions where people from the local population, as opposed to professional practitioners. were employed to deliver aspects of the program (e.g. as peer-to-peer influencers), successful interventions ensured they were chosen for their gender equitable and non-violent attitudes and behaviours prior to training, as it 'is not possible within typical training periods to change attitudes on gender from very conservative to sufficiently equitable.(10)' Interventions that did not make this a recruitment requirement were ultimately evaluated as ineffective(20). Ensuring new community activists/practitioners were in turn well-supported by an adequate number of experienced practitioners with proven skills was also found necessary 'to appropriately facilitate gender transformative programming.(10)'

Appropriate program length

Observing the length of impactful programs analysed in evidence reviews, a recent Prevention Collaborative brief, on 'investing wisely' in prevention, suggests that successful interventions require at least three years for the implementation phase (i.e. excluding design), and need to be implemented at high intensity to have a measurable impact on violence against women prevalence. This is 'in addition to the nine to 12 months of preparatory work needed to map local resources and stakeholders, adapt a program to a new setting, train staff, and most importantly, build trust and partnerships among implementing organisations and the communities they serve.(55)'

When formal evaluations or processes that capture practice-based learning are undertaken (as is recommended), the authors concluded that implementing an impactful multi-component intervention 'requires four to five years of dedicated and flexible funding.' Importantly, they concluded that 'attempting to do more than money and timing allow is not value neutral […] and can provoke backlash from male partners and community members.(43)' Adaptation and scaling to new contexts while maintaining fidelity to intervention design obviously requires even longer timeframes(43).

Number, duration and frequency of sessions, and allowing time for reflection

The *What Works* evidence review similarly noted that for interventions directly engaging individuals and groups, multiple sessions of sufficient duration, and activities spanning a significant duration were needed for impact. The most impactful of the workshop- or group-based interventions were 'sufficiently intense'—40 to 50 hours long in total. Holding 'weekly meetings for two to three hours at a time, once or twice a week, enabling in-depth discussions, recall of the previous session and a period for reflection and experiential learning(10)' also contributed to greater impact.

In other research reviewing schools-based interventions, impact seemed to rely on 'delivery over several sessions, with the most effective programs […] being delivered over several years with 20-150 sessions.(56)' A 2015 review of schools-based interventions found that those demonstrating violence against women impact and/or driver outcomes all 'used a comprehensive methodology over a sustained period of time.(57)'

Combining interventions to maximise or expand impact

The findings presented so far have shown that prevention interventions that have demonstrated violence against women impact are those that meet the quality design and implementation principles identified in international and national prevention frameworks. Ensuring an appropriate infrastructure (such as prevention

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[xl] For example, for Stepping Stones and Creating Futures, the training lasted six weeks, with two weeks for attending the intervention as participants, two weeks of other content in the subject matter and how to facilitate, and two weeks practicing the sessions as facilitators.

workforce and coordination mechanisms) alongside links to well-resourced response services, are also key conditions for impact. The review also found that several other criteria appear to influence the *extent* of impact, especially with regard to the 'intensity' of activity. Finally, a common feature of the interventions that demonstrated population-level impact was the use of multiple-component interventions.

This section presents findings from prevention of violence against women and other fields relating to the third guiding question: What do we know about how and whether outcomes from individual interventions are strengthened because of the ways they interact when coordinated with other interventions, and what design, implementation or contextual conditions contribute to any 'mutually-reinforcing effect'?

Rationale for combining interventions: the mutually-reinforcing effect

The socio-ecological models that underpin health promotion theory and practice suggest combining interventions in a coordinated way across settings and levels of the social ecology to achieve a 'mutually-reinforcing effect.[(21)]' The literature review undertaken to inform the first edition of *Change the Story* found this practice had been documented extensively in the US as part of efforts to reduce tobacco-use and other health priorities[(23)]. It was supported by the theory of multi-directional causation, suggesting, in the example of prevention of violence against women, 'a bi- or multi-directional relationship between gender norms and gender equity at macro-level (that is, norms shape social structure, and social structure shapes norms[(58)])'. This implies the need for multi-directional prevention activities to influence how structures, norms and practices are formed and challenged across levels of the social ecology.

The pathways through which multiple, coordinated interventions might support sustainable change in the field of prevention of violence against women were summarised in the final framework as follows:

> *Single techniques employed in single settings may well have positive effects, but these will likely be limited to those participating, and – if a 'one off' project – may not be sustained. […] The effects of prevention initiatives are strengthened […] when their messages are reinforced by simultaneous complementary initiatives, such as when [a] schools program is accompanied by a social media campaign, a local community initiative, and a sports or recreation-based program.[…] In order to achieve this mutually-reinforcing effect, different techniques need to be employed simultaneously across multiple settings, in a coherent and sustained way[(4)].*

Many studies across other areas of prevention or health promotion refer to the need for 'mutually-reinforcing' components. However, while some refer to the advantage of using multiple techniques, others speak of interventions taking place in multiple settings/sites, and still others to interventions aimed at multiple levels of the social ecology. 'Mutual reinforcement' might therefore occur through a range of component combinations, with distinct rationales for each:

- **Using multiple strategies or techniques** (i.e. within a single site or setting), which allows, for example, individual skills-building to be supported by organisational policy development[(21)];
- **In multiple settings/sites** (whether in a specific geographic location or among the places most accessed by a particular community), so that complementary messaging is delivered across a range of environments and spaces[xli];

[xli] For example, in tobacco control 'creating smoke-free environments in public spaces such as schools and restaurants had the effect of reinforcing individual smoking cessation programs, both by reducing opportunities to smoke and shifting social norms regarding the acceptability of smoking.

- **At multiple levels of the social ecology** (individual, relationship, community, organisational, system, institutional, societal), to target the various structures, norms and practices that operate across levels[23]; or
- **A combination of the above.**

In practice, it is likely that any multi-component prevention intervention will include at least two of the above three categories. Different techniques tend to be more applicable to certain levels of the social ecology (organisational development, for instance, obviously works best in organisations with formal structures, while direct participation necessarily involves working at the individual/group level), so using multiple techniques will simultaneously mean working at multiple levels of the social ecology. Similarly, choosing to work across multiple settings will likely require adapting techniques or choosing different ones that are best suited to the setting. Given 'whole-of-setting' approaches are best practice for settings-based work, this also means working at different levels of the social ecology. There is therefore an inter-relatedness to these different types of components and a circularity to their influence on each other, which perhaps itself provides pathways for mutual reinforcement.

While it is unclear which of the above 'components', and in which combination, offer the most potential for maximum impact, this review has surfaced some recent and longer-standing analyses that can guide such an approach (see Section: **Initial principles for combining interventions to maximise impact** below).

Mutual reinforcement in prevention of violence against women

This review has revealed that a mutually-reinforcing effect has been demonstrated in many different areas of health promotion[23]. In the field of prevention of violence against women, several evidence reviews noted that multi-component interventions tend to have more impact that single-component ones[2, 3, 10, 19].

Only one study identified through this review attempted to *quantify* the extent to which having multiple components increased or magnified impact. This was undertaken by the Dalberg consultancy group for the EU/UN *Spotlight* Initiative[24], and involved a meta-analysis of violence against women interventions impact evaluations. While the analysis drew on the evaluations of prevention interventions cited elsewhere in this report, it also included evaluations of response-end interventions[xlii].

One part of the study aimed to quantify the variation in impact of multi-component interventions compared to the impact of single-component ones. The researchers defined a 'component' as any intervention across the 'pillars' of the *Spotlight* Initiative, which, in addition to prevention activity, included legal and policy development, strengthening institutions, data and monitoring, providing essential services, and supporting women's movements. Therefore, a 'multi-component' intervention could be one that included only (multiple) prevention activities, or one that included both prevention and response activities[xliii].

Of the thirty-four interventions that had violence against women impact, fourteen were classified as 'multi-component', meaning they included at least one prevention component[xliv], along with either (an)other prevention component(s), or (a) component(s) addressing another pillar (usually around supporting women's movements, legal reform, or service and justice responses). The remaining 20 were classified as 'single-component' – in all cases, a single *prevention* component. Of the 14 multi-component interventions, the average time-adjusted violence against women impact was 24 per cent, and of the twenty single-component prevention interventions, the average time-adjusted violence against women impact was 13.75 per cent[xlv]. As

[xlii] All conducted either as randomised controlled trials, with quasi-experimental methods or with longitudinal data analysis.

[xliii] Key informant interview with the researchers.

[xliv] All multi-component interventions showing VAW impact had at least one prevention component: key informant interview with the researchers.

[xlv] 'Violence against women impact' here was a meaningful reduction in past-year experience or perpetration of any form of violence against women. 'Time-adjusted' means the researchers re-calculated reported total impact to a yearly basis, with reference to the duration of the intervention.

a result, researchers concluded that combination or multi-component interventions were on average 60 per cent more effective than single-component ones[xlvi].

There are many caveats to consider here, with regard to comparing evaluations that are not 'like for like' and span a range of contexts and baseline prevalence rates. In addition, because the analysis included interventions across the spectrum from primary prevention to response, we cannot consider it measures the mutually-reinforcing effect of a *multiple-component prevention* program[xlvii]. But the conclusion does suggest that a multi-component approach to violence against women will engender a mutually-reinforcing effect that increases impact compared to stand-alone interventions.

Challenges in understanding and evaluating the mutually-reinforcing effect

While theoretical understandings of prevention and health promotion support the idea that combining activities will lead to a mutual reinforcement of impact, and while a magnification of impact has been observed for complex interventions compared to stand-alone ones, exactly how the 'mutually-reinforcing effect' operates is poorly understood.

Limited evaluative data exists that examines how interventions have been combined to achieve 'more impact.' A framework developed in the US for assessing the value of multi-component interventions across health promotion spheres noted that evaluations 'tend to focus on individual rather than comprehensive interventions, to attribute changes in health behaviours and health outcomes to specific interventions instead of multiple or synergistic efforts.[(59)]' This, as noted in Section: **Evidence on the impact of prevention interventions** and Section: **Evidence on impact at the population level,** is still the case for the vast majority of evaluated prevention of violence against women interventions.

There are also challenges to collecting meaningful data about complex multi-component programs, precisely because of their complexity:

> *Evaluating non-standardized, constantly changing, community-directed, slow-moving changes at all the levels in ecological models from programs to policies presents methodological, logistical, and economic feasibility challenges. […] Deconstructing complex interventions may not even be advisable, given […] the reciprocal dependency of many of the interventions[(59)].*

The authors do not suggest abandoning the quest to better understand mutual reinforcement, given the important impacts attributed to complex interventions, and the fact that a better evidence base is required to design such work. Rather, they promote evaluations that include 'qualitative methods to support the generation of systems science maps or diagrams that capture the underlying theories of change and causal structures in the system.[(59)]'

Initial principles for combining interventions to maximise impact

Despite the above limitations to the evidence base, one important finding from the review of evidence undertaken here is that a direct relationship between 'more interventions' and 'more impact' should not be assumed[(21)], even if the interventions meet the quality standards and other conditions for impact covered in

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[xlvi] Data shared by the researchers. When added to the magnification effect of partnering with civil society (another parameter of the research and pillar of Spotlight) the 'magnification effect' rose to the 70-90% rate published in the final report.
[xlvii] Further analysis of the source studies, and a more granular system of coding for 'components' that excludes non-prevention activities, would enable us to better understand the relative impact of multi-component prevention work compared to single-component interventions.

previous sections. However, a number of guiding principles or features were identified in the literature that can support mutual reinforcement. The combination of interventions should be:

- based on the principle of addressing multiple drivers and reinforcing factors (in prevention of violence against women interventions)
- sequenced in such a way as to support the phases of behaviour change
- synchronised across settings and levels.

Address multiple drivers and reinforcing factors

A long-standing practice of socio-ecological approaches to health promotion is to choose interventions that 'focus on "high-leverage" factors—that is, those personal and environmental factors that research indicates have a disproportionate influence on the specific health issue in question.[(21)]' However, although 'useful for narrowing options [this does not] indicate which interventions are likely to work together in mutually-reinforcing ways, and which are not.[(21)]'

The *What Works* review of effective prevention programs and interventions over two decades is informative here. While researchers confirmed the importance of addressing high-leverage factors, and that there was increased impact through multi-component over single-component prevention interventions[xlviii], they also found that 'what is critically important is addressing multiple drivers of violence.[(10)]'

The idea that preventing violence against women requires addressing multiple drivers and contributing factors is not new[xlix]. What is new in this conclusion, is the implication for mutual reinforcement. The authors go on to suggest that 'multiple components' are not, in and of themselves, the key to mutual reinforcement. The reason multi-component interventions have greater impact is more likely due to the fact that 'more components' means greater reach and range of influence to address multiple drivers[(10)].

Sequence implementation

This review identified some guidance on the sequencing of individual interventions or components as part of multi-component health promotion programs to maximise impact. For example, there is some support for implementing 'environmental' interventions before 'educational' interventions to avoid promoting unrealistic behaviour change[(21)]. Examples given include the promotion of walking in an area with insufficient pedestrian infrastructure or high levels of street crime. This finding would imply, for place-based prevention of violence against women, that it may be more effective to work on creating enabling structures, norms and practices across the physical or organisational/institutional environment of the place, before undertaking work aimed at the individual or group level. To some degree the *GEAR* program in Victoria took this approach, focusing on building leadership, organisational capacity, community readiness and infrastructure for prevention, prior to direct participation interventions with community members[(60)].

However other recommendations in the health promotion literature include being guided by an in-depth needs assessment of the target population and testing any proposed sequencing with community members in the design phase. An example given is 'creating walking trails in a community populated predominantly with older adults [that] might not be effective until the joint pain that many residents experience is overcome.[(21)]' Learnings from *GEAR* are helpful here too: in reflecting on the program, implementation stakeholders cautioned against 'over-engineering' and suggested continuous assessment of community (and partner) needs, and the flexibility to adapt sequencing and type of interventions, as the program progressed[l].

[xlviii] Because the interventions evaluated were largely limited to a single setting, 'multi-component' here seems to refer to multiple techniques or strategies, and their corresponding levels of the social ecology.

[xlix] It is recommended in *Change the Story*, and draws on decades of health promotion research.

[l] Conversation with key informant.

In terms of multi-component interventions that have successfully reduced violence against women, Section: **Features of impactful interventions** looked at how two interventions had sequenced interventions based on behaviour change models. Intervention components were planned in four phases, setting different objectives and implementing different techniques in each one[47, 49]. Flexibility was built into the process with the specifics of activities evolving 'in direct response to community priorities, needs and characteristics.[49]' However, 'environmental' activities were not sequenced before educational ones. In *SASA!,* for example, activities were undertaken at each level of the social ecology in each phase (using techniques appropriate to that level). Organisational readiness was built concurrently with individual and group engagement, consistent with the grassroots model (and different to *GEAR),* but 'each phase's content sets up the next in critical ways because it introduces activities and ideas gradually, which builds support and reduces backlash.[18]'

In summary, while some guidance was found in the literature on how to sequence multi-component work, there is no universal method. The important finding is the need to sequence activity in a way that is intentional and logical regarding the changes being sought (and their dependencies), while being responsive to community advice and needs.

Synchronise components across settings and levels

A final feature of impactful multi-component programs that combined interventions or activities was the attention to synergies across settings and levels. For example, one evidence review[25] compared multi-level, multi-component interventions around healthy eating and highlighted the challenge of creating consistency between activities across levels. Another review of multi-level/component interventions in childhood obesity noted that it was essential to 'create linkages between intervention components based on complementarity, mutual promotion and mutual reinforcement.[61]'

This means ensuring 'the intervention components and activities that are taking place at the different levels are synchronized in terms of optimal timing' and with 'a sense of coherence in the themed intervention activities.[25]' It also requires a certain intensity of activity, not just within a single intervention but between them, 'creating repetition of program activities and messages' through 'a multiple-exposure approach.[25]'

Synchronising interventions was also a challenge for *GEAR*. An underlying assumption in GEAR was that that the programs would reinforce each other, but the ways in which the different components supported each other in practice and in real time were not fully defined. As one key informant put it: 'Jim works at Bosch, he takes his nephew to story time at the local library [where healthy relationships and gender equitable norms are promoted], he and his wife attend Baby Makes Three for their first child, etc. But there wasn't overt recognition of how the program's activities interacted outside of this.[li]'

SASA! and other multi-component programs to prevent violence against women have used actor-mapping tools to identify synergies across levels and settings, and to plan interventions accordingly. This identified key individuals, groups and organisations important to involve, and subsequently strategies to 'reach within and stretch throughout these layers.[lii]'

DISCUSSION

[li] Conversation with key informant.
[lii] Conversation with key informant.

Considerations for prevention impact and its measurement, for the Victorian context

Primary prevention work can have more immediate impacts on individuals than previously supposed

The evidence distilled in this review challenges a long-held assumption that because primary prevention works across the whole population rather than specifically with high-risk individuals, it lowers risk gradually and in a diffuse manner. While it is generally recognised that this will benefit the whole community over the long-term, it is often assumed that primary prevention is limited in its impact on individuals in the shorter-term[26]. A growing number of evaluations have shown that well-crafted primary prevention interventions can have measurable impact on rates of perpetration and victimisation of violence against women within intervention timeframes[1]. That is, primary prevention interventions for violence against women can indeed have relatively short-term impact for individuals, including on those who may already be perpetrating or experiencing violence.

The review identified only a limited number of early intervention activity impact evaluations. Of those that did exist, and which showed impact in high income countries, most aimed to reduce women's victimisation, such as through empowerment-based self-defence or targeting alcohol consumption. The review surfaced one robustly-evaluated activity targeting men with substance abuse issues, but it did not have an impact on violence prevention outcomes[7]. Another assessed an intervention with young people who may have experienced violence, offering supported housing to out-of-home care leavers, which had an impact on partner violence victimisation[8]. There were no other examples of interventions implemented in high-income contexts with individuals or groups considered at increased risk of experiencing or perpetrating violence, or addressing the reinforcing factors identified in *Change the Story*[4].

Several of the interventions identified in the review that were evaluated as impactful had been implemented in high-income countries, and in settings or with target populations similar to existing Victorian prevention programs. Among these, the research confirmed that interventions in settings such as education, sports, and maternal and child health, and with population groups including young people and new parents (where good practice prevention work already exists in Victoria) can indeed reduce victimisation and or perpetration of violence against women for participants in intervention timeframes. There is therefore good reason to believe that such Victorian programs, if implemented with the quality and intensity necessary, would similarly have an impact. While many excellent process and outcome evaluations have been undertaken on Victorian prevention work, the review did not surface any robust impact evaluations in the Victorian context.

Primary prevention work can prevent new violence and/or reduce existing violence

Recent evidence has addressed the question of whether primary prevention interventions showing short-term impact are preventing 'new' violence, or reducing existing patterns of violence perpetration or victimisation. A meta-analysis of six randomised controlled trials of partner violence prevention interventions showed that it is possible for such interventions to do either, or to do both.

This supports the premise articulated in *Change the Story* that 'primary prevention complements and enhances early intervention, response and recovery activity by helping reduce recurrent perpetration of violence.[4]' It does not mean, of course, that separate response and early intervention activities are not needed. Far from it, as all three are crucial elements of a comprehensive and integrated system. However, it does demonstrate that primary prevention can contribute to both early intervention and response by stopping

or reducing recurring violence, while shifting the social norms and structures that maximise the possibility of maintaining changed behaviours and rebuilding lives after violence.

There are caveats to this: none of these six interventions were implemented in contexts similar to Victoria's in terms of existing gender norms, systemic support for prevention, or past 12-month prevalence levels (in each of the six cases, past 12-month prevalence of physical intimate partner violence was in double digits, versus under 3% in Victoria[liii]). While analyses do not yet exist for interventions in contexts with similar past 12-month prevalence to Victoria's, this factor may play a role in whether existing or new violence is being prevented over a short timeframe, and to what extent. Reductions of the same magnitude on *either* new or recurring violence would be unlikely when compared to high 12-month prevalence contexts, and the nature of the violence being prevented (i.e. whether new or recurring) may also differ.

This review of studies does not tell us the specific impact an intervention might have on *higher risk groups* who are not already experiencing or perpetrating violence, as these are subsumed under the category of those not experiencing/perpetrating violence at baseline in those studies. As such, we cannot say whether these primary prevention interventions would be more effective at preventing the onset of violence for these groups than an early intervention one would.

Impact evaluations require careful design, based on a clear theory of change

The results described above demonstrate the challenge of understanding exactly how an intervention is working and the specific behaviours it is changing. More research is needed to fully understand the factors that influence the *type* of impact a primary prevention intervention might have, and on which sub-sets of the population. The authors of the meta-analysis described in the previous section recommended that interventions and their evaluations 'need to specify a clear theory of change and pathways of impact for outcomes of interest.[(9)]' They further cautioned that care should to be taken in defining expected outcome measures for impact evaluations in this field: binary measures usually employed to assess impact ('any' versus 'no' experience/perpetration of violence in a certain time period) 'masked some of the more subtle intervention effects.[(9)]' This is important because:

> *Conclusions on whether a program is perceived "to work" are highly influenced by the [intimate partner violence] outcomes that the investigators choose to report, and how they are measured and coded. Lack of attention to outcome choice and measurement could lead to prematurely abandoning strategies useful for violence reduction or missing essential insights into how programs may or may not affect intimate partner violence[(9)].*

Indeed, a consistent finding across the research included in this review was the need for caution and attention in undertaking impact evaluation in a complex field such as prevention of violence against women. It is well-established that prevention interventions need to pass through a number of stages of developmental and outcome evaluation, and subsequent refinement, before they can be expected to impact on rates of perpetration and/or victimisation, especially at the population level[(63-66)]. It must be noted that there are a number of factors that need to be in place for an impact evaluation to be worth the time, expertise and investment required to do it properly[(67)].

[liii] Past 12-month prevalence rate of intimate partner violence for women in Victoria was 1.5% in 2021–22, down from 2.3% in 2016.

Finally, for impact evaluation to be meaningful, it needs to be scoped and resourced at a level sufficient to 'power' a statistically significant analysis. The *What Works* review found that 'studies, particularly cluster randomised controlled trials were often underpowered to show meaningful effects.[(1)]' They noted several randomised controlled trials that appeared to show large violence against women impact, but statistical significance could not be claimed due to the relatively small population size or number of clusters in the trial[(1)]. The scale of the intervention itself, and of the population it aims to impact, is an important consideration here too: it is more difficult to assess impact at a statistically significant level if the intervention population size is small.

Considerations for maximising impact in the Victorian context

Specific foundational conditions and quality criteria are essential for impact

Whether prevention activity *does* achieve impact, and to what extent, is a matter of design quality, delivery intensity and appropriate contextualisation of the work. This review found that international meta-analyses of existing evidence have distilled several quality design principles that appear to be foundational conditions for impactful prevention practice. These align with and reinforce those in existing frameworks used in Victoria, most notably *Change the Story*[(4)]. They include, for example, rigorous planning and development of context-specific theories of change, use of an explicit gender analysis that addresses the multiple drivers of violence, the inclusion of tailored and targeted activities for specific population groups, and so forth.

International analyses tend to give more attention to the quality principles of direct engagement activities with individuals and groups. Such types of intervention are more common in international programming (especially aid and development contexts) than setting-wide approaches or those targeting environments or organisations. However, these could provide useful up-to-date guidance to the development of place-based prevention activity in Victoria seeking to engage communities and groups[(10)][liv].

Impact has a quasi-linear relationship with implementation 'intensity'

An important finding of this review is that prevention interventions need to be delivered at a certain level of *intensity* to reach impact – a relationship described as 'more is more'. This is not a new concept for prevention work in Victoria: it was noted, for instance, in reference to good practice for schools-based programs as early as 2009[(68)]. But evaluative evidence gained over recent years has provided additional and more specific detail on what the concept of 'adequate intensity' entails (though this is still emerging and evolving). The concept is especially relevant, again, for work directly engaging individuals and groups. 'Intensity' appears particularly important in relation to duration of the activity, in the 'dosage' of messaging, knowledge transfer and/or skills-building activity (e.g. number of hours in workshops or other direct participation activities) and, finally, in the number of skilled prevention practitioners compared to the size of the community/population targeted[(10)]. While exact figures vary (i.e. for 'adequate' dosage, duration, or number of skilled practitioners), depending on the setting and context, some 'threshold' estimates are emerging for specific types of intervention or setting.

This has implications as much for existing practice as it does for the development of a place-based saturation model. It means that attempting to 'stretch' programming to reach more people, but with fewer opportunities for direct engagement, for example, or with larger practitioner-to-population ratios, can undermine the utility of the program overall. Some program reviews found that below-adequate intensity can

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[liv] Quality principles for activities with groups, for instance, include participatory learning methods 'that emphasise empowerment, critical reflection, communication and conflict resolution skills-building'

even engender backlash[16]. In the absence of impact evaluations of Victorian programs, ensuring their implementation at a level of intensity that meets or exceeds emerging minimums[lv] would be essential for any program aiming to have impact on individual perpetration or victimisation of violence against women. For the development of a place-based saturation model, a comprehensive planning phase will be essential to determine the resources needed to establish and maintain adequate intensity for the specific activities envisaged.

Additionally, the existence of an enabling infrastructure to ensure adequate expertise, coordination and quality assurance, along with a high-level of support to victim-survivors are foundational to impactful prevention practice. This is discussed further below and similarly needs to be a core consideration in the design of any place-based saturation model.

Multi-component interventions are more impactful

The review confirmed existing understandings in prevention programming that discrete projects or interventions are not enough to achieve the broader systemic and normative change needed for sustainable reductions in violence against women *at the population level*[4]. The very few interventions worldwide that have measured and demonstrated population-level impact all employed multiple techniques, and worked across several levels of the social ecology. One violence against women intervention meta-analysis found a magnification effect from interventions employing multiple components across the spectrum from prevention to response, and at different levels of the social ecology, compared to stand-alone interventions[24]. This supports the conclusion from multiple evidence reviews that effective and available response systems, and an enabling legal, policy and institutional environment, can themselves magnify the impact of prevention activity.

As significant effort has been underway in Victoria for many years to improve responses to, and prevention of, violence against women, mutual reinforcement from cross-spectrum activity may already be operating, and/or could be magnified by improved coordination. However, due to the lack of impact evaluations of the Victorian work, the mutually-reinforcing effect of legislative, policy and programmatic activity is largely unknown. For that reason, implementation and evaluation of a multi-component approach through a place-based saturation model provides an opportunity to test such a hypothesis and provide evidence to inform future coordination efforts.

Initial implications for a place-based saturation model in Victoria

There are emerging principles to apply to multi-component prevention work

Evidence pertaining to promising practice in planning and coordination of multi-component prevention work is nascent and requires further investment and attention[27]. A direct relationship between ‘more components’ and ‘more impact’ cannot be assumed, and research is still evolving on the conditions, processes and criteria that best enable or support a ‘mutually-reinforcing effect’ in prevention of violence against women. However, several guiding principles or features have been identified in the literature that can support mutual reinforcement.

The first is that, in prevention of violence against women interventions, the combination of interventions should be based on the principle of addressing multiple drivers and reinforcing factors. The authors of the

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[lv] These can be sourced for some types of intervention, from the evidence reviews cited here. For others, it may be necessary to seek detail as to dosage, duration and ratio of practitioners-to-participants from the descriptions and evaluations of similarly-conceptualised interventions evaluated as impactful.

What Works review suggest that the reason multi-component interventions have greater impact is likely because 'more components' means greater reach and range of influence to address multiple drivers. Reaching multiple drivers, they contend (based on their review of evaluations), is critically important to maximising impact.

This has implications for program design in that the aim of addressing multiple drivers and reinforcing factors (in a quality way) should be what guides the choice of components employed—techniques, settings and levels—in a multi-component prevention program. Therefore, a deep understanding would be necessary of the nature of current (past 12-month) violence *in the specific context* where the intervention is being planned, including its specific drivers and reinforcing factors and their relative weight. This is a departure from approaches that seek mutual reinforcement by simply multiplying techniques, settings or levels of action alone.

Further principles for planning and coordinating multi-component work include sequencing activity in such a way as to support the phases of behaviour change, and synchronising implementation of different activities across settings and levels. The development of a place-based model in Victoria should draw on lessons from the multi-component community mobilisation models of *SASA!* and *SHARE* in this regard. These interventions employed phased approaches, aligned with theories of behaviour change, and involved coordinated and progressive staging of multi-component activity over time, at each level of the social ecology.

Lessons from impactful place-based interventions should be attentive to contextual differences

The review found that very few interventions globally have had a population-level impact. Among them, a handful of policy and legislative reforms were correlated with reductions in victimisation across implementation jurisdictions. The other interventions that showed population-level impact did so at the community-level, within a geographically bound place. These interventions were developed, implemented and evaluated in social, political and economic contexts different to Victoria's, which has several implications.

Firstly, these interventions were largely implemented in relative isolation from an enabling policy environment, high-level institutional support from relevant sectors, or a coordination infrastructure to support scaling. Programmers considered this limited their ability to expand such impactful work beyond local communities to a jurisdictional level[lvi]. Based on prevention theory, it may be assumed that this lack of broader support has, if anything, dampened the (nevertheless significant) impact of these interventions at the place/community population level. On this count alone, the potential to achieve at least the same level of impact may be expected in Victoria, if not more given Victoria's stronger enabling environment.

However, there is another major factor operating counter to that assumption. Starting rates of past 12-month prevalence[lvii] were significantly higher in each of the three implementation contexts than in Victoria. This means it is unlikely that similar interventions would have the same level of impact in the same timeframes (and would need to be measured over a larger population to attain the same statistical significance). It also points to the need for more specific measures in Victoria, capturing not just acts of violence but its drivers, using qualitative as well as quantitative measures.

[lvi] Interview with key informant.

[lvii] The studies evaluated against past 12-month prevalence of physical, sexual and emotional violence, using standardized indicators established by the World Health Organisation.

CONCLUSION

A long-standing theory of change for prevention of violence against women activity is that, to decrease levels of violence against women across a population, multiple prevention efforts are needed, influencing people across settings and building a critical mass for change. This study sought to 'stress test' this theory against the literature and confirmed that multi-component prevention work is indeed more impactful than single component interventions. It found examples of coordinated, multi-component, place-based approaches that have resulted in population-level impact. Several conditions and criteria for achieving impact were identified, most notably with regard to adherence to quality design principles and adequate intensity of implementation.

The future development of a saturation model will require multiple prevention interventions, implemented in a coordinated way, to engender a mutually-reinforcing effect. It is anticipated that such an effect would not only lead to a reduction in both drivers and incidents of violence, but that it will do so to a greater extent than stand-alone activities, and that the impact will potentially extend to the whole population within a geographically-defined community or place.

GLOSSARY

The development of a place-based 'saturation' model is intended to inform investment and effort in primary prevention work to shift the drivers of violence against women, employing the mutually-reinforcing effect to maximise impact. This section proposes definitions for key terms to ensure we are using them in a consistent way, aligned with practice in Victoria and the broader literature, Note, some are formalised in prevention literature, and cited accordingly. Where no citations are provided, the definition is a working one for this project, agreed among key stakeholders.

For a fuller range of terms related to the prevention of violence against women see the glossaries in *Change the Story*[4] and Respect Victoria's *Strategic Plan 2023-2028*[28].

Terms related to prevention

Primary prevention

Refers to 'whole-of-population initiatives that address the primary ('first' or underlying) drivers of violence against women[4].' This requires 'changing the social conditions that give rise to this violence; reforming the institutions and systems that excuse, justify or promote such violence; and shifting the power imbalances and social norms, structures and practices that drive and normalise it[28].'

Primary prevention doesn't simply focus on individuals, but takes a whole-of-population approach, aiming to change the environments within which people understand their roles and relationships, form their beliefs and make their decisions. It does this by using policy, legislative and regulatory levers; influencing institutional, systemic, social, cultural and organisational change; and implementing programs and initiatives across all the different places people live, learn, work, socialise and play. These strategies address the social norms, practices and systems known to support and drive violence – across institutions, organisations and communities, within relationships and families, *and* among individuals.

Early intervention (sometimes referred to as secondary prevention)

Aims to 'change the trajectory for individuals at higher-than-average risk of perpetrating or experiencing violence[4].'

Response (sometimes referred to as tertiary prevention)

Supports victim–survivors and holds perpetrators to account, aiming to prevent the recurrence of violence[4].

Recovery

An 'ongoing process that enables victim-survivors to find safety, health, wellbeing, resilience and to thrive in all areas of their life[4].'

A prevention *technique*

Our Watch defines a technique as 'the method for the delivery of prevention[4]' and outlines a number that have demonstrated effectiveness, including:

- Direct participation programs
- Organisational development
- Community mobilisation and strengthening
- Communications and social marketing campaigns
- Civil society advocacy and social movement activism.

While these techniques are not confined to use in specific settings or at specific levels of the social ecology, some lend themselves better to particular settings/levels. Organisational development, for instance,

obviously targets the organisational level of the social ecology and works best in settings with formal organisational structures. The way in which different prevention techniques (alone or in concert) can be creatively deployed across multiple settings and levels to maximise impact is one of the key questions of this study.

NB – Some studies in the prevention literature use the term 'strategy' to refer to the types of techniques outlined above.

A prevention *intervention*

Because this project is concerned with the mutually-reinforcing effect of multiple primary prevention interventions, it is useful to be clear about what we mean by a 'prevention intervention' in the field of violence against women. Our working definition of a prevention intervention, in its *simplest form,* is an activity that:

- Employs a prevention technique,
- In a setting or site (see definitions below),
- With a certain population/audience.

While most prevention interventions are a more complex than this (e.g. they employ more than one strategy/technique), a 'simple' prevention intervention is useful to define this way as it can be considered the most basic unit of the model we are seeking to create.

A multi-component prevention intervention

A multi-component intervention is, for the purposes of this paper, an intervention (defined above) that employs two or more strategies/techniques, and/or works across two or more settings, and/or targets two or more different populations and/or levels of the social ecology. Much of the literature refers to 'multi-component interventions' as having greater impact than 'single component' ones, but the term 'component' means different things in different studies (e.g. sometimes 'strategies', sometimes 'settings,[(25)]' and sometimes left undefined). Here we will understand it as a general term than can encompass any of the above—and this refers to any intervention beyond the simplest type described in the previous definition.

A prevention *program*

Speaking of a 'program' implies something bigger than a single intervention. A program is defined here as 'any set of related activities undertaken to achieve an intended outcome. It can include policies; interventions; environmental, systems, and media initiatives; and other efforts. It also encompasses preparedness efforts as well as research, capacity, and infrastructure efforts.[lviii]' Our 'saturation model' will, aim to provide overarching guidance for the development of prevention programs at the place-based level.

Scale-up or 'scaling'

Scaling(-up) is a process that 'involves expanding effective small-scale interventions, programs or initiatives to a larger or whole community, setting or whole population level. Scale(-up) requires thorough pilot testing, tailoring to local contexts, building system infrastructure to support large-scale implementation, and adequate funding.[(28)]' Sustainable scale(-up) will also require 'systematisation' (see below).

Systematisation

Systematisation is 'embedding prevention initiatives into policy, regulation, legislation and across organisations and institutions at state-wide, regional and setting levels.[(28)]'

[lviii] Centers for Disease Control and Prevention, Office for Policy, Performance and Evaluation: https://www.cdc.gov/evaluation/index.htm.

Prevention system infrastructure

Prevention infrastructure (sometimes called prevention architecture) refers to 'the core components, facilities, services and mechanisms considered essential for enabling and sustaining effective primary prevention of violence against women and increasing uptake of quality primary prevention across setting/sectors.[(28)]'

Terms related to impact

Impact

'Impact,' in the social sciences, refers to the long-term effects produced (directly or indirectly) by an intervention[(69)]. However the initial discussion and literature mapping phase for this project led us to reserve the term 'impact' in this study solely to refer to the ultimate goal of prevention of violence against women activity, which is ***a reduction in the number of new incidences of perpetration and/or victimisation (whether at the population level, or confined to program/intervention participants).*** For clarity's sake, we refer to this as 'violence against women impact.'

This decision was based on the fact that much of the source literature on the effectiveness of prevention interventions or programs used a similar definition, and we wanted to maintain consistency with those studies in our discussion of their findings and our subsequent conclusions. We also wanted a terminology that provided a clear distinction between reductions in incidents of violence itself from other (albeit critical) outcomes of prevention interventions, most importantly, significant and positive shifts among the drivers and reinforcing factors of violence.

Limiting our definition of impact in this way by no means implies that the only result we are seeking from prevention activities is reduction in violence against women perpetration/victimisation. Our theories of change tells us that arriving at such impact requires several other factors to change first (notably among the recognised drivers of violence, as mentioned above). Further, prevention interventions need to pass through several stages of development and refinement before we would expect them to show such results. The evaluation framework for our eventual model will need to account for this complexity and we may decide to use the terminology of impact and other evaluative terms differently from this study, and in a way responsive to the different interventions and their varying objectives and stages of development.

'Participant or intervention-level impact'

Refers to the impact (as defined above) on those individuals directly engaged or targeted by an intervention. Such impact is usually demonstrated by interventions seeking to directly shift individual attitudes, beliefs and behaviours related to the gendered drivers or reinforcing factors of violence against women and so ultimately prevent or reduce future experiences of violence perpetration or victimisation, by these participants (e.g. using skills-building workshops, social marketing or other strategies). It should be noted that not all prevention interventions seek to engage individuals this way: some, for example, build processes and capacity that enable direct engagement work, such as curriculum development or teacher training, others might seek to create an environment that enables gender equality and addresses the gendered drivers of violence, such as by promoting organisational policy or system changes (sometimes called 'environmental interventions'). These too are an essential part of prevention activity, but it would not make sense to evaluate such interventions for direct impact on rates of violence against women victimisation/perpetration.

'Population-level impact'

Refers to impact (as defined above) that can confidently be attributed to the influence of a prevention intervention and is demonstrated across an entire geographic or demographic population (however small or large)—including people who have not been directly engaged by the intervention and may not even be aware of it. In public health terms, these are people who benefit from an intervention, not because they have been 'treated' as individuals, but because risk factors have been lowered in their broader environment[(26)] (e.g. social norms supportive of violence against women have started to shift).

Outcomes

'Outcomes' are the ***likely or achieved short-term and medium-term effects of the things the intervention does*** (activities and outputs)[69]. For example, from an activity, held in an organisational context, to 'run a workshop on recognising gender stereotypes,' a desired short-term outcome would be improved knowledge or skills of workshop participants, and a desired medium-term outcome (if the activity were part of a broader program of work) might be positive shifts in organisational gender norms.

In this study, we use the terminology of 'outcomes' to refer to both short and medium-term outcomes of the nature described above (NB our understanding of the process of change is described in Section: **Factors that make a difference to scale and sustainability of violence against women impact**). The term ***'driver/reinforcing factor outcomes' refers to significant changes in the structures, norms and practices related to those factors recognised as driving and reinforcing violence.***

Prevalence

Prevalence, in this study, aligns with the *Personal Safety Survey* definition and refers to the number and proportion of people in a given population that have experienced violence within a specified timeframe, for example in the last 12 months (past 12-month prevalence), or over a person's lifetime (lifetime prevalence)[62]. Prevalence is a 'point in time' measure providing indication of the *extent* of a problem.

Rate/incidence rate

While 'rate' as an informal term is sometimes used interchangeably with 'prevalence', the specific term 'incidence rate' refers to the *frequency* of occurrences of violence, in a particular population over a given timeframe.

Saturation

The term 'saturation' is used to describe different phenomena across the social sciences, but it consistently denotes the idea of 'doing so much that there's no added value to doing any more.' For the purposes of this project, the term 'saturation' describes the ultimate goal of our model—that is, to achieve the maximum impact we could expect to achieve in our efforts to prevent violence against women at the place-based level.

(Mutual)-reinforcement

The dictionary definition of 'reinforcement' is 'the action of strengthening or encouraging something'[lix] and 'mutual' means simply 'joint' or 'shared in common.[lx]' So when we say 'mutually-reinforcing' we are implying that the things we are talking about are *each* being made *stronger*. In prevention work, then, the implication is that the coordinated implementation of two or more interventions makes each of them stronger.

In health promotion, implementing mutually-reinforcing interventions has been shown to have a magnification effect on impact. That is, when multiple prevention interventions are implemented in a coordinated way to contribute to a shared prevention goal, they have greater impact than single-component interventions happening in isolation.

Terms related to places where prevention work happens

For the purposes of clarity in this project, we use several terms related to place in specific ways.

Setting

'Settings refer to the environments in which people live, work, learn, socialise and play, such as workplaces, schools, universities, community organisations, sports clubs, the media and popular culture.[28]' 'Settings' can

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[lix] Merriam-Webster online: https://www.merriam-webster.com/dictionary/reinforcement.
[lx] Merriam-Webster online: https://www.merriam-webster.com/dictionary/mutual

exist at multiple levels of the social ecology, and refer to collections or locations of activity with common purpose, recognisable to those within them and the public more generally. They are ‘contexts in which environmental, organisational and personal factors interact, […] where policy frameworks […] come to life, and where social and cultural values are produced and reinforced[(4)],’ often influenced by a particular sector (see below)[lxi].

Sector

‘Sectors’ refers to the formal entities (systems, organisations, businesses and industries) that provide the structure, policies and norms for those employed by them. They have a direct impact on those who work in them and an influence on those who interact with their products and services.

Site

Though the terms ‘site’ and ‘place’ are often used interchangeably, we suggest, for the purposes of this project, that we make a distinction between them, and define ‘site’ as a specific physical location that is *part of a setting*, with specific people in it (e.g. a classroom, council office, football club, etc).

Place

For the purposes of this project, we use the term ‘place’ to speak of a geographically bound area (e.g. a region, LGA or ward). Any one place could include multiple sites and may include several communities (see below).

Terms related to the people prevention work seeks to engage

Community

A community is not about place per se, but rather refers to any group of people who share certain characteristics or connections. These can be shared experience, identity, interests, goals, or history. It can be that a community shares geographic space, but in most such cases communities would not define themselves by official boundaries alone.

No individual is part of a single community only, but rather a constellation of communities defined by multiple and intersecting characteristics and connections (whether geographic, professional, faith-based, etc). Depending on how narrowly or broadly a community is defined, it can be useful in prevention terms to think of ‘cohorts’ within the community.

Cohort

A cohort is a sub-section of a community, more narrowly defined than the broader community. For example, if a community is defined as ‘newly arrived refugees’ then a cohort could be those from particular countries or faith groups, or those who have settled in regional areas. Alternatively, if the community is defined as ‘residents of the X neighbourhood of Maribyrnong’, then a cohort could be those who are newly arrived refugees.

[lxi] *Change the story* identifies five priority settings/sectors for action. These are: Early childhood and care and primary and secondary education; Tertiary education including universities, TAFEs and vocational education and training organisations; Workplaces, corporations and employee organisations; Sports, clubs and institutions; and Media.

Terms related to the prevention approaches discussed in this paper

Community-level prevention

The ‘community level’ in prevention terms is the part of the social ecology that ‘includes the built environment, social networks, and the organisations and institutions that sustain the individual and collective life of [a] community[70].’ Community-level prevention is more complex than ‘an intervention in a community setting’ alone. Rather, it likely includes a range of approaches seeking to address determinants and reinforcing factors of violence for a particular community, working through the sites and places the community accesses.

Community mobilisation

Community mobilisation is one of six prevention techniques mentioned in *Change the Story* and one well-suited to work at the community or place-based level of the social ecology. However, it is not so much a single technique, but ‘a set of interventions in which multiple components are deployed.[1]’ Community mobilisation works to ‘strengthen and support communities to address violence against women and to shift the social norms that make it acceptable; increase community access to the resources required for action, [and]; address broader community-level factors that may be contributing to violence against women.’[4]

Place-based approach

Place-based approaches involve an intervention or range of interventions that ‘target the specific circumstances of a place and engage local people as active participants in development and implementation, requiring government to share decision-making[71].’ Place-based approaches tend to emphasise collaboration with local people, and are ‘ideally characterised by partnering and shared design, shared stewardship, and shared accountability for outcomes and impacts.’[72]

Community-based / community-led / community-driven approach

Similar to place-based approaches, community-based (or ‘-led’ or ‘-driven’) approaches are framed around the needs and circumstances of particular groups of people and involve ‘members of the affected community in the planning, development, implementation, and evaluation of programs and strategies’[70]. While the terms ‘community-led’ and ‘community-driven’ imply a level of ownership and decision-making sitting with the community in question, the term ‘community-based’ is sometimes, but not always, used for less participatory, externally-led, project-based activity implemented in community settings.

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