



Foreign, Commonwealth
& Development Office



What works to prevent violence against women and girls and how do we take it to scale?

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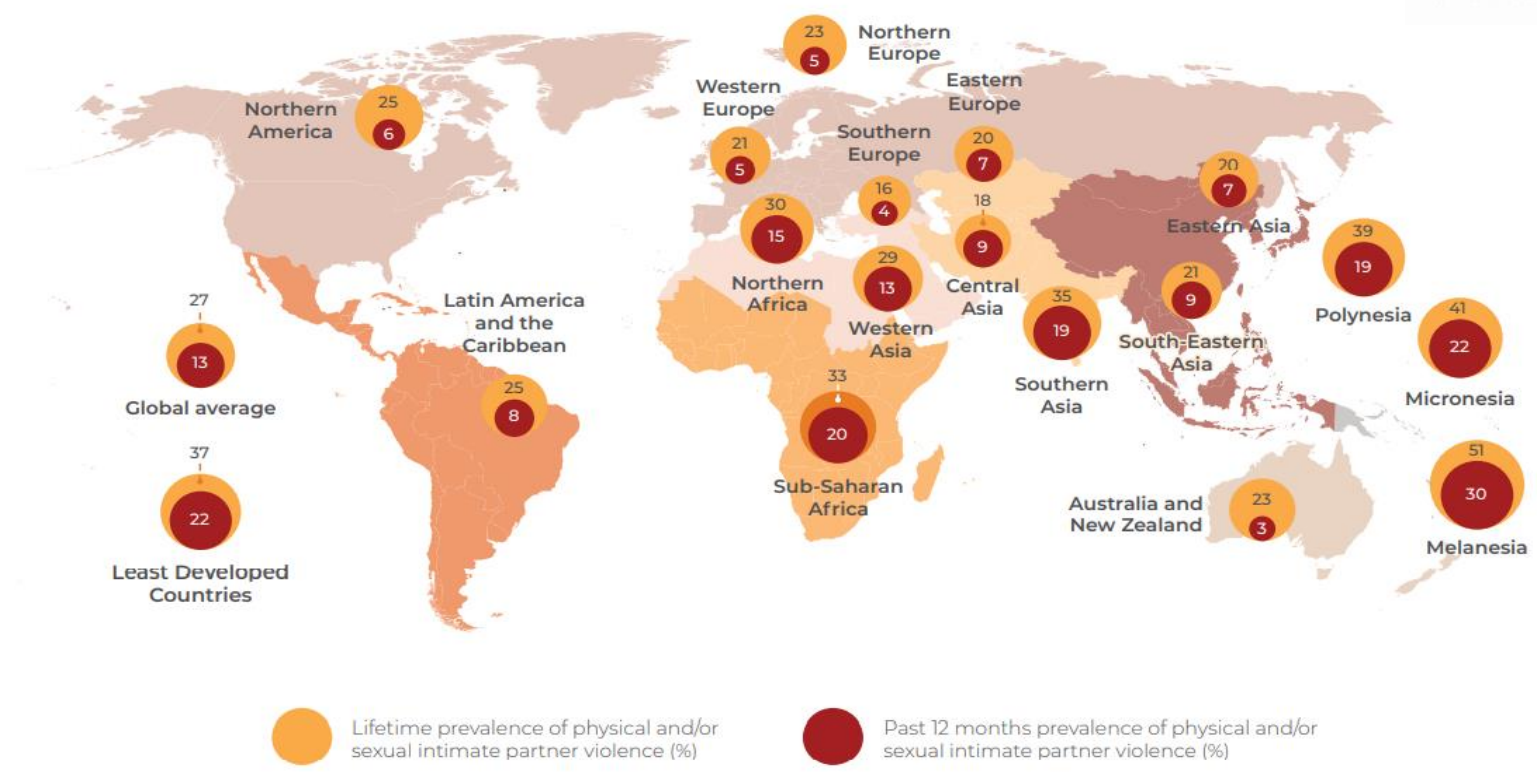


The Scale of the Problem

WHO data shows that globally **1 in 3 women** will experience physical &/or sexual violence from a partner or other man in her lifetime.

But while VAWG is universal and a common threat to all women, there is **substantial variation** between countries and regions. This shows that **this violence is not inevitable**.

This violence **starts young** and can last a lifetime.



Intimate partner violence starts early.



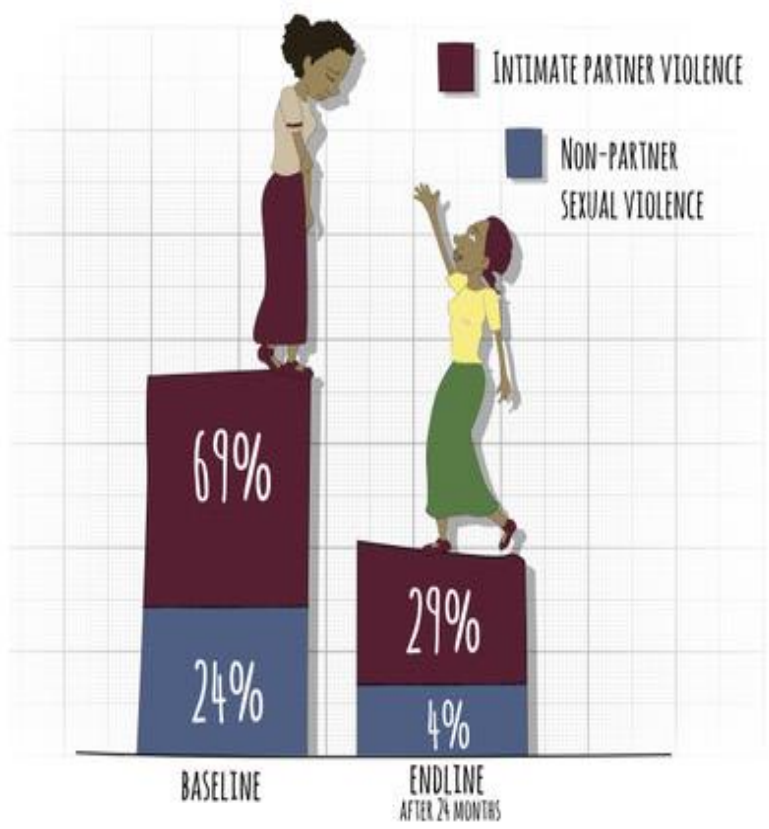
Almost **1 in 4** ever-married/partnered adolescent girls in the youngest age cohort (15–19 years old) is estimated to have already been subjected to physical and/or sexual violence from an intimate partner at least once in their *lifetime* (24%, UI 21–28%), and

16% of young women aged 15–24 experienced this violence within the *past 12 months*.



We Can Prevent VAWG

A PROJECT ENGAGING
FAITH LEADERS AND
COMMUNITY MEMBERS
IN VAWG PREVENTION
IN CONFLICT-AFFECTED
DRC SEES VIOLENCE
AGAINST WOMEN
REDUCE BY MORE THAN HALF.



Flagship UK ‘What Works’
Programme evaluated VAWG
prevention pilots across 16
countries

Half achieved reductions in
violence of **around 50%** within
programme timeframes



What Works? Summary of Findings



Effective Buys

- Combined economic and social empowerment interventions that take a gender-transformative approach
- Community activism approaches to shift harmful social norms and support survivors
- School based interventions using participatory approaches
- Cash transfers (more evidence is needed on sustainability of IPV impacts)
- Gender transformative programmes with couples and parenting interventions.

Insufficient evidence

- Interventions in the workplace
- Edutainment, mass media and marketing campaigns (currently a lack of robust evidence that they are effective in reducing VAWG on their own)
- Psychotherapeutic interventions (including cognitive Behavioural Therapy (CBT))
- Employment, work, wages
- Gender transformative programmes with men and boys only.

IMPLEMENTATION

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.

Integrate support for survivors of violence.

Staff and volunteers are selected for their gender equitable attitudes and non-violence behaviour, and are thoroughly trained, supervised and supported.



Future directions: scaling up proven approaches

Have proof-of-concept for effective small-scale interventions to prevent VAWG, but:

- **Scale:** Limited understanding or experience of taking this work to scale.
- **Innovation:** Persistent gaps in knowledge and evidence which hamper effective responses e.g. in conflict and crises; for most marginalised groups.
- **Use of evidence:** Limited capacity and will to make use of evidence to inform more effective prevention strategies.





What Works II – Impact at Scale



First global effort to systematically test the scale-up of proven pilots to prevent VAWG.

£67.5m over 7 years to reduce VAWG by:

- Translating proof-of-concept evidence into robust, large-scale strategies;
- Piloting new scalable solutions;
- Driving evidence-led practice through world-class research and evaluation;
- Strengthening long-term capability and will to use evidence to deliver cutting-edge violence prevention strategies.

Across Africa, South Asia, MENA, including conflict & humanitarian settings.





Key Questions



- How to scale promising approaches without **compromising impact, sustainability or ethics**?
- How to **maintain intensity at scale**, knowing this is key to success of VAWG prevention efforts? Which **elements** or what **intensity of effort** is critical to an intervention's success?
- Can success in a pilot with highly-qualified staff be sustained when implemented as a national programme by government? How to identify, train & support a **skilled workforce**?
- Do impacts **endure** over time and what factors determine this?
- How to adapt proven VAWG prevention interventions for contexts of **conflict and humanitarian crisis**, the most vulnerable population groups, emerging forms of VAWG?