Is Violence against Women Preventable?

Findings from the *SASA!* Study summarized for general audiences

Raising Voices

CEDOVIP Centre for Domestic Violence Prevention

LONDON SCHOOL of HYGIENE &TROPICAL MEDICINE

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Introduction

Background

This report showcases the findings from the *SASA!* study, a cluster randomized control trial (RCT) of a community mobilization intervention to prevent violence against women and reduce HIV risk in Kampala, Uganda. The *SASA!* approach was designed by Raising Voices and implemented in Kampala by the Centre for Domestic Violence Prevention (CEDOVIP). The RCT – the gold standard in program evaluation methodology – was led by the London School of Hygiene and Tropical Medicine in collaboration with Raising Voices, CEDOVIP and Makerere University (Abramsky et al. 2014).

Violence against women is part of a larger system of inequality in which men are valued more than women. The global pandemic of violence against women is widely recognized, with an estimated 30% of women experiencing physical and/or sexual intimate partner violence (IPV) worldwide (Devries et al. 2013). In addition to the severe and varied consequences of this violence for women's physical, mental and social wellbeing, we also now know that violence against women is both a cause and consequence of HIV. For many women, the violence they experience leads to HIV infection. For others, their HIV positive status leads to violence.

The global pandemic of violence against women is widely recognized, with an estimated 30% of women experiencing physical and/or sexual intimate partner violence (IPV) worldwide (Devries et al. 2013).

The root cause of these problems is the imbalance of power between women and men, girls and boys, both at individual and structural levels. If we are to change this reality, there is an urgent need for individuals and communities to begin rethinking relationship dynamics and gender inequality. There is growing evidence that high levels of IPV in a number of settings are due in large part to gender norms that perpetuate expectations about women's subservience to men and about men's control over women. This limits the extent to which women can live free of fear and violence, affecting their own physical and mental health, their ability to participate in community life and their power to self-actualize their own interests and aspirations.

Gender inequality also hinders women's ability to claim power over sexual decision-making or insist on the use of condoms during sex, severely limiting their capacity to prevent HIV infection. Women and girls now make up 58% of those living with HIV in sub-Saharan Africa (UNAIDS 2012). The existing power imbalances between women and men may increase women's risk of violence following a diagnosis of HIV, which may in turn reduce women's willingness and ability to test for HIV, disclose their status or seek treatment (UNAIDS 2012; Maman et al. 2001; WHO 2006). Physical and sexual violence, emotional aggression, controlling behaviors and men holding concurrent sexual partnerships are all severe risk factors over which women seldom have control. The prevention of HIV and IPV cannot remain separate, and more investment is needed in prevention strategies that recognize that violence prevention is critical in decreasing women's vulnerability to HIV.

A small number of rigorous trials have sought to evaluate the impact of violence and HIV prevention interventions in sub-Saharan Africa, though these interventions and their evaluations have been primarily focused on individual-level impacts on attitudes and behaviors (Pronyk et al. 2006; Pronyk et al. 2008; Jewkes et al. 2008; Gupta et al. 2013). This leaves much unknown about the impact of community-level interventions and their importance in mitigating rates of violence against women and its influence on the transmission of HIV.

This report summarizes the *SASA!* intervention's comprehensive impact on intimate partner violence and HIV prevention, including effects on relevant attitudes and behaviors. The study compares two groups – communities that received *SASA!* programming (intervention communities) and those where no programming took place (control communities). After nearly three years of *SASA!* programming, levels of IPV were lower in intervention communities than in control communities. Women in intervention communities were about half as likely to report experiencing IPV, and also less likely to report experiences of sexual IPV.

This report summarizes the ***SASA!*** **intervention's comprehensive impact** on intimate partner violence and HIV prevention, including effects on relevant attitudes and behaviors.

These findings are promising, indicating that violence is preventable within programmatic timelines. This report explores additional outcomes related to the nature and extent of violence within intimate partnerships, recognizing that IPV comprises more than just physical and sexual acts. The World Health Organization (WHO) defines IPV as 'any behaviour within an intimate relationship that causes physical, psychological or sexual harm to those in the relationship', including physical aggression, sexual coercion, psychological abuse and controlling behaviours (WHO 2006). *SASA!* aims to prevent all types of IPV, working towards both primary violence prevention (stopping the onset of violence where it was not previously occurring) and secondary violence prevention (stopping violence from continuing where it was occurring previously). Where violence is not completely eliminated, reductions in frequency or severity are also important outcomes to assess.

This report explores *SASA!*'s impacts on primary and secondary IPV prevention outcomes at the community level, as well as a range of attitudes and behaviors related to the prevention of HIV transmission.

Specifically, the report explores:

- Norms regarding the acceptability of gender inequalities and IPV
- The prevalence of different types of violence against women
- Attitudes towards and prevalence of sexual risk behaviors
- Help-seeking behavior and community activism in response to IPV

The *SASA!* study included several components in addition to the RCT: in-depth qualitative research with *SASA!* community activists, couples and community women and men; an economic costing study; and extensive ongoing program monitoring of *SASA!* activities and outcomes. The report focuses on the *SASA!* RCT and is designed to make findings accessible to activists and programmers.

For readers interested in other study components or a more technical analysis of the *SASA!* findings, please visit the Raising Voices or LSHTM websites for links to the peer-reviewed articles.

The *SASA!* Approach

The ***SASA! Activist Kit*** (Michau et al. 2008) is a tried and tested community mobilization approach for preventing violence against women and HIV. It is designed for catalyzing community-led change of norms and behaviors that perpetuate gender inequality, violence and increased HIV vulnerability for women. Now utilized by organizations in over 25 countries, *SASA!* is based on an analysis of how gender-related power imbalances are the root cause of violence against women. With this perspective, it outlines a gradual process that supports people and institutions in using their power positively to reflect on, affect and sustain change at individual and community levels.

SASA! means 'now' in Kiswahili. It is also an acronym for the four phases of the approach: Start, Awareness, Support, Action.

How *SASA!* Works

In the Start phase, an organization using *SASA!* begins by orienting staff to the approach and to the key concepts of power. They then select an equal number of female and male community activists (CAs) – regular people in the community interested in issues of violence, power and rights. They similarly select institutional activists – for example, from police, health care, local government and faith-based groups. All activists are introduced to the new ways of thinking about power and power imbalances in their own lives and within the community, and they too are mentored in the *SASA!* approach.

With the support of program staff, the *SASA!* activists then take the lead as the approach moves forward into the Awareness, Support and Action phases. In these phases, the activists lead informal activities within their own existing social networks - fostering open discussions, critical thinking and supportive person-to-person and public activism among their families, friends, neighbors and colleagues. Together, they introduce the community and its institutions to the new concepts of power, encouraging an analysis of power imbalances through four strategies: Local Activism, Media and Advocacy, Communication Materials, and Training. The combination of these strategies ensures that community members are exposed to *SASA!* ideas repeatedly and in diverse ways within the course of their daily lives, from people they know and trust as well as from more formal sources within the community. Each phase builds on the others and addresses a different concept of power, with an increasing number of individuals and groups involved, fostering a critical mass committed and able to create social norm change.

Theoretical Foundations

Stages of Change Model: A key quality of *SASA!* is that ideas are introduced over time and based on the readiness of individuals and the community. Using the Stages of Change Model, the *SASA!* approach scales up the stages of change observed in individuals (pre-contemplation, contemplation, preparation for action, action, maintenance) to a community level (start, awareness, support, action).

Ecological Model: *SASA!* uses the Ecological Model for understanding what puts people at risk of violence and opportunities for prevention. It thus engages people and institutions in all circles of influence (individual, interpersonal, community, societal) in all phases of *SASA!*

Gender-Power Analysis: *SASA!* uses a gender-power analysis of violence against women, bringing the concepts of power (power within, power over, power with, power to) to everyday language and experiences. With this approach, activists stimulate personal reflection and critical thinking among community members, enabling them to see the benefits of non-violence for all.

The *SASA!* Study

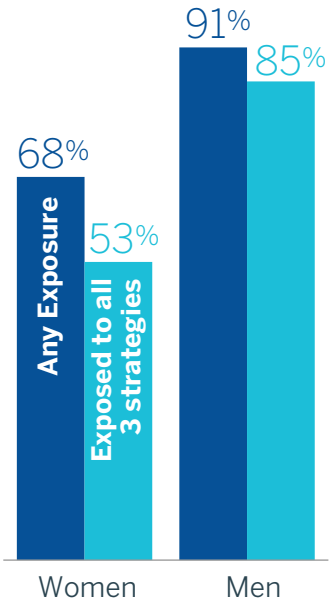
Methods

In order to assess community-level impact, the *SASA!* study used a cluster-randomized design, with randomization carried out at the community level. Eight communities in Kampala, each comprising one or two administrative parishes and all eligible to receive the intervention, were selected for the study. In order to increase comparability between intervention and control areas, the communities were matched into four pairs based on socio-economic similarities – one from each pair was then randomized to be an intervention community and the other was designated as a control. All communities were separated from each other by a geographical buffer (at least one parish wide) to reduce the potential for *SASA!* intervention activities to diffuse into control communities. The study ran from 2007 to 2012.

The data were collected via two waves of cross-sectional surveys with community members 18- to 49-years old: at baseline before the *SASA!* program started (n = 1,583) and again at endline, after 2.8 years of programming (n = 2,532). The sampling frame for both the baseline and endline surveys was drawn up to represent the population most likely to have had repeated and extensive contact with intervention activities, those living in close proximity to *SASA!* activists. For reasons of safety and logistics, the sample was exclusively female around female *SASA!* activists and male around male *SASA!* activists. Only one respondent per household was interviewed in consideration for respondent safety and confidentiality. All findings presented in this report compare *SASA!* communities and control communities at endline.

Exposure to *SASA!*

At endline a total of 91% of men and 68% of women reported any exposure to *SASA!* materials, activities or multi-media events, and a total of 85% of men and 53% of women reported exposure to three *SASA!* strategies (communication materials, trainings, community activities) at least once, suggesting a fairly high intensity of programming during the study period. Very few respondents in control communities reported any exposure to *SASA!* materials, activities or multimedia events (2% of men and 1% of women).



Strengths and Limitations

Several factors help strengthen the study results and increase confidence that observed impacts are attributable to *SASA!*:

- The randomized design decreases the likelihood that results were caused by some underlying difference between intervention and control communities;
- Baseline data confirms a high degree of comparability between intervention and control communities (in terms of socio-economic characteristics, levels of IPV against women and sexual risk-taking);
- Low levels of 'contamination' (i.e., the spread of *SASA!* into control communities), as discussed above; and
- High response rates for the *SASA!* survey (approximately 98% of potential respondents agreed to participate in the endline survey).

Despite these many strengths, limitations should also be noted. Firstly, in light of the small number of communities included (eight) the analysis is limited by low 'statistical power.' Some of the differences observed between intervention and control communities may not be statistically significant, despite reflecting a genuine effect of the *SASA!* program. Secondly, respondents in the intervention areas may be more likely to report 'socially desirable' responses given their exposure to *SASA!* ideas, for example men may have underreported perpetration of IPV. For the violence outcomes we have tried to overcome this limitation by focusing on women's reports of experience of IPV, rather than men's reports of perpetration, as they are less prone to this kind of bias. Finally, political tensions in Kampala led to several interruptions in programming, thus *SASA!* was not optimally implemented during the study period.

As described in detail in this report, the *SASA!* RCT uncovered a range of positive program impacts on attitudes and behaviors related to IPV against women and HIV risk. *SASA!* is currently being implemented by CEDOVIP in control communities in Kampala, several other organizations across Uganda, with local government in 8 districts in the Busoga region as well as in more than 25 countries around the world.

Overview of Report

1. Social Acceptance of Gender Inequalities & IPV

The first section of the report will look at the overall acceptability of physical and sexual violence against women, attitudes relating to control of work and decision-making in the household, communication with a partner, as well as women's experiences of financial autonomy.

2. Intimate Partner Violence against Women

This section will look at some of *SASA!*'s impact on key violence-related outcomes, beginning with past year experiences of physical and sexual IPV and the severity of these experiences, followed by experiences of emotional aggression and controlling behaviors. For each category of abuse, indicators include overall past year experience, more severe/intense forms of that type of abuse, continued IPV in cases where there was already a history of violence, as well as new onsets of IPV where there was no prior experience. This section will additionally examine potential impacts on intergenerational cycles of violence by looking at how likely children in *SASA!* communities were to witness violence.

3. Sexual Risk-Taking Attitudes & Behaviors

This section will explore factors linked to both IPV and HIV risk, looking at women's capacity to refuse sex and negotiate condom use with their partner, as well as concurrent sexual partnerships among men in *SASA!* and control communities.

4. Help-Seeking Behaviors & Community Activism in Response to IPV

This section will look at how and to what extent women experiencing violence and men perpetrating violence sought help by summarizing findings related to disclosure of IPV, specific community members who were told, and reported barriers to asking for help. This section will also look at one of the *SASA!* intervention's core strengths: its focus on community activism in response to IPV. It will first explore different types of community activism against IPV as reported by women experiencing violence and by men perpetrating it, then responses by community members themselves who report seeing or hearing IPV in their community. Finally, we will turn to community members' accounts of their own specific responses – and the appropriateness of those responses – to women who report experiencing IPV and then to men who report perpetrating it.

1 Gender Inequalities & IPV

SASA! was very successful in its goal to reduce overall acceptability of both violence and gender inequalities by shifting power dynamics between women and men in *SASA!* communities.

This section will explore *SASA!*'s impact on attitudes related to the acceptability of perpetrating physical and sexual IPV against women.

It will also examine *SASA!*'s impact on relationship dynamics, such as:

- men's engagement in housework
- communication between couples
- women's ability to make independent financial decisions.

Percentage of women and men who believe that physical violence against a partner is NEVER acceptable:

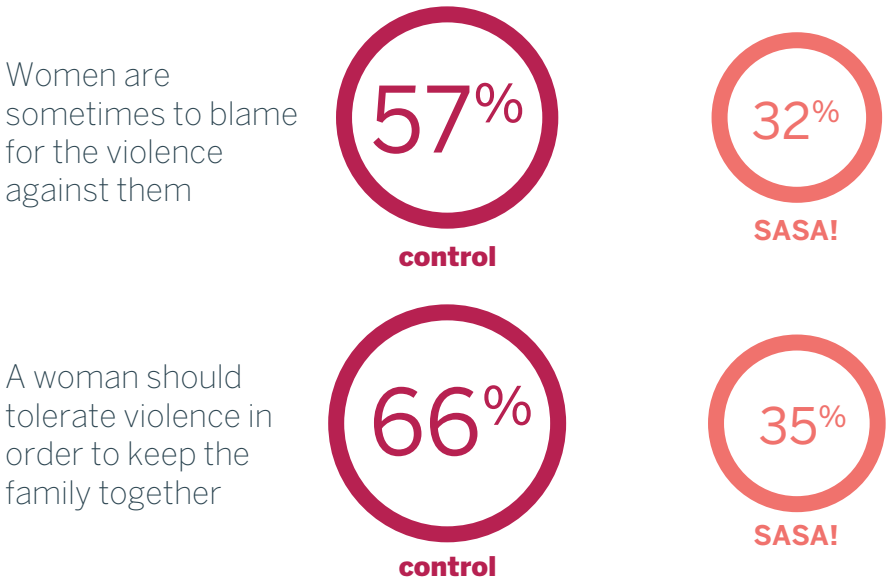
26% in **control** Communities

76% in **SASA!** Communities

A. Acceptability of Physical & Sexual Violence

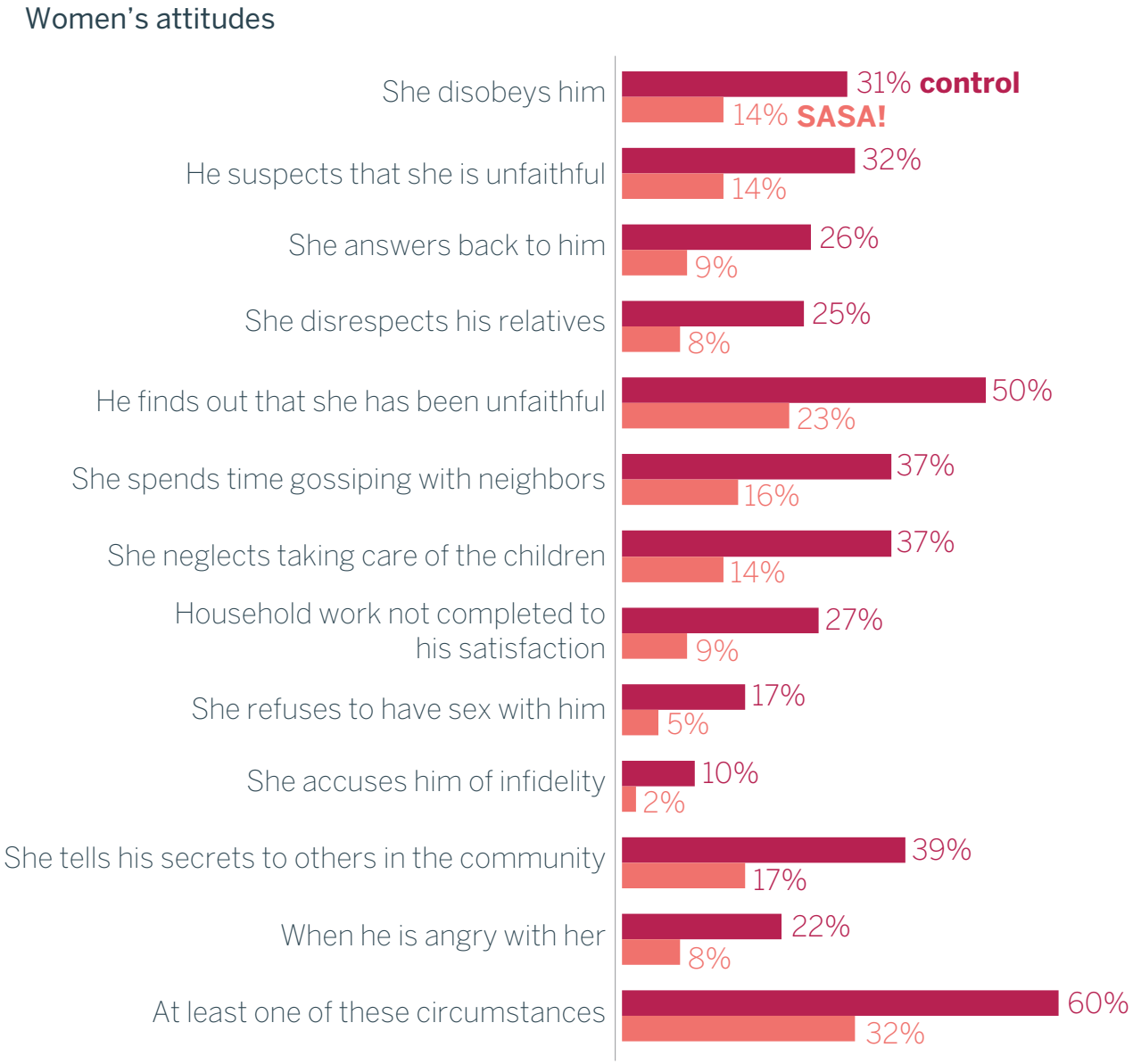
SASA! reduced overall acceptability of violence against women

Women's attitudes towards the acceptability of violence against women

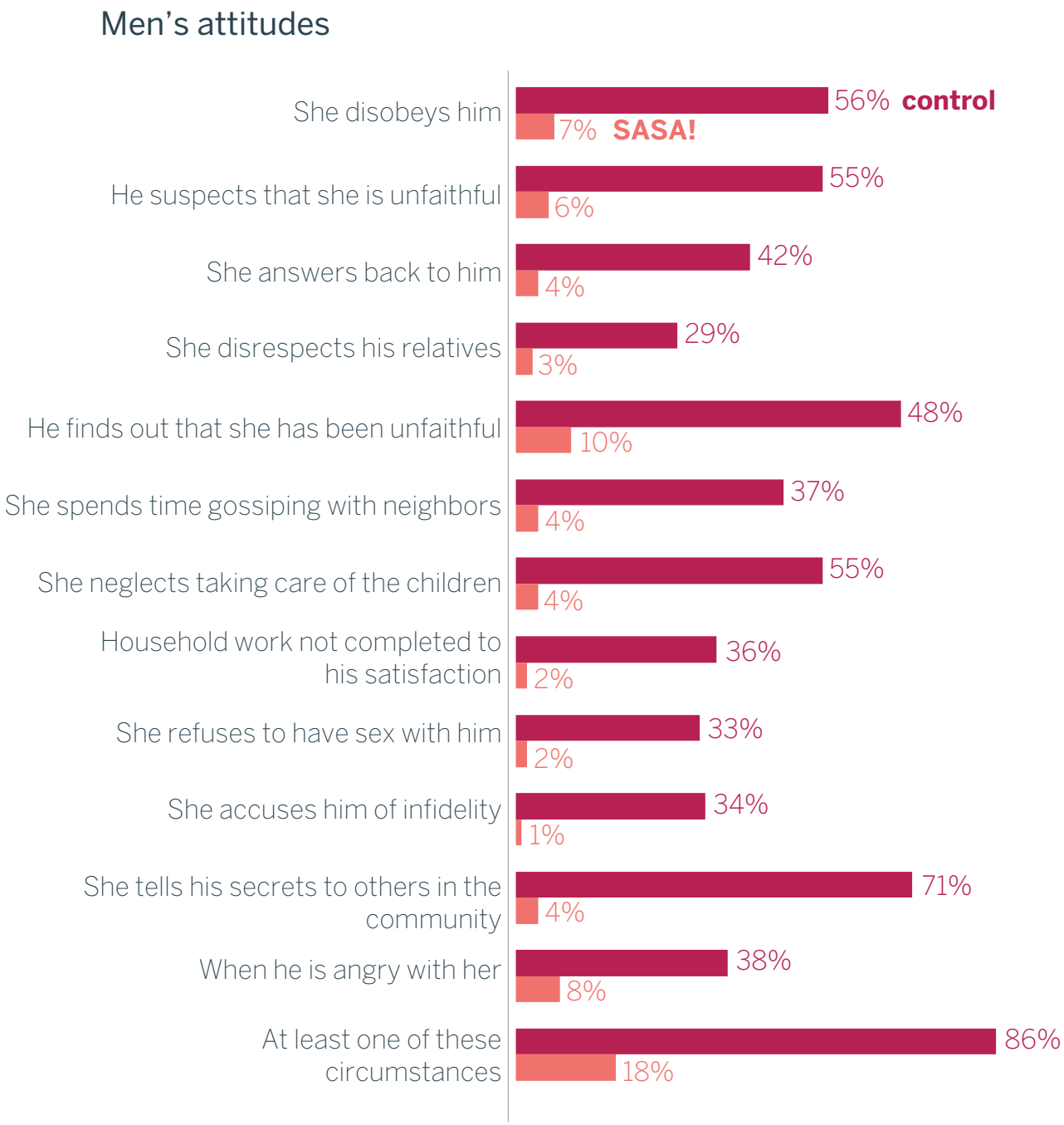


Men's attitudes towards the acceptability of violence against women

Percentage of women in *SASA!* and control communities who believe that a man has good reason to hit his wife in specific circumstances



Percentage of men in *SASA!* and control communities who believe that a man has good reason to hit his wife in specific circumstances



Snapshot from the *SASA!* Trial

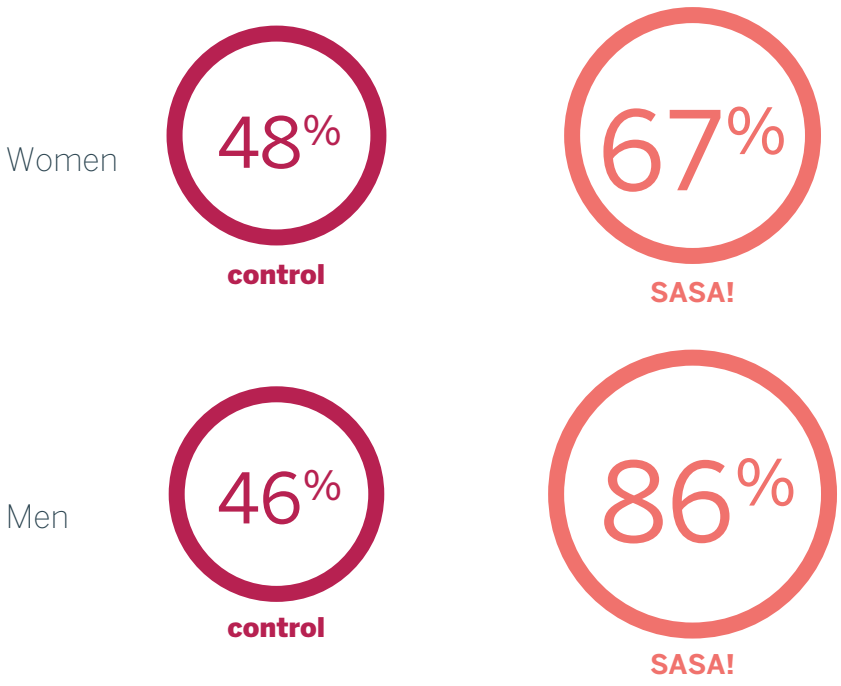
The acceptability of physical IPV was a key outcome measured in the *SASA!* RCT to assess *SASA!*'s impact.

Statistical models showed that women in *SASA!* communities were almost half as likely as women in control communities to report attitudes accepting men's use of physical violence (or in more technical terms, provided an adjusted relative risk of 0.54 with a 95% confidence interval of 0.38-0.79), a result which was statistically significant. Men in *SASA!* communities were almost 8 times less likely than their control counterparts to report attitudes accepting of violence (adjusted relative risk 0.13, 95% CI 0.01 - 1.15); this result is not statistically significant.

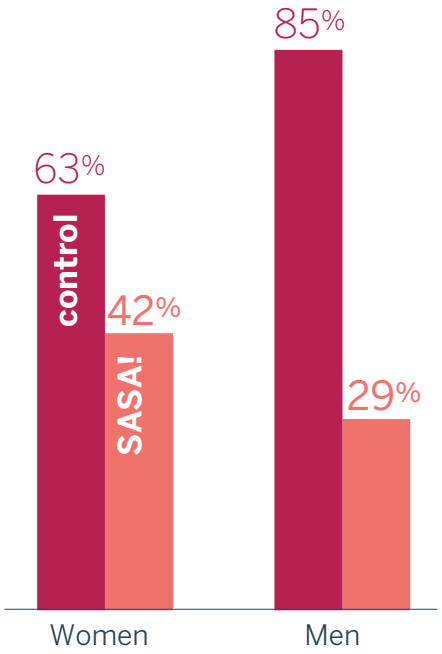
B. **Men's Power in Relationships**

SASA! contributed to more equal decision-making power within couples

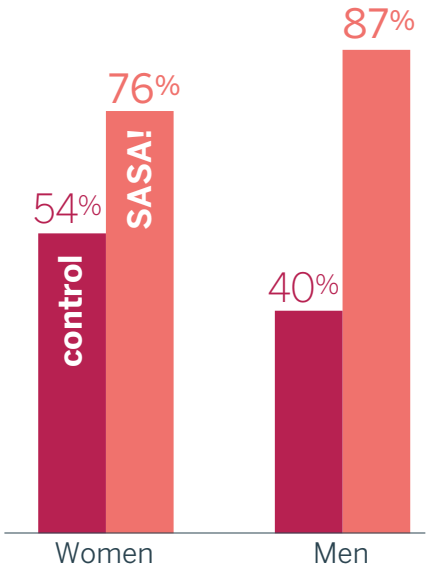
Percentage of women and men who report making important decisions jointly with partner all/most of the time in the past year



Percentage of women and men who believe it is a husband's decision whether his wife can work outside the home



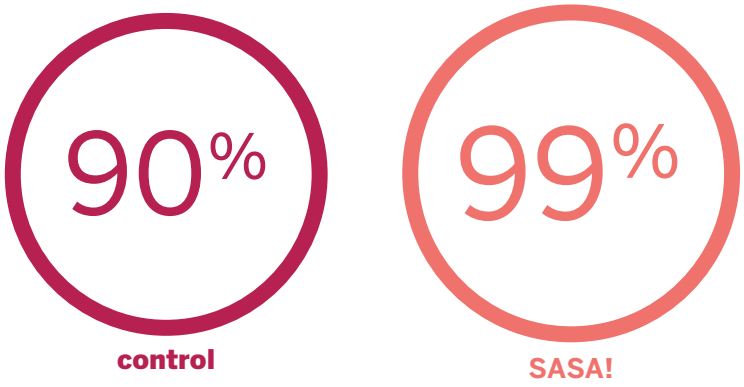
Percentage of women and men who believe that friends would respect a man who makes decisions jointly with his wife



SASA! strengthened women's financial autonomy

Women's reports of financial control exercised by a male partner in the past year

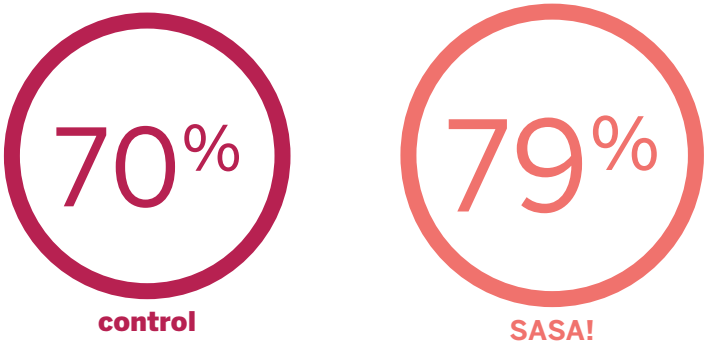
Able to spend the money she earned how she wanted (rather than having to give all/part of it to partner)



Partner refused to give her money for household expenses, even when he had money for other things

Given up/refused a job for money (outside the home) because partner did not want her to work

Participated in deciding how family finances were spent

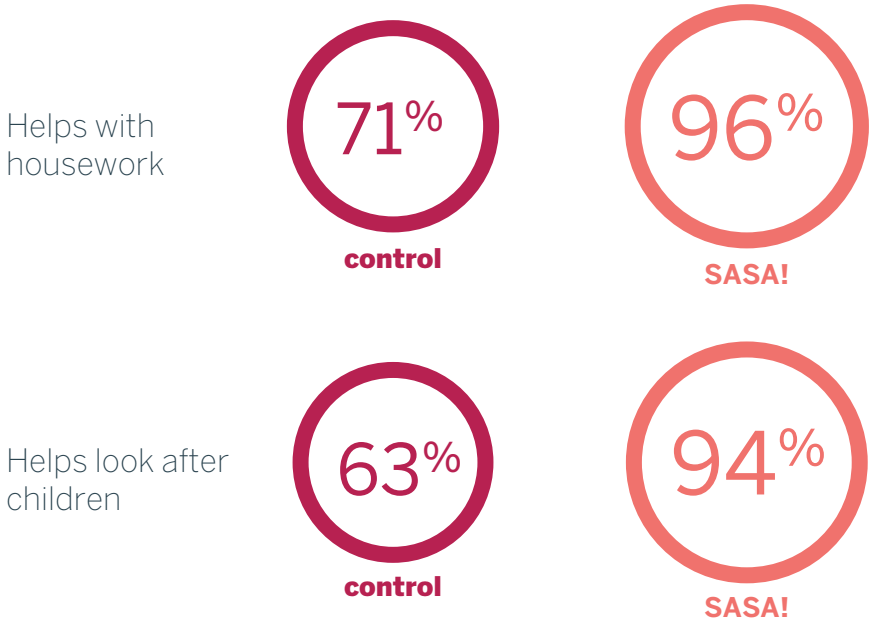


C. **Men's Involvement in Domestic Work**

SASA! increased men's engagement in housework and childcare

Percentage of women who report that their partner helps with housework and looking after the children

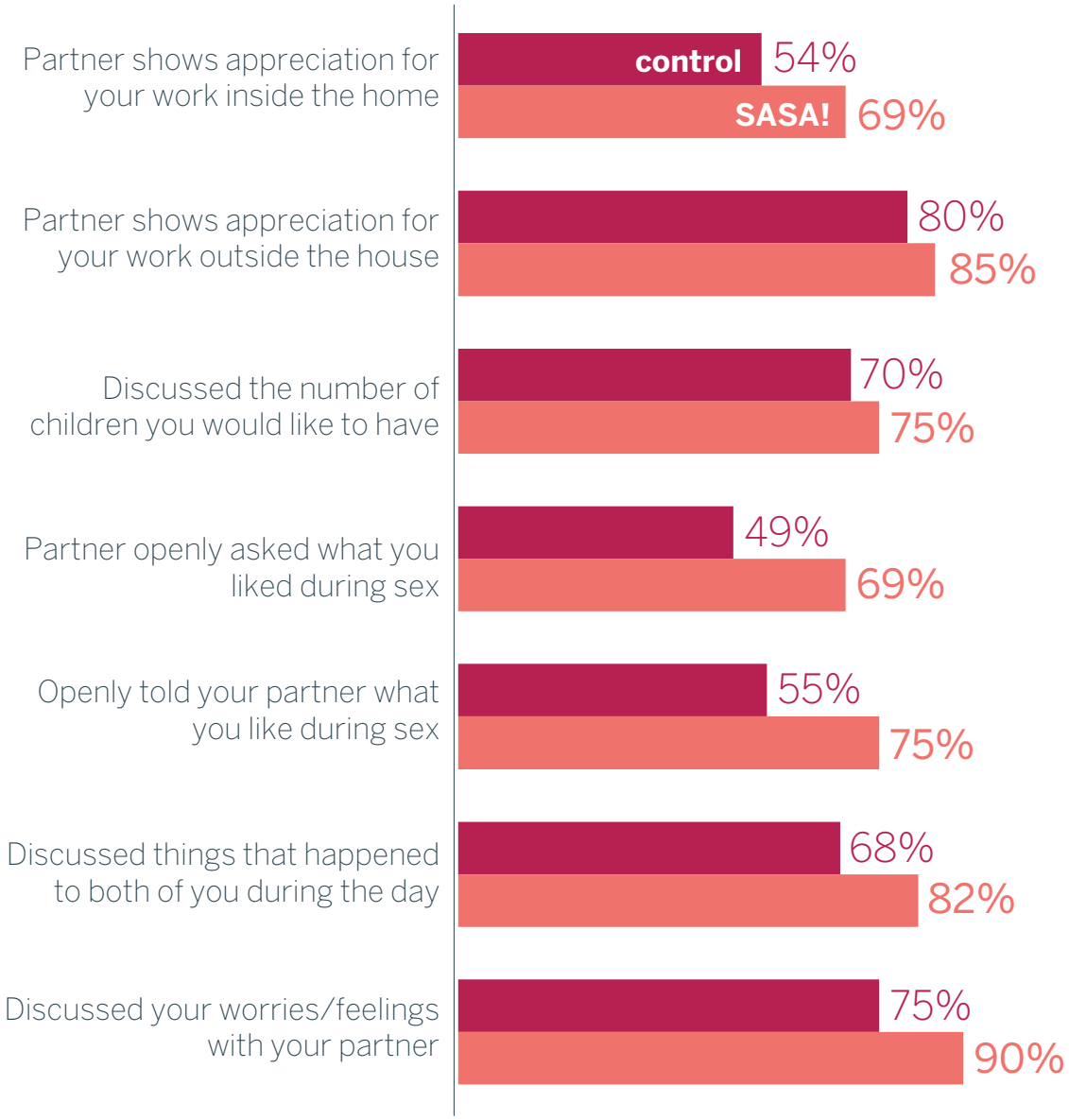
Percentage of men who report that they help with housework and looking after children



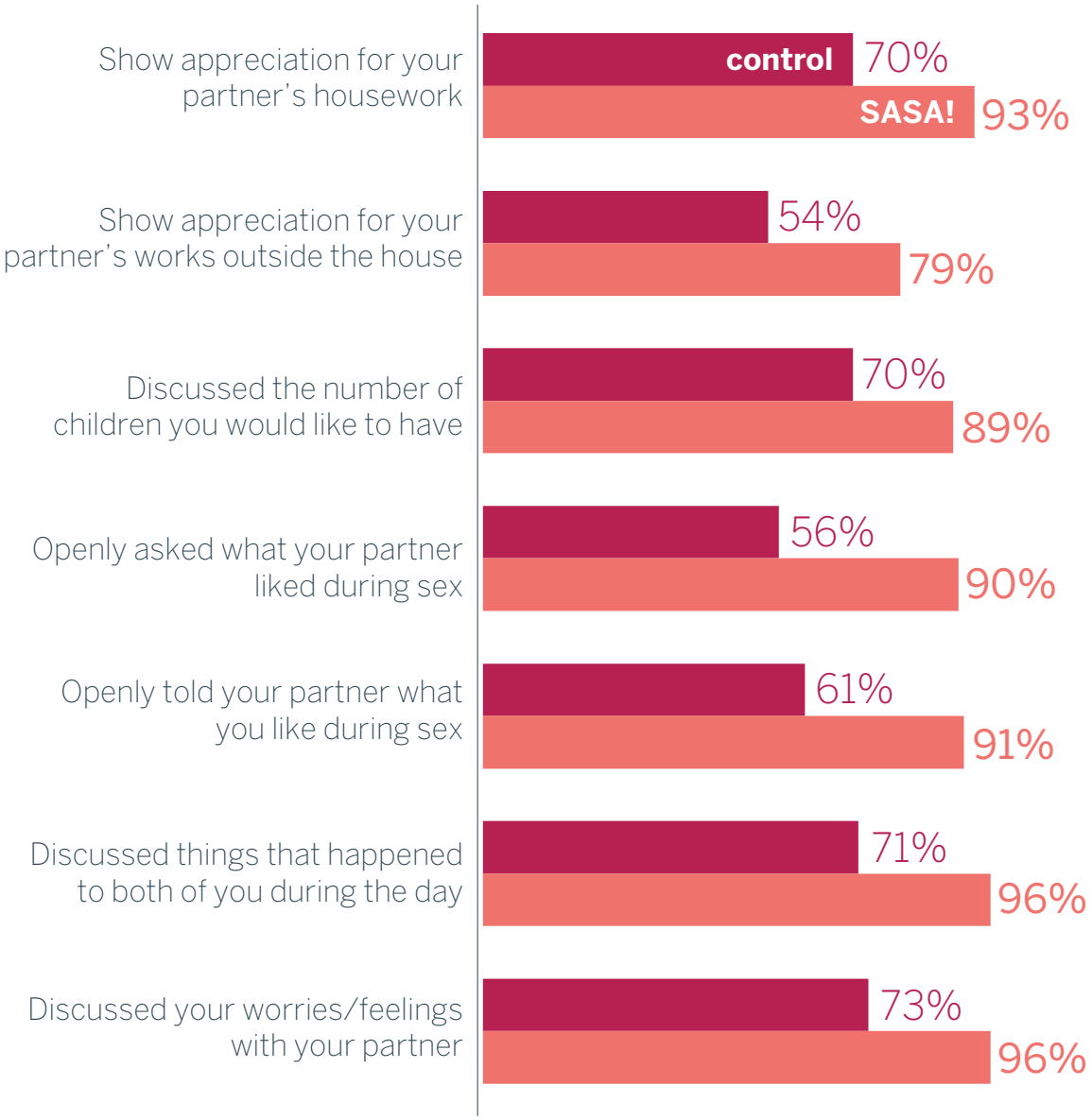
D. **Communication with Partner**

SASA! strengthened communication between male and female intimate partners

Women's reports of communication with their male partner in the past year in *SASA!* and control communities



Men's reports of communication with their partner in the past year in *SASA!* and control communities



Key Findings: Social Acceptance of Gender Inequalities and IPV

- Women and men in *SASA!* communities were far less likely to agree that physical or sexual IPV is ever acceptable
- Women and men in *SASA!* communities were more likely to support women's financial independence and autonomy and agree that women and men should make decisions jointly. These positive shifts in attitudes were also reflected in reported behaviors: women in *SASA!* communities were more likely to experience financial autonomy from their partner.
- Men in *SASA!* communities were more likely to help with housework and caring for children in the home.
- Both women and men in *SASA!* communities were more likely to report stronger and more frequent communication over the past year.

2 Intimate Partner Violence Against Women

SASA!'s primary aim was to reduce the prevalence of physical, emotional, psychological and economic IPV against women. Overall, the intervention was highly effective at reducing IPV in all of its forms.

This section explores:[1]

- *SASA!*'s impact on all forms of violence against women, noting effects for women with and without prior experience of IPV
- childhood exposure to IPV in their homes, suggesting how *SASA!* can contribute to breaking the intergenerational cycle of IPV

Women in *SASA!* communities were

52%

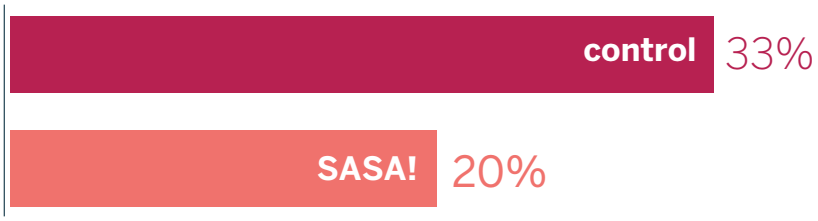
less likely to experience physical violence from an intimate partner as women in control communities.

1 Except where noted otherwise, all data on experience of IPV is based on women's reports

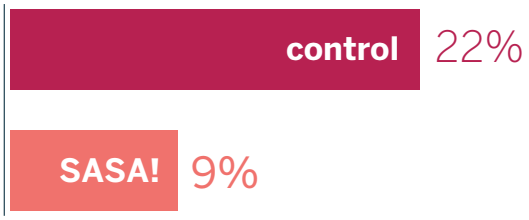
A. **Physical & Sexual IPV**

SASA! prevented physical & sexual intimate partner violence against women

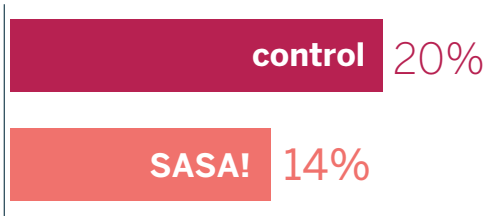
Percentage of women experiencing one or more acts of IPV (physical and/or sexual) in the past year



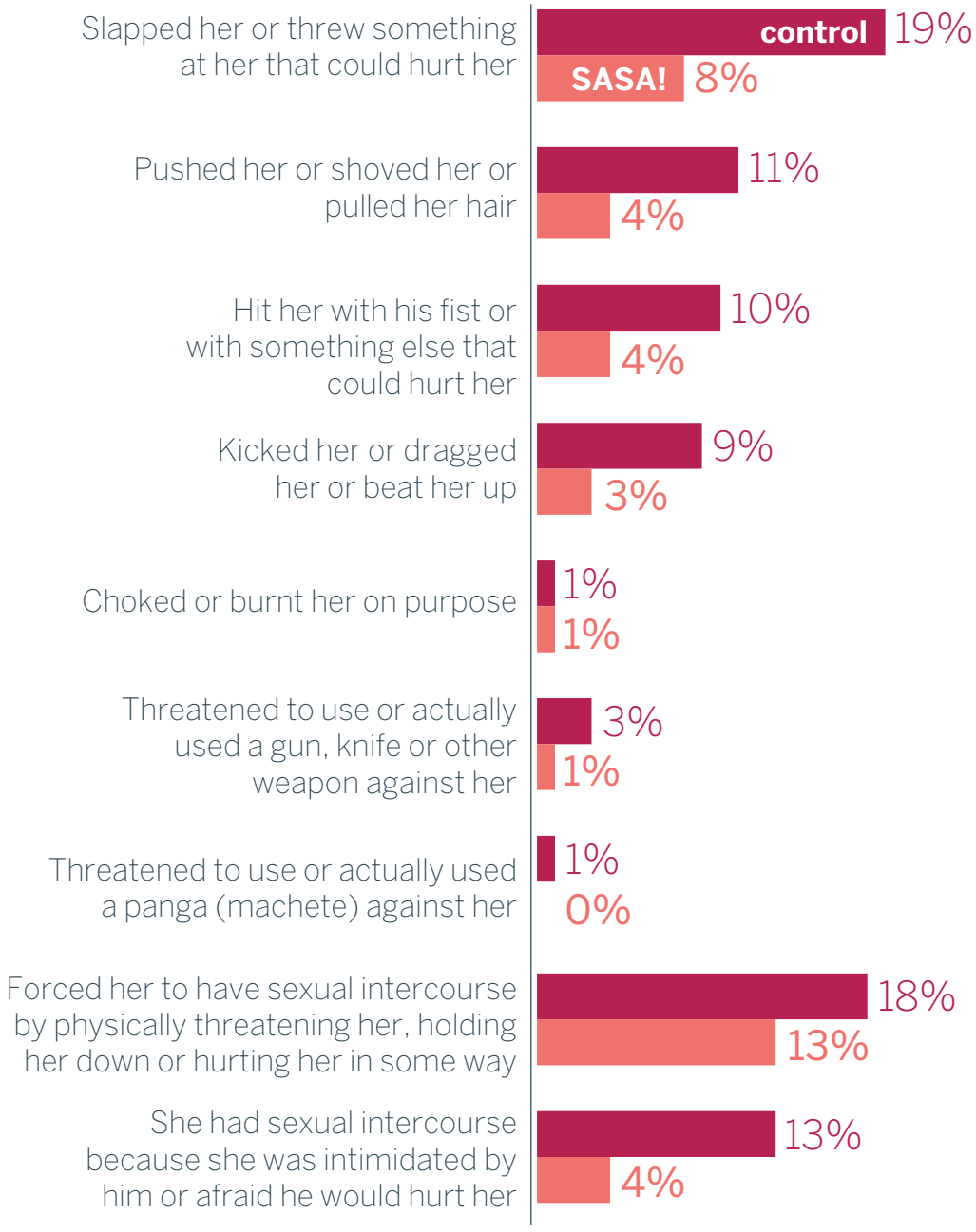
Percentage of women experiencing one or more acts of physical IPV in the past year



Percentage of women experiencing one or more acts of sexual IPV in the past year

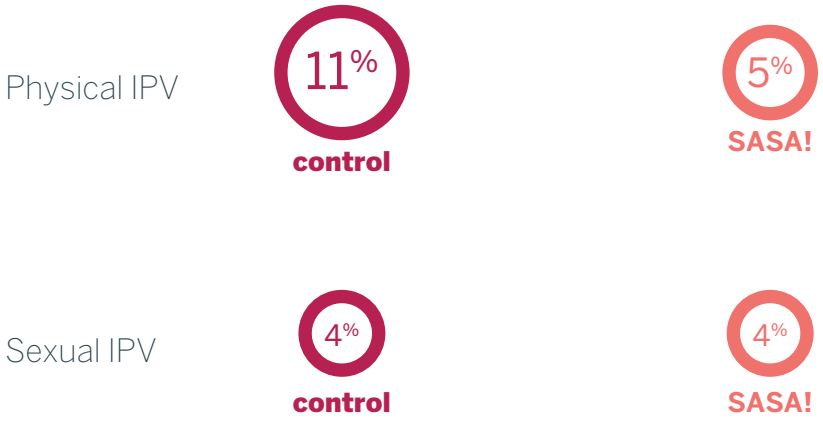


Specific acts of physical and sexual IPV as reported by women in *SASA!* and control communities in the past year

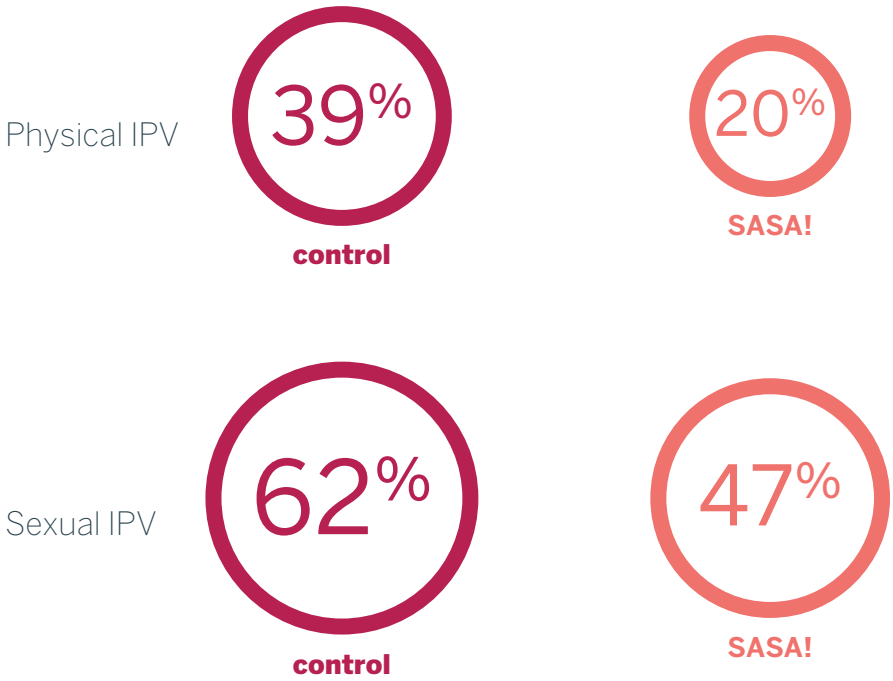


SASA! prevented new incidences of physical intimate partner violence and the continuation of preexisting physical/sexual violence

Past year physical/sexual IPV among women *without* prior experience of IPV

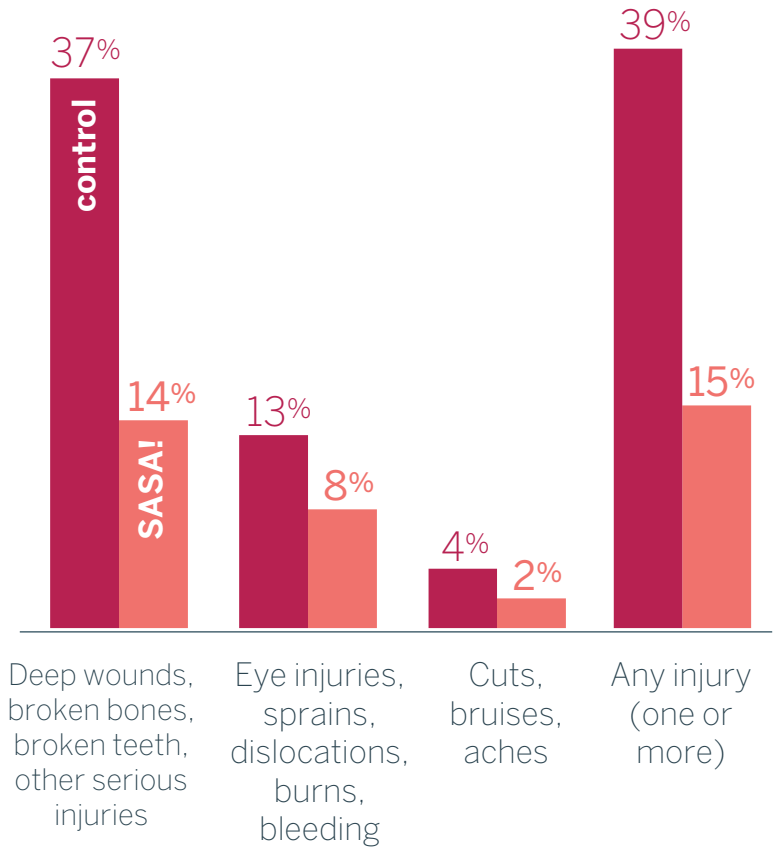


Past year physical/sexual IPV among women *with* prior experience of IPV



SASA! reduced the most severe forms of physical intimate partner violence

Injuries resulting from IPV in the past year



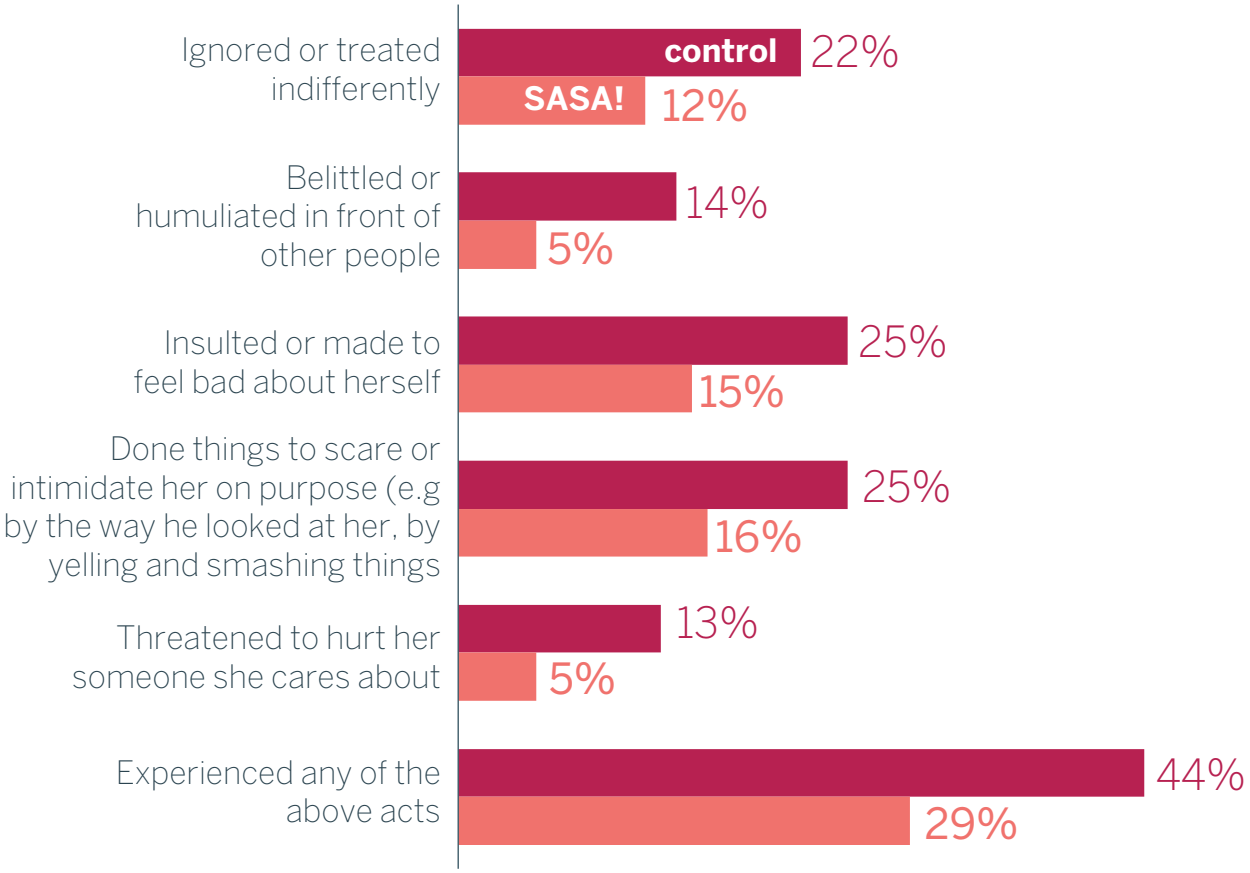
Snapshot from the *SASA!* Trial

Levels of physical and sexual IPV were two of the key outcomes against which the success of the *SASA!* intervention was measured. Statistical models showed that women in *SASA!* communities were about half as likely as women in control communities to experience physical IPV in the past year (or in more formal terms provided an adjusted relative risk of 0.48 with a 95% confidence interval of 0.16-1.39). While this result was not statistically significant due to low statistical power, it is very encouraging to see that *SASA!* was associated with such a large reduction in risk of physical violence. The size of the intervention effect on sexual IPV was somewhat smaller, corresponding to a 24% reduction in relative risk (adjusted relative risk of 0.76, 95% confidence interval 0.33-1.72). Although statistical tests could not rule out the possibility of this difference being due to chance, we are encouraged by the consistency with which *SASA!* is associated with reductions in all the different kinds of IPV measured in the study. Evidence was strongest in relation to the secondary prevention of violence, with statistically significant reductions in risk of physical and sexual IPV among women with a prior history of IPV.

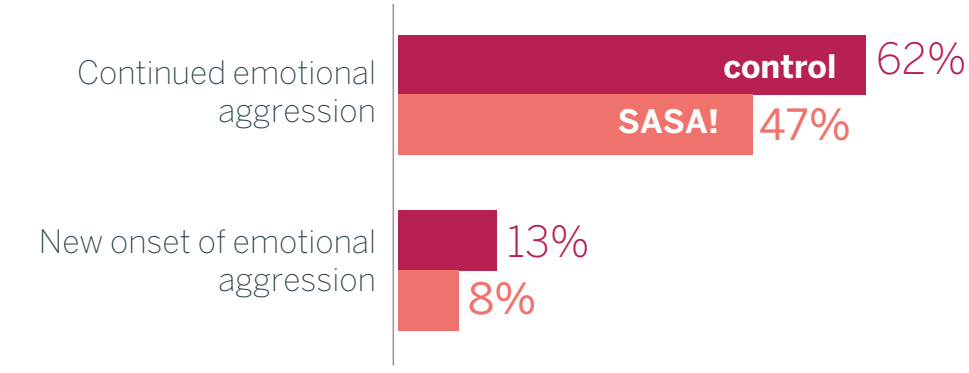
B. **Other Forms of IPV**

SASA! reduced emotional aggression by a male intimate partner

Acts of emotional IPV experienced by women in the past year in *SASA!* and control communities

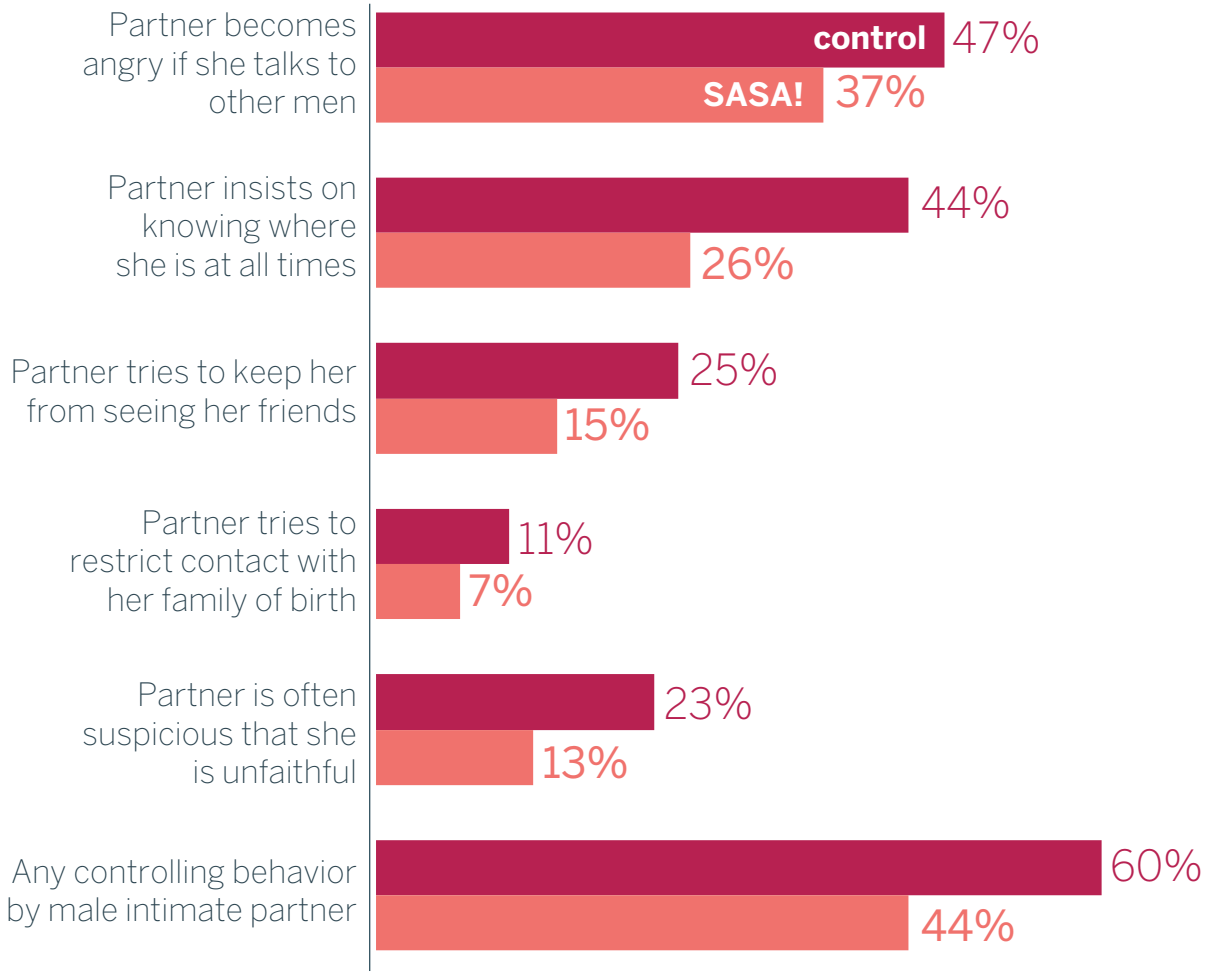


New and continued emotional aggression experienced by women in *SASA!* and control communities in the past year

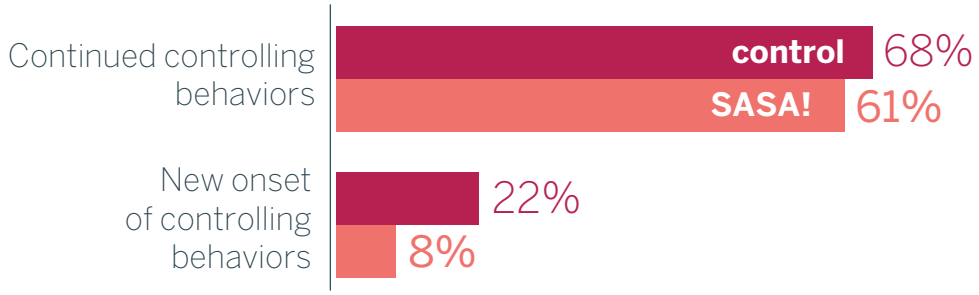


SASA! reduced controlling behaviors by a male intimate partner

Controlling behavior experienced by women in the past year in and control communities

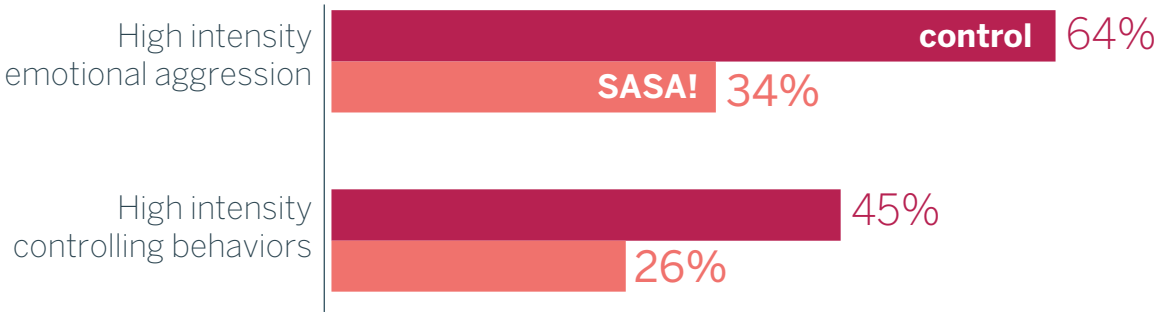


New and continued controlling behaviors experienced by women in *SASA!* and control communities



SASA! reduced the intensity of emotional aggression and controlling behaviors where they did occur

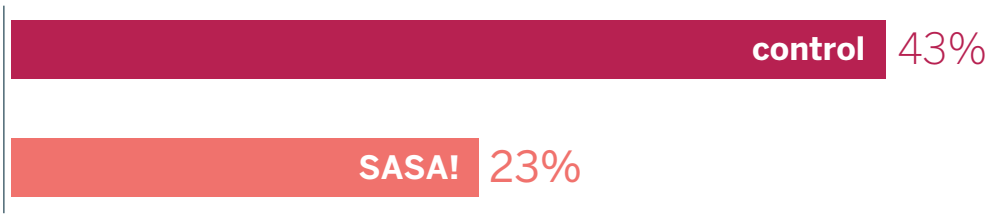
Intensity of emotional aggression and controlling behaviors in *SASA!* and control communities



C. Intergenerational Cycle of Violence

Children in *SASA!* communities were less likely to be exposed to acts of intimate partner violence

Percentage of children present/overheard IPV in past year among households where IPV occurred (women's reports)



Key Findings: Intimate Partner Violence Against Women

- Women in *SASA!* communities reported less IPV in the past year, including physical, sexual, and emotional violence. *SASA!* prevented new incidences of violence from occurring as well as the continuation of violence among women with prior experience of IPV.
- Among women reporting past-year physical IPV, women in *SASA!* communities experienced it with less severity and were less likely to be injured by the violence they experienced.
- Women in *SASA!* communities reported less emotional aggression and controlling behaviors, from their intimate partner and women who did experience acts of emotional violence and controlling behaviors from their intimate partner were less likely to experience them with high intensity.
- Based on women's reports, children in *SASA!* communities were less likely to be exposed to IPV in the past year than children in control communities.

3 Sexual Risk-Taking Attitudes & Behaviors

SASA! sought to reduce IPV and address the critical intersection between IPV, sexual decision-making power and HIV infection.

This section explores *SASA!*'s impact on women's ability to:

- refuse sex; and
- insist on condom use

It also look at sexual concurrency among men, a crucial factor in reducing the transmission of HIV.

90% of women in *SASA!* communities believe that it is acceptable for a woman to refuse to have sex with her partner when she does not feel like it, compared to **73%** in control communities

Levels of sexual concurrency among men:

45% in **control** Communities

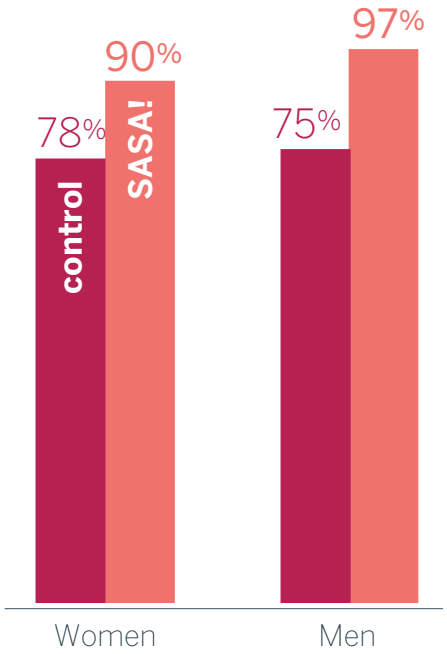
27% in **SASA!** Communities

A. **Sexual Decision-Making**

Women in *SASA!* communities reported increased power to refuse sex with their partner

Percentage of women who report being able to refuse sex with their partner

Percentage of women and men who agree that it is acceptable for a woman to refuse to have sex with her partner



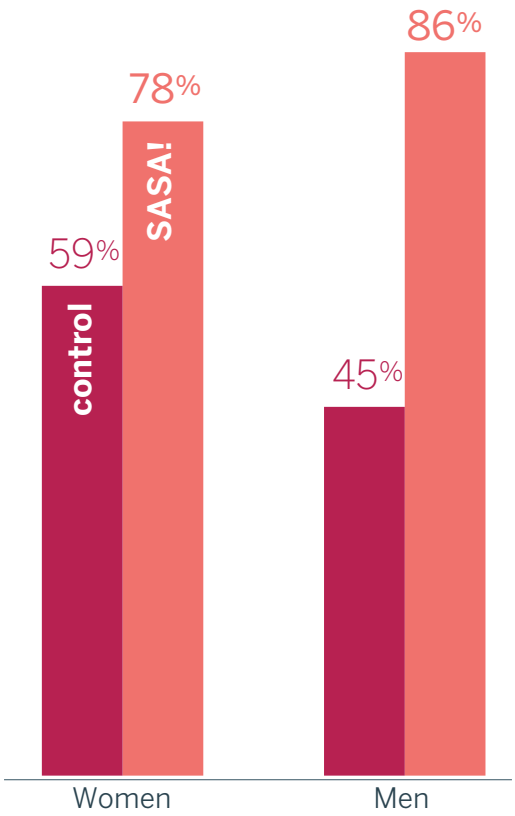
Snapshot from the *SASA!* Trial

The acceptability of women refusing sex with their partner was another key measure of success of the *SASA!* study. Statistical models showed that women in *SASA!* communities were 1.28 times more likely (95%CI 1.07 - 1.52) and men 1.31 times more likely (95%CI 1.00 - 1.70) than their control counterparts to report progressive attitudes. Both of these results were statistically significant.

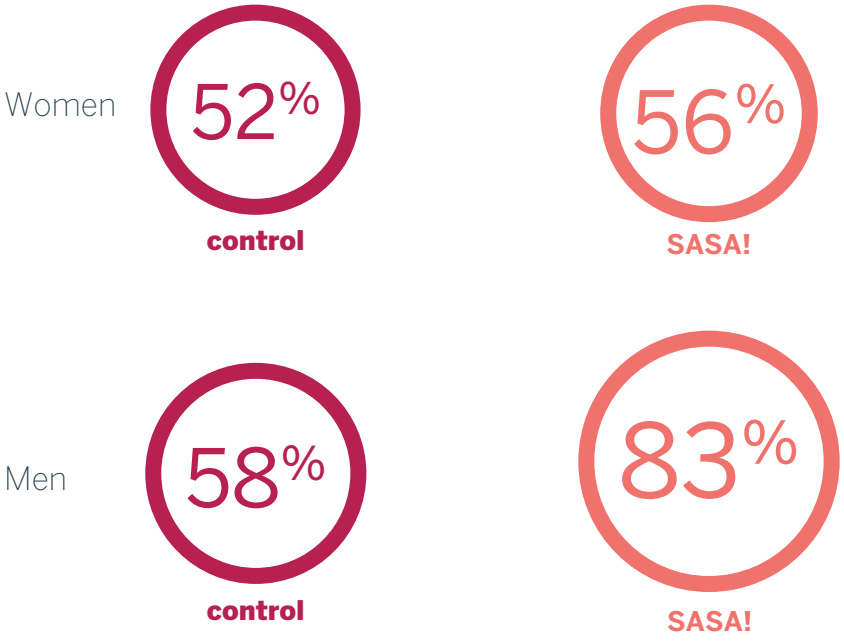
B. **Condom Use**

Couples in *SASA!* communities were slightly more likely to report accepting, discussing and using condoms

Percentage of women and men who believe it is acceptable for a woman to ask her husband to wear a condom during sex



Percentage of women and men who report discussing condom use with their partner in the last year

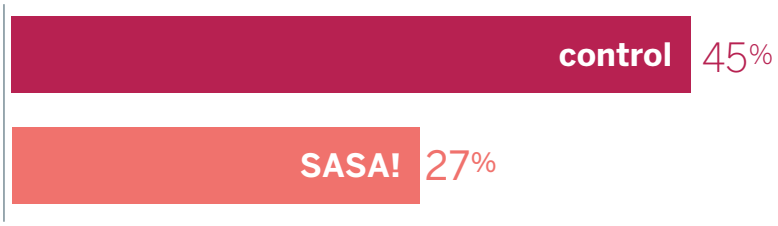


Percentage of women and men who report using a condom at last intercourse

C. **Men's Concurrent Partnerships**

SASA! reduced concurrent sexual partnerships among men[2]

Percentage of men reporting concurrent sexual relationships in the past year



Snapshot from the *SASA!* Trial

Past year sexual concurrency among non-polygamous men partnered in the past year was one of the benchmark indicators against which the success of the *SASA!* intervention was measured. Statistical models showed that, relative to men in control communities, men in *SASA!* communities were 43% less likely to have had a concurrent sexual partner (outside of their regular partnership) in the past year. The adjusted relative risk was 0.57 (95% confidence interval 0.36 - 0.91), and was statistically significant (meaning it was highly unlikely to have occurred by chance).

2 Data on sexual concurrency is based on reports by non-polygamous men (n=1,328)

Key Findings: Sexual Risk-Taking Attitudes & Behaviors

- Women in *SASA!* communities were more likely to report being able to refuse sex with their partner and negotiate condom use, and men in *SASA!* communities were more likely to express agreement that these are acceptable behaviors for women.
- Couples in *SASA!* communities were slightly more likely than their control counterparts to report discussing condom use with their partner in the past year and men in *SASA!* communities report higher levels of condom use at last intercourse. Men's reports, however, may have been influenced by what they believed to be the socially desirable response.
- Men in *SASA!* communities were much less likely to have engaged in concurrent sexual relationships in the past year.

4 Help-Seeking Behaviors and Community Activism in Response to IPV

The core strength behind the *SASA!* approach is its focus on encouraging community-led activism against IPV, while promoting help-seeking behavior among women experiencing violence and among the men who perpetrate it. *SASA!* works to break down the idea that IPV is a private matter and brings violence and power imbalances into the public domain, promoting the idea that it is okay for individuals to reach out for help and for communities to intervene.

This section looks at:

- the acceptability of IPV disclosure and community activism to prevent violence
- disclosure of women's experiences of IPV and men's perpetration of IPV
- women and men's choices of who to disclose this information to
- specific acts of community activism in response to IPV disclosure
- activism in response to seeing (or hearing about) IPV in the community

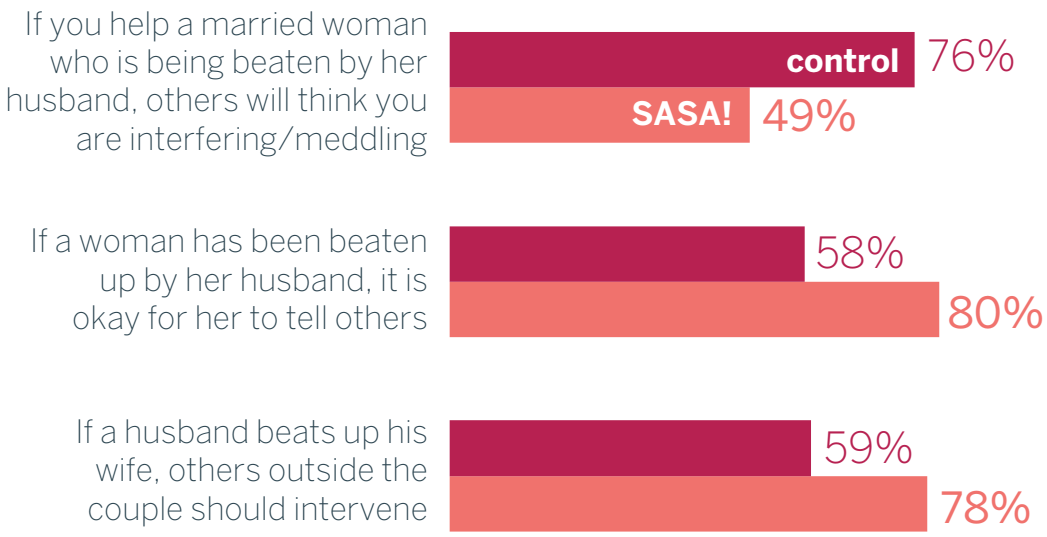
Women in *SASA!* communities are more than **2x** as likely to receive helpful support than women in control communities[3]

3 Due to the relatively low number of women reporting experiencing IPV in the past year and the variation in responses between study communities, this result is not statistically significant.

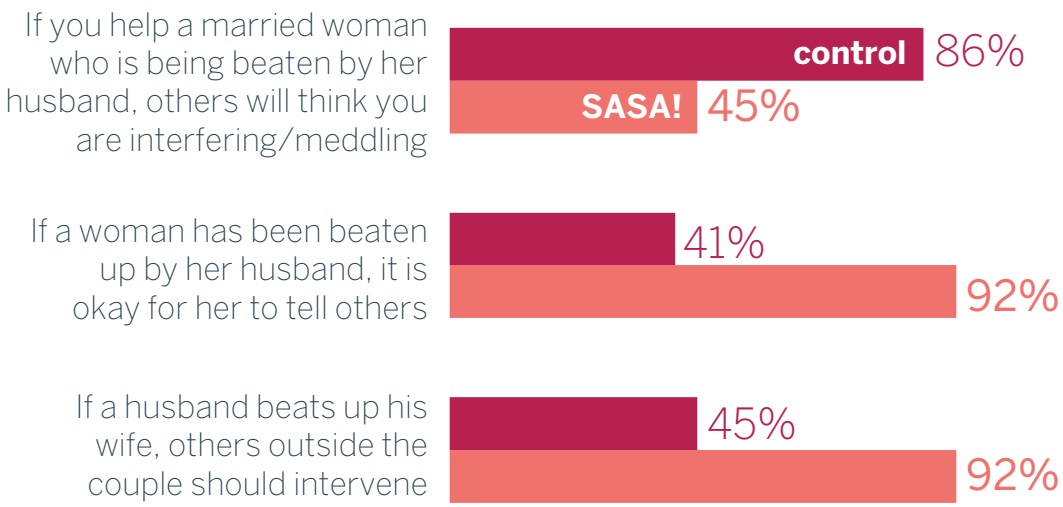
A. **Acceptability of Disclosure & Activism**

SASA! increased the acceptability of IPV disclosure and community activism to prevent violence

Women's attitudes towards the acceptability of IPV disclosure and activism in *SASA!* and control communities



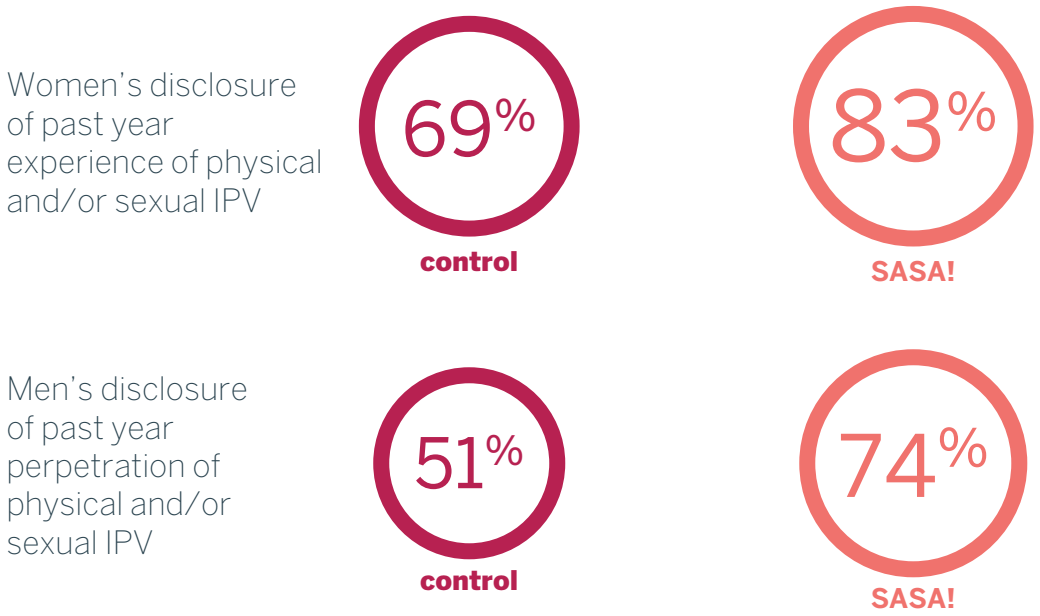
Men's attitudes towards the acceptability of IPV disclosure and activism in *SASA!* and control communities



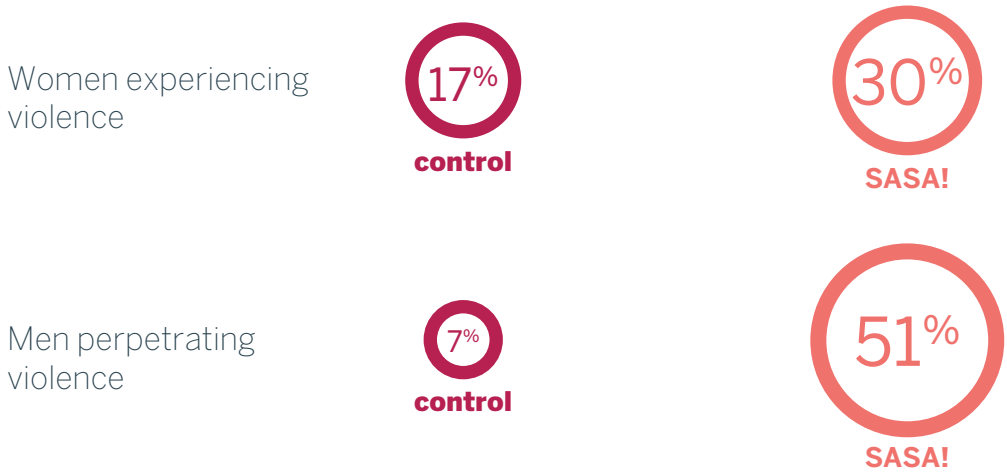
B. Disclosure of past year experience of abuse

SASA! increased the likelihood of disclosing experiences (among women) and perpetration (among men) of IPV

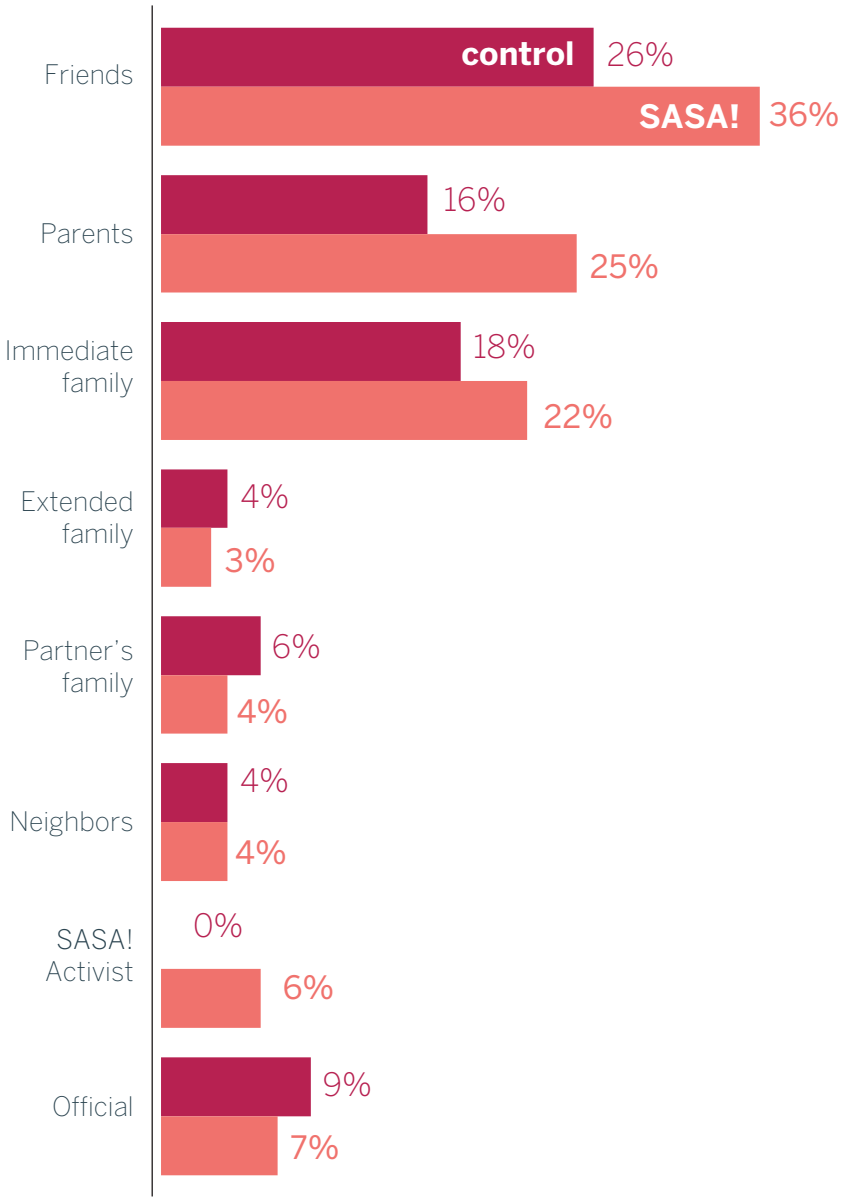
Women and men's disclosure of past year physical and/or sexual IPV



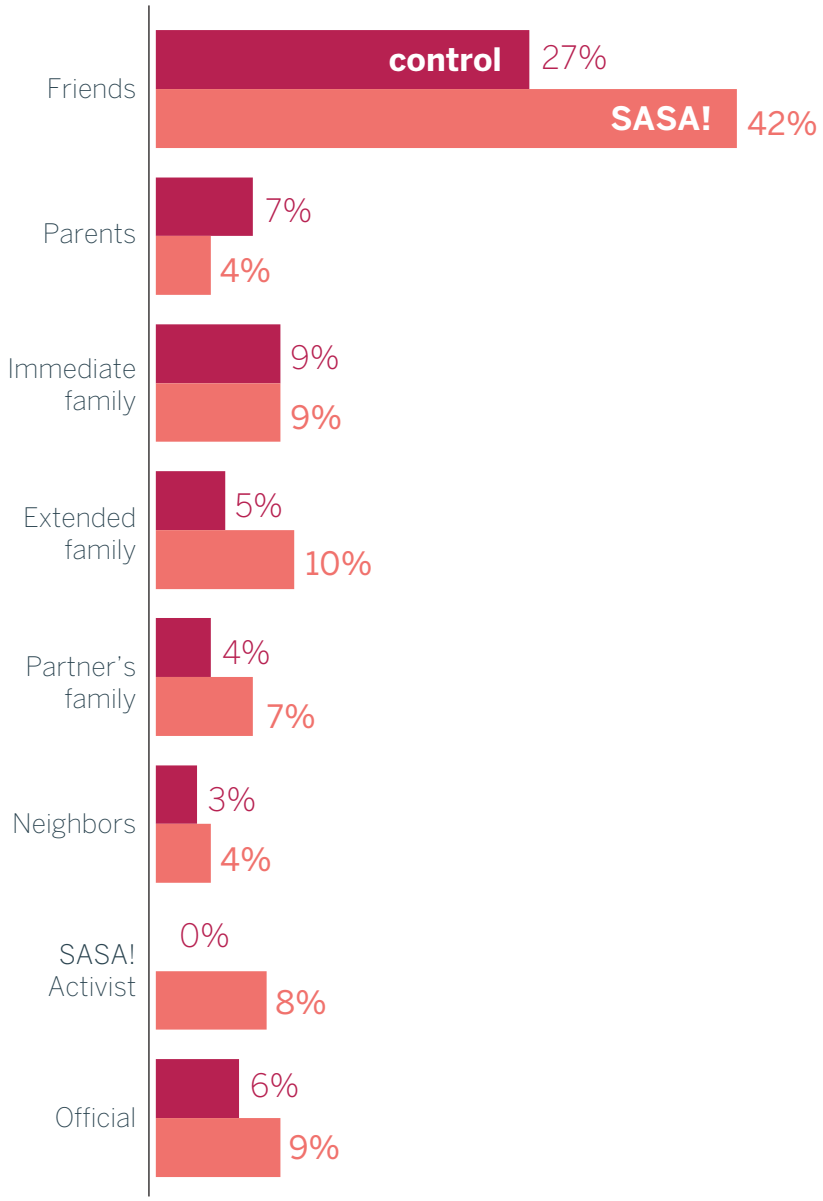
Women experiencing/men perpetrating violence who report receiving help by community members (among women and men who disclosed)



Individuals that women in *SASA!* and control communities told about their past year experiences of abuse (among women who disclosed)



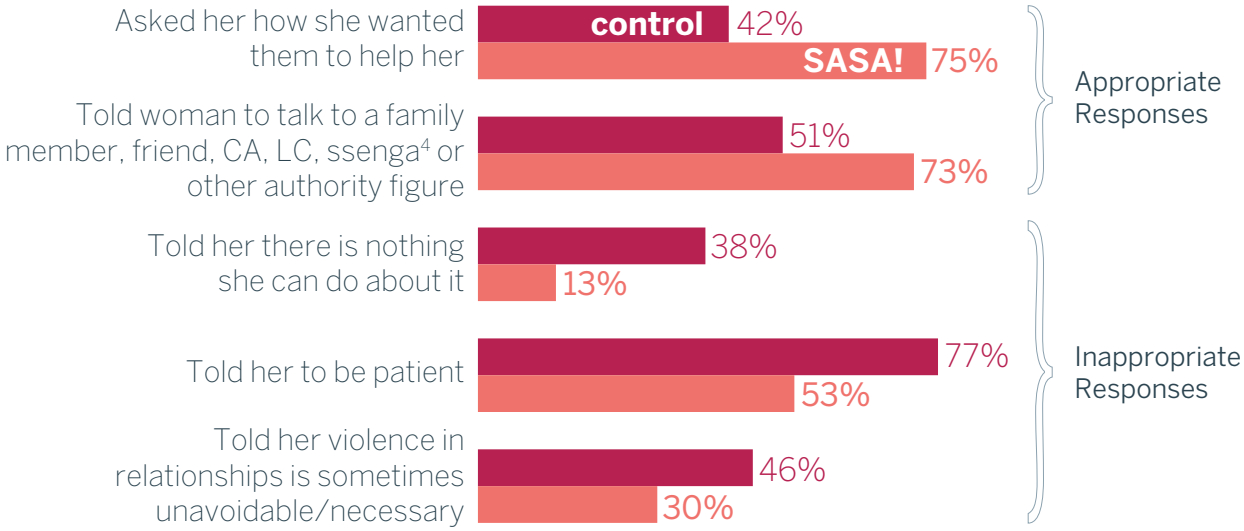
Individuals that men in *SASA!* and control communities told about their past year perpetration of abuse (among men who disclosed)



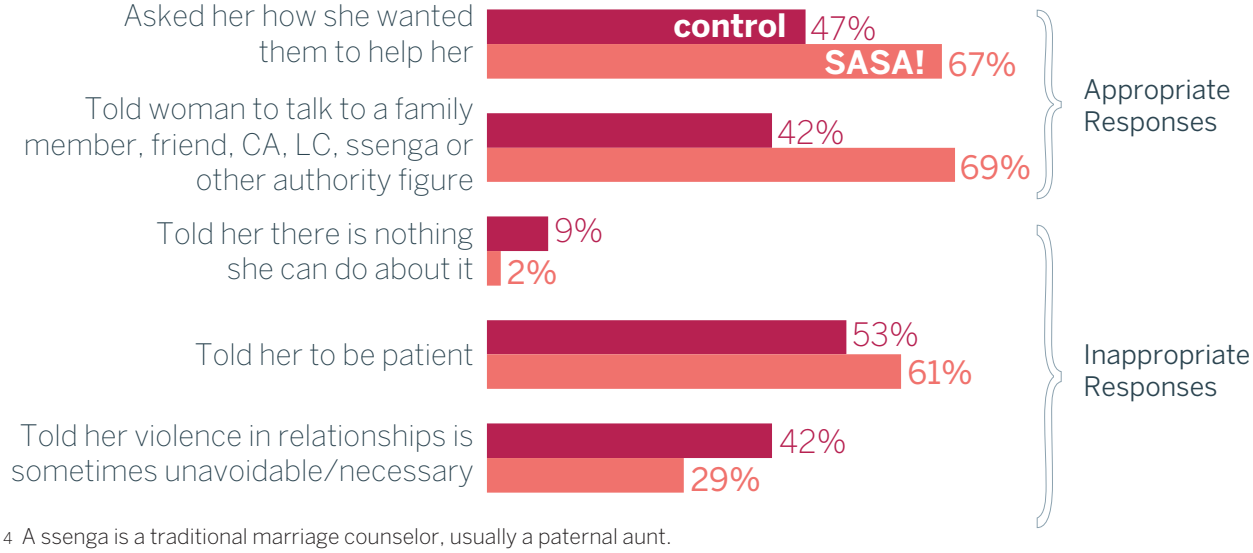
C. Responses by Community Members to Women Who Disclose Experiences of Violence

SASA! increased appropriate community activism among those told by a woman she is experiencing IPV

Women's specific responses in *SASA!* and control communities to other women who disclose past year experiences of IPV



Men's specific responses in *SASA!* and control communities to women who disclose past year experiences of IPV

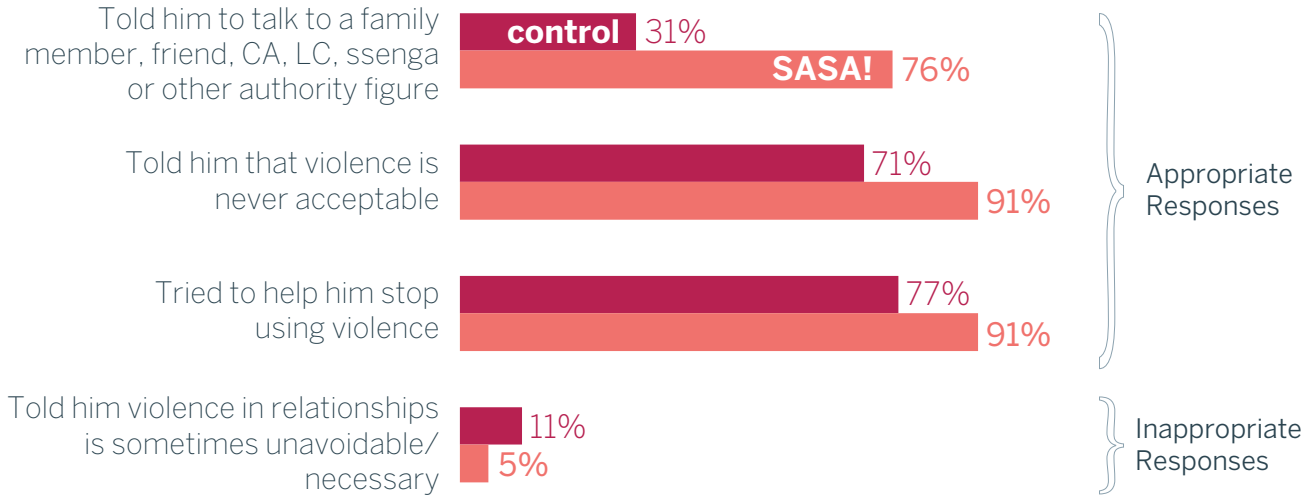


4 A ssenga is a traditional marriage counselor, usually a paternal aunt.

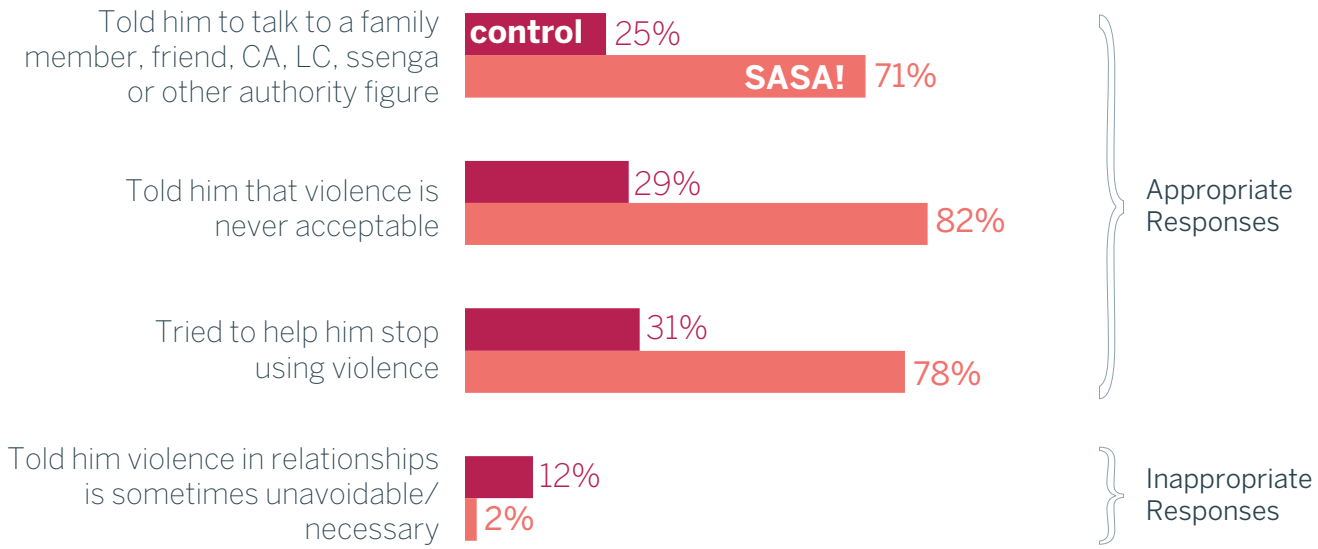
D. Responses by Community Members to Men Who Disclose Perpetration of Violence

SASA! increased appropriate community activism among those told by a man he is perpetrating IPV

Women's specific responses in *SASA!* and control communities to men who disclose past year perpetration of IPV



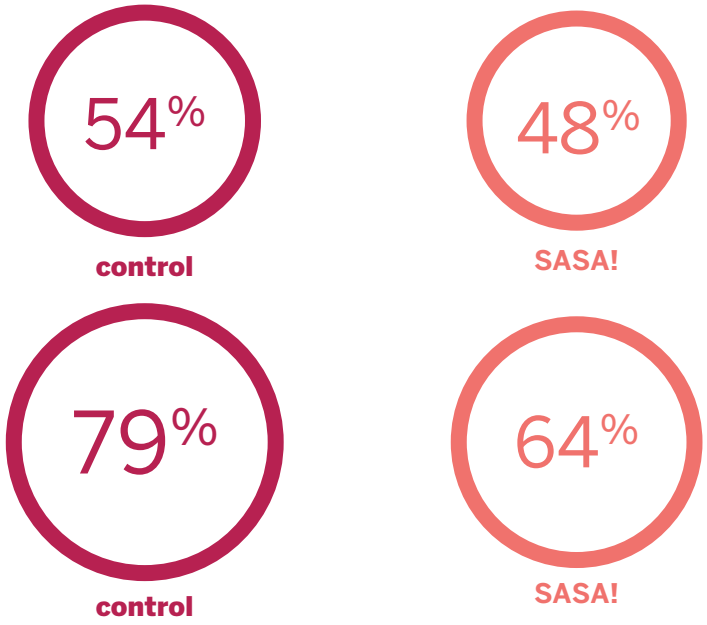
Men's specific responses in *SASA!* and control communities to other men who disclose past year perpetration of IPV



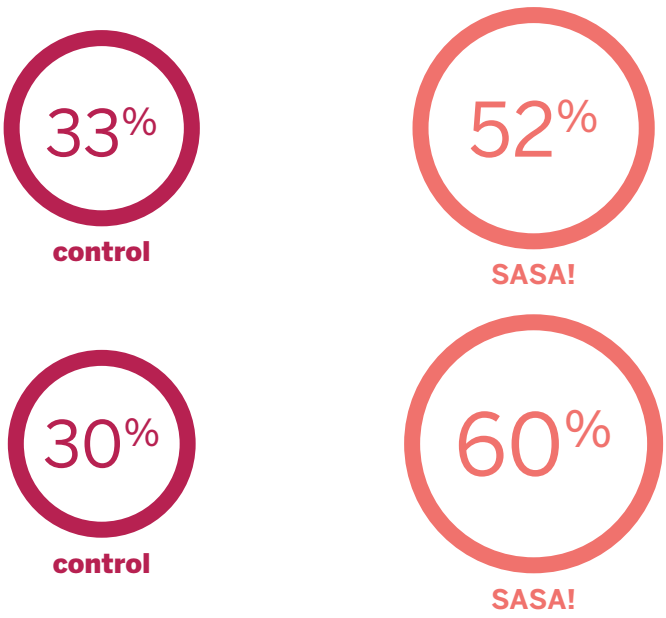
E. Activism Against Violence Witnessed in the Community

SASA! increased activism in response to seeing (or hearing about) IPV in the community

Women and men who report seeing/hearing IPV happening in the community in the past year

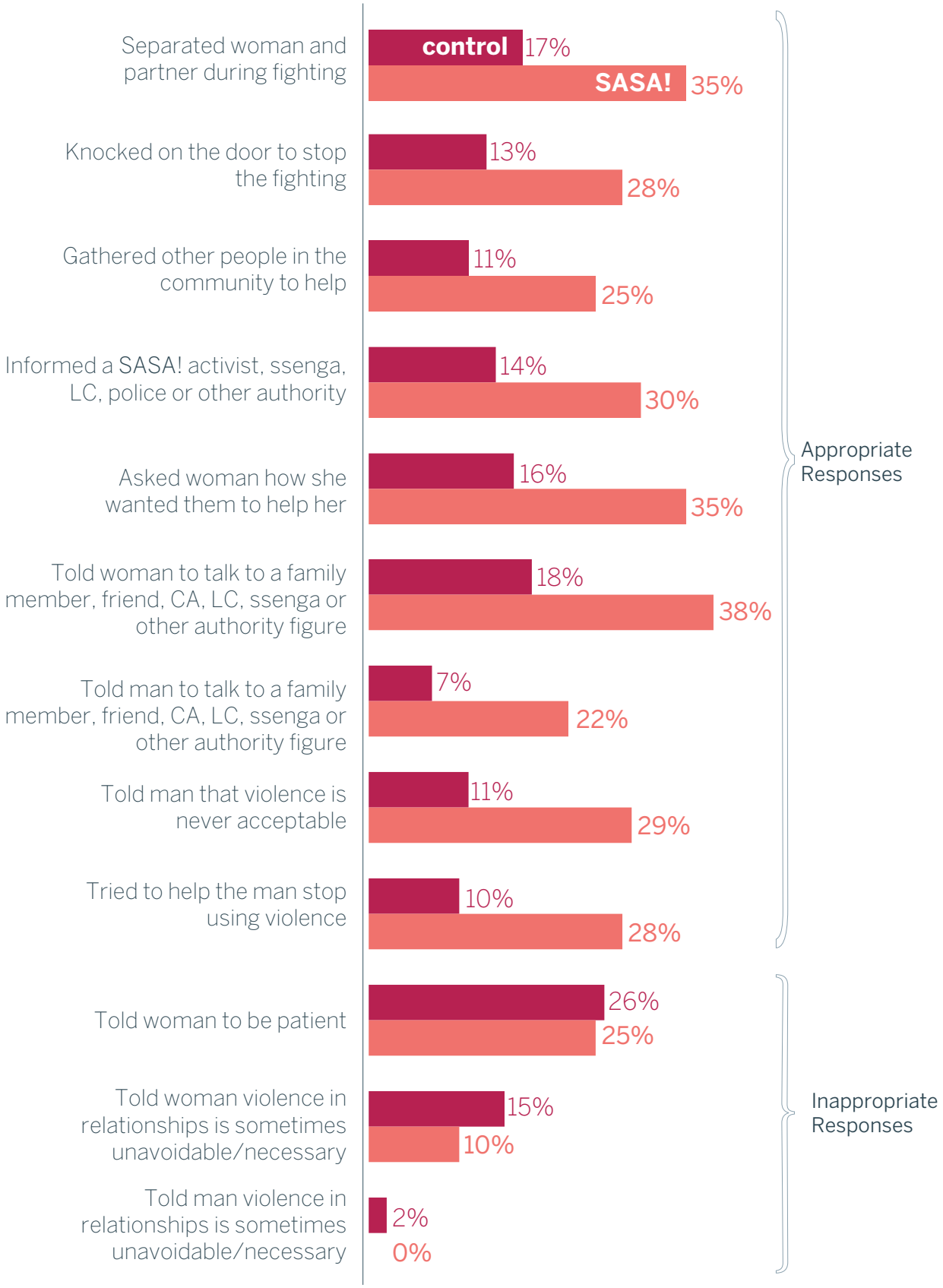


Women and men who report trying to help after seeing/hearing IPV in the community in the past year

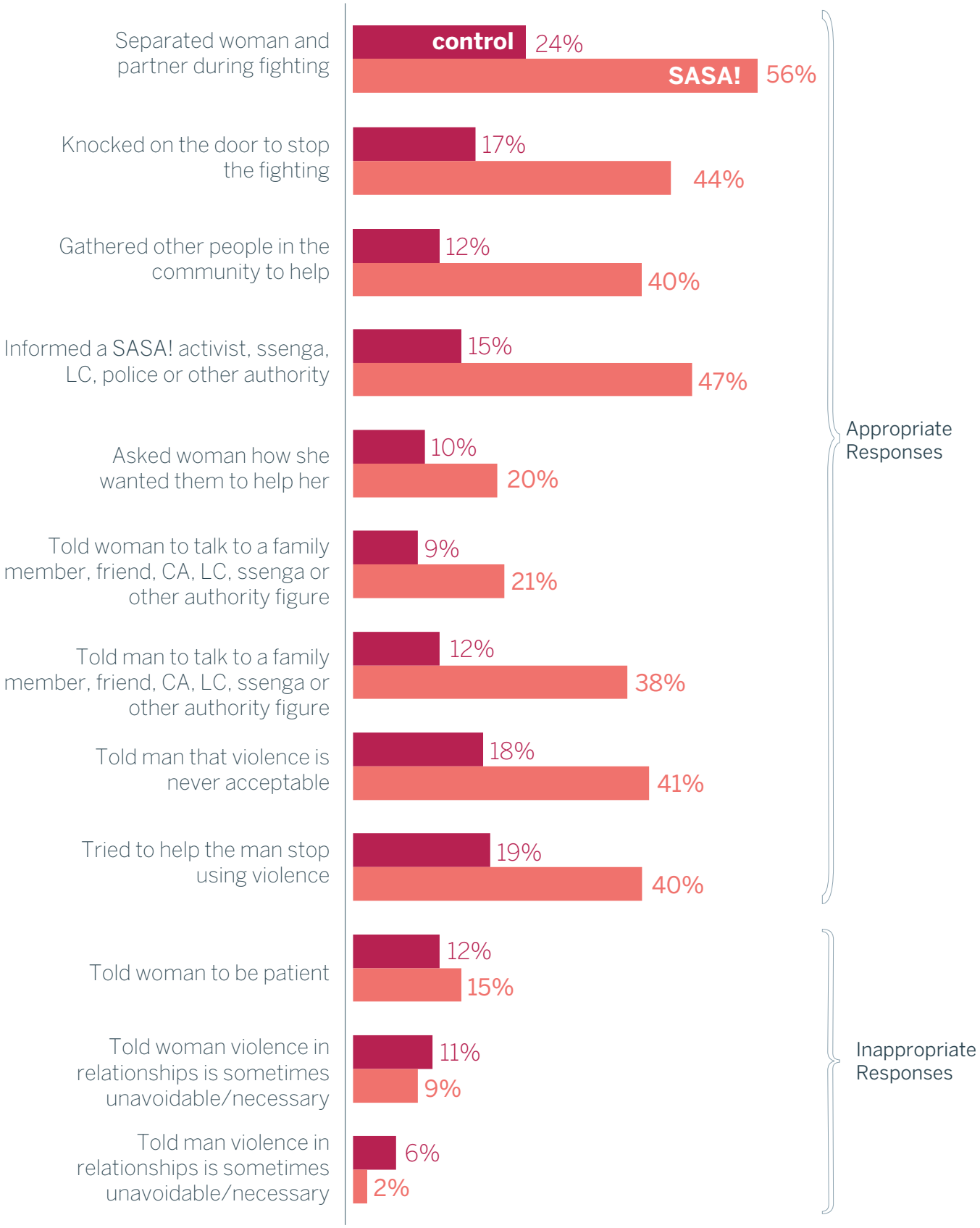


Women and men in *SASA!* communities took diverse steps in response to IPV and the majority engaged appropriately

Specific responses by female community members to IPV they have heard or witnessed in *SASA!* and control communities



Specific responses by male community members to IPV they have witnessed/heard in *SASA!* and control communities



Key Findings: Help-Seeking Behaviors and Community Activism in Response to IPV

- Women and men in *SASA!* communities were more likely to support the idea that women can disclose their experiences of violence, and that others in the community should intervene to help.
- Women in *SASA!* communities were more likely to report telling someone in the community about their experiences of IPV and more likely to report receiving help; men in *SASA!* communities were more likely to report disclosing perpetration of IPV and were also more likely to report receiving help.
- Both women and men in *SASA!* communities were more likely than their control counterparts to have tried to help with an appropriate response when told by a woman she was experiencing violence, or when told by a man he was perpetrating IPV.
- Among those witnessing/overhearing violence against women, women and men in *SASA!* communities were much more likely to help than their counterparts in control communities. Among those who did help, people in *SASA!* communities responded in diverse ways and were slightly more likely to provide an appropriate response.

Conclusion

The *SASA!* randomized controlled trial examined several impacts of a community mobilization intervention on the social acceptance of IPV and gender inequalities, the prevalence of IPV and risky sexual behaviors, attitudes towards disclosure of violence and community activism against IPV. The RCT was rigorously designed according to the highest possible standards of evaluation research. Importantly, the study measured change at the community level rather than only among individuals who directly participated in *SASA!* activities.

As illustrated in the above report, study findings for all primary outcomes shifted in the anticipated direction. While a few of the results did not reach statistical significance, the overall consistency across outcomes, coupled with large effect sizes for some measures, increases our confidence in *SASA!*'s overall impact on shifting deeply entrenched attitudes and behaviors, preventing IPV, and fostering appropriate community activism in response to violence. Although some outcomes – particularly those that were anticipated to be hardest to change – did not shift as much as hoped, the many positive changes observed at the individual, relationship and community levels attests to the strength of the community diffusion process at the heart of the *SASA!* approach. As the first randomized controlled trial in sub-Saharan Africa to assess the community-level impact of an IPV and HIV prevention intervention, this study illustrates the overall success of the *SASA!* approach.

Finally, the *SASA!* study highlights the value of investing in community-level social norm change interventions by engaging both women and men to reevaluate the imbalances of power that lead to intimate partner violence against women and HIV risk.

Violence is
preventable!

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