TECHNICAL PAPER

PROMOTING HEALTHY GENDER NORMS AND BEHAVIOURS IN EARLY ADOLESCENCE:
Common drivers and effective SBC approaches to prevent violence in adolescent intimate partner relationships

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Acknowledgements:

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Introduction

This technical paper explores programmatic models for addressing violence in adolescent intimate partner relationships. While gaps in evidence remain, there is a relatively wide literature including systematic evidence reviews and meta-analyses evaluating the quality of evidence on programs designed to prevent and respond to intimate partner violence (IPV), including among adolescents. UNICEF, however, has not yet developed a cohesive programmatic response to addressing this form of violence, which could be taken to scale and adapted in low- and middle-income contexts (LMICs) worldwide.

The need to develop programming in this area is situated within UNICEF's broader efforts to contribute towards the achievement of SDG 16.2: ending all forms of violence against children, and SDG 5.2: eliminating all forms of violence against women and girls. It aligns with the gender-transformative approach set out in the UNICEF discussion paper, Gender Dimensions of Violence against Children and Adolescents, to address the causes of gender-based inequities and transform harmful gender roles, norms, and power relations. It supports UNICEF's Adolescent Girls Program Strategy outcome, "adolescent girls enjoy freedom from violence, exploitation, and abuse"; and will operationalize UNICEF's commitment to "scale up interventions that challenge restrictive or harmful gender norms in adolescent peer and intimate partner relationships" as set out in the Child Protection Strategy 2021-2030.

Additionally, the United Nations has long recognized that the creativity, ideals, perspectives and energy of young people are vital for the continuing development of societies in which they live. In line with the 2030 Agenda for Sustainable Development, UNICEF's Strategic Plan 2022–2025 reflects the growing consensus that UNICEF's work to support adolescents must support youth participation in decision-making and proactively support young people to lead positive change in their lives and communities. This is a profound shift in how UNICEF positions its efforts with young people. It reflects that young people are not only at the center of UNICEF's work but are active agents of change, including in UNICEF and partner work to prevent and respond to IPV.

With this in mind, UNICEF's Child Protection Strategy (2021–2030) identifies 'social and behaviour change' (SBC) approaches as a core programming strategy to ensure the prevention of all forms of violence, abuse, and exploitation in the realization of children's rights. These SBC approaches and techniques address the cognitive, social, cultural, economic, and structural determinants of rights violations and behaviours. Therefore, UNICEF has increased human and financial resources to expand the use of SBC approaches and techniques across the organization to deliver social and behaviour change outcomes.

In this context, UNICEF commissioned the development of this technical paper to advise globally on the development of SBC programming to prevent violence in adolescent

intimate partner relationships. The specific objectives were:

1. To collate, assess and map global, regional and national SBC-informed programmatic models (guidance, tools, reports etc.) that seek to reduce violence in adolescent intimate partner relationships.
2. To identify programme models that were: a) demonstrably effective (either being theoretically robust, and/ or empirically evidenced), b) most relevant to addressing forms of adolescent IPV experienced in LMIC contexts, and c) are directed towards prevention of violence, as either a primary or secondary focus.
3. To analyse the common principles (theories, strategies, delivery mechanisms and activities) that underlie the most effective, replicable and scalable programmatic models across different contexts.
4. To make recommendations for the design of UNICEF's future SBC programming and measurement work for addressing IPV in adolescence.

1. Scope

1.1 Geographical scope

Research for this technical paper was global in scope. Where possible, attention was given to well-evidenced programmes implemented in LMICs. Nevertheless, the majority of interventions that address this type of violence have been designed, implemented and tested in high-income countries (HICs), particularly the USA. Interventions from HICs are highlighted in the analysis below, where they fill an important gap in theory and evidence, and where they are considered to have the potential for replicability and scalability in LMICs, considering a number of factors, including the cross-cultural relevance of the intervention and the resources required for its implementation.

1.2 Programmatic scope: an SBC-informed approach

This paper focuses specifically on programme interventions that draw on an SBC approach, either as a primary or secondary area of focus. UNICEF defines SBC as:

> *A set of approaches and strategies that promote positive and measurable changes towards the fulfilment of women's and children's rights. SBC works with communities, partners and authorities to understand and influence the cognitive, social and structural drivers of change. It relies on social and behavioural evidence as well as participatory approaches to co-design solutions to development.*
> *(UNICEF, 2022)*

Crucially, UNICEF abides by a set of ethical values and principles that must underly all SBC initiatives; these include: recognition of the importance of citizen agency and autonomy, a respect for diversity and culture, and a commitment to participation through the process of dialogue (UNICEF, 2022).

Furthermore, the Socio-Ecological Model (SEM) is UNICEF's foundational model for social and behaviour change. This model conceptualises the (interconnected) factors that influence both individual and collective behaviour, as follows:

- Individual: each person's own cognitive experience and perceptions;
- Personal relationships, e.g., family and friends: the people who we are closest to and interact with on a regular basis;
- Community: social groups, those who live in a similar geographical area or share personal and demographic characteristics or interests;
- Institutions and services: the organisations and services that are available and that we interact with;
- Structural/ environmental: the laws, norms and (material) conditions that govern lives, e.g., distribution of resources, infrastructure, government policy, etc.

Policy, Society and Environment
The laws, norms and conditions that govern our lives

Institutions and Services
The organisations we interact with, the services available to us and our experience of them

Community
Our social groups, those who live in a similar geographic area or share some characteristics or interests with us

Family and Friends
The people who we interact with on a regula basis

Individual
Our own cognitive experience and perceptions

Replicated from UNICEF's social and behaviour change guidance

1.3 Focus on Early Adolescence

Given the opportunity that adolescence presents as a key entry point for breaking cycles of intergenerational violence and preventing some forms of violence before it occurs, the review for this paper offered particular focus on interventions designed or appropriate for young adolescents (ages 10-14). The aim was to identify programmatic interventions that have been effective in addressing IPV perpetration at a critical stage of development during which young people's interest in romantic relationships awakens, and when gender role differentiation starts to intensify. The developmental significance of early adolescence and the case for addressing IPV at this time is discussed further in section 5 ('Context') below.

2. Defining adolescent IPV

Intimate partner violence (IPV) is recognised as being the most prevalent form of interpersonal violence globally, and disproportionately affects women and girls. The World Health Organisation (WHO) defines IPV as: *"behaviour within an intimate relationship that causes physical, sexual or psychological harm, including acts of physical aggression, sexual coercion, psychological abuse and controlling behaviours."* [1] Intimate relationships are understood to include both current and former, romantic and sexual partners, including spouses, whether cohabiting or not.

When considering adolescents – defined as any person between the ages of 10–19 years[2] – a challenge arises in how to identify and define what constitutes a romantic or sexual "partnership" or relationship. Depending on an adolescent's age, development, and life experience, such relationships may or may not be consensual; they may or may not involve sexual intimacy and may be relatively fleeting and occasional. In the academic literature, adolescent IPV is often referred to as "teen dating violence" (TDV). However, this concept is one that particularly reflects a Euro-American understanding of adolescent relationships and may not translate well or accurately reflect the intimate relationship experiences of adolescents in different social and cultural contexts.

[1] Violence Info – Intimate partner violence (who.int), https://apps.who.int/violence-info/intimate-partner-violence/ accessed 2ndJanuary 2023.

Adolescents, particularly girls, in LMICs may be less likely to be involved in dating relationships with an age–matched peer and be more likely to be involved in cohabiting partnerships (including marriages), where there are significant age and power differentials between them and their partner, though this also takes place in HICs (Crooks et al., 2022).[3] Furthermore, in all global settings and contexts, adolescents are at significant risk of becoming targets of non–consensual and exploitative acts of sexual harassment, coercion and grooming.

To reflect these nuances, in the context of this technical paper, adolescent IPV is defined very broadly as: *any behaviour that causes, or has the potential to cause, physical, sexual or psychological harm, including acts of physical aggression, sexual coercion, psychological abuse and controlling behaviours, perpetrated by someone who is, was, or purports to be, involved in intimate (sexual or romantic) relations with an adolescent.*

A significant limitation that permeates the literature concerning IPV (both for adults and adolescents) is its implicit bias towards a conceptualisation of gender (identity) as fixed and binary, and of relationships as primarily heterosexual. This has led to a lack of consideration of the experiences and needs of LGBTQI youth, who may be especially at risk of violence, due to their relative marginalisation and vulnerability.

[2] Adolescent Health (who.int), https://www.who.int/health–topics/adolescent-health#tab=tab_1 accessed 27th March 2023.
[3] Pew Research Center analysis of 2010–2018 census and survey data; accessed 28th June 2023;

2.1 Types of adolescent IPV

Forms of **physical** IPV include any actions involving the deliberate or intentional use of physical force that either result in or have the potential to result in causing bodily harm. Actions may include hitting with hands or objects, slapping and punching, kicking, shaking, throwing, poisoning, burning and scalding, biting and scratching, breaking bones and homicide.[4] The most common types of homicide in the context of intimate partner relationships are female homicide and femicide. Female homicide is any intentional killing of women or girls, whereas femicide is the intentional killing of women or girls specifically because they are female (Álvarez-Garavito & Acosta-González, 2021). Intentionality is associated with committing the act itself, regardless of the (intended) outcome of the act. Unintentional acts (e.g., traffic accidents) are excluded from the definition.

[4] This is a relatively narrow definition of physical violence based on the broader definition of violence in the World Report on Violence and Health. See Krug et al. 2002. World report on violence and health. WHO. P.5 Intimate partner violence (IPV) is recognised as being the most prevalent form of interpersonal violence globally, and disproportionately affects women and girls. The World Health Organisation (WHO) defines IPV as: "behaviour within an intimate relationship that causes physical, sexual or psychological harm, including acts of physical aggression, sexual coercion, psychological abuse and controlling behaviours." [1] [12.07.17]
[5] World Health Organisation, 'Understanding and addressing violence against Women' WHO, 2012<https://apps.who.int/iris/bitstream/handle/10665/77432/WHO_RHR_12.36_eng.pdf;jsessionid=F91D1AA73C3459BE62EF1786O25A87BF?sequence=1> accessed 24 April 2023, 1.

Forms of **psychological** IPV are more subtle, diffuse and often harder to recognise and define. Acts of psychological violence may include insults, belittling, constant humiliation, intimidation, threats of harm and threats to take away children.[5] Insults, belittling, and constant humiliation are forms of expressive aggression that can involve name-calling, causing a person to feel inferior, making them doubt their own memory and exploiting their vulnerability such as a disability.[6] Intimidation can involve making someone feel fearful. This includes stalking, where the victim is given unwanted and repeated attention through being monitored and spied on by their partner both physically and online.[7]

Threats of harm can involve threats of physical or sexual violence, threats to harm family members and control of reproductive health. These forms of psychological aggression take the form of verbal and non-verbal abuse to defame or coerce an individual.

[[6] 'Types of Intimate Partner Violence', A Train Education https://www.atrainceu.com/content/3-types-intimate-partner-violenceaccessed 24 April 2023.
[7] Ibid

The aim of psychological aggression, according to the European Institute of Gender Equality (EIGE) is often to harm a partner mentally or emotionally and/or to exert control over a partner.[8] These are important underlying components of psychological violence. Controlling behaviour can involve isolation from family and friends, monitoring the partner's movements and restricting access to financial resources such as bank accounts, or digital devices such as phones. These are all acts that are done with the intention to degrade someone, isolate them, and will likely negatively impact the mental health of an individual.

In instances of intimate partner psychological violence, as with other aspects of IPV, making threats is often alternated with acts of kindness from the perpetrator, making it difficult for the victim to break free of the cycle of violence.[9] The definition of IPV in this study encompasses all forms of psychological aggression and is not limited to the specific acts mentioned above, as there is no consensus as to what constitutes psychological aggression. Furthermore, this type of violence can often emerge during regular and

routine interactions between partners and therefore varies in each relationship.[10]

Forms of **sexual** IPV include "any sexual act, attempt to obtain a sexual act, or other act directed against a person's sexuality using coercion" including in the context of legal marriage.[11] Sexual coercion includes rape, defined as physically forced or otherwise coerced penetration – even if slight – of the vulva or anus, using a penis, other body parts or an object. The attempt to do so is known as attempted rape. [12] Sexual violence can include other forms of assault involving a sexual organ, including coerced contact between the mouth and penis, vulva or anus. In many countries, there are exceptions in law to the crimes of 'rape' or 'sexual assault' where the victim is the legal spouse of the perpetrator (Anderson, 2016). The definition of IPV in this study encompasses all forms of sexual coercion and assault according to global standards, regardless of exceptions contained within countries' domestic laws.

[8] EIGE, 'Glossary of definitions of rape, femicide, and intimate partner violence', 2017<https://eige.europa.eu/rdc/eige-publications/glossary-definitions-rape-femicide-and-intimate-partner-violence> accessed 24 April 2023.
[9] 'Types of Intimate Partner Violence', A Train Education https://www.atrainceu.com/content/3-types-intimate-partner-violence. Accessed 24 April 2023.
[10] Emily Cross, et al., When Does Men's Hostile Sexism Predict Relationship Aggression: the Moderating role of partner Commitment', Social Psychology and Personality Science, vol. 8, no.3, 2017, 331–340.

[11] WHO (2014), Global Status report on violence prevention. https://www.who.int/publications/i/item/WHO-NMH-NVI-14.2. Accessed June 2023.
[12] WHO (2014), Global Status report on violence prevention. https://www.who.int/publications/i/item/WHO-NMH-NVI-14.2. Accessed June 2023.

While adults and some older adolescents are considered competent to consent to having sex, children below the age of legal consent, are treated in law as being incapable of providing consent to sexual activity. As a result, sexual intercourse with a child is often considered 'statutory rape' – and a form of sexual violence against children. However, there are no international laws or guidelines on the age of consent, and the established legal age differs from country to country. Therefore, country-specific 'statutory rape' laws are not included within the scope of the definition of 'sexual coercion' used in this study.

One increasingly prevalent form of IPV that particularly affects (young) adolescents in contemporary contexts around the world is a type of digital violence known as **technology-facilitated gender-based violence.** This is a form of violence whereby technology and online spaces are misused to inflict forms of gender-based exploitation and harm. Actions may include sharing sexually explicit images or videos of children, sending harassing or bullying messages via messaging platforms and social media, online stalking, and other actions carried out using the internet and/ or mobile technology that harm an adolescent based on their sexual or gender identity or by enforcing harmful gender norms (Hinson et al., 2018). Despite being a pervasive issue, there is a gap in literature on technology-facilitated GBV, particularly from LMICs.[13]

[13] NORC at the University of Chicago. Technology-facilitated gender-based violence. https://www.norc.org/Research/Projects/Pages/technology-facilitated-gender-based-violence.aspx#_ftn1 accessed February 2023.

3. Methodology

3.1 Research questions

Based on the research objectives set out above, the key research questions that informed the development of this paper were as follows:

1. As far as can be determined from the existing evidence:
   a. What are the main types of programmes that have been designed, implemented and tested for addressing adolescent IPV?
   b. Which are the most effective types of SBC programmatic models?
   c. What are the common principles – theories, strategies, delivery mechanisms and activities – that underlie the most effective SBC programmes?
   d. What opportunities (and challenges) might there be for the scalability of different types of models across different LMICs and why?
2. What recommendations can be made for the design of UNICEF's future SBC programming and measurement work for addressing adolescent IPV and where and how might UNICEF be best placed to act?

3.2 Literature review

In order to answer these questions, a comprehensive review of academic, policy, and programmatic literature was carried out pertaining to global, regional and national SBC-informed programmes seeking to reduce violence in adolescent intimate partner relationships.

Given the focus on developing programmatic models (and the availability of a number of existing evidence reviews), the aim was not to provide an evidence synthesis through a systematic literature methodology. Nonetheless, elements of a systematic approach were applied, in order to ensure that the review was as comprehensive as could reasonably be achieved given time and resource constraints. Achieving this balance entailed a mixing of both manual and automated methods. For the automated searches, we used the following terms, and compounds of these, to enter into digital libraries and search engines:

[("intimate partner violence" [MeSH]) OR ("dating violence") OR ((dating) AND (violence OR abuse OR victimization OR perpetration)) OR ("coercion"[MeSH]) OR ("sex offenses"[MeSH]) OR ("sexual behaviour"[MeSH]) OR ("sexual violence") OR ((technology [MESH]) AND (violence OR abuse OR harassment OR bullying OR stalking)) OR ("psychological victimization") OR ("psychological violence") OR ("emotional violence") OR ("emotional abuse") OR "control [MESH]")]

AND

("program evaluation" [MeSH] OR intervention* OR efficacy OR effectiveness OR prevent* OR program* OR reduction OR randomized or randomized trial or RCT or promote* or "social and behaviour change"[MeSH])

AND

("adolescent" [MeSH] OR "young people" OR student* OR youth OR teen* OR girl OR boy OR child).

The following key databases were included in the automated search: PubMed/Medline, PsycINFO (EBSCOhost), CINAHL-ebsco, ERIC, EmBase Social Work, Abstracts and SocIndex. The key journals were: *Child Abuse and Neglect, Child Maltreatment, Child Abuse Review, and Journal of Interpersonal Violence, Aggression and Violence Behaviour, Child Welfare, Journal of Aggression, Maltreatment and Trauma, Journal of Child and Family Studies, Journal of Child Sexual Abuse, Journal of Family Violence, Journal of School Violence, Sexual Abuse: A Journal of Research, Trauma, Violence and Abuse, and Youth Violence and Juvenile Justice.* In addition, the literature reviewed included searches of the Cochrane Library, Web of Science, Popline, WHO Global Health Library, Sociological Abstracts, and 3ie Impact Evaluation Repository (databases).

Manual searching involved identifying additional literature through reviewing reference lists of retrieved studies, conducting web-based (Google) searches, visiting and exploring websites of development partners, and drawing on key contacts who work on SBC, SGBV and IPV in adolescence. This meant that the desk review was not limited to peer-reviewed academic literature, but also included a review of quality 'grey literature' and programmatic documentation.

3.3 Analysis

All literature was uploaded into MAXQDA software where it was reviewed, organised, coded and analysed. The analysis focused on identifying a selection of promising programme models for a more detailed, in-depth analysis. These models were selected with regard to the following considerations:

- To represent a range of different approaches to addressing IPV;
- Priority was given to interventions engaging boys and girls in early adolescence;
- Interventions focused on prevention of violence, as either a primary or secondary focus;
- Programmatic models had to either be well evaluated, with evidence demonstrating effectiveness, or considered 'promising' based on a robust theoretical model/ theory of change;
- Priority was given to models that are gender transformative, addressing underlying gendered norms and attitudes that underlie perceptions concerning the acceptability of forms of IPV, or that address, more broadly, the cognitive, social, cultural, economic and structural determinants of gender inequalities that leave particular groups of adolescents more at risk of perpetrating or experiencing IPV;
- Selected models needed to be scalable and adaptable to different LMICs around the world.

[14] The review included multiple evidence syntheses that drew on individual studies published before 2012; information from these evidence syntheses was included if the evidence synthesis itself was published in 2012 or later.

Effective models were unpacked to analyse their underlying principles and theories of change, to provide an analysis of how and why they work, and to provide opportunities for scalability.

This analysis was then used to form the bases of the development of recommendations for UNICEF's future programming work on preventing IPV in adolescence.

3.4 Limitations

Given time and resource constraints, the review did not seek to provide an exhaustive list of all literature pertaining to adolescent IPV, globally. Instead, the principal aim of the review was to identify key publications which contained the most useful and relevant articulation of evidence and theory concerning effective SBC-informed programming.

To avoid costs associated with translation, the desk review was restricted to English-language publications and data sources. Furthermore, the review was primarily restricted to literature that was published over the last decade (between 2012 and 2022/23).[14] This was to make the exercise more manageable and had the additional benefit of ensuring that the analysis contained in this paper was based on up-to-date data sources and that outdated material was not included.

Finally, the review was restricted to publications and publicly available resources, the specific curriculums and materials of each programme were not reviewed as part of this paper.

4.Context

4.1 Prevalence of IPV amongst adolescents

Evidence suggests that intimate partner violence is common amongst adolescents in contexts across the world (Stöckl et al., 2014). Prevalence statistics vary across different contexts and studies, however, WHO estimates that globally almost 1 in 4 ever married/ partnered girls aged 15–19 years has been subject to physical and/or sexual violence in an intimate partner relationship at least once in their lifetime.[15]

While this statistic is revealing of the scale of the problem, it also illustrates some of the gaps in the current data. **Firstly, most global research on IPV has focused on reporting the IPV experiences of women and girls.** Much less evidence has been gathered exploring IPV experiences amongst adolescent boys. Nevertheless, a number of localised studies (conducted in both high-income contexts (HICs) and LMICs) have indicated that adolescent boys are at significant risk of becoming both victims and perpetrators of violence in intimate relationships (Malhi et al., 2020; McNaughton Reyes et al., 2021; Young et al., 2018). Although gender-disaggregated prevalence data is sparse, and the

results somewhat mixed, the majority of literature on the topic reflects a perspective that girls are especially at risk of being victimised in intimate relationships, particularly through forms of sexualised coercion, harassment and forced sexual initiation (Kågesten et al., 2016). Boys, on the other hand, are thought to be more likely to perpetrate violence in intimate relationships, especially forms of sexual violence. (Ellsbery et al., 2017; Kidman & Kohler, 2020; Yount et al., 2017).

Secondly, the majority of studies have focused on gathering data on rates of physical and sexual abuse. Much less attention has been afforded to measuring the prevalence of psychological forms of violence, such as emotional abuse and coercive control. Additionally, there is greater variability in definitions of emotional abuse, rendering it hard to compare data across studies; indeed, conceptions of this type of violence are deeply contextual and differ widely across cultures rendering emotionally abusive actions more difficult to define (Buller et al., 2018).

[15] WHO on behalf of the United Nations Inter-Agency Working Group on Violence Against Women. Violence against women prevalence estimates, 2018 – Executive summary. 2021. [14] The review included multiple evidence syntheses that drew on individual studies published before 2012; information from these evidence syntheses was included if the evidence synthesis itself was published in 2012 or later. (accessed 14 December 2022)

Yet, some evidence indicates that experiences of psychological violence are especially high among young people. For example, one recent study from the US found that as many as two-thirds of adolescents had experienced psychological victimization in the context of current or past-year romantic relationships, with almost as high a proportion reporting to have perpetrated the same (Liu et al., 2020). Another study, conducted in Mozambique, found that psychological violence was the most common type of IPV reported by adolescents and young people (ages 15–25), with more than half (55.7%) of the sample having experienced this type of violence (Maguele et al., 2020). A 2014 study by Stöckl et al. (2014) conducted in nine different countries found that young women across all research sites reported being involved in relationships defined by high levels of controlling behaviour.

Third, the vast majority of research on adolescent IPV has focused on older adolescents, ages 15 years and above. Much less is known about experiences of relationship violence amongst younger adolescents ages 10–14, and therefore the emergence of IPV during adolescence (Kidman & Kohler, 2020; Liu et al., 2020). Exceptions to this are the Global School-based Student Health Surveys (GSHS) which collected data on experiences of IPV amongst adolescents as young as 13 years old in some LMICs. According to a 2020 review by Kidman & Kohler, GSHS data suggests that in some contexts around 1 in 5 adolescents aged 13–15

years has experienced physical IPV perpetrated by a romantic partner in the last year.

In addition to experiencing IPV at high rates, evidence suggests that a high proportion of adolescents find IPV normal and acceptable. UNICEF estimates that, globally, **as many as 1 in 3 adolescents ages 15–19 believes that a husband may sometimes be justified in hitting or beating his wife.**[16] This statistic is concerning; inequitable gender norms that endorse male power and control over female partners have been identified as a root cause of IPV. Adolescence is also a time during which young people are developmentally prone to have a strong desire to conform to peer group norms, and are particularly sensitive to inequitable gender expectations (John et al., 2017). This renders early adolescence a critical entry point for those working on primary prevention of IPV, yet IPV research and intervention activities typically overlook this period in young people's development.

16] Attitudes and social norms on violence – UNICEF DATA (accessed 14 December 2022)

4.2 Impact of IPV in (early) adolescence

While exposure to IPV is harmful at any life stage, experiencing IPV in adolescence, has a particularly strong developmental significance (Kidman & Kohler, 2020). Adolescence, especially early to mid-adolescence, constitutes a period of especially rapid brain and cognition development, and an acutely sensitive time for social and emotional learning, behavioural experimentation and identity formation. It is typically during this time that sexual and romantic interest first awakens, and young people may experience their first intimate relationships, developing norms, scripts and patterns of behaviour which may last a lifetime. At the same time, it is generally during and after the onset of puberty that gender socialisation intensifies and pressures increase for young people to conform to dominant masculine and feminine identities. Exposure to IPV during this vulnerable developmental stage is liable to be internalised by young people: influencing their understandings of relationship norms, gender roles and conceptions of self (Ellsbery et al., 2017; Kidman & Kohler, 2020).

Given these dynamics, it is unsurprising that evidence indicates that exposure to IPV in adolescence has severe and lifelong consequences. Indeed, ensuring young people's emotional, physical and sexual health during such a critical stage of development is an important determinant of lifelong health and well-being. Exposure to IPV in adolescence has been associated with a wide range of adverse outcomes, including poor mental and physical health, addiction, anti-social behaviour criminality, negative sexual and reproductive outcomes (e.g., unwanted pregnancy, sexually transmitted diseases), poor educational achievement, suicidal ideation, injury and even death, making these forms of violence not only human rights issues but also public health and development concerns. In addition, experiencing IPV in adolescence significantly increases the risk of both perpetrating and being a victim of, further violence in adulthood, contributing significantly to intergenerational cycles of violence (McNaughton Reyes et al., 2021).

In this context, UNICEF has identified a need to expand and develop programming to prevent IPV in adolescence. Much of UNICEF's work has focused on parenting programmes in the early years as a key "entry point" for breaking cycles of violence perpetration, yet there is a need to consider (early) adolescence as another key life stage during which effective violence prevention initiatives can be put into practice.

4.3 Drivers and risk factors of IPV

A body of literature has explored the complex matrix of individual, relationship, community and societal factors that drive IPV (Stöckl et al., 2014). A socio-ecological model is often used to conceptualise these 'factors', whereby (violent) behaviour in relationships is understood as being driven by an interplay between individual (e.g., biological and personal history), relationship/ family (e.g., social circle, peers, family support, relationship quality and

dynamics), community (e.g., neighbourhood, schools, workplaces, local physical and social environment) and societal/ structural (e.g., social and cultural norms, domestic violence laws and access to justice, distribution of wealth etc.) factors. Helping to clarify these factors at different 'levels' of the model, and the interactions between them can support the design of effective interventions that can act through multiple strategies to effect change.

At an **individual level,** identified drivers of adolescent IPV include: poor emotional regulation and conflict negotiation skills; psychological stress (including depression and post-traumatic stress disorder); controlling tendencies and behaviours; substance abuse (particularly alcohol consumption); adverse childhood experiences; high-risk sexual behaviour; lack of physical activity; unemployment, and low levels of education (Kidman & Kohler, 2020; Malhi et al., 2020; Stöckl et al., 2014; Tiruye et al., 2020). In terms of personal history, having been a victim or witness of violence in early childhood, especially family violence, has been evidenced as particularly key. A recent systematic review indicated that children exposed to IPV growing up may result in as much as a fourfold increase in their likelihood of perpetrating violence against an intimate partner in later life, although there is a lack of research evidence from LMICs (Kimber et al., 2018).
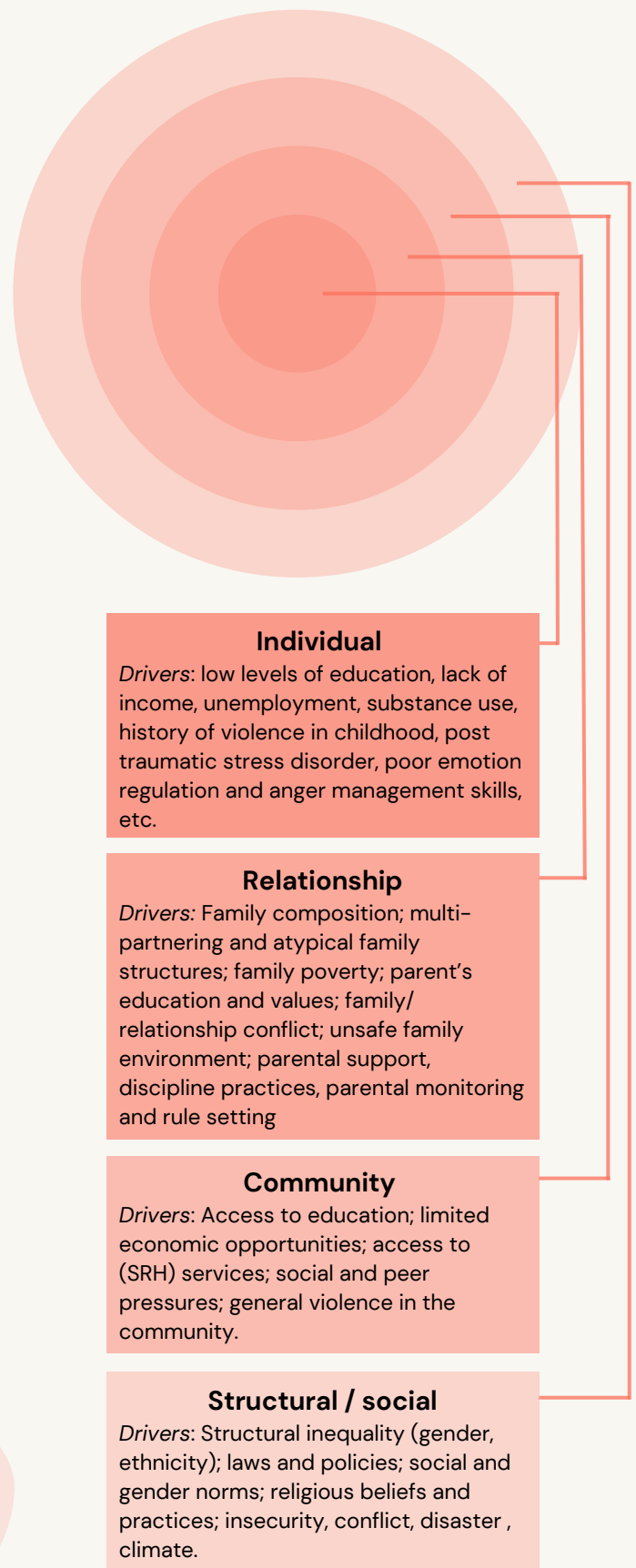
At a **family level,** household economic stress, multi-partnering and atypical family structures and

early marriage have all been identified as playing a role (Ellsbery et al., 2017; Stöckl et al., 2014). Research from HICs has also identified levels of parental support, discipline practices, parental monitoring and rule setting as longitudinal predictors of teen dating violence, although the evidence (particularly from LMICs) is limited (V. A. Foshee et al., 2012; Lundgren & Amin, 2015). Linked to individual-level factors, such as emotional regulation and skills in conflict management and negotiation, Stöckl et al.'s (2014) study found a significant association between the quality of the intimate partner relationship (measured through the frequency of quarrelling and controlling behaviour) and experiences of IPV.

These family and household-level factors are, in turn, affected by the broader community and social contexts. For example, unemployment and household economic stress will be affected by local, national and international economics, and access to economic opportunities and livelihoods (Mathews et al., 2016). An individual's level of education will be affected by the availability and quality of local schooling, and community practices and norms related to educating girls and young women. (Indeed, data from Bangladesh and Tanzania found that secondary education was protective against IPV, but only if both partners were educated to this level (Stöckl et al., 2014)). An individual's mental and physical health and tendencies to engage in risky sexual behaviours or abuse substances will be affected by their access to (sexual and reproductive) health services, and so forth.

At a **structural level,** laws and policies that perpetuate gender inequality, patriarchal social systems that afford men privileged access to social, political and economic power, and social norms that endorse male entitlement and control over women and children, are key underlying drivers of IPV. In particular, a number of studies have empirically evidenced a link between rigid and unbalanced gender role attitudes and increased perpetration of violence by adolescent boys (Kidman & Kohler, 2020; Yount et al., 2017). For example, masculine identities emphasising male dominance, aggression, hypersexuality and sexual entitlement, have been linked to the perpetration of physical violence, sexual assault and honour-related abuse (Yonfa et al., 2021; Yount et al., 2017). Meanwhile, in contexts where violence in intimate partner relationships is normalised, women and girls are more likely to be tolerant of relationship abuse, less likely to leave a violent relationship, and more unable to access external sources of social support (Daruwalla et al., 2019; De Koker et al., 2014; V. A. Foshee et al., 2012; Tiruye et al., 2020; Yonfa et al., 2021). For example, a recent study amongst school-going adolescents and young women in Mozambique found that experiences of IPV in the last 12 months were higher among women who subscribed to a belief that men are superior to women (Maguele et al., 2020). Given these dynamics, it has been suggested that IPV prevention activities tackling harmful and violent gender norms are especially important in LMICs where women and girls have relatively less political and economic power and fewer legal protections to fall back on (Kidman & Kohler, 2020)

Figure 2: Structural drivers of adolescent IPV – socioecological model

Individual
Drivers: low levels of education, lack of income, unemployment, substance use, history of violence in childhood, post traumatic stress disorder, poor emotion regulation and anger management skills, etc.

Relationship
Drivers: Family composition; multi-partnering and atypical family structures; family poverty; parent's education and values; family/ relationship conflict; unsafe family environment; parental support, discipline practices, parental monitoring and rule setting

Community
Drivers: Access to education; limited economic opportunities; access to (SRH) services; social and peer pressures; general violence in the community.

Structural / social
Drivers: Structural inequality (gender, ethnicity); laws and policies; social and gender norms; religious beliefs and practices; insecurity, conflict, disaster , climate.

5. State of the evidence

There is a relatively expansive literature on interventions to prevent intimate partner violence. A 2015 review of global evidence on violence against women and girls published in the Lancet, conducted by Ellsberg et al., found that intimate partner violence had been the subject of more than two-thirds of the project pilots and evaluations. More recently, a 2021 evidence review commissioned by the Youth Endowment Fund, which draws on a database of over 2,000 studies from across the world, rated interventions to prevent intimate relationship violence as amongst the most well-evidenced of all youth violence programmes.[17] The same review concludes that many IPV interventions have the potential to be successful in reducing all types of intimate violence, including emotional, physical and sexual violence, as well as violence that takes place online, with an overall impact rating of 'moderate', with an estimated violence risk reduction of 17%.[18] Similarly, a global systematic review conducted by Lundgren & Amin (2015) found that the evidence on adolescent IPV prevention initiatives is promising and that many programmes have demonstrated "considerable success" (p.542).

[17] See YEF Toolkit: An overview of existing research on approaches to preventing serious youth violence,
https://youthendowmentfund.org.uk/toolkit/ accessed April 2023.
[18] See YEF Toolkit: An overview of existing research on approaches to preventing serious youth violence,
https://youthendowmentfund.org.uk/toolkit/ accessed April 2023.

Nevertheless, despite these encouraging results, a number of limitations hamper the conclusions that can be drawn from this body of literature.

Comparison across studies: Firstly, the lack of consistency and standardisation in the way that evidence has been collected and appraised renders it hard to collate findings from across studies and contexts. Individual evaluations reflect a vast diversity of tools and indicators for measuring (different aspects of) IPV perpetration and victimisation, rendering it challenging to compare and synthesise results. The literature is also limited by a lack of comparison between existing programmes. Instead, outcomes of different interventions are compared to groups of 'controls' or 'non-treatment' samples (Doucette et al., 2021)

Short follow-up periods: Additionally, despite the number and diversity of different intervention evaluations, the vast majority have been conducted within very short timescales (e.g., within six months of project completion), focused on short-term results, with no inclusion of longer-term follow-up, making it difficult to establish whether any observed changes are sustained over time (Ellsberg et al., 2015; Lundgren & Amin, 2015). This is particularly significant given that many IPV initiatives have focused on transforming norms and attitudes, with ambitions for achieving long-term social change.

Impact on behaviour change: A particularly notable and significant limitation is that a vast proportion of studies focus on measuring changes in 'knowledge' and 'attitudes' related to IPV, while lacking evidence on actual experiences of violence and violence perpetration (Sinclair et al., 2013). Although changes in attitudes towards violence are themselves important, these improvements may not be sufficient to foster behavioural changes to reduce overall rates of IPV. Indeed, those studies that have included measures of experiences have generated equivocal results: while IPV interventions are often evaluated as highly successful in increasing participants' understanding, recognition and (asserted) rejection of relationship violence, the effect on actual perpetration and victimisation is less clearly established, with fewer studies measuring behaviour change outcomes, and those that do typically reporting no or limited impact (Moss & Fedina, 2022). Furthermore, those studies that do contain evidence of effectiveness in reducing violent behaviours have almost exclusively relied on self-reported measures of violence; for example, asking men about how often they have perpetrated IPV against their partner, without further triangulation of results (e.g., also asking their partner). Self-report measures of violence are subject to significant bias, particularly given that most programmes are designed to convey the message to participants that IPV perpetration is harmful and wrong. Given this, a major limitation across studies is the distinct lack of robust standardised measures for assessing behavioural outcomes that do not rely on participants' self-reports.

Evidence gaps: Despite the extensive body of literature, key gaps in evidence remain. Firstly, the majority of studies have been conducted in HICs, with relatively fewer robust evaluations of interventions undertaken in LMICs (Lundgren & Amin, 2015). Interventions engaging adolescents' romantic and sexual behaviours from LMICs have tended to focus on issues concerning early marriage, access to sexual and reproductive health services and the prevention of unwanted pregnancies, while less work has been done on the dynamics of relationship and dating violence.

Secondly, the majority of interventions have engaged older groups of youth, particularly young women and girls, and programme evaluations often fail to incorporate gender disaggregation and analysis in their presentation of results, with a lack of information on boys. Other demographic groups that are underrepresented in IPV interventions and research are out-of-school children, those based in conflict-affected and humanitarian contexts, early-married adolescents, and LGBT youth.

Thirdly, existing programmes tend to engage adolescents regardless of whether they have begun 'dating' or have any previous history or experience of IPV. This is

understandable since prevention programme often aims to address harmful behaviour before it starts. However, the lack of disaggregation in the literature regarding adolescent dating history makes it difficult to draw conclusions about how, when and for which groups of adolescents, different programmes are likely to be effective (Doucette et al., 2021).

Finally, there is wide variation in the quantity and quality of the evidence across different types of IPV programmes and programme models; whilst some types of programming (e.g., school-based) have been heavily trialled and evaluated, others e.g. trauma-based, remain underfunded and -researched. These variations are discussed in more detail in the sections that follow.

6. Programme Models

6.1 Family-based

6.1.1 Theoretical basis and rational

Prevention efforts for adolescent IPV have largely focused on youth-based interventions (particularly in schools) with much less attention afforded to the role of caregivers and families. Yet, parent- and family-based interventions have been evaluated as critical in reducing the risk of a broad range of harmful adolescent behaviours, such that it is reasonable to suspect that they may also have an important part to play in preventing adolescent IPV (Doucette et al., 2021; V. A. Foshee et al., 2012)

The theory of change behind such programmes is that equipping caregivers with the skills and knowledge to communicate with their children about IPV can reduce the risk of adolescents becoming involved in violent relationships. The assumptions behind these programmes are that caregivers and families have an integral role in supporting adolescent behavioural development and that parental influence on their children, including through shaping behavioural scripts, norms and values, persists through the teenage years (Doucette et al., 2021). Indeed, research has suggested that the family is the primary context in which children acquire information that informs their values, beliefs and behaviour, particularly regarding interpersonal relationships (V. A. Foshee et al., 2012). At the same time, evidence suggests that parents may often feel reluctant to talk to their adolescents about relationship abuse (V. A. Foshee et al., 2012) and poor parental communication and low levels of parental monitoring have been associated with a greater risk of IPV involvement amongst adolescents (Garthe et al., 2019).

6.1.2 Available programme models

Empirical evidence concerning the efficacy of family-based programming is limited, especially compared to other types of IPV interventions. However, there are a number of programmatic models that have been trialled and evaluated. These include *Families for Safe Dating* (V. A. Foshee et al., 2012), and its later adaption *Moms and Teens for Safe Dates* (V. A. Foshee et al., 2015, 2016), Teach One Reach One (Ritchwood et al., 2015), *Project STRONG* (Rizzo et al., n.d.), and *Dating Matters* (the latter being a comprehensive programme that includes a caregiver element) (Niolon et al., 2019).

Despite variations in curriculum and methods of delivery, these programmes share a number of core methodological elements. Firstly, they focus on building parental knowledge around adolescent relationship violence and risky behaviour. Secondly, they aim to support caregivers to develop their communication skills and build confidence in talking to their children about relationships and IPV. Thirdly, they aim to encourage caregivers to be more proactive in monitoring and rule-setting concerning risk behaviours.

Selected programmatic model(s):

Families for Safe Dates (FSD) is a family-focused programme, designed and tested in the USA; it is designed for adolescents ages 13–15 years and their caregivers. The programme consists of six booklets delivered one by one to participating families. The first booklet is for caregivers only, while the remaining five contain a variety of interactive activities for caregivers and adolescents to complete together. The booklets cover topics such as discussing relationships, skills for negotiating conflict, recognising abuse in intimate relationships, preventing sexual abuse and rape, and future relationship goals and expectations. Each family is called two weeks after the delivery of each booklet by a health worker, whose role is to encourage participation, answer questions, and elicit feedback.

The programme aims to reduce the risk of IPV through two core strategies. The first involves **encouraging caregiver engagement in adolescent IPV prevention** activities, through raising awareness of the risks of IPV and its harmful consequences and improving caregiver skills in communicating with their children about relationship abuse. The second strategy aims to **address the risk factors associated with IPV** by improving knowledge and attitudes concerning IPV, strengthening conflict resolution skills, and improving caregiver rule setting and monitoring.

A randomised control trial (RCT) found FSD to be effective in increasing caregivers' knowledge of IPV and their perception of its severity.

Caregivers reported an improvement in their self-efficacy in talking to their child about relationship abuse, and both adolescents and caregivers reported a decrease in their acceptance of IPV. Caregivers also reported a decrease in their use of negative communication practices with teens, although this finding was not triangulated by the reports from adolescents, suggesting it may be a function of reporting bias. The programme appeared to be less effective in addressing the identified risk factors associated with IPV, demonstrating no impact on adolescents' perceptions of IPV consequences, their conflict resolution skills, or caregiver rule setting and monitoring. Furthermore, the programme's impact on actual IPV perpetration or victimisation amongst adolescents is unclear: although the intervention groups reported decreased perpetration and victimisation of physical and psychological IPV, only one of these results was found to be statistically significant.[19]

A significant strength of the programme was its high participation and retention rate: 88% of the treatment families began the program and 69% completed all six booklets. These participation rates are especially encouraging given that no incentives to participate were offered and families were recruited at random through listed phone numbers. It is thought that these high participation rates were facilitated by the flexible methodology of the

programme, allowing booklets to be completed at home at a time convenient for participants.

Some years later, the FSD programme was adapted to specifically engage caregivers and adolescents who had been previously exposed to domestic violence, based on evidence that such adolescents are particularly vulnerable to (early) onset relationship abuse. The modified programme **Moms and Teens for Safe Dates (MTSD)** also included younger adolescents, aged 12 (up to 15 years) (V. A. Foshee et al., 2015). MTSD retained the same objectives as FSD (i.e. motivating caregiver engagement in IPV prevention, and reducing risk factors associated with IPV) as well as adding a third area of focus: to improve family closeness and cohesion. The programme also added an increased focus on gender stereotyping, recognising psychological IPV and adolescent anger management skills and caregiver rule-setting and monitoring, while reducing focus on some of the more contentious topics included in FSD (V. A. Foshee et al., 2015). These modifications were intended to make the programme more suitable for families with a history of domestic violence. Evidence from an RCT found the programme to be effective in achieving its objectives, but only for families with the highest degree of exposure to domestic violence; interestingly, no effects were observed amongst those with average to low exposure to violence.

It has been hypothesised that mothers with their own experiences of IPV may have been more motivated to engage with the programme, and more effective in

[19] The programme demonstrated a statistically significant reduction in the onset of physical dating abuse victimisation.

supporting their adolescents to do the same (V. A. Foshee et al., 2015).

FSD has also been incorporated into more comprehensive IPV programmes, with promising evidence of success. One such example is the **Dating Matters** programme for American middle school children (ages 11–14 years) launched by the US Center for Disease Control and Prevention. The *Dating Matters* programme includes various components directed at adolescents, parents, schools and communities, as well as incorporating a technological element. In addition to implementing the FSD curricula with adolescents and caregivers, all teachers and staff in participating schools were asked to complete an interactive online education training that provided information and resources concerning adolescent IPV and motivated participants to implement prevention measures in their schools. Youth activities were implemented in communities with the assistance of peer ambassadors, and printed materials and digital resources were distributed. Finally, local health departments were assisted in assessing and building capacity for preventing and monitoring IPV. The programme is grounded in a theoretical proposition that a comprehensive approach addressing IPV at each level of the social ecology has the potential to create a "surround sound" effect, promoting healthy relationship behaviours and preventing harmful ones (Niolon et al., 2019).

According to a recent RCT, adolescents who participated in the *Dating Matters* programme reported lower IPV perpetration and

victimisation and fewer negative conflict behaviours than adolescents who participated solely in the FSD programme; this suggests that a comprehensive approach may indeed be more effective than a single pronged intervention (Niolon et al., 2019).

6.1.3 Limitations of the programme models

While the case for family-focused programming has a solid theoretical unpinning, evidence on its efficacy is limited. The evidence available to date suggests that interventions aimed at caregivers may be somewhat effective in motivating caregiver involvement in adolescent dating behaviours, but that this alone may not be sufficient to reduce adolescents' experiences of violence or address risk factors associated with IPV. Furthermore, more evidence is needed on which programmes are most effective for which groups of adolescents: most particularly, which curriculums and methodologies are best directed at adolescents who have started having romantic and sexual relationships (and who may have previous experiences of IPV)

compared to those more appropriate for adolescents with no previous romantic history.

A second concern with this type of programming is that the focus on caregiver rule setting and monitoring may have unintended consequences in contexts where caregiver interest in adolescent sexuality and sexual behaviour is characterised by high levels of control and often stigma and shame, especially with respect to adolescent daughters. Recognising this concern, the MTSD programme included an additional booklet called *Getting Started* which highlighted some of the potentially harmful consequences of being overly strict and inflexible about 'dating' (V. A. Foshee et al., 2015). However, questions remain as to how well this material would resonate and translate into global contexts with heavily restrictive social norms surrounding 'dating' prior to marriage. UNICEF has developed Parenting of Adolescents Guidance, which provides information and advice surrounding the development and implementation of positive, non-coercive parenting techniques that support adolescents' evolving autonomy, and promote communication and monitoring without control; this guidance may help mitigate the risks associated with family-focused IPV programming in LMICs.

6.1.4 Key elements and scalability

Implementing family-based programming can often be challenging, especially in resource-poor contexts, given the high time demands placed on families and requirements for caregivers to go to locations outside the home, which

may require large incentives to encourage participation.

A significant strength of the FSD programme, which presents promise for scalability, is the opportunity for caregivers and adolescents to complete activities at home at a time suitable for their family, with remote follow-up by trained staff. On the other hand, there may be challenges in replicating this model in contexts where literacy levels are low, and where participants may require a greater level of support in completing materials. Despite this limitation, the programme contains a number of key elements that offer an opportunity for replication and testing in an LMIC setting:

Engaging caregivers as key change agents: the programme model is consistent with a socio-ecological approach as, rather than intervening directly with adolescents, caregivers and parents are engaged to create a protective family environment.

Building knowledge and awareness: a key element of this programme is to foster greater awareness amongst caregivers of the risks of adolescent IPV and its harmful consequences so that caregivers will be more motivated to engage in prevention activities, and monitoring.

Parenting and communication skills development: as well as increasing knowledge and awareness, this type of programme aims to equip caregivers with new parenting and communication skills to improve their confidence in communicating with their teenagers about relationship abuse.

Building a more cohesive family environment: the programme model includes activities for caregivers and adolescents to complete together aimed at strengthening relationships, and fostering closeness, a key protective factor in reducing the risk of IPV.

Gender-sensitive focus: one element missing from existing programme models that may require more consideration is a gender sensitivity analysis. There is a need for targeted messaging that considers the specific capacity-building needs of female and male caregivers and considers the different IPV risk factors affecting girls compared to boys.

Consider unintended harms: there is a need to consider how this type of programming may translate into diverse global contexts, where there are highly restrictive norms surrounding adolescent sexuality, and the sexuality of young, unmarried women and girls in particular. Ensuring that programs are developed and adapted with the specific local population in mind is key.

6.2 Programmes engaging adolescent boys in their peer group

6.2.1 Theoretical basis and rational

The rationale for including men and boys in IPV prevention is underpinned by two facts: while most violence towards women and girls is perpetrated by men, most men do not perpetrate violence against women and girls. It is therefore reasonable to focus on attempts to reduce violence perpetration on men, and consider how men might be enlisted as allies to influence other men to reduce violence perpetration (Tolman et al., 2019).

Changing ideas about masculinity has been the key focus of violence prevention initiatives engaging men and boys. The programmes discussed here look to achieve this aim by considering adolescent boys specifically in the context of their peer group: a domain in which their behaviour is either sanctioned or rewarded by a group of individuals by whom they are greatly influenced. An assumption is made that gender-based violence amongst adolescents is often perpetrated in the context of male peer groups "who demonstrate negative attitudes towards females" and "condone abuse perpetration" (Abebe et al 2018, pp19). The theory of change behind the approach is that IPV can be reduced by addressing perpetrator attitudes and behaviour in the environment within which they are most embedded. In this paradigm, dominant ideas about masculinity expressed by boys are not treated as fixed but rather contingent, challengeable and transformable.

Another key feature of the programming discussed in this section is the idea that boys and young men can learn to recognise

harmful gender norms and practices, questioning and reflecting upon them, especially if provided with a safe space to do so (Namy et al., 2015). Furthermore, this programming specifically makes use of highly trusted and respected members of the boys' communities to act as role models. As well as challenging harmful norms around gender and sexuality that engender violence against women and girls, these approaches promote bystander intervention, which encourages and empowers boys and men to interrupt the abusive behaviours of their peers (Abebe et al. 2018).

6.2.2 Available programme models

Randomised studies of gender transformative programmes specifically engaging adolescent boys and young men focused on sexual violence and adolescent relationship abuse have been found to improve gender attitudes and reduce indicators associated with the perpetration of GBV (Miller 2020b). The two most rigorously evaluated models specifically looking at adolescent dating violence are *Changing Boys into Men* and *Programme H*.

Programme H is a well-known group education methodology designed to promote a number of gender-equitable outcomes, including increasing gender equality, reducing gender-based violence, and reducing sexually transmitted diseases (Namy 2015). *Programme H* was originally designed and tested in Brazil and consists of an integrated curriculum and community outreach model that takes a gender-transformative approach to address harmful stereotypes and norms (Kato-

Wallace 2019). Versions of Programme H have been adapted and implemented in a number of settings. However, while positive effects of the programme have been reported in LMIC countries with regard to sexual health and IPV perpetrated by adult men (Nancy 2015), no statistically significant impact has been reported in terms of reducing IPV amongst adolescents (Miller 2020b).

Selected programmatic model(s):

Changing Boys into Men (CBIM) and its adaption **Parivartan** have been more successful in reducing negative bystander behaviours (such as laughing and going along with abusive behaviours) (Miller 2012, 2014), increasing recognition of abusive behaviours and gender-equitable attitudes (Miller 2014), and increased intentions to intervene upon witnessing abuse (Miller 2012).

CBIM is an athletic coach-delivered violence prevention programme that trains school athletics coaches to deliver brief, weekly discussions about respectful behaviours in relationships, gender-equitable attitudes, and bystander intervention among peers (Miller 2020a). An adaption of this programme has been tested out in India under the name of *Parivartan* ("transformation").

Similar to *Programme H*, the methodology behind *CBIM* utilises gender transformative components through questioning and critical reflection about gender norms and power; rehearsing positive behaviours in a safe space and internalising these new behaviours and attitudes (Miller 2014, Kato-Wallace 2019). However, *CBIM* also leverages the position of

coaches and the structure of the athletic team environment as a pre-existing peer group as intervention components.

CBIM's reasoning for engaging athletics students is two-fold: Firstly, male athletics students are considered to perpetrate relatively higher instances of GBV and are more likely to endorse attitudes supportive of violence against women (Miller 2012). Secondly, athletes are considered to demonstrate greater leadership skills than their non-athlete peers, suggesting that changes in attitudes may disseminate throughout the wider student population.

CBIM utilises coaches as leaders and facilitators of the programme as they are situated in a position that makes them potential role models who can positively influence adolescent boys' behaviour and attitudes. The coaches, in modelling skills and behaviours that challenge harmful masculinities, take on a 'positive deviant' role and demonstrate 'new' strategies to deal with similar problems faced by the student-athletes (Miller 2014). For example, if coaches intervene when witnessing inappropriate behaviour, athletes may develop the skills and confidence to intervene themselves (Miller 2014).

The programme begins with the coaches undertaking a 60-minute training led by a trained violence prevention advocate. The coach is introduced to the "Coaches Kit" which is made up of eleven training cards that support them to facilitate weekly 15-minute semi-scripted discussions with athletes about respect and GBV prevention. The advocate is made available to the

coach to assist with any concerns that arise during programme, including any disclosures (Miller 2012, 2013).

The original pilot in Sacramento County, California, USA, was somewhat successful as it increased recognition of abusive behaviours, and increased adolescent boys' ability to intervene (Miller 2012). A follow-up study also found lower levels of violence perpetration (Miller 2013). However, it was unsuccessful in gender transformative change or fundamentally influencing gender attitudes.

The programme was tested in an LMIC setting where it was more successful in bringing about gender-equitable attitudes. An evaluation of the programme adapted for urban Indian cricket teams in Mumbai middle schools found statistically significant increases in gender-equitable attitudes and marginal improvements in reducing negative bystander behaviour (Miller 2014).

Parivartan is an adapted CBIM programme involving a more intensive version of the training for coaches. A 3-day workshop instructs the coaches on gender socialisation, positive masculinity, bystander intervention skills and an introduction to the Parivartan programme (Miller 2014).

Follow-up bi-weekly workshops provided coaches with the skills to deliver the programme, equating to another nine days of additional training. Coaches were provided with twelve cards which provided scripted discussion points. While content used in Mumbai was similar to that used in the US, such as discussing personal responsibility, respectful language, harassment, controlling behaviour and positive bystander behaviour, coaches were encouraged to deliver these messages in a contextually relevant way with relatable stories and experiences (Miller 2014).

6.2.3 Limitations to the programme models

The efficacy evaluation of Parivartan attempted to measure changes in violence perpetration. However, the findings were limited due to the high proportion of non-response to these questions in the study's surveys (Miller 2014). Additionally, findings are based on self-reported violence perpetration and therefore, subject to respondent bias. While the impact with regard to reducing negative bystander behaviours, increasing recognition of abusive behaviours and increasing gender-equitable attitudes is positive, it is important to recognise that changing attitudes do not necessarily change behaviour. Other authors have warned against neglecting structural factors that shape men's violence towards women (Flood 2015).

In an evaluation of the *Manhood 2.0* programme, the researchers found that their control group who received only a job-readiness training programme reported greater reductions in perpetration of sexual violence, and also had (though not statistically significant) more gender equitable attitudes (Miller 2020b).

Furthermore, gender transformative programming must be careful not to reinforce restrictive ideas about gender by associating ethical choices entirely with gendered identities (Flood 2015, 171-172). A clear example of this is in the naming of such programmes *Manhood 2.0* and *Changing Boys into Men* which suggests the programmes do not look to challenge anxieties regarding the performance of gender but rather redirect them according to different, more acceptable scripts.

6.2.4 Key elements and scalability

Despite these limiting factors, the *CBIM/Parivartan* programme offers a replicable, scalable model that shows promise in an LMIC setting. The programme is, though, heavily reliant on good quality training of the coaches and their commitment to implementing the programme as designed. However, the model does seem to successfully leverage the already existing position of the coach as an authority figure and potential role model to pre-existing peer groups. Furthermore, according to the evaluative studies, the age bracket of early-middle adolescence (ages 10-16) seems to be an effective engagement group, as the initiation of sexual violence perpetration is still low.

The following factors are identified as key elements for programmes that engage men and boys:

Positive Deviant Role Modelling: Individuals in positions of influence can be used as 'positive deviant' role

models demonstrating new positive strategies to deal with common issues faced by a peer group. These individuals do not have to be coaches although the model discussed operates on the basis of a similar authority figure acting as a role model.

Gender Transformative Discourse: Challenging harmful norms around gender and sexuality which engender violence against women and provide new ways to do masculinity differently.

Peer Group Engagement: Addressing perpetrator attitudes and behaviours as they emerge in the particular peer group environment in which they are embedded. It is important to consider the suitability of engaging certain peer groups. For instance, the assumptions made about athletics teams in one cultural context may not transfer over to another.

Developmentally On-target Timing: Prevalence of IPV perpetration initiation is considered to be low at ages 10-16 making them a suitable group for intervention before perpetration increases in later adolescence.

Skills Development: Equipping adolescent boys with the skills and knowledge to deal positively with the structural issues they may be facing has been found to reduce instances of gender-based violence. Other programmes such as the True Love programme in Mexico acknowledge this and incorporate skills development for communication and conflict management into their programming (Sosa-Rubi 2016).

6.3 Community-based
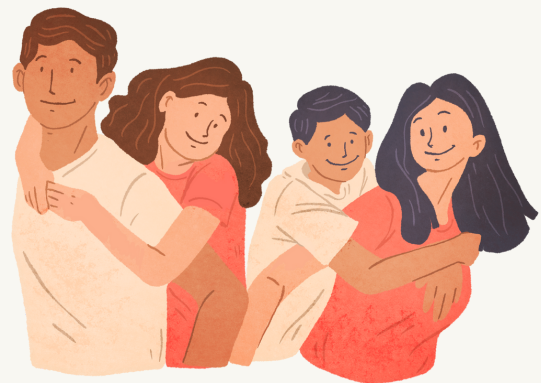
6.3.1 Theoretical basis and rational

Community-based programmes' to reduce rates of IPV are the most common type of interventions implemented and evaluated in LMICs (Lundgren & Amin, 2015). This programmatic category encompasses a diverse array of interventions which may include: group educational activities, community 'mobilization' campaigns, social norm marketing, media initiatives, sports programmes, creation of community 'safe spaces', after-school and out-of-school programmes, participatory group discussions, and community 'empowerment' workshops and trainings.

Community mobilisation initiatives can potentially address the risk factors associated with IPV perpetration at multiple levels of the socio-ecological framework. At the macro-structural level, community-based programming can support the development of social movements that can hold institutions and governments accountable for creating new laws and policies to prevent violence. Meanwhile, at the individual, family and community levels, these programmes can support prevention efforts in multiple ways. Firstly, through transforming

community awareness, knowledge, norms and attitudes related to gender inequalities and social roles, and reducing shame, silence and stigma associated with violence. Secondly, through promoting dialogue, building capacity and creating new networks amongst diverse stakeholders to take collective action to prevent violence. It is postulated that frequent interactions with other community members can build protective social capital and social ties, and increase the cost of violent behaviour. Third, through supporting the education, skills development and empowerment of individuals and their families. Community-based interventions are thought to be particularly effective when they engage and mobilise local activist initiatives and networks, to build cohesive social movements that transform social gender inequalities, and empower women and girls to exercise power and claim their rights.

Some of the most promising community interventions, with a strong theoretical basis for preventing violence amongst adolescents, are initiatives that focus on building relationship skills, community cohesiveness, resilience and mental well-being through recreation and sports participation. Organised sport and recreation programmes are a developmentally appropriate intervention, that can engage adolescents and support them in learning positive ways of regulating their emotions. Energetic exercise, including sports and games, increases the physical, social, and emotional well-being of youth. Participating in such activities can foster adolescents' self-expression and help young people develop

commitment, autonomy, leadership skills and decision-making competencies while reducing the time that they have available for engaging in risky and negative behaviours. The team-building aspect of sports can also support the development of a peer group culture where participants gain friendship, acceptance and belonging, critical for young adolescents who are primarily peer-directed in focus. Participating in community and team activities at this critical stage in a young person's development can support them in developing pro-social relationships with peers and adults, whilst potentially promoting engagement in community and social affairs more broadly (Berdychevsky et al., 2022). *Grassroot Soccer* is an organisation that works effectively in this area, with a wealth of expertise and a strong research unit.

6.3.2 Available programme models

While there is a plethora of community-based programmes for addressing IPV, fewer (especially in LMICs) have engageded adolescents specifically. Although results from individual evaluations are varied and mixed, an emerging body of evidence suggests that community-based programmes have the potential to be effective in building increased awareness of IPV, transforming social norms and attitudes, and (less commonly) leading to changes in violence perpetration or experiences of violence (Lundgren & Amin, 2015). Nevertheless, the evidence concerning which programmes are most effective amongst adolescents is limited and still emerging.

Evaluations of one particular subtype of community intervention - sports and recreation programmes

engaging adolescents – have demonstrated very positive results. According to a recent meta-analysis conducted by the *Youth Endowment Fund*, these types of programmes tend to have a large impact on violence risk reduction (estimated effect of 52%). However, these interventions have most typically been used in the prevention of youth involvement in violent crime (broadly) and political violence. Less is known about the effectiveness of such programmes in preventing intimate partner violence; however, it is reasonable to surmise that these activities would have similar benefits. It was not possible within the scope of this paper to identify a suitable model of this type of programme specifically focused and with strong evidence on addressing adolescent IPV. However, *Grassroot Soccer* is an organisation that works effectively in this area, with a wealth of expertise and a strong research unit, which may provide a resource for future programme development.[20]

Selected programmatic model(s):

Start Strong, a well-evaluated community-based programme designed and implemented in the USA, built on the success of previous school-based programmes (such as *Safe Dates* and *Fourth R*) and expanded its reach to out-of-school children and the broader community. The programme had four key components which were to: 1) educate and engage youth in both school and out-of-school settings; 2) educate and engage those who have a key influence on adolescents

including parents/ caregivers, teachers, older youth, and other mentors; 3) transform policy and environment factors, and 4) implement effective communications and social marketing strategies.

Children enrolled in the programme, both in and out of school, were engaged in a 27-session curriculum[21] covering topics such as identifying abusive relationships, gender and negative stereotyping, healthy sexual behaviours, helping friends in abused relationships and developing skills for communication. In addition to this structured curriculum, youth activities included clubs, teams, theatre and arts programmes with a themed focus on IPV prevention. Meanwhile, training and capacity-building workshops were delivered to older youth, parents, educators and healthcare providers on talking to young adolescents early and often on the importance of healthy relationships. The 'social marketing' aspect of the programme used a variety of platforms, including social networking websites, including Facebook, TV, movies, music, videos and video games, as well as traditional media such as theatre, posters and magazines, to promote messages that relationship violence and abuse should never be tolerated. Finally, the programme developed partnerships with school administrators and community leaders to create and implement new school policies and practices cultivating positive school climates that value healthy relationships and promote violence prevention.

[20] See [19] The programme demonstrated a statistically significant reduction in the onset of physical dating abuse victimisation. . Accessed June 2023.

[21] This curriculum included the 10 session Safe Dates curriculum, and 17 sessions from the Forth R prevention programme.

Despite being designed and delivered in the USA, *Start Strong* has two key aspects that led to its selection for this review. Firstly, it is a community-focused programme specifically tailored to adolescents; secondly, its multi-component and comprehensive approach to violence prevention has a strong theoretical grounding in the socioecological model of violence and therefore has the potential to address risk factors associated with IPV at multiple levels.

The programme has been well evaluated, including through a quasi-experimental study[22]. Short- and long-term outcomes attributed to the programme included reductions in IPV acceptability and gender role stereotyping, increased parent-child communication (relative to a comparison group), and increased satisfaction with relationships. Notably, however, the programme has not yet been shown to have a direct impact on behaviour or experiences of IPV (Doucette et al., 2021).

SASA! is a well-evaluated community-based intervention which has been adapted and implemented in at least 30 countries by more than 75 organisations around the world. The programme addresses violence against women and girls broadly, as

[22] conducted by Miller et al. (2015)

well as HIV prevention and is not specifically designed to address IPV in adolescence. However, its model has been demonstrated as effective in transforming social norms surrounding gender-based violence, and decreasing women's risk of experiencing physical IPV; therefore, learning from the *SASA!* approach may be key to building effective community-based interventions for addressing risk factors associated with adolescent IPV.

The *SASA!* approach was developed by the NGO Raising Voices. Its approach was designed to reframe violence prevention by focusing on men's power over women as the root cause of gender-based violence and working explicitly to address gendered power imbalances in relationships and communities.[23] *SASA!* means 'Now' in Kiswahili and is an acronym for the programme's four-phased approach: Start, Awareness, Support, and Action. In the Start phase, community activists are identified, along with key personnel from within institutions (e.g., police, healthcare, local government, faith-based groups) (Starmann et al., 2018). Activists are then oriented to the approach of the programme and thinking about key concepts of power and power imbalances in their own lives and communities. With the support of programme staff, activists then take the lead as the programme moves into the Awareness, Support and Action phases. They are supported to run a series of activities aimed at introducing the community and its institutions to new concepts

[23] See 'The SASA! story', [21] This curriculum included the 10 session Safe Dates curriculum, and 17 sessions from the Forth R prevention programme. . Accessed June 2023.

of gender and power, and fostering open discussions, critical thinking and supportive actions to prevent violence (Starmann et al., 2018). The 'Awareness' phase of the programme introduces a feminist analysis of men's power over women as the root cause of IPV, and the community's silence about the issue as a key mechanism through which this violence is perpetuated. Momentum around understanding this issue and support for change is built during the 'Support' phase. In the final phase, 'Action', community members are empowered to act and develop mechanisms that promote equality between men and women and reject violence.

An RCT of the *SASA!* approach conducted in Kampala in 2014 found that *SASA!* was successful in reducing the social acceptability of violence, supported the development of more trust and cooperation within intimate partner relationships and reduced women's experiences of physical IPV. (No significant impact was observed on experiences of sexual violence). Importantly, impacts were observed across the community and were not only limited to those individuals who directly participated in programme activities (Abramsky et al., 2014; Kyegombe et al., 2014). *SASA!* was heralded as the first rigorous study in an African setting that demonstrated success in preventing gender-based violence at a community level (Michau & Namy, 2021).

Recently an organisation called Beyond Borders' '*Rethinking Power Team*' has adapted *SASA!* to focus specifically on the prevention of

violence against girls. Their project *Power to Girls* focuses on community mobilisation, the creation of community 'safe spaces for girls', and developing sample lesson plans for schools to end all forms of violence against girls.[24] Like *SASA!, Power to Girls* focuses on transforming the inequitable power relationships that drive gender-based violence and empowers local activists to fight for lasting change.

6.3.3 Limitations of the programme models

Although there is emerging evidence demonstrating the effectiveness of community-based programming, not enough is known about which are the most essential elements of successful programmes; many interventions are broad and multi-pronged in nature, with limited evaluation of individual programme elements. According to Lundgren & Amin (2015) there are still many unanswered questions as to when, what and why community-based programming is effective, such that substantial investment into research and evaluation is still required. This implies that further piloting and evaluation of programmes may be required before considering which models should be replicated and taken to scale.

Concerns have been raised about the scalability of community-based interventions, particularly where interventions focus on discrete workshops and trainings, with relatively small numbers of direct

[24] See https://beyondborders.net/our-work/preventing-violence-and-abuse/rethinking-power/, access August 2023.

participants. However, one strategy that has been theorised as being effective in achieving the vertical scale of community-based interventions is a participant-led method known as "organised diffusion", whereby programme participants are encouraged to share their knowledge and experience with other non-participating members of communities.[25] Empirical research on the impacts of organised three case studies (*the Community Empowerment Program* in Mali, *Change Starts at Home* in Nepal and *Voices for Change* in Nigeria) found that participants in community-based interventions can be effectively empowered to share their knowledge systematically with others in their communities, in a way that can lead to lasting change.

6.3.4 Key elements and scalability

The following are identified as being important elements of effective community-based interventions.

Repeated exposure: Longer-term investment and repeated exposure to ideas, delivered in different settings over time, have considerably better results than single awareness-raising or discussion sessions.

Utilizing 'organised diffusion': programmes which effectively empower participants to systematically share their knowledge with others in their social networks have the best potential for achieving vertical scale.

Focus on sporting and recreation: these types of interventions are developmentally appropriate for (young) adolescents and have the potential to have high levels of impact on reducing dating violence.

It is important to ensure programmes incorporate a disability-inclusive element, to enable participation of children with different and additional needs.

Multi-pronged programmes: programmes are likely to be more effective when they are comprehensive in design and, building on the socioecological model for understanding drivers of IPV, attempt to address violence risk factors at multiple levels including individual, family, community and structural.

Mobilise local activists: evidence from SASA! suggests that programmes may be most effective where they combine communication and awareness-raising activities with identifying, engaging and empowering local community-based change agents and social networks, to build a powerful social collective committed to social change (Starmann et al., 2018).

[25] Mackie, Gerry (2009). Social Dynamics of Abandonment of Harmful Practices: A new look at the theory, Innocenti Working Papers, no. 2009-06

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6.4 Education

6.4.1 Theoretical basis and rational

The most common type of programmes utilised amongst adolescents for addressing IPV are school-based programmes. School-based programmes prevent IPV by educating children on norms and practices relating to gender, healthy relationships, and sexual health. Through the implementation of a structured curriculum, or integration into existing curriculums, school-based programmes set out to shape young people's perceptions and beliefs.

There are many reasons why school-based programmes are so commonly utilised. Firstly, engaging school-age children means interventions are delivered before instances of dating violence are experienced (Trieu, 2017) and at an age at which their foundational beliefs and attitudes are more malleable to change (Jewkes, 2019). Secondly, the school environment offers a large group of change agents to be exposed to the intervention. Schools also possess pre-existing resources and frameworks for teaching and teaching staff, which makes school-based

programmes less costly and easier to implement. Such interventions also concurrently reduce the risk of differing forms of violence that share the same risk and protective factors, through supporting young people to develop the skills and strategies they need to tackle different forms of violence (Muñoz-Fernández, 2019).

6.4.2 Available programme models

This review examined evaluations of 13 different school-based programmes implemented in Africa, the Americas and Europe. The objectives of these programmes either exclusively focused on preventing IPV perpetration and victimization amongst school-age children held this as one of their many goals, or considered this to be an inevitable secondary outcome of the intervention. Programmes tailored towards reducing IPV set out to achieve their goals by 1) educating young people on different forms of IPV, and its potential consequences and providing resources for help; 2) strengthening their conflict resolution and communication skills; and 3) tackling the determinants of IPV, such as unfavourable gender norms and attitudes towards violence. School-based programmes therefore equip students with the knowledge, skills and resources necessary to prevent/respond to IPV.

The programmes were typically aimed at 12–16-year-olds and considered a critical window of opportunity to teach young adolescents about healthy relationships (Robert Wood Johnson Foundation, 2013). Some programmes were administered by trained professionals, and others

were administered by teachers at the schools themselves. Session activities for students were typically classroom-based and used experiential learning techniques (i.e., through hands-on experiences). Activities included: role plays, group discussions/debates, decision-making games, and other skill-building activities. Programmes in HICs also involved online components that included videos, interactive quizzes and virtual role-play skills practice (Peskin et al., 2019). Children were also provided with workbooks that contained the details of the session/activity, and additional knowledge and resources for them to refer back to after the session or programme. Many programmes also contained activities for teaching staff, including trainings and written materials on how to recognise and respond to IPV and how and where to refer students for help. Some programmes also included parent-child take-home activities (Weber et al., 2023).

The body of evidence on school-based programmes suggests that these initiatives are successful in improving IPV knowledge and reframing norms and attitudes associated with IPV perpetration and victimisation (De La Rue et al., 2017). Nearly all programmes reported minimal to significant reduction in negative norms and attitudes held pertaining to gender, bullying, acceptance of violence, healthy relationships, etc. Some programmes were also found to have a positive impact on the school environment, strengthening school-based safety and a reduction in bullying

(Jewkes et al., 2019). Evidence on the impact of education programmes on victimisation and perpetration, however, has been much less encouraging (Ellsberg et al., 2015).

Selected programmatic model(s):

Safe Dates is one of the best-known and well-evaluated school-based prevention programmes, originally delivered to high school students in the USA. It was designed to prevent dating violence between young people through a taught curriculum. The programme's goals included: raising students' awareness of what constitutes healthy and abusive dating relationships; raising students' awareness of dating abuse and its causes and consequences; equipping students with the skills and resources to help themselves or friends in abusive dating relationships; and equipping students with the skills to develop healthy dating relationships, including positive communication, anger management, and conflict resolution (Foshee, V. A., 2010).

The programme was addressed towards middle and high school age students, ranging from 13–18 years old. The programme included a curriculum with nine 50-minute sessions which can be delivered as daily or weekly programmes.

The curriculum also provided an extra booster activity to be used after the programme's implementation, to refresh students' knowledge and skills (Vangie. Foshee et al., 2010). The curriculum contains detailed lesson plans and activities and is delivered by teachers within schools. Prior to the programme's implementation, teachers either received 3 hours of training on adolescent IPV or alternatively, could use the guidance provided with the curriculum to inform their understanding. (Lucy Faithfull Foundation, 2021).

The programme sessions covered different topics relating to IPV prevention, such as healthy relationships, gender stereotypes, effective communication skills, helpful resources etc. Activities were classroom-based exercises that included role-play scenarios, group discussions/debates, written exercises, etc., that were complemented by a handout containing details on the session. The programme culminated in a final project that was either (or both), a poster contest covering the theme of IPV, or a play to be put on by students touching upon the topics learnt. A parent brochure was also disseminated, which educated parents on the topic of IPV and provided resources on how to help their children. Three years after *Safe Dates* finished, one study implemented a booster that involved an 11-page newsletter, mailed to the adolescents' homes, as well as a personal telephone contact by a health educator 4 weeks after the mailing, who would answer questions and provide any additional information required (V. A. Foshee et al., 2004).

Compared to other education programmes, *Safe Dates* has a strong evidence base demonstrating its success. *Safe Dates* was evaluated in three major studies carried out by the same researchers (V. A. Foshee et al., 1998, 2000, 2004) that found significant decreases in IPV perpetration and victimization. The 1998 review found that one month after the programme's implementation, participants reported 25 per cent less psychological abuse perpetration, and 60 per cent less sexual and general violence compared to control groups. The 2004 review also found that there were significantly lower reports of perpetration of physical violence, psychological abuse and sexual violence. In addition, *Safe Dates* proved effective in reducing physical and sexual victimization but showed little to no effect on psychological abuse victimization. The programme had a positive effect on the risk factors of IPV in young couple relationships, with the largest reduction being seen in norms concerning gender stereotypes and acceptability of violence, as well as awareness of services. Notably, the booster session had no added effect on the long-term impact of the programme (Foshee et al., 2004).

The theory of change behind the *Safe Dates* model is that violence is driven by a combination of components, including social roles, norms and learned behaviours. It follows that reframing these ideas and roles and equipping young people with new behavioural skills can lead to a reduction in violent behaviour. Previous research has shown that focusing exclusively on attitudinal

or educational components will likely not change behaviours, and therefore, the skill-building component of *Safe Dates*: particularly with regard to conflict resolution, is a crucial component of the chain of events that can lead to positive outcomes (De La Rue et al., 2017) and may be a large part of the reason why this particular model has demonstrated success on reducing rates of perpetration of violence while others have not.

Another, more recent programme that has been delivered in an LMIC context is a 2016 programme developed by the Mexican NGO *Fundación Mexicana para la Planeación Familiar (Mexfam)* for secondary school students. The programme constitutes a 20-hour comprehensive sexuality education (CSE) curriculum which was adapted to include modules on IPV perpetration and victimisation (Makleff et al., 2020). The new curriculum was rooted in an empowerment and gender transformative approach that aimed to build students' capacity to critically reflect on gendered social norms, and transform individual and group attitudes and beliefs relating to gender, sexuality and violence (Makleff et al., 2020). The programme's overarching goals were to strengthen communication about relationships, sexuality and violence; take protective and preventive actions to promote equitable and less violent relationships; encourage students to access violence-related and SRH services, and shift beliefs and behaviours relating to gender, sexuality and violence (Makleff et al., 2020).

The new curriculum was trialled in a secondary school in Mexico City, where students predominantly came from lower-middle-income families. The programme involved 10 two-hour sessions that occurred weekly over one semester for students aged 14-17 years old. The sessions were administered by trained facilitators from *Mexfam*'s *Gente Joven* ('Young People') programme, who were aged 30 years or younger, which helped to increase the 'relatability' of the content taught.

The curriculum adopted participatory techniques. Session activities included group discussions/debates, self-reflection exercises and vignettes relevant to the participants' lives. Students were also given information on where to seek support for help with violence or health-related matters. At the end of the programme, *Mexfam* offered optional training sessions to teachers and parents to educate them on the topic of IPV and signpost to them the relevant services. However, these optional sessions were not systematically included as part of the intervention, so they had a weak turnout (Makleff et al., 2019).

A qualitative evaluation conducted in 2019 determined that it had had a positive impact on shifting both boys' and girls' personal attitudes concerning gender and violence. Several participants reported that after the programme, they had engaged in direct actions to respond to violence in their own relationships. The programme also made participants begin to view jealousy and possessive behaviours as unwanted practices, indicating a

general reduction in the acceptability of negative behaviours which are typically precursors to IPV (Makleff et al., 2020). Students, teachers and facilitators reported that after the programme, participants had become more comfortable with talking about gender issues and negative behaviours with their partners, their friends and their wider peer group. Several participants also reported supporting their friends/family members experiencing controlling or violent relationships, demonstrating how the programme enabled students to become "agents of change" within their communities (Makleff, Zavala, et al, 2020). The evaluation also reported a significant increase in knowledge amongst young people about where to seek support. On the other hand, the conclusions that can be drawn from this evaluation are limited due to its small sample size and qualitative design. Furthermore, the evaluation only followed participants for 3 months after the programme, so the long-term effects of the intervention remain unknown.

6.4.3 Limitations of the programme models

Similar to other types of IPV programming, school-based interventions have been found to be effective in reframing norms and

attitudes, but the evidence base reveals mixed results concerning behaviour change. Most studies have reported little to no impact on perpetration rates (Peskin et al., 2019), with any observed effects appearing to fade over time (Gonzalez-Guarda et al., 2015). One study though, reported a 10 per cent drop in prevalence of victimisation (Mathews et al., 2016). Overall, individual evaluations, systematic reviews and meta-analyses have concluded that school-based programmes typically fall short of significantly reducing dating violence outcomes (Muñoz-Fernández et al., 2019).

It is unclear why school-based programmes have not been more effective in these areas. One possible explanation is that programmes have focused too narrowly on prevention efforts through education and sensitisation efforts with students, without addressing more structural issues in the school environment, such as clear policies and guidance on addressing IPV; initiatives engaging staff, teachers and administrators; reporting procedures, and clear actions for responding to abuse and supporting victims (Muñoz-Fernández et al., 2019)

6.4.4 Key elements and scalability

Both the *Safe Dates* programme and the *Mexfam* programme offer replicable, scalable models that can be well suited to LMIC contexts. The elements that make education programmes particularly easy to implement include:

Limited required resources: These programmes can be implemented in

existing school settings, using resources already found in classrooms, rendering school-based programmes relatively easy and cost-effective for roll-out at a national level through the existing school system.

Adaptability of curriculum: Curriculum activities (such as role plays and scenarios) can be adapted to incorporate contextually relevant content and be implemented in a way that fits within existing social studies curriculums. *Mexfam* reported that their course can easily be adapted to different learning environments, including shifting to virtual and socially distanced methods, as required during the pandemic (IPPF, 2020). *Safe Dates* has already been implemented in urban and rural environments in Australia, Canada, Greece, Iceland, Ireland, Japan, The Netherlands, Switzerland, Taiwan, Thailand and the UK (Lucy Faithfull Foundation, 2021). Whilst there are no reviews available online on how effective the implementation of the programme has been in these contexts; this fact alone suggests that *Safe Dates* can be scaled and implemented across different contexts. The programme is also already available in English, Spanish and French.

The following factors are identified as general key principles for developing effective school-based programmes that address adolescent IPV:

Ensure an extensive skill-based component: theories of behaviour change, and evidence on the effectiveness of school-based interventions indicate that changing attitudes will not be sufficient to significantly reduce prevalence of adolescent IPV. Programmes should be designed to ensure they have an extensive skill-based element that supports young people in developing new tools and competencies for managing anger and aggression, navigating conflict, building positive communication and relationships and regulating emotions.

Include teachers, staff, administrators and parents: programmes should adopt a holistic approach which also includes interventions engaging school staff, to motivate school leadership and hold them accountable for addressing adolescent IPV. In particular, more concentrated efforts should be put into implementing parent activities as part of school-based programmes, to build on the success of family-based programmes.

Building safe school environments: programmes should include elements that focus on the school environment, including developing and implementing school policies with clear direction and actionable procedures for preventing, monitoring and responding to cases of relationship violence. These policies should include measures for transforming school cultures, addressing bullying, reporting channels and support for victims.

Time, resources, equipment, space lack of staff availability, time and capacity can disrupt or reduce programme delivery. School-based programmes should take care to ensure that sufficient staff capacity is allocated to programmes or consider using external facilitators (although the latter is more costly).

Programmes should also ensure that there are adequate facilities and equipment for activities and interactive sessions, including digital media where possible.

Facilitator training: regardless of who is facilitating programme sessions, it is critical that they receive adequate training and support to do so. Not only should facilitators be trained on the topic of gender norms and IPV, but they should also be trained on how to resolve conflicts amongst participants, how to facilitate critical reflection and how to create a safe space for sensitive discussion amongst a diverse group of students.

6.5 Psychological and trauma-focused programmes

6.5.1 Theoretical basis and rational

One relatively new and under-researched area of programming focuses on supporting young people to recover from past experiences of trauma. These types of programmes typically involve forms of psychological therapy with the aim of supporting young people to overcome the adverse effects of previous experiences of physical and emotional harm.

These types of programmes have a strong theoretical grounding: post-traumatic stress disorder and other mental health comorbidities have consistently been found to have a strong association with both victimisation and perpetration of IPV (Volpe et al., 2017). These approaches have the potential to be effective in both responding to past and preventing future IPV victimisation and perpetration, interrupting and breaking intergenerational cycles of violence. It is thought that these types of interventions may offer a particularly important and effective intervention in children affected by humanitarian crises and living in insecure and volatile situations (Volpe et al., 2017).

6.5.2 Available programme models

There is a distinct lack of evidence-based, developmentally appropriate trauma-focused interventions addressing adolescent IPV that have been trialled and evaluated. The small amount of research that does exist suggests that these programmes have a high impact, with significant potential for reducing violence outcomes amongst vulnerable groups of youth. (Gaffney et al., 2022). Cognitive behavioural therapy, which supports young people to modify harmful thinking and behaviours, is one approach that has been evaluated in high-income settings and has been found to be associated with a decreased likelihood of future interpersonal violence victimization among survivors of domestic violence (Decker et al., 2018). Other types of psychological therapies, particularly narrative-based therapies have been less rigorously evaluated. However, one recent review has argued that

these therapies have the most potential for transferability across cultures and amongst children and adolescents, given their less structured character.

Selected programme model

A recent evaluation conducted by Pernebo et al. (2018) analysed the impacts of a psychotherapeutic group intervention for children exposed to intimate partner violence in Sweden.

Children, including young adolescents ages 10-13 years, participated in 12-15 weekly 90-minute sessions at a child and adolescent mental health unit specialising in interventions for traumatised children. Sessions were group-based, each comprising 4-6 age-matched children. Each group was led by two experienced social workers or psychologists. The sessions followed a fixed structure and covered themes such as family violence, separation, grief, conflict and fears in daily life. Methodologies included dialogue, exercises, trauma-focused play and free play. The aim of each session was to support children to express and understand their feelings, thoughts and experiences related to IPV, and to reduce social isolation, feelings of alienation and shame (Pernebo et al., 2018).

The evaluation sought to measure reductions in clinical symptoms associated with trauma pre and post-treatment. Although the study provides evidence that the intervention may be successful in reducing risk factors associated with IPV, there is no evidence of any direct impact on IPV outcomes. Nevertheless, the study found a significant reported reduction amongst children in a range of clinical symptoms associated with trauma, including overall mental health symptoms; emotionality; hyperactivity; intrusive thoughts, and symptoms of anger, arousal and disassociation. Effects were found to be highest in the children who exhibited the highest levels of post-traumatic stress at the beginning of the intervention. Despite these positive impacts, clinical symptoms of post-traumatic stress remained high amongst the sample of children even post-intervention.

6.5.3 Limitations of the programme models

The interventions that have been evaluated almost exclusively come from HICs (particularly the USA) and have been tested under ideal, tightly controlled conditions (Decker et al., 2018). As a result, the extent to which these interventions could be successfully translated into community settings in LMICs is unknown. Additionally, there may be significant risks associated with these types of interventions, the most pressing of which being the potential for re-traumatisation of young people through exposing them to past events. Given these risks, it is vital that such interventions are conducted by trained specialists and in safe environments, raising questions as to their replicability and scalability in LMICs.

6.5.4 Key elements and scalability

These types of programmes have the potential to be highly effective in reducing individual risk factors associated with adolescent IPV (e.g. individual psychology, personal

histories, cognition etc.). Nevertheless, they are highly costly, specialised interventions, and their potential for replication at scale in low-income contexts is unknown, especially given the requirement that they are led by highly specialist-trained professionals. The model selected for analysis in this technical paper is thought to have some potential in this regard given that it relies on group-based interventions. Furthermore, as opposed to some of the more structured cognitive behaviour therapy methodologies, the selected model uses a participatory, play-based therapeutic approach, including free play, which may have more potential for translation across different cultures and settings.

The following factors are identified as general key principles for developing effective trauma-based programmes that address adolescent IPV:

Narrative approach: programmes that include a narrative therapeutic approach are thought to have the most empirical support. This type of therapy involves creating a chronological narrative of a young person's life story, remembering and talking through past experiences and related thoughts and feelings, providing the young person with the opportunity to re-evaluate and reconstruct memories, modify fear reactions and develop more healthy regulation and processing of emotions and memories.

Utilising skilled professionals: it is essential that these interventions are implemented by skilled, trained professionals in a secure environment to avoid the risks of re-traumatisation.

6.6 (Economic) empowerment

6.6.1 Theoretical basis and rational

(Economic) empowerment programmes aim to prevent IPV by addressing one of the key risk factors consistently and powerfully demonstrated in the literature: poverty and economic vulnerability, at both household and community levels (Ellsberg et al., 2015). It follows that economic empowerment, livelihoods and social protection programmes, designed to reduce household and community economic stress, may have an important role to play in violence prevention.

There are several causal mechanisms through which these types of programmes are understood to reduce violence. Firstly, it is argued that interventions to strengthen household economic security can reduce poverty-related stress and increase emotional well-being. Secondly, it is postulated that these measures can lessen household conflict by reducing arguments over limited budgets and daily money needed to run a household. Third, it is argued that economic empowerment initiatives, addressed specifically at women and girls, may decrease their economic dependency on men and

strengthen their bargaining power, value to the household, sense of self-worth, and ability to escape from a violent relationship (Buller et al., 2018)

While the theoretical case for these types of interventions amongst older cohabiting couples is strong, it is less clear how these programmes might work to reduce intimate partner violence amongst adolescents, particularly those who are not cohabiting and are engaged in more casual 'dating' relationships. One programme that was designed with adolescent girls in mind was the *Adolescent Girls Empowerment Programme (AGEP)* implemented in Zambia by the population council, which incorporated a saving scheme component, along with sexual and reproductive health education and the creation of community 'safe spaces'. The programme's theory of change posits that adolescent girls are empowered by acquiring social, health and economic assets, which they can draw on to reduce vulnerabilities and expand opportunities increasing their likelihood of completing school and avoiding risky or negative outcomes. However, the precise mechanism through which having more savings might protect adolescent girls from violence is arguably unclear. Furthermore, an RCT of the programme found that while girls had improved knowledge of sexual and reproductive health issues at the end of the programme, there was no effect on sexual health outcomes, or norms regarding gender equity and acceptability of IPV (Austrian et al., 2020).

6.6.2 Available programme models

Unlike other programmes models, the majority of economic empowerment initiatives have been trialled and implemented in LMICs. Programmes have included a variety of microenterprise assistance schemes, women's entrepreneurship support, credit and loans, unconditional cash and food transfer programmes, and others. Sometimes these have been implemented as standalone initiatives; in other cases, they have been combined with education and awareness activities related to gender and violence.

Evidence on the efficacy of these programmes is mixed with research indicating that these types of initiatives may either decrease or increase IPV outcomes, depending on a range of contextual factors (Abramsky et al., 2019; Buller et al., 2018; Ellsberg et al., 2015; Lundgren & Amin, 2015). Other programmes have demonstrated little or no evidence of success (Gibbs et al., 2020).On the other hand, a number of programmes conducted in LMICs have found significant, promising impacts on reducing IPV victimisation and perpetration, as well as a range of other positive outcomes including reduced household conflict and stress and improved self-esteem, well-being, self-efficacy and freedom of movement/mobility amongst (young) women and girls (Buller et al., 2016; Haushofer & Shapiro, 2016; Palermo et al., 2021)

Selected programme models

In 2021 Palermo et al. carried out an evaluation of one of the few

programmes including an economic empowerment element specifically addressing violence amongst adolescents. **The Ujana Salama Cash Plus Model for Safe Transitions to a Healthy and Productive Adulthood** programme was a multisectoral intervention aimed at addressing male and female adolescents, aged 14–19 years, experiences and perpetration of violence. The intervention was piloted in 4 districts in Tanzania participating in the Government of the Republic of Tanzania's flagship social protection programme, the Productive Social Safety Net (PSSN). The PSSN provided a cash transfer every other month and livelihoods enhancement to 1 million households nationally.

The intervention comprised: livelihoods and life skills training (weekly 2-hour sessions over 12 weeks); 9 months of bi-weekly and then monthly mentoring, and the provision of a productive grant (totalling USD $80 disbursed in up to 2 payments), conditional on having attended trainings and developing an approved educational or business plan. In addition, the programme aimed to facilitate linkages to adolescent-friendly sexual and reproductive health (SRH) services. The training included sessions on

livelihoods, SRH, and gender-disaggregated behaviour change communications related to gender, violence and related topics (Palermo et al., 2021). A random controlled trial of the programme found that it was effective in reducing rates of sexual violence victimisation amongst adolescent girls, and rates of physical violence perpetration amongst adolescent boys. The programme was also found to be effective in boosting young people's self-esteem, delayed sexual activity for the first time amongst girls, and led to an increase in gender equitable attitudes amongst boys. One negative impact of the programme, however, was that it appeared to have a negative effect on school attendance amongst girls, perhaps due to the increased incentive to engage in livelihood activities, including livestock herding (Palermo et al., 2021).

6.6.3 Limitations of the programme models

While economic empowerment programmes are designed to address one of the most powerful predictors of IPV directly, and thus have a strong theoretical foundation (as well as a growing evidence base demonstrating the potential for impact on IPV outcomes), the suitability of these initiatives for addressing IPV amongst adolescents is less clear. Microfinance and livelihood interventions can be complex to implement with adolescents due to legal limits on the age of participation, the demands of schooling, and rapid lifestyle changes (Lundgren & Amin, 2015). Furthermore, given the increased vulnerability and instability of youth, without appropriate support, young

people may struggle to manage the consequences of increased cash and struggle to fulfil the conditions of loans and repayments (Lundgren & Amin, 2015). Given these challenges, questions have been raised as to whether these types of programmes, when implemented amongst adolescents, may have negative, unintended consequences. Indeed, while the selected programme model, *Cash Plus*, demonstrated some positive impacts on IPV experiences, one potentially serious negative consequence was the reduced school attendance of adolescent girls.

More broadly, concerns have been raised about whether these types of interventions may have the potential to *increase* the perpetration of IPV in some circumstances. For example, it has been suggested that empowering women economically may lead to a violent backlash amongst men, as they attempt to reassert control and their identity as household leaders and providers (Buller et al., 2018). One recent evaluation conducted in Northern Tanzania found that, while having more income was a protective factor for women in reducing the likelihood of being a victim of IPV, women who contributed more financially to the household than their male partner had an increased IPV risk (Abramsky et al., 2019).

Finally, it has been suggested that the availability of extra cash in the household may be used to purchase alcohol and other substances which have been associated with an increased risk of IPV perpetration. This is arguably a particular concern for programmes engaging adolescents.

6.6.4 Key elements and scalability

The potential for scalability and replicability of economic empowerment programmes is unclear. Most evidence to date is based on one-time pilots which have not been replicated in other settings. Furthermore, these programmes tend to be highly costly, leading to questions about the feasibility of taking these types of projects to scale, at least without significant government buy-in.

The following have been identified as key elements of successful economic empowerment programmes:

Include a norms change component: evidence suggests that so-called 'cash-plus' models that incorporate economic empowerment initiatives with social norms interventions addressing norms and attitudes addressing gender and violence are more effective than 'standalone' economic initiatives.

Tackle harmful masculinities: relatedly, interventions to empower women should not only broaden women's access to economic resources and opportunities but also work with women and men to address men's livelihoods, male gender roles and masculinity norms.

Provide mentorship and support to adolescents: livelihood schemes engaging adolescents need to ensure sufficient support for young people to manage the demands and conditions associated with the programme, and that the impact on education and other activities is also considered.

Recipient: programmes need to consider who will be receiving finance and what conditions are attached to the transfer or loan, to reduce potential negative, unintended effects. For example, where cash transfer funds are used for expenditures not intended to benefit all household members, for example, to purchase alcohol, these programmes may create new sources of relationship conflict. On the other hand, where money is provided solely to women, tensions may emerge over men's ability to provide. One successful programme implemented in Kenya aimed to mitigate these potential negative effects by combining cash with in-kind food transfer, and framing the intervention under the umbrella of food security and nutrition, domains traditionally ascribed to women (Buller et al., 2016). However, while such programmes may have limited positive effects in the short term, they are unlikely to be socially transformative over the longer term, given their failure to address structural gendered inequalities that underlie the root causes of violence.

7. Conclusions and recommendations

This technical paper aims to provide information that can serve as an initial basis for UNICEF to develop a comprehensive programming package for addressing IPV in adolescence. Overall, the research for this paper was based on a review of 128 separate research studies, evaluations and evidence reviews from around the world. While the majority of studies have been implemented in the USA, the literature also reflects programmes implemented in a wide diversity of

countries' contexts across South America, South and East Asia, Europe, East, West and South Africa and the Middle East. The main types of programmes identified for addressing IPV comprised: community-based programmes; education programmes in schools; family-focused programmes; bystander programmes engaging teenagers and boys; economic empowerment programmes and trauma-focused programmes. Of these, school and community-based programmes were found to be by far the most prevalent types of programmes, with community-based programmes being most commonly implemented in LMICs, followed by economic empowerment programmes, and education programmes being the most common type of IPV programme specifically focused on adolescents. Family-based programmes and trauma-focused programmes were found to be much rarer interventions, particularly in LMIC contexts, despite the high impact potential of these interventions, and their suitability for addressing IPV amongst adolescents. Similarly, sports-based interventions were found to be a rarely implemented and evaluated type of community-based intervention, yet these types of programmes may be particularly developmentally appropriate for (young) adolescents, with a high potential for affected IPV behavioural outcomes.

Recommendations relating to each individual type of programme are integrated throughout this paper; however, a number of cross-cutting recommendations are identified for strengthening programming and measurement work on adolescent IPV.

7.1 General recommendations across programmes

Focus on developing **comprehensive programmes** that address IPV drivers at multiple levels of the socio-ecological model. Evidence suggests that programmes are more effective when they cut across and promote collaboration amongst multiple sectors (e.g., policymakers, legal authorities, institutions, community leaders and members, households and individuals). Programmes are also particularly effective when they combine multiple strategies (e.g., economic empowerment and education/ training on IPV awareness).

Extend the duration of programme investment: Evidence suggests that interventions are significantly more effective when implemented over a longer period of time and change agents receive sustained and repeated exposure to the intervention. One-off trainings and awareness-raising sessions are unlikely to have sustained and meaningful effects.

Challenge the acceptability of violence amongst individuals and communities, through creating constructive and culturally sensitive dialogues about harmful gender norms and unbalanced power dynamics. **All programmes should include an element that focuses on norms/ beliefs** (e.g., not just microfinance, not just anger management etc.)

Scale-up programmes that support participants in **developing new skills** to empower them to make healthy choices and develop emotion regulation and conflict resolution skills. The evidence suggests that changing norms and attitudes are unlikely to be sufficient to reduce IPV perpetration and victimisation without this skills development and capacity building component; consider mainstreaming this approach across interventions.

Integrate engagement, support and empowerment of local-community-based activists, particularly adolescents into initiatives, so that adolescents are not merely the "recipients" of interventions, but active participants in building a powerful social movement for change.

Gender transformation should be mainstreamed across all programmes, such that all interventions work towards addressing the structural causes of gender inequalities, including social roles, relations, norms and the distribution of power, resources and services.

7.2 Recommendations for the development of specific types of programmes

Scale-up research and interventions focused on **exploring and addressing the risk factors associated with IPV perpetration**, particularly engaging adolescent boys. Interventions fostering the empowerment of women and girls are key to addressing structural gender inequalities. However, the burden should not only be placed on girls to protect themselves through developing self-protection skills. Interventions that address the structural factors underlying IPV perpetration are also key to ending violence.

Scale up the development and testing of **sports and recreation-related programmes.** The limited available evidence suggests that these programmes may have a high impact on reducing youth violence; further, these programmes have a strong theoretical basis, and are ideally suited for implementation amongst adolescents. These programmes must also be developed with a mind to ensuring the inclusion of adolescents with varied abilities, including those with disabilities and additional needs.

Develop programmes that explore **new ways of thinking about adolescent IPV** that move beyond a binary and heterosexist framework for conceptualising gender identity and relationships. Integrate measures to ensure the inclusion of LGBTQI youth into programmes, considering their differential needs, experiences and histories of marginalisation.

Integrate measures to **address technology-facilitated gender-based violence** into programmes. There is a gap in programming and literature related to this issue. Meanwhile, globally, the risk of this type of violence (especially in the context of sexual coercion and bullying) is rapidly increasing among adolescents, given the proliferation in the use of mobile phones and the increasing availability of the internet and social media. The behaviour and dynamics of perpetration of technology-facilitated gender-based violence are often different from violence offline and may require special attention, e.g. the role of disinhibition. Much of the literature on adolescent IPV focuses on programmes that were developed in

previous decades when this type of relationship abuse was less relevant and this type of violence has therefore not been considered in the design and development of interventions.

Scale-up programmes **supporting adolescents and families affected by trauma** and violence. While individual programmes may be costly, there is growing evidence and guidance on the utility of community-based approaches to mental health and psychosocial support (MHPSS). [26] Adolescents with experiences of trauma are some of the young people most at risk of IPV. Meanwhile, empirical evidence suggests that MHPSS programmes have a particularly high impact on individuals with clinical symptoms of trauma and past experiences of abuse. More investment is needed in the design of contextually appropriate, trauma-informed interventions. These interventions may be particularly relevant for implementation in conflict-affected and insecure environments;

Consider adapting **family-focused IPV models in LMICs**, with consideration to UNICEF guidance on parenting adolescents. Consider conducting formative research to guide the development of programmes to ensure they are culturally sensitive and appropriate, and mitigate the risks of potentially unintended harms.

[26] See: Inter-Agency Standing Committee. Community-based approaches to MHPSS Programmes: a guidance note. https://interagencystandingcommittee.org/iasc-reference-group-mental-health-and-psychosocial-support-emergency-settings/iasc-community-based-approaches-mhpss-programmes-guidance-note Accessed June 2023.

7.3 Recommendations for evaluation and measurement work

Ensure **gender disaggregation in the collection of data** and evaluation of research. A limitation in the current literature is that results are not always broken down by gender. Meanwhile, given the gendered nature of this type of violence, girls and boys are likely to have different experiences in relation to IPV. They may be impacted differently by different programme interventions. Furthermore, research tends to focus on young women and girls, with a lack of attention paid to the IPV experiences of adolescent boys.

Conduct rigorous evaluations of adolescent IPV programmes implemented in LMICs. These may include qualitative studies as well as evaluations utilising **experimental or quasi-experimental designs**, to enable comparison of outcomes across an intervention versus the control group.

Scale up investment in **longitudinal evaluation research;** much of the evidence on the effectiveness of programmes is based on very short-term follow-up (within six months). As a result very little can be concluded about the long-term efficacy of IPV programmes.

Develop and field test robust **standardised** measures for assessing IPV outcomes and risk factors associated with IPV, which can be used across contexts to enable meaningful comparison of studies. These measures could include attitudinal scales for measuring IPV acceptability amongst adolescents, as well as tools for assessing

behavioural outcomes, including those which do not rely exclusively on self-reports.

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