



R E S P E C T

W O M E N

S T R A T E G Y
S U M M A R Y

**Relationship skills
strengthened**

Relationship skills strengthened

OBJECTIVE OF STRATEGY: Improve men, women and couple's skills in interpersonal communication, conflict management and shared decision-making.

Rationale

Relationship dynamics can be both a risk and protective factor for VAW.¹ Women are more likely to experience violence in intimate partner relationships characterised by unequal power dynamics, controlling behaviours, or where either partner holds attitudes or beliefs that condone violence within relationships. On the other hand, women are less likely to experience IPV in relationships where couple communication is strong, both partners share gender equitable attitudes and equal decision-making, including on expenditure.² In many contexts, poor relationships with in-laws can be a key risk factor for experiencing violence.³

Work with couples and other adult family members in the same household, including in polygamous contexts, provides a unique opportunity to strengthen relationships, by addressing power imbalances and gender inequalities within them.

This strategy covers both formal and informal couples, recognising that informal intimate relationships can be harder to reach but just as potentially violent - if not more so when secrecy is involved and there is no legal contract in place to protect women's rights. It focuses on adult relationships, with further guidance on effective approaches to working with families and adolescents (i.e. to address dating violence) included under the **RESPECT Strategy Summaries on Environments Made Safe and Child and Adolescent Abuse Prevented**.

Risk and protective factors:

This strategy aims to address the following risk factors and promote the following protective factors for VAW:

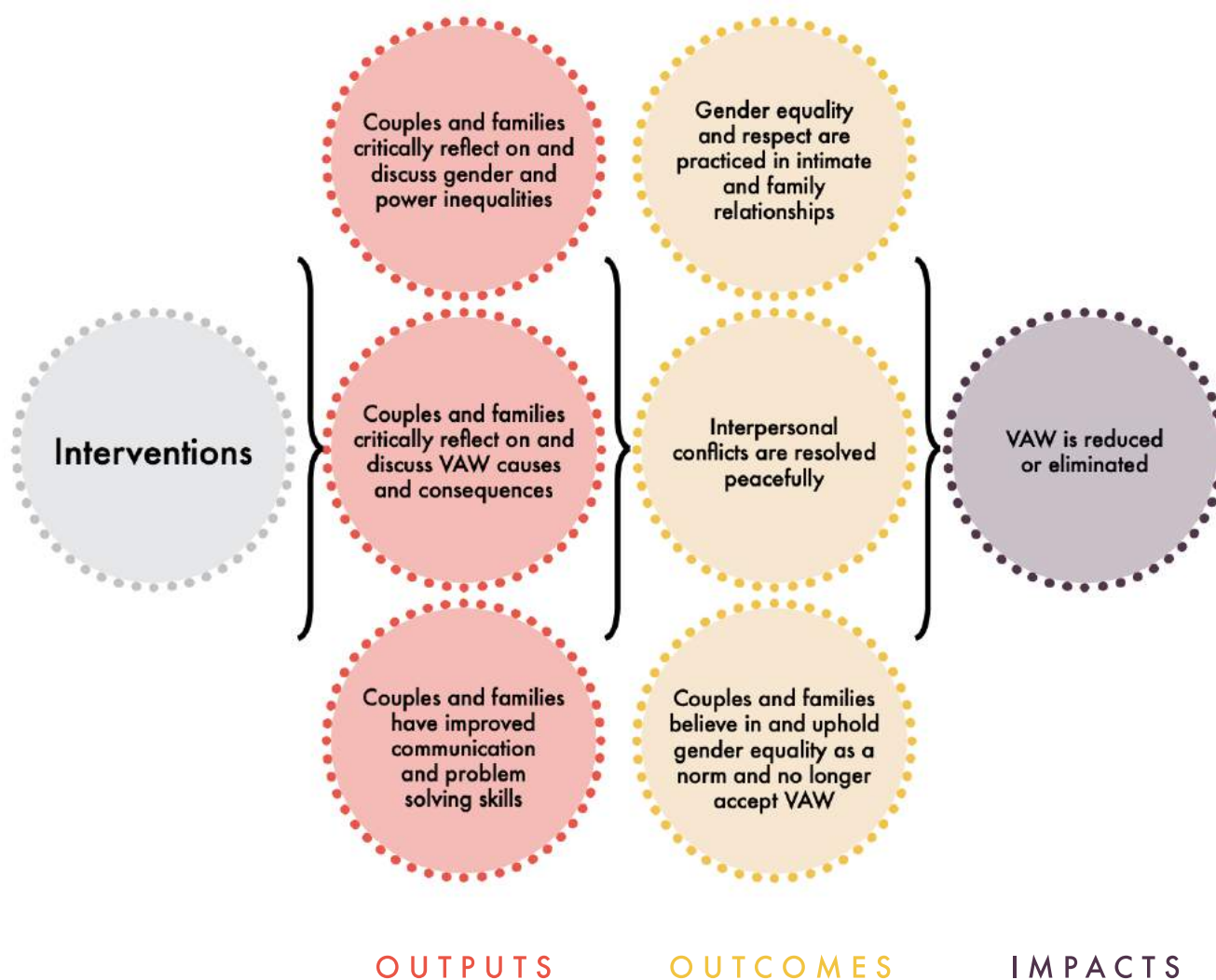
Level	Risk factors	Protective factors
Individual	<ul style="list-style-type: none"> Attitudes and practices condoning or justifying violence as normal or acceptable (men and women) Low self-efficacy and self-esteem (women) Childhood experience of violence and/ or exposure to violence in the family (women and men) 	<ul style="list-style-type: none"> Gender equitable attitudes and practices (women and men) High efficacy and self-esteem (women) Childhood experience of non-violent means of communication and conflict resolution (women and men)
Interpersonal	<ul style="list-style-type: none"> High levels of inequality in intimate partner and in-law relationships Poor communication, ineffective conflict resolution and problem-solving skills 	<ul style="list-style-type: none"> Intimate and family relationships characterised by gender equality, including in shared decision-making and household responsibilities Relationship skills to mitigate triggers of violence (e.g.conflict resolution, communication)
Community	<ul style="list-style-type: none"> Harmful gender norms that uphold male privilege and limit women's autonomy High levels of poverty and unemployment that creates stress within relationships 	<ul style="list-style-type: none"> Norms that support non-violence, respect for diversity and gender equality, and promote women's empowerment

STRATEGY SUMMARY

Theory of change

The following diagram provides a simplified theory of change demonstrating how evidence-based interventions which seek to strengthen relationships can lead to sustained reductions in VAW. This would need further development and adaptation for specific programmes. Evidence shows that using several strategies simultaneously and working through multiple entry points can help maximise impacts.⁴

R: Relationship skills strengthened



Types of interventions

Interventions under this strategy aim to equip men and women with key skills to communicate and negotiate with their partners and other family members (e.g. mothers-in-laws), to manage triggers of violence, and to adopt positive non-violent alternatives. The following table outlines two types of interventions featured in the RESPECT framework and provides a brief overview of the current evidence⁵ base and example programmes where these are available.

LEGEND

- **promising**, >1 evaluations show significant reductions in violence outcomes
- **more evidence needed**, > 1 evaluations show improvements in intermediate outcomes related to violence
- ◆ **conflicting**, evaluations show conflicting results in reducing violence
- ◻ **no evidence**, intervention not yet rigorously evaluated
- ▼ **ineffective**, >1 evaluations show no reductions in violence outcomes
- H World Bank High Income Countries (HIC)
- L World Bank Low and Middle Income Countries (LMIC)

Intervention type	Description	Evidence of effectiveness	Example programmes
Group-based workshops with women and men to promote egalitarian attitudes and relationships	<p>This type of intervention involves a series of participatory workshops, which equip men and women with skills for building healthy, non-violent relationships, and address gendered power imbalances in relationships. These interventions also work by reducing risk factors, such as problem drinking and inequitable decision-making, and increasing protective factors, such as better communication skills within relationships.⁶</p> <p>These interventions typically work with peer groups based on age and gender, or with heterosexual couples, sometimes involving other family members. Men and women often attend separate-sex groups to reflect in parallel, with some interventions building in mixed-sex sessions for couples to come together. The interventions work with everyone irrespective of their history of violence. They have been implemented in several contexts from married couples in rural Rwanda, to young people in urban slums in South Africa.</p>	<p>L There is promising evidence from LMICs that this type of intervention can work to reduce women’s experiences of IPV</p>	<p><u>Indashyikirwa</u> (Rwanda)</p>
		<p>H More evidence is needed from HICs that these kinds of approaches can lead to improvements in violence</p>	<p><u>Stepping Stones</u> (Uganda + Global)</p> <p><u>Zindagii Shoista</u> (Tajikistan)</p> <p><u>PREPARE</u> (South Africa)</p> <p><u>Unite for a Better Life</u> (Ethiopia)</p>

Intervention type	Description	Evidence of effectiveness	Example programmes	
Couples counselling and therapy	<p>This type of intervention uses couples counselling and therapy as a strategy to reduce violence among couples who wish to stay together. This type of intervention typically targets couples with a history of IPV and has been most widely used in HICs.</p> <p>Couples therapy sessions often focus on dysfunctional relationship patterns, including communication difficulties, conflict management issues, sexual problems, and relationship complications.⁷ Therapy typically also addresses alcohol and substance use, and how it links to violence.</p> <p>Sessions involve various types of couples therapy from behavioural to cognitive-behavioural or solution-focused therapy. In most programmes, couples commit to a no-harm contract and working together for the therapy duration, typically 3-6 months.⁸</p>	<p>L</p> <p>H</p>	<p>More evidence is needed from LMICs of couples therapy and counselling leading to improvements in intermediate outcomes related to violence.</p> <p>There is promising evidence from high-income countries of the benefits of couples therapy for reducing violence in relationships including couples with a history of mild-moderate situational violence.⁹ However, these benefits may be variable across couples.</p>	<p>Becoming One (Uganda)</p>

Example programmes

The following table summarises three different programmes which have been shown to deliver reductions in VAW prevalence within programmatic timeframes (approximately 6 months of core activities). The table should be reviewed alongside the **design and implementation checklist** on page 8, as well as the **guiding principles of effective programming** provided in the RESPECT framework when adapting any of these methodologies. More detailed information on each programme is provided in the **programme summaries**.

Programme	Description	Location	Target	Core activities	Duration	Evaluation and Impact
<u>Indashyikirwa</u>	An intensive couples-based intervention which aimed to improve relationship skills, foster more equitable relationships and reduce the gender-inequitable beliefs, behaviours and norms that underpin IPV.	Seven districts in Eastern, Northern and Western Provinces of Rwanda	Heterosexual couples from low income households recruited through CARE International’s Village Savings and Loans Associations (VSLA)	A 21-week training with groups of 15 couples delivered by 1 male and 1 female facilitator. The curriculum covered foundational concepts of power and gender; rights; managing drivers of IPV, including alcohol abuse, jealousy, economic inequalities; gender household roles; healthy relationships; introducing activism; and providing empowering responses to those experiencing IPV.	6 months	Type of evaluation: Cluster randomised controlled trial (cRCT) and accompanying qualitative research. ¹⁰ Impact: <ul style="list-style-type: none"> • 55% reduction in the odds of women reporting physical and/or sexual IPV. • 47% reduction in the odds of men reporting having perpetrated physical and/or sexual IPV. • Improved relationship quality, better communication, greater trust, and improved conflict management, and reductions in the number of reasons endorsed to justify wife-beating. • Reduced use of corporal punishment against children in the home.

Programme	Description	Location	Target population	Core activities	Duration	Evaluation and Impact
<u>Stepping Stones</u>	The programme is designed for use by 4 peer groups based on age and gender to promote cross-generational as well as cross-gender mutually respectful communication and relationship skills in both formal and informal relationships. ¹¹	Originally developed in rural Uganda, ¹² the programme has since been adapted for use in more than 100 countries, in a variety of settings, including schools, religious institutions and prisons.	Men and women (not in relationships with one another), engaged in single-sex peer groups for young men and women (age 15 and over), and then older men and women.	23 three-hour sessions are delivered in parallel over 6 months. ¹³ The participatory training includes topics such as gender inequality and violence, violence against youth, lifecycles of violence, love, stigma, STI/HIV, condom use, self-esteem and substance use (among others).	6 months	Evaluation type: Various, including a cluster randomised controlled trial (RCT) in South Africa. ¹⁴ Impact: The South Africa trial found reductions in men’s self-reports of sexual risk behaviours and lower levels of IPV perpetration. However, female participants did not report fewer sexual risk behaviours nor lower levels of IPV victimisation, possibly because young women’s partners had not done the programme. By contrast, in the Gambia adaptation with all four peer groups, women as well as men reported reduced IPV. ¹⁵

Programme	Description	Location	Target population	Core activities	Duration	Evaluation and Impact
<u>Becoming One</u>	A religious couples counselling programme designed to prevent IPV through promoting healthier, more equitable relationships.	Western Uganda	2381 heterosexual couples 140 faith leaders	12-in person sessions delivered by trained faith leaders covering communication skills, emotional regulation, shared control over finances, sexual consent and pleasure. Includes biblical principles and verses, and targets biblical justifications frequently offered to legitimise male dominance and VAW.	3-4 months	Type of evaluation: RCT and accompanying qualitative research. ¹⁶ Impact: 18 month evaluation started in October 2018. Results delayed due to COVID-19 pandemic.
<u>Unite for a Better Life (UBL)</u>	Designed to reduce IPV in heterosexual couples . Delivered group-based sessions in context of Ethiopian coffee ceremonies to men only, women only and couples groups.	Rural communities in southwestern Ethiopia	<ul style="list-style-type: none"> • Heterosexual couples • Heterosexual men only • Heterosexual women only (All aged 15-49 currently married or cohabiting) 48 male and female facilitators trained	Three different gender-transformative curricula delivered in parallel by trained facilitators: Men’s UBL, Women’s UBL and Couples’ UBL delivered in context of traditional Ethiopian coffee ceremonies. 14 participatory and skills-building sessions for 20 people over 7 or 14 weeks to address various root causes of IPV by challenging gender stereotypes and unequal roles in the home and promoting gender-equitable attitudes and behaviours.	7 or 14 weeks	Type of evaluation: RCT ¹⁷ Impact: Men’s UBL <ul style="list-style-type: none"> • 30% reduction in the odds of men reporting past-year sexual IPV • 20% reduction in odds of men reporting part year physical and/or sexual IPV • Statistically significant reduction in women’s experience of past year physical and/or sexual IPV Women’s & Couples’ UBL <ul style="list-style-type: none"> • No statistically significant impact on physical or sexual IPV • But significant increase in male involvement in childcare and household chores

Design and Implementation Checklist



Common elements and principles of effective approaches to strengthening relationship skills include:¹⁸

Design and adaptation

- 1. Ensure sufficient resources for design, adaptation and piloting of a gender-transformative couples curriculum.** Successful approaches are structured around well-designed curricula which have been tailored for the local context and rigorously tested and piloted to ensure the content is appropriate to the local context, and that key messages resonate with the target population. There are a number of publicly available curricula (see box below), which can be adapted to new contexts. When adapting existing curricula it is strongly recommended to engage with the original developers/implementers, ensure fidelity to the core principles of the approach, and learn from experiences of adaptation elsewhere.
- 2. Ground couples curricula in theory and analysis of gendered power and norms within relationships.** The Indashyikirwa couples curriculum introduced the concept of positive and negative types and uses of power to help couples identify, prevent and respond to IPV in their own relationships and communities.¹⁹ Promoting new positive and aspirational relationship norms such as ‘working together for household development’, ‘being good parents together’ and ‘improved sexual relationships’, rather than focusing on messaging around harmful norms, can better incentivise behaviour change and help to avoid potential backlash.
- 3. Align and connect programmes with existing local values, languages and community structures:** Approaches that have successfully adapted to the local context have intentionally aligned their curriculum with existing *positive* cultural and religious values and used appropriate concepts in the local language. They also recognise and include key individuals and stakeholders who influence relationships within a particular setting, and utilise existing community structures as key entry points to engage with couples, families, men and women.

Examples of curricula

Stepping Stones and Stepping Stones Plus (Global) have updated their [Training Package](#) on gender, generation, HIV, communication and relationship skills.

Indashyikirwa (Rwanda) has a [Couples' Curriculum Training Module](#), with interactive trainings and take-home exercises to help reduce violence among couples.

Zindagii Shoista (Living with Dignity) (Tajikistan) has two workshop manuals: (1) [Social Empowerment](#) promotes family harmony and aims to reduce violence; and (2) [Enabling Economic Empowerment through Income Generating Activities](#) helps families manage household budgets, including strengthening women's decision-making.

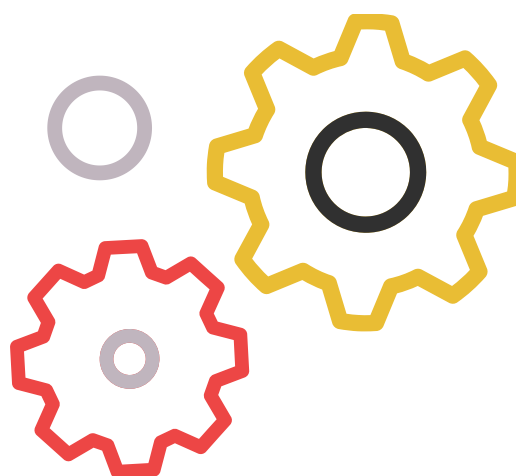
Resources for adaptation and scale-up

The [Community for Understanding Scale-up \(CUSP\)](#) has guidance on how to adapt and scale different initiatives effectively and ethically. The [Guidelines for Adapting Stepping Stones](#) also guides on what to do and not to do with the programme in order to maintain its fidelity and effectiveness.

STRATEGY SUMMARY

Implementation and scale-up

4. **Critically engage both men and women, and where appropriate other family members.** Engaging both individuals within an intimate relationship helps to sustain commitment and enables couples to support one another to address household gender and power dynamics. Particular efforts may be needed to ensure and sustain male engagement.²⁰ Some programmes have used motivational interviewing techniques²¹ before starting to engage men and reduce drop-out rates. In patriarchal settings, it may also be necessary to engage in-laws to mitigate against any potential backlash.
5. **Create a safe space for equal participation between partners.**²² The size, location and timing of the groups need to be carefully considered to ensure the programme creates a safe and effective environment for couples to share and learn. This should include separate sex-specific and age-specific sessions for men and women as well as joint sessions including both partners. In Stepping Stones, the peer groups each choose their own spaces and times to meet, according to what works best for them.
6. **Build skills in communication and conflict resolution to strengthen relationships.** Successful approaches focus on skills building, together with opportunities to practice new skills through take home activities.²³
7. **Carefully select and train male and female facilitators.** Given the intensive nature of these interventions, facilitators should experience the programme first as participants to go through their own process of transformation and learning before they are ready to be facilitators.²⁴ Further, facilitators need to be equipped and supported to adopt a participatory facilitation style, and to be able to provide sufficient support to participants on their journey of change.
8. **Adopt participatory approaches with opportunities for reflection and support.** Effective participatory learning techniques encourage dialogue and support critical thinking about gender roles; promote the position of women; challenge the unequal distribution of resources, and address power imbalances between men and women.
9. **Use accessible, relevant and engaging communication materials.** Colourful and positive visual communication materials, including take home resources, are essential in areas with low literacy, and are key to capturing the interest of participants, aiding in the communication of key messages.²⁵ Where participants have low levels of literacy it can be useful to have two facilitators to help participants make sense of and understand the materials, as was the case in the Indashyikirwa programme.
10. **Adopt inclusive approaches to engage the most marginalised couples.** The Indashyikirwa programme used specific strategies to ensure the programme was accessible for people with disabilities. This included partnering with the National Council for People with Disabilities, targeted outreach for 280 people with disabilities, and tailored accessible communication materials.²⁶



STRATEGY SUMMARY

Entry points

Approaches to improve relationship skills can be integrated in multiple settings and sectors to maximise impact. This includes building on ongoing initiatives and existing structures to increase the reach of prevention programming and enhance existing initiatives. The following table highlights some key entry points for this strategy, including programme examples.

Entry point	Rationale
<p>Existing community-based social and economic institutions e.g. faith groups, savings and loan groups, self-help groups, social protection recipients</p>	<p>Existing social and economic structures and institutions at community level may offer a cost-effective entry point to access and work with couples, families, men and women. These community structures can help create an enabling environment for couples to change and support couples to sustain change. Using existing structures may also offer opportunities to roll out programmes at a greater scale. There is also potential to engage ‘couples to be’, i.e. those who are being accompanied either by their religious communities or government structures towards getting married.</p> <p>For example, the Indashyikirwa intervention in Rwanda successfully built on CARE’s existing village saving and loans associations (VSLA) as an entry point to engage couples. Stepping Stones in Uganda built on the existing community income generating activities (IGAs) by Redd Barna.²⁷ The Becoming One Intervention in Uganda built on existing pre-marital and marital counselling provided by local churches, to engage faith leaders to conduct skills-based counselling to couples covering communication, shared control over finances, sexual consent and pleasure using the bible to reinforce and exemplify positive relationships.</p>
<p>Schools and education facilities</p>	<p>School-based interventions can provide an opportunity to promote respectful relationships among young people. The most widely evaluated are dating interventions that attempt to create equal relationships and change attitudes and norms towards dating.</p> <p>For example, the PREPARE programme in South Africa included 21 intensive after-school workshops with young people covering topics such as values and aspirations in intimate relationships, communication skills, gender power inequities, respectful relationships and sexual decision-making. The programme led to a reduction in IPV among adolescent couples.²⁸ Further information on approaches specifically targeting adolescents is included in the RESPECT Strategy Summaries on Environments Made Safe and Child and Adolescent Abuse Prevented.</p>
<p>Health sector including sexual and reproductive health services</p>	<p>The health sector presents significant opportunities to engage with couples at scale, for example through sexual and reproductive health (SRH) services. Existing SRH and counselling services can be adapted to integrate VAW prevention messaging and can be used to detect couples at particular risk and provide referrals to more intensive couples-based interventions. Health professionals can also be engaged and equipped to transform harmful relationship norms through educational materials and resources available in waiting rooms, examination rooms, and counselling spaces, and through messages delivered personally to clients/patients.²⁹</p>

Key Resources

Programming with couples

[Preventing partner violence, working with couples](#). Practice brief. Starmann, E. The Prevention Collaborative. 2018
This practice brief provides an overview of work with couples to prevent IPV, including key design elements and implementation tips, drawing on insights from three programmes in Africa.

[Working with couples to prevent IPV, Indashyikirwa, Rwanda](#) What Works Evidence Brief. Stern, E., Mclean, L., and Heise, L. 2018
This practice brief highlights lessons learned from the Indashyikirwa programme on working with couples to prevent IPV.

[Programme Summary: The Indashyikirwa Programme](#) Rwanda. The Prevention Collaborative. 2019
This summary document provides an overview of the Indashyikirwa couples programme in Rwanda including detailed information on programme components as well as lessons learned from programming.

Evidence on programming with formal and informal sexual partners

[Couple therapy for intimate partner violence: A systematic review and meta-analysis](#). Karakurt G, Whiting K, Van Esch, Bolen S, Calabrese J. J Marital Family Therapy, Volume 42, No. 4, p567583: doi:10.1111/jmft.12178. 2016
This systematic review compiles the results of six studies from the US to investigate the effectiveness of couple therapy as a treatment for violence.

[Synchronising gender strategies: A cooperative model for improving reproductive health and transforming gender relations](#) Greene, M and Levack, A. USAID. 2010
This publication presents the evidence and programme examples on working with men and women, boys and girls, in an intentional and mutually reinforcing way that challenges gender norms, promotes gender equality, and improves health.

Theory on engaging men and boys

[From work with men and boys to changes of social norms and reduction of inequities in gender relations: A conceptual shift in prevention of violence against women and girls](#). Jewkes, R. K., Flood, M. G. and Lang, J. The Lancet, 385 (9977), 1580-1589. 2015
This academic article discusses why it is important to engage men and boys in prevention of VAW work. It proposes that future work should engage men and boys as well as women and girls to shift gender-related norms which drive VAW.

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Endnotes

- ¹ Heise (2011) [What works to prevent partner violence? An evidence review](#). December 2011.
- ² Fulu, E and Kerr-Wilson, A (2015) [What works to prevent violence against women and girls evidence reviews Evidence review of interventions to prevent violence against women and girls](#). September 2015
- ³ Shai, N., Devi Pradhan, G., Chirwa, E., Shrestha, R., Adhikari, A. & Kerr-Wilson, A (2019) [Factors associated with IPV victimisation of women and perpetration by men in migrant communities of Nepal](#), PLOS One, DOI: <https://doi.org/10.1371/journal.pone.0210258>
- ⁴ UN Women (2015) [A Framework to Underpin Action to Prevent Violence against Women](#), New York: UN Women.
- ⁵ Evidence ratings are largely derived from systematic reviews of more than 1 evaluation of interventions that mostly use experimental designs including randomized, cluster randomized and quasi-experimental methods. It is recognised that for some strategies such as justice sector interventions, alternative evaluation methods may be more appropriate including time series, observational and cross-sectional designs despite being typically considered lower quality. This is an emerging field and hence, there is a great deal of variation in rigor of study design and evaluation. The sources for these reviews and studies are provided as part of references.
- ⁶ Fulu, E and Kerr-Wilson, A (2015) Ibid.
- ⁷ Karakurt, G., Whiting, K., Van Esch, C., Bolen, S. & Calabrese, J. (2016) [Couple Therapy for Intimate Partner Violence: A Systematic Review and Meta Analysis](#), Journal of Marital Family Therapy, 42(4): 567-583
- ⁸ Carr, A (2020) 'Evidence for the efficacy and effectiveness of systemic family therapy' in Wampler, K. et al (Eds.) The Handbook of Systemic Family Therapy, Chichester: John Wiley & Sons.
- ⁹ See forthcoming Becoming One Evaluation; Karakurt G, Whiting K, Van Esch, Bolen S, Calabrese J (2016). [Couple therapy for intimate partner violence: A systematic review and meta-analysis](#). J Marital Fam Ther, Volume 42, No. 4, p567583.
- ¹⁰ Dunkle, K., Stern, E., Chatterji, S., and Heise, L., (2019) [Indashyikirwa programme to reduce intimate partner violence in Rwanda: Report of findings from a cluster randomized control trial](#). CARE. London.
- ¹¹ The original Stepping Stones specifically raised the question of the differences between formal and informal relationships in an exercise called "What is Love". The programme is designed to address violence in informal / secret as well as formal sexual relationships, as well as in polygamous relationships.
- ¹² See Stepping Stones website for further information: www.stepsstonesfeedback.org
- ¹³ Salamandar Trust (2019) [Stepping Stones and Stepping Stones Plus](#)
- ¹⁴ Jewkes R, Nduna M, Levin J, Jama N, Dunkle K, Puren A, Duvvury N. (2008) [Impact of stepping stones on incidence of HIV and HSV-2 and sexual behaviour in rural South Africa: cluster randomised controlled trial](#). Bmj. Aug 7;337:a506. For a summary, see <https://prevention-collaborative.org/resource/impact-of-stepping-stones-on-incidence-of-hiv-hsv-2-and-ipv-in-rural-south-africa/>
- ¹⁵ Paine, K., Hart, G., Jawo, M., Ceesay, S. & Jallow, M. (2010) ['Before we were sleeping, now we are awake': Preliminary evaluation of the Stepping Stones sexual health programme in The Gambia](#), African Journal of Aids Research, Volume 1, Issue 1.
- ¹⁶ <https://airbel.rescue.org/projects/becoming-one/> See forthcoming Becoming One Evaluation
- ¹⁷ <https://www.uniteforabetterlife.org>
- ¹⁸ McLean, L., Heise, L. & Stern, E. (2019) Shifting and transforming gender-inequitable beliefs, behaviours and norms in intimate partnerships: the Indashyikirwa couples programme in Rwanda, Culture, Health & Sexuality, DOI: 10.1080/13691058.2019.1679394;
- ¹⁹ Starmann, E. (2018) Preventing Partner Violence, Working with Couples. Prevention Collaborative Prevention Brief ; The Prevention Collaborative (2019) [Programme Summary: Stepping Stones](#). The Prevention Collaborative, December 2019 .
- ²⁰ Mclean et al (2019) Ibid.
- ²¹ Starmann, E (2018) [Preventing partner violence working with couples](#). Practice brief The Prevention Collaborative.
- ²² Saftlas, A. F., Harland, K. K., Wallis, A. B., Cavanaugh, J., Dickey, P., & Peek-Asa, C. (2014). [Motivational interviewing and intimate partner violence: a randomized trial](#). Annals of epidemiology, 24(2), 144-150; Lila, M., Gracia, E., Catalá-Miñana, A., 2018. [Individualized motivational plans in batterer intervention programs: A randomized clinical trial](#). Journal of consulting and clinical psychology 86 (4), 309–320; Schumacher, J.A., Coffey, S.F., Stasiwicz, P.R., Murphy, C.M., Leonard, K.E., Fals-Stewart, W., 2011. [Development of a brief motivational enhancement intervention for intimate partner violence in alcohol treatment settings](#). Journal of Aggression, Maltreatment & Trauma. 20 (2), 103–127.
- ²³ Stern, E.; Nyiritunga, R. (2017) [A Process Review of the Indashyikirwa Couples Curriculum to Prevent Intimate Partner Violence and Support Healthy, Equitable Relationships in Rwanda](#). Soc. Sci. 2017, 6, 63.
- ²⁴ Stern, E., Mclean, L., and Heise, L. (2018) Working with couples to prevent IPV. The Indashyikirwa in Rwanda.
- ²⁵ Starmann, E (2018) [ibid.](#); [Community for Understanding Scale-up \(CUSP\) guidance](#); Salamandar Trust (2017) Guidelines for Adapting Stepping Stones.
- ²⁶ Ibid.
- ²⁷ Dunkle et al (2019) Ibid.
- ²⁸ Salamandar Trust (2015) [Stepping Stones Revisited: Stories from the village of Buwenda](#). Video on Vimeo by Salamandar Trust
- ²⁹ Mathews, C., Eggers, S.M., Townsend, L. et al (2016). [Effects of PREPARE, a Multi-component, School-Based HIV and Intimate Partner Violence \(IPV\) Prevention Programme on Adolescent Sexual Risk Behaviour and IPV: Cluster Randomised Controlled Trial](#). AIDS Behav 20, 1821–1840 (2016).
- ³⁰ Shepard, B (2010) [Addressing violence against women and girls in sexual and reproductive health services](#). New York: UNFPA