



Rethinking Power Program Evaluation in Southeast Haiti

Baseline Report of the Impact Evaluation
of the Combined Methodologies of SASA!
and Power to Girls

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Manuel Contreras-Urbina, Junior Ovince,
Angela Bourassa, Elizabeth Rojas



The Global
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THE GEORGE WASHINGTON UNIVERSITY

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ACRONYMS

AOR	Adjusted Odd Ratio
BB	Beyond Borders
EMMUS	Mortality, Morbidity, and Service Utilization Survey
FGD	Focus Group Discussion
GBV	Gender-Based Violence
GoH	Government of Haiti
GWI	Global Women's Institute
HIV/STI	Human Immunodeficiency Virus / Sexually Transmitted Infection
IADB	Inter-American Development Bank
IFOS	Institut de Formation et de Service
IPV	Intimate Partner Violence
KII	Key Informant Interview
LAC	Latin American and Caribbean
NGO	Non-Governmental Organization
NPSV	Non-Partner Sexual Violence
NPV	Non-Partner Violence
OR	Odds Ratio
RCT	Randomized Controlled Trial
RP	Rethinking Power
SRH	Sexual Reproductive Health
TAG	Technical Advisory Group
VAWG	Violence Against Women and Girls
WHO	World Health Organization

GLOSSARY OF TERMS

Controlling behaviors: Acts by a partner designed to control a woman's interaction with others.

Forced sex: Any sexual act which has been engaged or attempted by use of physical force, coercion, or intimidation.

Economic violence: Acts that are committed in order to deny or limit access to personal or shared monetary resources. In this study, acts included are prohibiting women from money-making activities, taking her earnings against her will, and withholding available money for household expenses.

Emotional violence: Acts that are committed in order to control another person by damage to self-esteem and self-efficacy, or fear. In this study, acts included are belittlement, humiliation in front of others, and threats against the individual or someone they care about in order to gain control through fear or intimidation.

Ever-partnered: Any woman aged 15-64 who has ever had a male partner. Partnership includes marriage, unmarried cohabitation or relationships, and dating relationships.

Intimate partner violence (IPV): Any act of violence in the four dimensions of gender-based violence included in this study committed against a woman or girl by her male partner.

Non-Partner sexual violence: Any sexual act engaged or attempted without consent. In this study, acts included unwanted intercourse completed or attempted by physical force, coercion or intimidation, or when unable to consent due to alcohol or drug intoxication or unwanted sexual touching or being forced, coerced, or intimidated into touching someone else sexually by someone other than an intimate partner. (Sexual violence by intimate partners is explored as one dimension of IPV).

Perpetrator: One who commits an act of violence against another person.

Physical violence: Any act of force intended to or which has the potential to harm another person. In this study, these acts included but were not limited to slapping, punching, or hitting with a fist or object; throwing objects that could cause harm; pushing, shoving, hair pulling, kicking, dragging; threatening with or using a weapon.

Prevalence: The proportion of at-risk women in a community who have experienced the dimension of violence being discussed. In this study, all female respondents aged 15-64 are at risk for non-partner sexual violence, while only the subset of these women who have ever been partnered are at risk for intimate partner violence.

Sexual Harassment: Any act of unwanted sexual advance, request for sexual favors, or exposure to media of a sexual nature without consent. In this study, acts investigated included being groped or otherwise touched sexually without consent in a public space (e.g., public transport); being asked to perform sexual acts in exchange for employment or school advantages; being sent material of a sexual nature via physical or digital media without consent and that is hurtful or upsetting to the recipient.

Sexual Violence: Any sexual act, completed or attempted without the consent of the individual. In this study, intercourse or unwanted sexual touching that is engaged through physical force, threat, coercion, or intimidation, regardless of the nature of the relationship of the perpetrator to the victim.

Violence Against Women and Girls (VAWG): Any act of gender-based violence that results in or is likely to result in physical, sexual, or mental harm or suffering to women or girls, including threats of such acts, coercion, or arbitrary deprivation of liberty, whether occurring in public or in private life.

EXECUTIVE SUMMARY

BACKGROUND AND METHODS

Violence against women and girls (VAWG) is highly prevalent all over the world, including in the Latin American and Caribbean region. It has been estimated that 36% of the region's female population has experienced violence from either a male partner (husband, common law union, dating, etc.) or from a non-partner (stranger, family member, friend, employer, etc.) during her lifetime (WHO, 2012). In Haiti, previous household surveys that included questions about intimate partner violence (IPV) and non-partner sexual violence (NPSV) demonstrated respective rates of 29% (among ever-partnered women) and 25% (prior to the age of 18, among girls).

Previous programming to address the health repercussions of VAWG in Haiti have focused on services to mitigate adverse health outcomes associated with the experience of IPV and NPSV among survivors, including access to health and legal services. However, there have been no comprehensive methodologies available to organizations endeavoring to address the root cause of VAWG: patriarchal values that promote gender inequality at every level of society. In 2010, Beyond Borders (a U.S.-based non-governmental organization) adapted the evidence-based SASA! methodology for community level social change addressing gender power imbalances that drive VAWG. In addition, Beyond Borders has developed a complementary methodology *Power to Girls*, which combines girl-centered programming and a comprehensive community mobilization process that highlights the roles of schools and caregivers.

The two programs have been brought together as a single, dual-model program *Rethinking Power*, in communities unfamiliar with either stand-alone model. In 2016, evaluation and pilot began of this dual model program using a quasi-experimental design in two communal sections in Southeast Haiti. The quasi-experimental design was chosen to evaluate the effectiveness of Beyond Borders' *Rethinking Power* program in the intervention community (La Vallée de Jacmel - henceforth referred to as La Vallée) when compared to the control community (Marigot) in four areas: i) decrease social drivers of VAWG; ii) decrease prevalence of VAWG; iii) decrease HIV/STI risk behaviors; and iv) increase girls' sense of safety and agency.

Quantitative data was collected through 1,977 household surveys among a representative sample (see study design) of women aged 15-64 that were administered and completed in La Vallée (n=819) and Marigot (n=1158). In addition, 832 household surveys with identical questions were administered to men aged 15-64 in the two study areas (La Vallée n=306, Marigot n=526) in order to capture demographic data as well as men's attitudes, beliefs, and norms and compare them to the women's answers. Men's surveys did not include questions regarding violence perpetration.

Qualitative data was obtained through focus group discussions (6-12 participants) and key informant interviews conducted between July and August 2016 in each community. Translated transcripts of these sessions were coded to identify overarching themes related to the research questions and to develop the context in which the quantitative findings were experienced. Additional data about adolescent girls was collected through a school-based survey and a survey with girls who attended the girl's club (one of the activities of the *Power to Girls* methodology). The results of these surveys will be presented in a complementary report.

Results

This report highlights the main findings at baseline for women (age 15-64) within the four dimensions of violence in both communities: prevalence of acts and types of violence as well as personal, interpersonal, and social factors that were associated with increased risk of experiencing intimate partner violence and non-partner sexual violence.

Intimate Partner Violence Prevalence:

- 49% of ever-partnered women experienced some form of IPV by a male partner in their lifetime; 37% reported experiencing some form of IPV from a male partner in the 12 months prior to completing the survey.
- Emotional violence was most commonly experienced in both communities and time periods: last 12-month prevalence was lower than lifetime in both communities (25% vs. 32% in La Vallée; 27% vs. 35% in Marigot).
- Around one in three women has experienced lifetime physical and/or sexual IPV in both communities (30% La Vallée, 31% Marigot) and nearly one in four (23%) has experienced this violence in the past 12 months. These findings are congruent with the WHO estimates for global prevalence rates.
- The vast majority of women who experienced physical and/or sexual IPV experienced it more than once (85% in La Vallée, 89% in Marigot).
- Only economic violence prevalence was significantly different between the communities: women in La Vallée reported nearly twice the rate of economic violence as women in Marigot, both for lifetime (27% vs. 15%) and past 12 months (17% vs. 10%).

Intimate Partner Violence Associated Factors and Triggers:

- Most of the women's demographic characteristics can be considered a risk or protective factor in IPV incidence within the bivariate and multivariate analysis. Younger women, those who currently live with someone, and those who have a lower-level of education are more at risk of IPV according to the multivariate model results.
- Partner characteristics, such as having extra-marital relationships and fights with other men increased risk of IPV, respectively to 1.7 and 3.7 times.

- The bivariate analysis also demonstrated that women who reported love and kindness in their partnerships experienced half the rate of lifetime physical and/or sexual IPV as those who did not, and 25% less IPV during the past 12 months, while controlling behavior was a consistent risk factor in all of the models.
- Intergenerational violence and child abuse tended to double the risk factors of IPV and were significant in all of the models.

Non-partner Violence Prevalence:

- Women in Marigot and La Vallée experienced non-partner sexual violence at high rates. Twenty-two percent of women in Marigot and 25% of women in La Vallée reported having experienced non-partner sexual assault in their lifetimes. More than half of these women reported that it had happened in the last 12 months.
- Three out of five women in Marigot reported that sexual harassment or forced or attempted intercourse happened for the first time before the age of 20. This ratio is only one out of two women in La Vallée. Three out of five (56%) women both in Marigot and La Vallée experienced unwanted sexual touching for the first time before the age of 20.

Reporting and Help-Seeking:

- More than half of women who suffered from NPSV knew their attacker.
- About half of women who suffered from NPSV never disclosed it. Likewise, three-quarters of women did not seek help from any formal service after experiencing non-partner sexual assault.
- Among women who experienced IPV, the rate of non-disclosure was higher: 49% of women in La Vallée and 64% of women in Marigot remained silent.
- Qualitative participants name 'loss of status' and 'lack of resources' as underlying causes that promote a woman's silence.

Implications for Actions

VAWG and the current gender norms are concerning problems that need to be addressed both in Marigot and La Vallée. The level of violence is high and women are not seeking help and/or services. Moreover, gender norms support the acceptance of IPV and prevent women from disclosing cases of rape and IPV. The *Rethinking Power* program will play a major role in changing the existing social norms at the community level. This intervention will work to increase helpful support among informal and formal service providers, given that there are major gaps in resources to assist survivors of violence.

BACKGROUND

A limited but growing body of evidence suggests that violence against women and girls (VAWG) is highly prevalent in all parts of the world, including the Latin American and Caribbean (LAC) region. In 2013, the World Health Organization (WHO) estimated that over one-third of women (36%) in this region have reported experiencing either intimate partner violence (IPV) or non-partner sexual violence (NPSV) at some point in their lifetime. Similar to many countries in the region, Haiti is facing high levels of VAWG. According to the 2012 Haiti Mortality, Morbidity, and Service Utilization Survey (EMMUS), 29% of ever-married women have experienced violence perpetrated by their most recent husband or partner (GoH, IHE, and ICF, 2013). This rate was highest among women ages 15–19 (42%). Girls also experience high rates of non-partner sexual violence. One population-based survey that examined the prevalence of violence against children (aged 13-24), the Violence Against Children Survey in Haiti, conducted by the Centers for Disease Control and Prevention and partners found that 1 out of 4 girls and 1 out of 5 boys had experienced at least one incidence of sexual abuse prior to 18 years of age. VAWG is one of the clearest manifestations of patriarchal cultural values, norms, and traditions that support gender inequality and encourage men to believe that they have the right to control women. Social norms promoting power imbalance and condoning VAWG are widespread in Haiti, as in most countries with a predominant patriarchal structure. A 2012 survey among youth in Haiti revealed that nearly half of all girls and 2 out of 5 boys aged 13-17 years old believed that a man was justified in beating a woman for one or more reasons (Government of Haiti et al, 2012).

This information demonstrates a significant need for programming to reduce this type of violence with specific attention to girls and youth. Changing patriarchal norms and curbing the cycle of VAWG in Haiti is an important step toward ensuring healthier, more productive, and safer communities for women in Haiti. Past interventions to address VAWG in Haiti have focused mainly on response to survivors without incorporating a prevention focus, and those prevention efforts aimed at social norms change in Haiti have largely been short-term, isolated, and disjointed, lacking long-term strategy and coordination.

In response to this gap, Beyond Borders, a United States non-governmental organization (NGO) working in Haiti adapted SASA! in 2010. SASA! is a phased community mobilization approach to prevent VAWG and HIV, originally created by Raising Voices. A randomized control trial (RCT) published in 2014 demonstrated the methodology's effectiveness in preventing both intimate partner violence and risk behaviors related to HIV transmission (Abramsky et al, 2014). SASA! aims to prevent violence against women by addressing the balance of power

in intimate partner relationships and in broader community dynamics. While implementing SASA!, Beyond Borders received feedback from the community that more was needed to specifically address violence against girls, and to engage youth as agents of change for interrupting the intergenerational cycle of violence. For that reason, in 2013, Beyond Borders developed *Power to Girls*, a step-by-step methodology that combines girl-centered programming with school- and community-wide social norm change. *Power to Girls* is designed to increase girls' safety and freedom by combining multiple violence-prevention strategies.¹

In 2016, with the support of the NoVo Foundation, Beyond Borders engaged a new cohort of communities in southeast Haiti, using the adapted and piloted SASA! methodology in tandem with *Power to Girls*. Through this dual model, the *Rethinking Power* (RP) program expects to reduce social acceptance of gender inequality and VAWG; decrease experiences and perpetration of VAWG; increase girls' sense of safety and freedom to make decisions; and decrease HIV/SRH risk behaviors. To measure the effectiveness of the program, Beyond Borders and the Global Women's Institute (GWI) at George Washington University—with the support of the NoVo Foundation and the Inter-American Development Bank—are carrying out a quasi-experimental impact evaluation of these two methodologies in two communal sections in the southeast of Haiti: La Vallée (intervention area) and Marigot (comparison area).²

This report presents the main findings of the evaluation baseline data collected in 2016 for both the intervention and the comparison areas. The robust quantitative and qualitative data obtained from this baseline provides an opportunity to develop an in-depth diagnosis of the situation of different types of VAWG in this part of Haiti. This attempts to be the most comprehensive diagnosis done on VAWG in this area. We expect that the information will not only be useful to improve the RP program that is currently in place, but also to contribute to the evidence-base for future programs and policies in Haiti.

Additional data about adolescent girls was collected through a school-based survey and a survey with girls who attended the girl's club (one of the activities of the *Power to Girls* methodology). The results of these surveys will be presented in a complementary report.

1 For more information about SASA! and Power to Girls, see repansepouvwa.org/ and raisingvoices.org/sasa/

2 For more information about the Impact Evaluation design, see Annex 4.

STUDY DESIGN AND METHODS

STUDY AIMS

The objective of this study is to evaluate the combined effectiveness of the *SASA!* and *Power to Girls* methodologies on preventing VAWG and sexual and reproductive health (SRH) risk behaviors, as implemented by Beyond Borders (BB) in Southern Haiti. This report presents the results of the baseline data for both the program intervention and comparison areas. The aim is to analyze in-depth the situation of different types of VAWG in this area of Haiti in order to inform policy and programs to prevent and respond to VAWG. To achieve this aim, the study explores the following research objectives:

1. Describe the survey participants, their household characteristics, the prevailing gender dynamics and societal norms at the community level;
2. Obtain a current estimate of the prevalence and characteristics of physical, sexual, emotional, and economic violence by a current intimate partner as well as measure non-partner sexual violence;
3. Identify the main risk factors and consequences of VAWG along with the survivors' coping strategies.

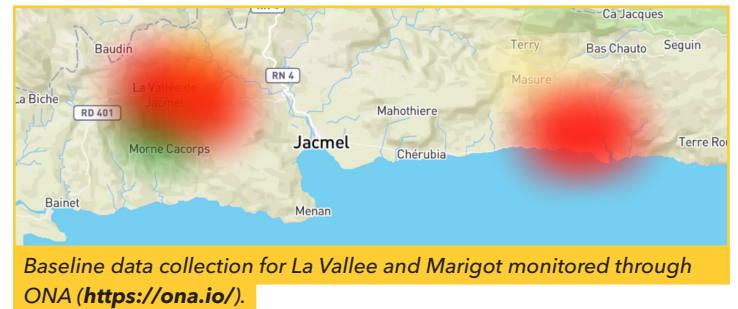
STUDY AREA

The communities La Vallée and Marigot are both located in the Southeast department of Haiti; the team has an office in Jacmel, which is located in between. La Vallée is the intervention site, which includes three main communal sections: Musac, Ternier, and Morn à Brûler. Only the first two communal sections were selected to be part of the study for implementation constraints. La Vallée is located 800 meters (2600 feet) above sea level and has around 37,000 inhabitants for its 33 square miles. La Vallée has an important diaspora in the US and Canada.

Marigot is the comparison site of the study and has six communal sections. Only two communal sections (Corail Soult and Savanne Dubois) were selected, and they have the same demographic characteristics as Musac and Ternier. Marigot has around 75,000 inhabitants. There is an important flow of Haitian migration to the Dominican Republic even for a short period of stay. Around 90 percent of the people, both in Marigot and La Vallée, live in rural areas.

The communal sections selected both in Marigot and La Vallée have similar characteristics in terms of geographical reliefs, farming production, economic activities, religious practices and beliefs, number of households, and population. These conditions are necessary to establish a good comparison between the two sites.

Figure 1: Map of La Vallée and Marigot where the survey took place in 2017



STUDY METHODS

The baseline evaluation employs a mixed methods approach, utilizing quantitative and qualitative methodologies for the triangulation of findings by gathering data using multiple forms of inquiry and by giving more depth and certainty to conclusions made from the data. It includes different components that capture data from women and adolescent girls, as well as men and boys. This report focuses on the results of the women's data collected through the following methods:

Quantitative:

Community-based Survey: A cross-sectional community population-based representative survey was conducted in Marigot and La Vallée. The questionnaire was developed based on the tools used in the original *SASA!* Randomized Controlled Trial (RCT) study undertaken by the London School of Tropical Hygiene and Medicine. The survey measures community members' (both men and women aged 15-64) knowledge, attitudes, and behaviors on key indicators related to VAWG. Through a two-staged systematic random sampling, the clusters (Section d'Énumération) and the households were selected. Only one eligible woman or man was surveyed in each household. Survey questions were drawn from indicators related to both *SASA!* and *Power to Girls*. The quantitative data from the study was analyzed using descriptive statistics as well as bivariate and multivariate statistical methods.

Qualitative:

- **Focus Group Discussions (FGD):** General community focus groups (targeting men and women separately) were held to validate and contextualize the findings of the community-based survey. These groups utilized interactive and participatory methods, such as free-listing, open-ended stories, role-playing, community mapping, etc. Tools can be found in Annex 2.
- **Key Informant Interviews (KII):** Key informant interviews were held with women, community activists, school administrators, teachers, community leaders, and service providers. This data helped contextualize and triangulate the findings from the community-based survey and the focus groups. Semi-

structured interview guides were developed to give a general framework for the interviews and include opening questions that helped guide the conversation towards answering the research questions, but still allow flexibility in the conversation.



Interviews and FGDs from the qualitative study were captured by note takers, translated and transcribed. The data analysis was carried out by the research team using the software Atlas.ti. The research team used a combination of *a priori* and grounded theory to develop and assign codes to the data. The information gathered through the FGDs and KIIs allowed the researchers to further document the situation of women and girls in Southeast Haiti, as well as the impact of the RP program.

SAMPLE SIZE AND RESPONSE RATES

Quantitative:

Community-based Survey: The goal of the study was to assess the effectiveness of the RP program in preventing VAWG. In order to achieve this, the sampling strategy was based on the following primary outcome: reduction of IPV in a 12-month period. Based on available national statistics and knowledge of the area, the research team expected that the true prevalence of physical IPV in the program area would be 20% in the past 12 months. Over the course of the program, it was anticipated that this rate would be reduced to at least 14% in the intervention community, La Vallée, while remaining unchanged in the comparison community, Marigot. Therefore, the sample size was calculated to ensure each arm of the study had sufficient power to detect this change. Based on this, a total sample of at least 615 completed surveys per arm was determined. Thus, during the baseline data collection more surveys were completed with regard to the sampling design. A total of 819 women and 317 men were interviewed in the intervention site, La Vallée, whereas 1,158 women and 547 men in Marigot were administered the household survey. These numbers represent a 94% household response rate and 97% individual response rate. Data was also collected in six schools (three schools in each, La Vallée and

Marigot) and in the girl's clubs in La Vallée in order to measure the impact of the *Power to Girls* methodology.³

Qualitative:

For all qualitative data collection, purposeful sampling was used to ensure a wide breath of knowledge and experience. Additional respondents were also found through snowball sampling if required. The FGDs included specific groups of women, men, girls, and boys. The KIIs focused on stakeholders, including community activists, teachers, girl's club leaders, community leaders and service providers. A total of 25 KIIs (13 in La Vallée and 12 in Marigot) and 22 FGDs were conducted (12 in La Vallée and 10 in Marigot, with an average of 9 participants).

Participatory and Gender Approach

The evaluation process applied a participatory approach, involving both programmatic and research teams in the design and implementation of the research, as well as in the interpretation and dissemination of findings. GWI, BB, and IFOS collaborated closely on the development of the research protocol and data collection tools, to ensure the design is relevant in the local context and to strengthen local capacity. Local stakeholders, community-based organizations, and local authorities were involved in the planning and implementation stages through the creation of a Technical Advisory Group (TAG).

The following principles were also adhered throughout the evaluation process: 1) engage women and girls who reflect the diversity of the primary beneficiaries; 2) engage community members and researchers in a joint process in which each will contribute equally; 3) facilitate a co-learning process; 4) include systems development and local capacity building; 5) facilitate an empowering process that validates participants' experiences, ideas, and opinions and through which they can increase control over their lives; and 6) achieve a balance between research and action.⁴ This approach ensures that the data and findings are relevant and useful not only for the program evaluation, but also for local stakeholders and program managers.⁵



³ Data from the school and girl's club survey were analyzed in another report focusing on adolescent boys and girls.

⁴ Ellsberg, M; Heise, L. (2005). *Researching Violence against Women: A Practical Guide for Researchers and Activists*. Washington, D.C.: PATH, WHO.

⁵ An example of how we have put these principles into action is found in the following article: Ellsberg, M. et al. (2009). *Using Participatory Methods for Researching Violence Against Women: An experience from Melanesia and East Timor*. The article is attached to this proposal.

The evaluation also applied a gender approach to achieve the ultimate goal of the program: to transform the underlying roots of gender inequality. Following Patton⁶, this evaluation has five components that characterize a broadly defined gender approach. These include: 1) a central focus on gender inequalities; 2) the conceptualization of inequality, based on gender as systemic and structural; 3) the recognition that information and knowledge are powerful resources; 4) the acknowledgement that the evaluator is not “neutral” but brings specific experiences, sensitivities, awareness, and perspectives; and 5) the acknowledgement that evaluation is not merely a technical activity but also a political one.

ETHICAL CONSIDERATIONS

During the baseline data collection, particular attention was applied to ethical considerations through the use of the WHO eight recommendations for conducting safe and ethical research on VAWG. Seven of these recommendations were directly related to this investigation and were incorporated:⁷

- The safety of the respondents and the research team is fundamental and should guide all decisions about the project.
- Prevalence studies should be methodologically sound and should be based on current research experience on how to minimize underreporting of violence.
- The protection of confidentiality is essential to ensure the safety of women and girls, as well as the quality of the data.
- All members of the research team should be carefully selected and receive specialized training and ongoing support.
- The study design should include actions that seek to reduce any possible anguish caused by the study among its participants.

- Field workers should be trained to refer to local services and sources of support that are available to women and girls who request assistance. If there are few resources, it may be necessary for the study to create short-term support mechanisms.
- Researchers and donors have an ethical obligation to ensure that their findings are interpreted appropriately and used to promote regulations and development of interventions.

The research protocol of this study was fully approved by the Institutional Review Board of the George Washington University as well as the Comité National de Bioéthique Haïtien. In addition, permission to conduct the research was secured with appropriate authorities at national and local levels.⁸



6 Patton, M. (2002). *Qualitative Research and Evaluation Methods*. Thousand Oaks, California: SAGE Publications.

7 The other ethical guideline refers to surveys that are designed for other purposes, such as reproductive health, citizen security, etc.

8 For more information on the ethical considerations, contact the research team for the research protocol.

STUDY RESULTS

INDIVIDUAL AND HOUSEHOLD CHARACTERISTICS OF RESPONDENTS

Overall, the respondents within Marigot and La Vallée were mostly composed of youth, with more than half of respondents aged between 15 to 39 years old. The female population was younger than the male one; three out of five (60%) women were in this age group (57% in Marigot and 63% in La Vallée) versus slightly more than half of the men (57% in Marigot and 53% in La Vallée). The median age for women was 31 in Marigot and 33 in La Vallée, and among men the median age was 31 in Marigot and 36 in La Vallée.

More than half of the female (60% in Marigot and 51% in La Vallée) and male (55% in Marigot and 53% in La Vallée) population is educated up to the primary level. In general, only two out of five respondents have a secondary level of education. Very few of the respondents have attended

or achieved higher education. Men are more likely to be educated and to achieve higher education levels than women are.

Regarding income generation, 3 out of 4 men are working, compared to only half of women. More women in Marigot work than in La Vallée. This difference could be a reflection of the economic activity in Marigot, which seems to have more farming and fishing activities than in La Vallée. Women are more likely than men to have been partnered (more than 80% in both communities); however, there is a difference for the predominant union status between communities. In La Vallée, formal marriage (including religious or civil marriage) is the main form of partnership reported, whereas in Marigot, cohabitation represents the principal form of union. A total of three out of four women in both communities (73%) have been pregnant at some point in their life and seven out of ten women (around 72% in both communities) reported at least two children living in their households.

GENDER DYNAMICS

Attitudes

The household survey findings revealed patriarchal values around gender among both male and female participants. In particular, taking care of household chores stood out as a role associated with women, especially among female participants who overwhelmingly agreed that women bear primary responsibility for these duties (see Table 2.1 in annex 2). Participants in the focus group discussions expressed the belief that these conventional roles were a woman's obligation based on biblical principles and societal norms, particularly when they were married or in cohabitation.

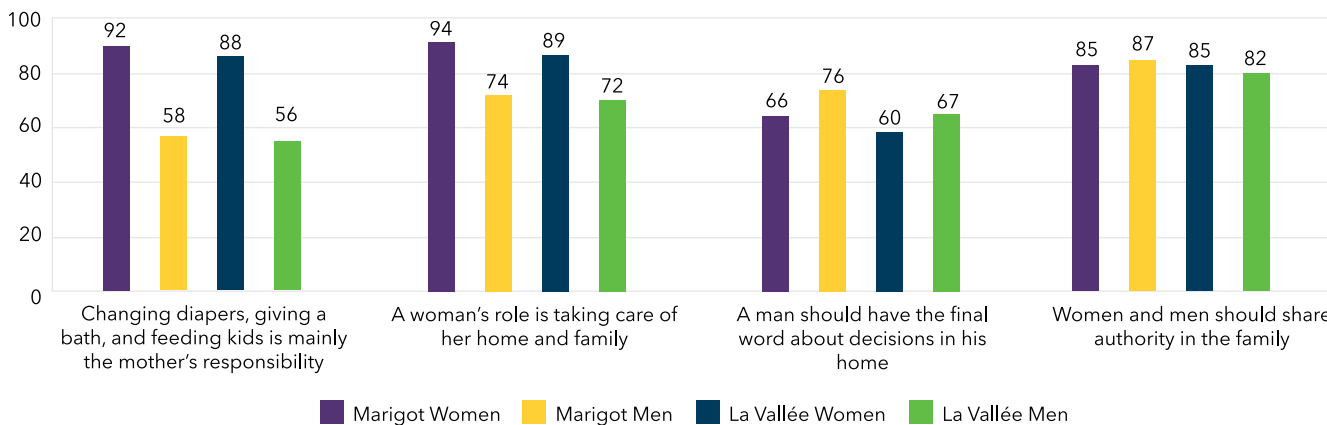
"Because the Bible clearly said that all the household chores are the women's main responsibility."

—Focus group discussion with women in La Vallée

"It is even the main reason a man decides to marry a woman so that she can take care of all the chores. It is her main duty."

—Focus group discussion with male local leaders in La Vallée

Figure 2: Proportion of women and men who agree with traditional gender roles in Marigot and La Vallée



However, while women tended to accept traditional roles around household duties more than men, they also believed in a more balanced power dynamic within the household in comparison to men. More men than women agreed that, "A man should have the final word about decisions in his home" (see Table 2.1 in annex 2). The focus group participants highlighted that men have the full responsibility of their homes and families, and more rights to decide over other household members' lives, including their partner. Men were perceived as the chief of the house. These traditional views were stronger in Marigot than in La Vallée.

"I completely disagree [with inequality] because women can be someone in the society as men can, and they [women] can undertake much more things [than men]."

—Focus group discussion with male youth in La Vallée

"People always said that men are the head of the household, so the final decisions are theirs."

—Focus group discussion with girls from the Girl's Club in La Vallée

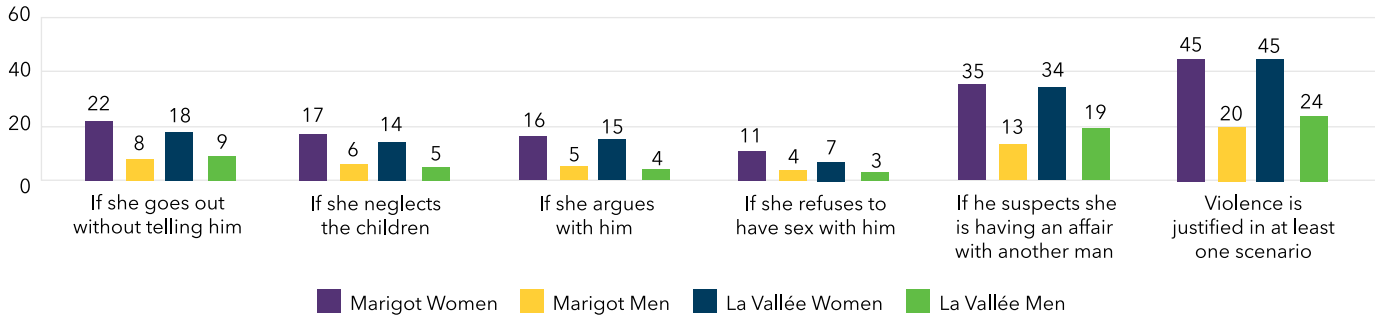
"Because women can do more. For instance, there are some households in which the woman is the breadwinner and the man is the househusband."

—Focus group discussion with men in Marigot

In this region of Haiti, most participants agreed with the stereotypical gender roles that define men and women under patriarchal societies. However, it is important to highlight that there is also a plurality of participants who did not agree with these gender unequal attitudes. This was also reflected in the focus group discussions, in which several members of the community shared more thoughts around gender equality. For example, some expressed their belief that women have the right to become what they want and household duties should not be their first responsibility.

Negative attitudes around gender equality were also reflected in the justification of VAWG in certain circumstances from many of the participants. For example, around 1 out of 4 participants agreed that a woman should accept violence to keep her family together and nearly 1 out of 5 believed that if a woman were raped she had done something careless to put herself in that situation (see Table 2.1 in annex 2). In the survey, participants were also asked about different circumstances in which IPV could be justified. Almost half of female participants justified IPV in at least one scenario, compared to only 20% of male participants. The circumstances with the highest justification of violence were if "she goes out without telling the husband" and "if he suspects that she is having an affair with another man." This reveals that the worst perceived transgression of social norms by a woman is around the possibility that she interacts with other men. The patriarchal control of women's bodies is normalized to the extent that society condones physical punishment for women who are suspected to be with other men besides their partners.

Figure 3: Proportion of women and men who agree that violence against a wife by a husband is justified in certain scenarios in Marigot and La Vallée



Qualitative findings support this survey data. For example, many participants shared the idea that sexual abuse against women is a consequence of women wearing provocative clothing. They also confirmed the idea that women deserve to be beaten if they have extra-marital relationships, a particularly extreme offense against men.

However, there were also participants who agreed that women having other relationships was an egregious offense against their male partners and should be condemned, but they disagreed that men were justified in beating women in this or any other scenario and instead there were non-violent ways to deal with such situations.

“Some women attract men to rape them. It is not good for a woman to wear something that can expose their bodies.”

–Focus group discussion with female students in Marigot

“Any husband is not supposed to beat his wife because she is not his kids and they have the same right.”

–Focus group discussion with girls from the Girl’s Club in La Vallée

“Because when a woman is unfaithful, she dishonors her wedding vows and disrespects her husband. So, she deserves to be beaten.”

–Focus group discussion with male local leaders in La Vallée

“There is no situation that can justify physical IPV on women.”

–Focus group discussion with female local leaders in Marigot

“Men are not authorized to beat women in any situation.”

–Focus group discussion with male students in Marigot

“Because beating is violence, and violence is not good. Woman is our mother, and women and men have the same rights.”

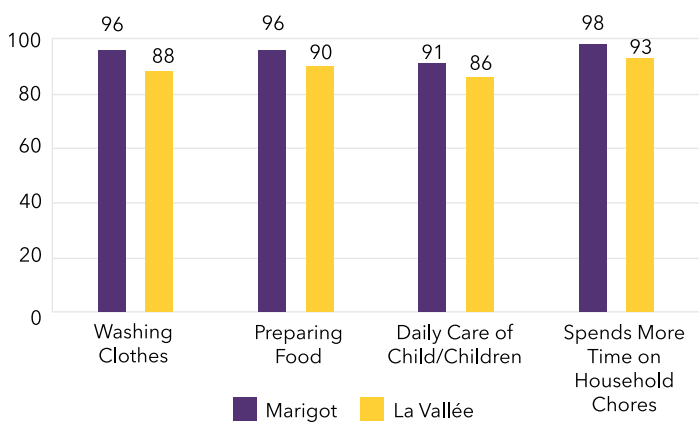
–Focus group discussion with male youth in Marigot

HOUSEHOLD GENDER ROLES AND DYNAMICS

Gender attitudes of individuals were also reflected in behaviors and dynamics within couples. In both the quantitative and the qualitative data, male and female participants shared behaviors within their relationships that corresponded with traditional division of labor and decision-making within the household. For example, most ever-partnered women reported that women and girls bear primary responsibility for household chores, such as washing clothes (96% in Marigot and 88% in La Vallée), preparing food (96% in Marigot and 90% in La Vallée), and taking care of the children (91% in Marigot and 86% in La Vallée) (Figure 4).



Figure 4: Proportion of women who report that women and girls are primarily responsible for household labor in Marigot and La Vallée

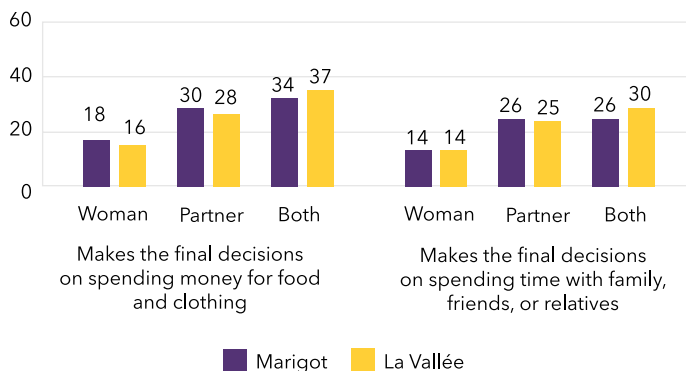


In terms of the final say on key decisions around the household economy and the leisure time, in many cases, the husband/male partner is the one who makes the final decision. This clearly establishes how men are considered the heads in most households (Figure 5). In some cases, women even need to have their husbands' permission to go out.

“Only the husband can decide when his wife can go out.”

–Focus group discussion with students in Marigot

Figure 5: Proportions of household decision making power reported by women in Marigot and La Vallée



The inequality among men and women in Haitian couples is also reflected in sexual behavior. Both the female and male surveys found that more men than women were involved in extra-marital relationships, with around 30% reporting sexual relationships with other partners in the last 12 months compared to less than 3% of women. Of those participants who had extra-marital sexual relationships in the last 12 months, more men than women reported using condoms during their last sexual encounter, which speaks to women's lack of capacity to negotiate the use of condoms with sexual partners compared to men. The qualitative findings showed that any resistance from women for not using a condom can be interpreted as disobedience.

“According to the Bible, men are the boss of women, so men’s decision should be the final one. Women need to obey their husbands in any situation and circumstances.”

–Focus group discussion with men in Marigot

“She is my wife and I am the man, so I need to decide if I want to use a condom or not. If she refuses to have sex with me without condom, she must have another sexual partner.”

–Focus group discussion with men in La Vallée

“Because the men have the economic power so they decide when to use a condom.”

–Focus group discussion with female youth in La Vallée

In the household survey, most women also shared that they were involved in relationships in which their male partners had controlling behaviors (see Table 2.6 in annex 2). Most of these controlling behaviors were related to jealousy, control of women's bodies, and control of women's interactions with other people, particularly other men. Qualitative findings confirm that many women experience these situations in this area of Haiti:

“Women don't listen, and they will do things that can make the husband jealous or mad. It is necessary to control them and even hit them to make them obey.”

–Focus group discussion with men in La Vallée

“If they ...[women]... don't respect themselves, we need to control them and hit them.”

–Focus group discussion with teachers (mixed group) in Marigot

In sum, findings based on gender roles, attitudes, and dynamics confirmed that these communities in Haiti have a patriarchal society structure that perpetuates gender inequalities, giving more value and power to men and boys, who decide about women's and girls' lives. This patriarchal structure is reflected and spread through the actions of people and institutions and lead to the use of violence against women and girls.

INTIMATE PARTNER VIOLENCE

The Magnitude

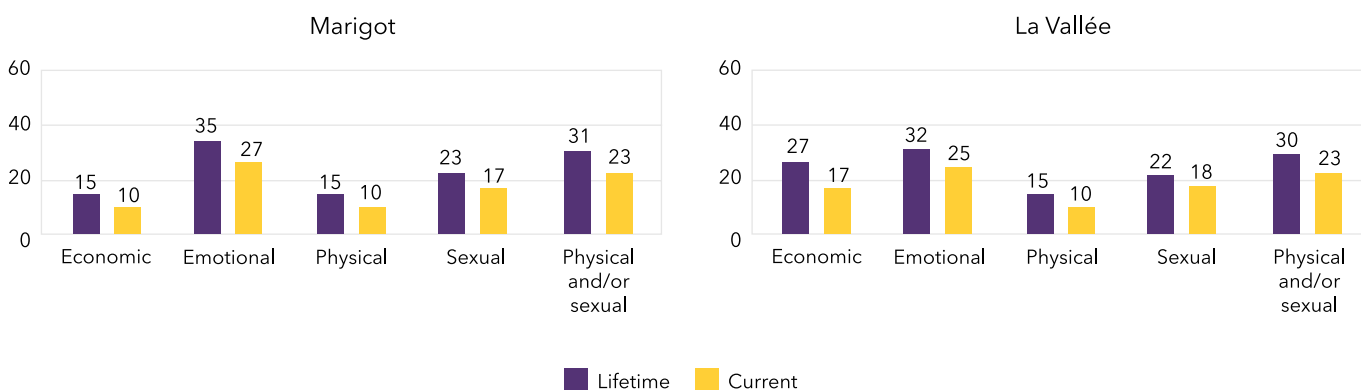
IPV appears to be a frequent situation in both communities. In the qualitative work, both female and male participants mentioned that this type of violence was common in these communities of Haiti. In both communities, all four forms of partner violence—physical, sexual, economic, and emotional—were identified. Informants also indicated that different forms of violence could be interconnected (for example, emotional violence leading to physical violence) and there are many circumstances related to controlling behaviors of men against women.

In order to measure the magnitude of different types of IPV in these communities, women were asked about their experiences of specific acts of each type of violence by their partners, both lifetime experience and in the last 12 months prior to the survey. Through the responses, it was possible to obtain the prevalence of each of these forms (Figure 6). In the community's studies, 803 (49%) women who participated in the survey reported some form of violence by male partners in their lifetime and 37% reported violence in the 12 months prior to the survey. Similar to most studies in the world (e.g., WHO Multi-Country surveys, DHS surveys, among others), emotional violence was the form of violence with the highest prevalence.

“Jealousy is one of the main reasons of physical IPV. If a woman is talking to another man, her partner can beat her just for that.”

—Key informant interview with NGO representative in La Vallée

Figure 6: Lifetime and current prevalence of different types of IPV in Marigot and La Vallée



Around 15% of ever-partnered women have suffered physical violence from their current partner and two-thirds of them (10% of the total) experienced it in the 12 months prior to the survey. Sexual IPV was more prevalent than physical IPV among survey respondents: more than 1 in 5 women revealed sexual abuse by their current partner and around 17% of the women had experienced sexual IPV in the past 12 months. A total of 3 in every 10 women had been sexually and/or physically harmed by their current intimate partner during their lifetime, with at least 1 in every 5 experiencing both physical and sexual violence in the past 12 months.

Despite survey data showing higher levels of IPV than previous surveys⁹, the levels are lower than expected, especially regarding physical violence. Based on previous studies, the levels of controlling behaviors from men against their female partners found in the survey and the qualitative results, we believe there is some underreporting of IPV in Haiti, including in this study. This may be due to a patriarchal culture in which IPV is normalized and accepted but also hidden by shame, stigma, etc. Another element to consider is the fear of women that their husbands or other acquaintances find out about their answers even though the enumerators ensured confidentiality and the interview was conducted in complete privacy.¹⁰

“She is not going to tell anyone because she is afraid that her husband might know, in which case, he will beat her more or even kill her.”

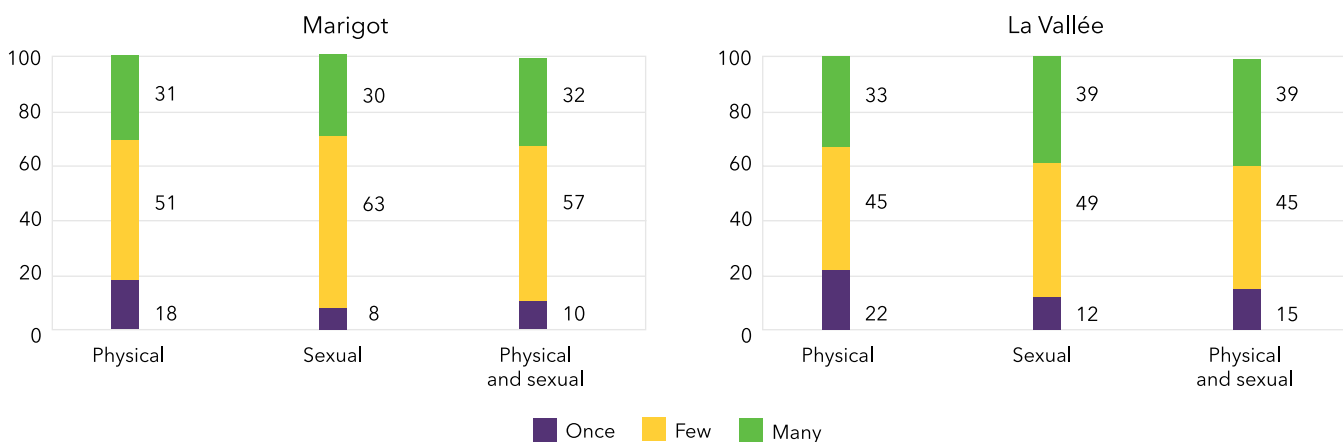
–Focus group discussion with teacher in Marigot

“She is afraid of being teased by the community if they find out.”

–Focus group discussion with female local authority leaders in La Vallée

Survey findings also showed that women who have suffered IPV in these areas experienced this abuse frequently. This was a little higher in Marigot than La Vallée. In Marigot, 9 out of 10 women who reported violence in the past 12 months had this experience more than once (Figure 7).

Figure 7: Frequency of physical and sexual IPV during the past 12 months among women who reported IPV, in Marigot and La Vallée



Percentages may not total 100 due to rounding.

9 According to the EMMUS-VI results from 2016-2017, the national prevalence of the different types of IPV are: i) Emotional: 26.3 percent lifetime, 17.8 percent current, ii) Physical: 21.3 percent lifetime, 10.1 percent current, iii) Sexual: 14.0 percent lifetime, 7.2 percent current, iv) Physical and/or sexual: 26.0 percent lifetime, 13.9 percent current. The IPV prevalence from the current or most recent partner in the Southeast are estimated to be: 19.4 percent (emotional), 12.8 percent (physical), 5.7 percent (sexual), and 14.2 percent (physical and/or sexual). These estimates are for the overall department, however, baseline estimates for Marigot and La Vallée combined are calculated for women between the ages of 15 and 49 for a potential comparison with the Southeast estimates. Overall, the baseline estimates for the current or most recent are higher, with 35.8 percent (emotional), 15.6 percent (physical), 24.6 percent (sexual), and 32.6 percent (physical and/or sexual).

10 In this study, the focus is more on the IPV occurring by a current partner or the most recent one. The different prevalence rate does not include previous former partners as perpetrators.

Risk Factors Associated to Intimate Partner Violence

Who are those women who are more at risk to suffer IPV? To answer this question, a comprehensive analysis was carried out to find associations between different key variables and physical and/or sexual violence IPV for lifetime and present day. Findings showed that gender inequality was the main root of IPV and was reflected within individual and relationship factors associated to IPV. At the individual level, women who justified violence in certain circumstances had higher prevalence of physical and/or sexual IPV compared to those who did not. For example, almost 40% of women who thought that violence was justified at least by one circumstance had suffered physical and/or sexual IPV compared to around 21-25% who did not think that violence was justified in any circumstance. The normalization of violence was frequently mentioned during the qualitative work as women were seen as children who needed to be corrected if they failed to fulfill their home duty, show respect to their partner, or were suspected to be unfaithful.

“If the woman violates the marriage contract, she is unfaithful, and she is being disrespectful to her husband. She deserved to be beaten.”

–Focus group discussion with female local authority leaders in La Vallée

Gender inequality as a root cause of IPV is reflected in relationship dynamics. Not surprisingly, those women who were in more patriarchal relationships were more at risk to suffer IPV than those who were in more equal relationships. For example, the analysis showed that half of women who reported 3 or more of the controlling behaviors exerted by their male partners had also suffered physical and/or sexual IPV, compared to a quarter of women who reported only 1 or 2 controlling behaviors, and around 10% of those who did not report controlling behaviors. The controlling behaviors¹¹ that are more associated with IPV were related to women’s freedom to interact with other people.

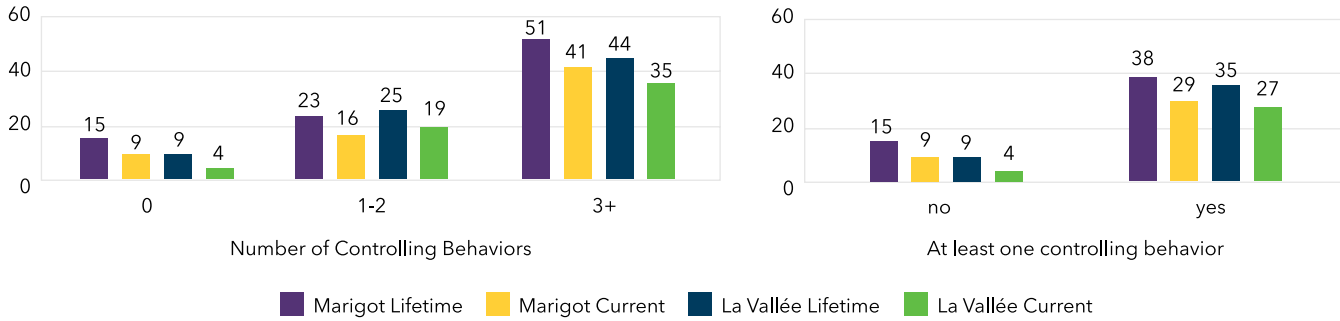


“It is the man to decide when his partner can go out.”

–Focus group discussion with male students in Marigot

11 Two-thirds (67%) of women in Marigot and four out of five (79%) women in La Vallée have suffered a least one act of controlling behavior in their lifetime from one of their intimate partners. See Table 4.6 in the annex for more information on the different acts of controlling behavior.

Figure 8: Proportion of women who have experienced physical and/or sexual IPV, ever and in the last 12 months, by partners' controlling behaviors



Lack of women's agency, both social and economic, were also frequently mentioned as a problem associated with the use of violence against women. For example, men take advantage of the economic vulnerability of women and abuse them psychologically and physically.

Even though social norm interventions were mentioned as one of the strategies to prevent and reduce VAWG, participants also agreed that economic support for women, such as interventions that address financial freedom and job opportunities were keys to the reduction of IPV.

"Because of their lack of economic and financial resources, women tend to accept unfair treatment and any situation of violence from their partner."

–Key informant interview with NGO representative in La Vallée

"It is important to create economic opportunities for women in this community, so that they can experience economic freedom and so on."

–Key informant interview with child protection sector representative in Marigot

"[Women] don't have any alternative, and they depend economically on their partner, and they are afraid to lose him."

–Key informant interview with civil society representative in La Vallée

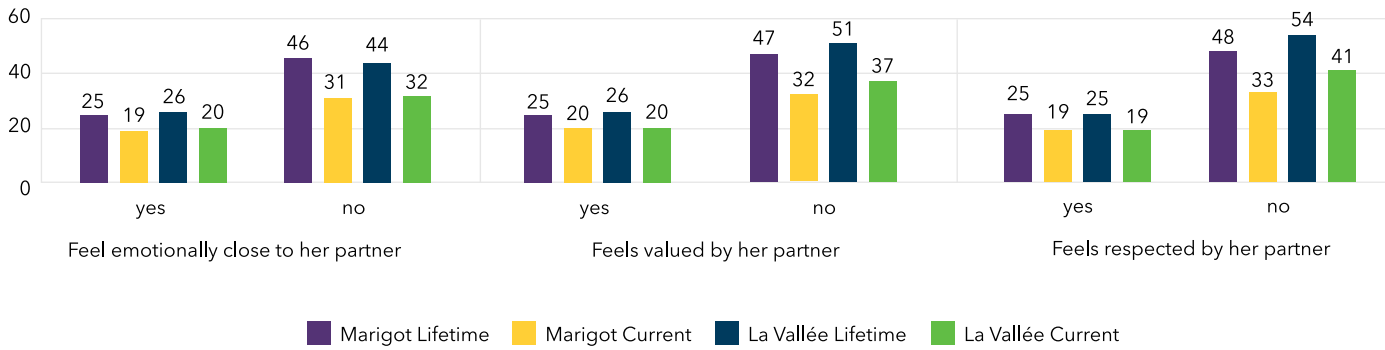
"When the man realized is the main provider economically, he can allow himself to be violent to his partner."

–Key informant interview with education sector representative in Marigot



Other variables surrounding the dynamic of the relationship, such as communication, respect, affection, and trust were also important to understanding IPV. In all cases, the proportion of women who suffered IPV among those who said that they communicated with their partners, trusted them, and felt loved, valued and respected was lower than women who said the opposite. In addition, women who mentioned that their partners had extra-marital relationships presented higher prevalence of IPV compared to those who did not.

Figure 9: Proportion of women experiencing physical and/or sexual IPV, ever and in the past 12 months, by loving kindness in their relationship, in Marigot and La Vallée



Finally, other variables at the individual level were also found significantly associated to IPV. The most important ones were education level, age at marriage, partner involvement in physical fights against other men, and violence experienced during childhood. Overall, women or their partners who had a lower educational level than high school, who got married under 18 years old, whose partners were involved in physical fights against other men, and women or their partners who experienced or witnessed violence during childhood, had higher prevalence of IPV. These factors have been commonly found associated to IPV in many other studies, in different places around the world (see Annex 3).

Multivariate analysis of factors associated with intimate partner violence.

Multivariate logistic regression was utilized to further elucidate the strength of association between significant variables and women’s experience of sexual and/or physical IPV over their lifetime and within the 12 months preceding the survey. As in the bivariate analysis, the potential risks and protective factors identified were grouped in five categories, such as the women’s demographic characteristics, their partners’ characteristics, the couple relationship dynamics, the intergenerational violence, and the gender attitude towards justifying IPV, and non-pooling bivariate and multivariate logistic models were produced for Marigot and La Vallée.

In terms of women’s demographic characteristics, variables such as age, age at first union, age at first pregnancy, education, partnership status, and main source of income have shown a strong association with lifetime and current IPV for the bivariate models.

For instance, younger women are more at risk of IPV as IPV decreases 3% for every one additional year of age. Women in a current relationship are three times or more likely to be exposed to IPV. A woman can see her risk of IPV reduce by at least 25% if she gets pregnant at 20 years old or older compared to women who get pregnant at 19 years old or younger. Her risk can also increase by 1.5 times if she gets married or cohabitated at 19

years old or younger. In general, women who receive financial support from their partner or relatives are 1.6 times more at risk than women who are the breadwinner. Finally, only women who have a higher level of education have a reduced risk of IPV by at least twice, compared to women with a primary education level. However, only age, partnership status, and education were significant in the multivariate models.

For the partners’ characteristics, two main variables were significant for the bivariate models. A woman with a partner that has another relationship will have an increased risk of IPV by 1.7 times. Moreover, the IPV risk for women with a partner who has been involved in fights with other men in the community skyrockets to at least 3.7 times more. These variables were significant for the multivariate models and have a lower rate of adjusted odd ratios.

The couple relationship and dynamics include several variables that were significant in the bivariate models but not necessarily in the multivariate, with the exception of controlling behavior. The quality of the relationship, the sense of safety and confidence, and the level of communication were some key protective factors that contributed to keeping IPV low. However, most of the women experienced control by their partner, and their risk of IPV increased by 4 to 6 times within all models.

Intergenerational violence and child abuse have been identified as crucial risk factors, and they are significant for the bivariate and multivariate models. In general, the risk of IPV increases by at least 1.5 times for any woman who witnessed IPV in her home as a child. This risk increases by at least 2.6 times when it is her partner who witnessed IPV. If a woman suffered child abuse from her parents or from others, her risk of IPV increases by at least 2 times. All of these variables are significant in the multivariate models.

Finally, all the variables representing justification of IPV in different situations were significant at the bivariate and multivariate models, especially the justification that men should punish women when they are suspicious that their partners are

having an affair. This confirms how a patriarchal society, such as Haiti, condemns women who do not fulfill an expectation of a monogamous sexuality mainly focused on reproductive purposes.

SEXUAL VIOLENCE BY NON-PARTNERS

The magnitude and characteristics of different types of sexual violence committed by non-partners

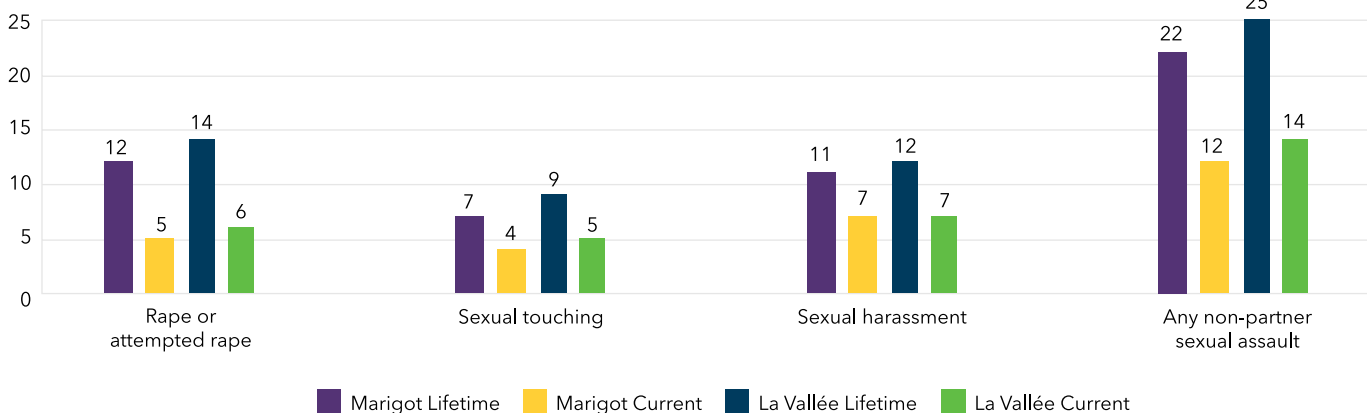
As with IPV, NPSV appeared to occur frequently in the communities surveyed in Haiti. In the focus group discussions and key informant interviews, participants identified gender inequality and women’s lack of power as key drivers of NPSV. This was also the primary obstacle to reporting, even though the perpetrator was usually known to the victim. Often, the perpetrator was older than the victim, had more stature in the community, and had the ability to control the victim and other community members through force or social pressure. This is particularly true for *restavèk* girls¹² living as unpaid domestic servants in households of higher status than their families of origin.

In order to measure the magnitude of NPSV in Marigot and La Vallée, all women who participated in the survey were asked about their experiences of specific acts within four dimensions

of non-partner sexual violence: forced intercourse (rape), attempted forced intercourse (attempted rape), unwanted sexual touching, and sexual harassment. Women who indicated they had experienced one of these acts were asked whether this had happened to them in the 12 months preceding the survey. Based on survey responses, prevalence of each type of violence was calculated for lifetime and current (last 12 months) experience.

In the study communities, non-partner sexual assault was reported at more than three times the global average. Lifetime prevalence among survey respondents was 22% in Marigot and 24.7% in La Vallée, and half of women in both communities who have ever experienced non-partner sexual assault reported experiencing it in the last 12 months (12% Marigot, 14% La Vallée). Both communities had similar prevalence of each type of NPSV, with slightly higher rates in La Vallée for each. Non-partner sexual harassment was nearly as high as half of all non-partner sexual assault at 12% in La Vallée vs. 11% in Marigot. Forced intercourse, attempted forced intercourse, and unwanted sexual touching were less prevalent.

Figure 10: Proportion of women who have experienced different types of NPSV, ever and in the past 12 months, in Marigot and La Vallée

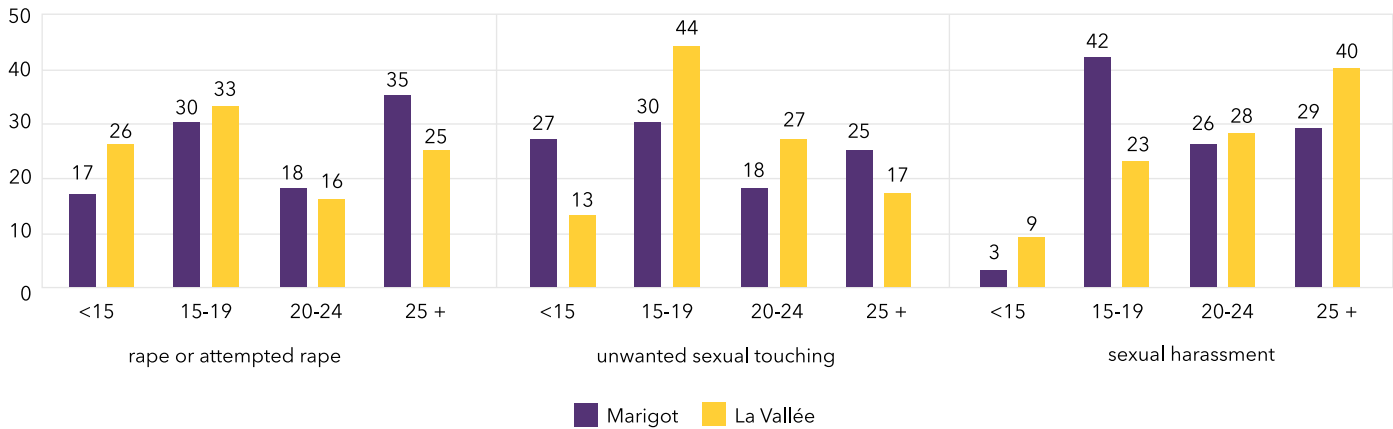


In Marigot, three out of 5 women (58.5%) who have ever experienced forced or attempted forced intercourse had done so the first time before the age of 20, while this ratio was nearly one out of two in La Vallée. The same trend holds in terms of sexual harassment. It happened for the first time to women (43.5%) in

Marigot mostly at a young age, compared to women in La Vallée (30.0%). However, the trend is the same in both communities in terms of unwanted sexual touching, as 56% of women reported that their first experience happened before the age of 20.

¹² Restavèk girls or boys are children given away by their parents because of their economic incapacity to take care of the kids. These children will serve the host family as a domestic in the hope that they can have access to basic needs, such as food, home, and school.

Figure 11: Age at time of first sexual assault by persons other than partners among women who reported NPSV in Marigot and La Vallée



Identification of the perpetrators

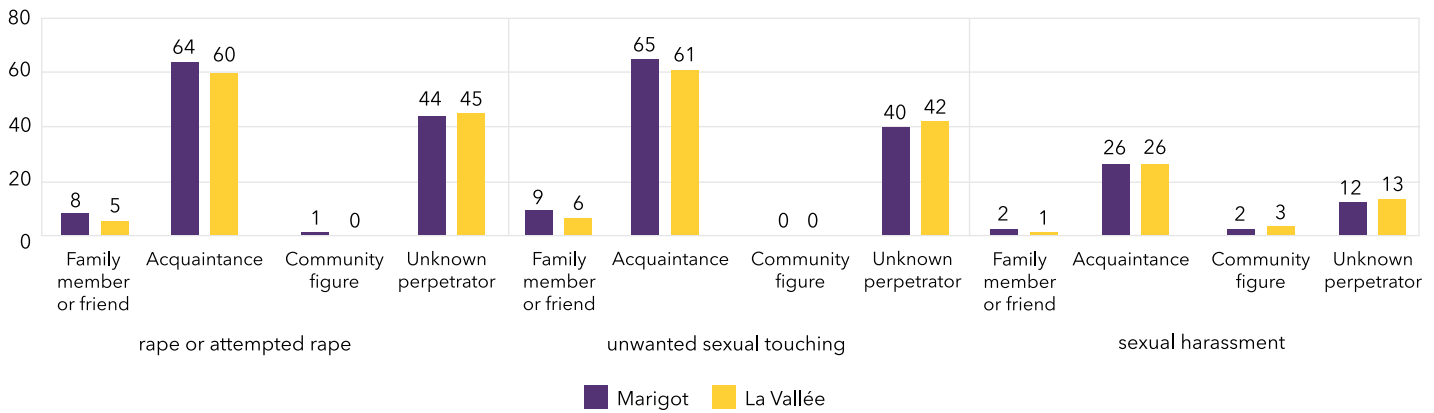
In both communities, most women who have experienced non-partner sexual assault indicated that the perpetrator was known to them. More than half of the women knew their rapists or potential ones (60% in La Vallée, 64% in Marigot). Almost no one identified a community figure as their attacker, though the low response rate may be due, in part, to fear of retribution by a more powerful man, regardless of safeguards to protect participant anonymity.

Qualitative data can provide context to better understand this. As mentioned above, participants discussed the ongoing practice of *restavèk* as a risk factor for young girls, as they live under complete control of the families they serve. Men in these households would be known to them yet not be family members. Further, men from the Haitian diaspora who returned to visit family were identified as perpetrators of coerced or transactional sexual contact due to their relative wealth and status. Again, these men would likely fall under the broad category of persons known to the participants but not family members or community figures. Lastly, the discussion group and interview participants discussed a practice of drugging women to assault them in remote areas. This may account for the more similar ratio of unknown to known perpetrators of forced intercourse.

“Most of the time, the perpetrators are known and they are men in the community who have a sort of influence over the community.”

–Key informant interview with civil society representative in La Vallée

Figure 12: Proportion of known and unknown perpetrators of different types of NPSV reported by women who have experienced NPSV in Marigot and La Vallée



AFTER THE VIOLENCE

Consequences of suffering violence

VAWG can have serious consequences on the health of women, as globally demonstrated in many studies on this topic. In this research, consequences of both IPV and NPSV were only captured through qualitative techniques. Participants identified many health consequences that affect survivors of IPV. In particular, they highlighted the mental and emotional consequences of suffering violence, such as depression, trauma, suicidal ideation, and psychological troubles. While community shame and dishonor can be among the emotional consequences of NPSV.

“Women are victim more than once ...[when she is raped]..., she will feel worthless and she knows she will lose her esteem and value in the community. She will want to die or even try to kill the perpetrator if possible.”

–Focus group discussion with male youth in La Vallée

Regarding IPV consequences, depression can be an immediate consequence for the survivor because she is constantly thinking about her situation, including the inability to leave the violent relationship because of her economic dependence on her partner. Most of these emotional consequences were identified as life-long consequences.

“Her life will never be the same; she will be thinking all the time about her situation.”

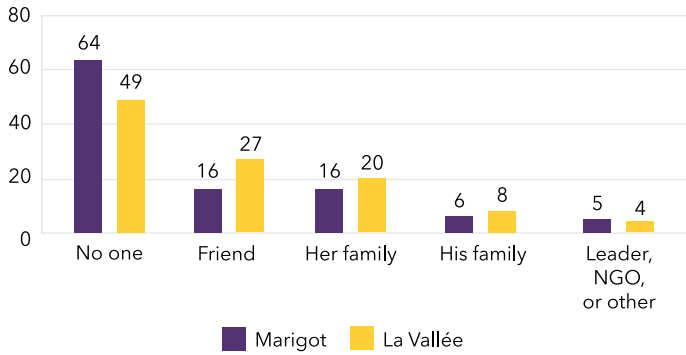
–Focus group discussion with female local authority leaders in Marigot

Physical consequences were also identified. In particular, survivors frequently mentioned negative sexual and reproductive health consequences. Participants discussed outcomes, such as being infected with sexual transmitted infections (STIs) and unwanted or early pregnancies. Other physical aspects were high blood pressure, diabetes, stomach cramps, tuberculosis, and physical injuries to the body.

Survivors’ responses

As previously mentioned, women in Haiti face many challenges when trying to disclose violence. This was confirmed in both quantitative and qualitative findings of this study. According to the household survey, 64% of women in Marigot and 49% of women in La Vallée who have suffered IPV have never told anyone about the violence experienced (Figure 13). Maintaining silence is common among women survivors of violence. In both La Vallée and Marigot, women who have disclosed the violence have done so mainly with a friend first, followed by a family member.

Figure 13: Proportion of women who have disclosed IPV to friends, family, or others in Marigot and La Vallée



Qualitative findings confirmed what was found in the survey. During the interviews and focus groups, participants shared that women who suffered violence generally did not disclose the situation with anyone, and if they did disclose, they would go to a friend or a family member, hoping that this person would maintain confidentiality.

“[Women] will report the IPV case to the best man or the maid of honor who most of the time is their best friend. They will try to fix the situation, which can get better or worse.”

–Focus group discussion with teachers in Marigot

The occurrence of IPV is so normalized that society places the responsibility on women to fix the situation and look for reconciliation by any means. These survivors of violence tend to not seek a formal legal response and expect partners to eventually stop exerting control over them. They focus on keeping the family together. Most of the time, they will keep silent and, if they disclose violence, they will consult a community leader (local authorities), members of their church, or their parents in the hopes that they will intercede, so that the husbands can change their behavior.

“Most of the time, [women] will keep silence or try to talk to a local leader in order to bring the family together and eventually stop the violence.”

–Key informant interview with police inspector in La Vallée

In many cases, disclosing violence could increase the risk for women to suffer more violence. In others, disclosure could cause

the family to break up. Participants said that in many cases if violence was reported to formal services, the relationship would end. This was usually because the abuse was quite severe and, in rare cases, the woman was ready to break up with the partner.

“They don’t want to disclose because they don’t have any alternatives if they lose the husband. If they look for legal services, that means the relationship is over.”

–Key informant interview with mayor in Marigot

“Even if a woman is looking for help, she does not want to leave the relationship. Her ultimate goal is to stop the violence and keep her family. Sometimes, she will not want us to help her by any means to stop the violence and will refuse to do any legal or police follow-up.”

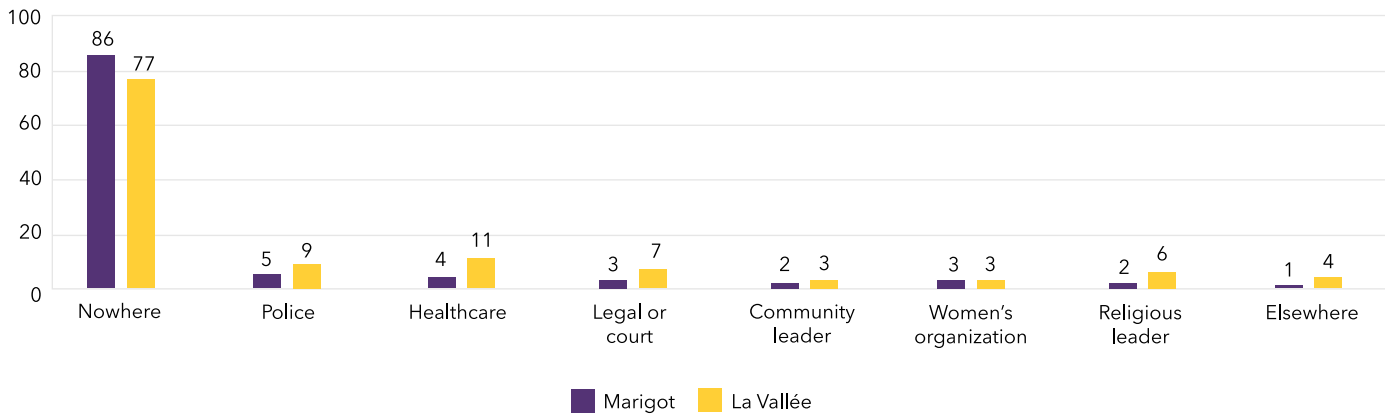
–Key informant interview with women’s organization representative in Marigot

Figure 14 demonstrates that there are only a few survivors who seek help, and they mostly go to health centers or the police. This corroborates the assumption that most women that disclose IPV to formal actors do so because the severity of the violence has reached dangerous levels that could cause severe injuries. While the qualitative data suggests that women’s organizations are considered to be the most helpful institutions providing support to women, the quantitative data demonstrates there are very few women who actually access them. Qualitative participants agreed that there were few institutions that provided support and usually they lacked resources to provide a good response for the survivor.

“We are also conscious that we don’t have all the means to support. We don’t have a car right now available to go the field and proceed to any arrest. We don’t have a budget for fuel. And when the IPV case happens in the rural areas, we won’t be able to intervene.”

–Key informant interview with police inspector in La Vallée

Figure 14: Proportion of women who sought help for intimate partner violence, by resource group, among women who have experienced IPV in Marigot and La Vallée



The key elements preventing women from reporting intimate partner violence in this part of Haiti were social stigma regarding violence, social norms around marriage, fear of escalation of violence from the husbands, fear of losing husbands which could result in a vulnerable economic situation, and the expectations for women to be “good wives” who keep the family together.

Similar to IPV, about half of women who suffer NPSV never disclose the situation to anyone (Figure 15). In case of disclosure, they do so mainly to their families. According to qualitative participants, the main reason for not disclosing non-partner sexual violence is social stigma; a survivor would be ashamed because she would lose her reputation as a “good woman” and it would be harder for her to find a partner. She would be judged and blamed by the community, as illustrated in the attitudes surrounding women’s culpability in sexual assault (see Table 2.1 in annex 2). The confidentiality of service providers was not reliable and, in locations such as clinics or police stations, qualitative participants indicated it was very likely that they would be retraumatized and blamed. Most women, especially adolescents, who were most at risk to suffer this type of abuse, do not know their rights and do not seek services.

“Most of the times women... accept the violence because they are afraid of losing the partner and most importantly his economic support.”

–Key informant interview with Peredo CASEC in Marigot

“They ...[women]... keep silence because they don’t want to be the main subject of gossiping in the community and being finger-pointed all the times.”

–Key informant interview with health sector representative, La Vallée.

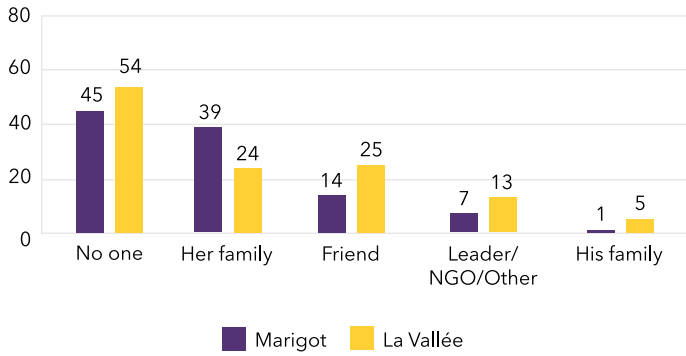
“They ... [service providers] ... will ask her if she is not the one to put herself in that situation.”

–Focus group discussion with female youth in La Vallée

“They ... [service providers] ... will blame her behavior and question her disclosure of rape.”

–Focus group discussion with female authority leaders in La Vallée

Figure 15: Proportion of women who have disclosed rape to friends, family, or others in Marigot and La Vallée



In the narratives of participants, there was also an indication that several cases of rape were related to an economic power disparity between the perpetrator and the survivor, in which the perpetrator had more money and power than his victim. For that reason, the survivor was afraid of retaliation and preferred to handle the case silently.

“The reality in this community is if the perpetrator has a good economic background and well connected with some political leaders, police officers, or judges, they [women and her family members] ... are not going to disclose the rape.”

–Focus group discussion with female authority leaders in La Vallée

Of those who sought support for NPSV, police and health centers were mentioned in both quantitative and qualitative surveys as the main services that survivors approached. During qualitative research, participants stated that most service providers would question and blame survivors about the incident and request proof of rape.

“At the police station, the police officers will ask for proof, such as the clothes with blood on them, and sometimes she can even be retraumatized with the questions they will ask her.”

–Focus group discussion with female youth in La Vallée

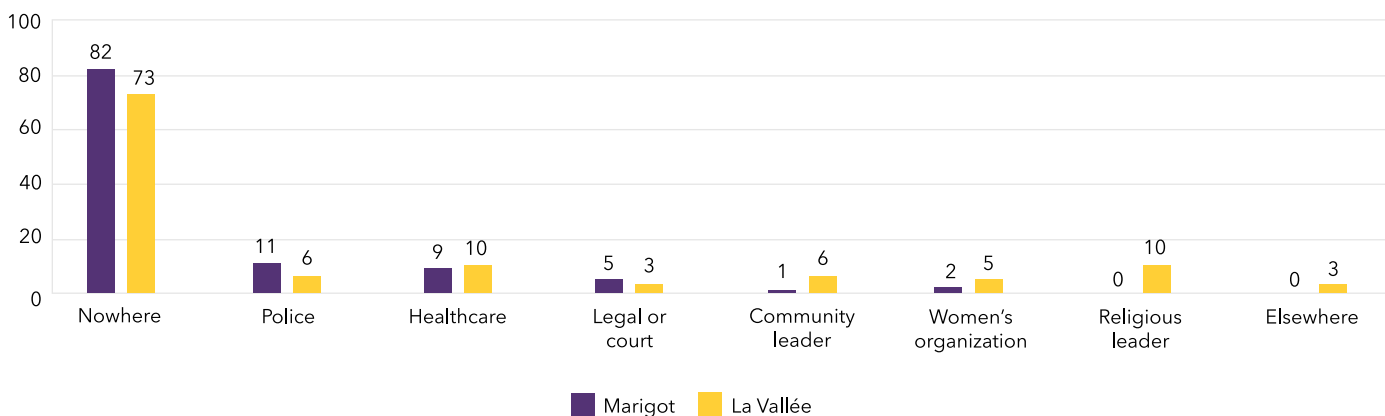
“The police officers can say she is responsible for that because she attracted the perpetrators by wearing short skirt.”

–Focus group discussion with female authority leaders in Marigot

“They [health providers] ... will ask her if she was not responsible for that by walking late in the community.”

–Focus group discussion with parents in La Vallée

Figure 16: Proportion of women who sought help for rape, by resource group, among women who have experienced rape in Marigot and La Vallée



CONCLUSIONS

The SASA! methodology has proved successful in preventing violence against women in Uganda (Abramsky et al, 2014), and is being used in many countries around the world, including Haiti. The first adaptation and implementation in the country by Beyond Borders' *Rethinking Power* program in 2010, followed by a process evaluation a process evaluation, led to the design and implementation of a combined intervention of SASA! and *Power to Girls*. The latter one is the result of the lessons learned from the summative evaluation and uses the same community-led methodology as SASA! but centered on adolescent girls' safety and freedom. In order to create solid evidence of the effectiveness of SASA! and *Power to Girls* in Haiti, GWI has partnered with BB to lead the impact evaluation.

GWI decided to use a quasi-experimental design as the best approach to evaluate the effectiveness and the impact of this new combined methodology. A randomized controlled trial was considered, but it was determined not to be appropriate for two main reasons. First, it would be difficult in a mountainous, rural area to implement a randomization process without incurring high transportation costs and having a large staff to potentially cover a very large implementation area. Second, SASA! and *Power to Girls* are community mobilization interventions and use of media and other parts of the methodology, combined with close community connectedness and relationships would mean high risk of contamination and spillover to control sites. Intervention and comparison communities were selected in close collaboration with Beyond Borders, looking at factors like proximity to their office, proximity to original implementation communities, and reasonable distance and similarities between intervention and comparison communities.

Additionally, since Beyond Borders intends to implement its program in comparison communities after research is completed, there had to be reasonable possibility for this to occur. Through a multi-clustering, cross-sectional survey, the primary outcomes, such as prevalence of IPV and gender norms have been measured at the household level for women and men. Other survey components were also implemented, including girl's club-based, school-based, and qualitative surveys in order to track changes in traditional social norms and reduction of risks related to sexual health behaviors.

In this baseline report, individual demographic characteristics, gender attitudes, prevalence and circumstances around IPV and NPV were explored. We found some differences between women in La Vallée and those in Marigot in their demographic characteristics. In La Vallée, women were more educated and were less likely to be employed. They also were more likely to marry than women in Marigot. However, women who did marry in Marigot tended to do so at younger ages than those in La Vallée. In terms of gender attitudes, roles, and dynamics, the findings revealed that these communities were rooted in gender inequalities and the predominance of the patriarchal norms.

Men were considered to be the head of households and should have power over women's lives. Controlling behavior was incredibly high in these communities, especially in La Vallée, and there was a difference between Marigot and La Vallée in the overall gender dynamics.

Regarding the main outcomes of this study, La Vallée and Marigot tend to be similar in terms of IPV and NPV prevalence. We found a relatively high prevalence of current physical and/or sexual IPV in the past 12 months as one out of five women had experienced IPV in the past 12 months from the current or most recent partner. This rate is similar for NPSV, which is very high compared with other sites worldwide.

Many IPV risk factors were identified through bivariate and multivariate analysis and the strongest ones, such as controlling behavior, acknowledge the existing patriarchal structure of these communities. It is worth mentioning the contribution of intergenerational violence and child abuse in predicting IPV. In addition, the level of disclosure of IPV and NPV and the potential risks associated were among other factors that revealed the strong power imbalance in these communities, and between men and women.

Economic disparities between men and women were mentioned in the qualitative surveys as one of the contributing factors that creates power imbalance and acceptance of violence at the community level. While SASA! and *Power to Girls* do not have a livelihoods component, they work specifically on financial decision-making in couples, and girl's groups include a component on economic empowerment of girls. It will be interesting to see how such intervention impacts the community.

As traditional gender norms and attitudes prevail in both communities, these methodologies can contribute to a reduction of risk of violence against women and girls in the community and increase helpful support to women experiencing violence. In general, the community is also expected to increase activism to prevent violence and demonstrate other indicators that represent a greater balance of power.

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ANNEX 1:

QUANTITATIVE AND QUALITATIVE

BASELINE SAMPLING DATA

Table 1.1: Number of respondents surveyed

Community	La Vallée	Marigot
Women's household survey concluded	819	1158
Household response rate	94%	97%
Individual response rate	97%	99%
Men's household survey concluded	317	547
Household response rate	91%	98%
Individual response rate	96%	99%
Schools	363	368
Girl's Clubs	267	

Table 1.2: Number of FGD and KII

	Focus Groups / In-depth Interviews	Participation
La Vallée (Musac and Ternier)	12 focus groups	2 girl's club (12-18) 1 male student (14-22 years old) 1 female student (14-22 years old) 1 male adult (25 or more) 1 female adult (25 or more) 1 male youth (18-24) 1 female youth (18-24) 1 male local authorities and leaders 1 female local authorities and leaders 1 school teachers (mixed) 1 school parents (mixed)
	13 in-depth interviews	2 local authorities (Mayors, CASEC) 1 civil society 1 school director 1 police inspector 3 local leaders (pastor, women's local NGO, international NGO) 1 court 2 girl's club mentors 2 health sector representatives
Marigot (Corail Sault, Marigot downtown, Peredo)	10 focus groups	1 female student (14-22 years old) 1 male student (14-22 years old) 1 female adult (25 or more) 1 male adult (25 or more) 1 female youth (18-24) 1 male youth (18-24) 1 female local authorities and leaders 1 male local authorities and leaders 1 school teacher (mixed) 1 school parent (mixed)
	12 in-depth interviews	1 <i>Rethinking Power Program Coordinator</i> 2 local authorities (mayors, ASEC, city delegate) 1 civil society representative 1 education sector representative 3 local leaders (women's local NGO, voodoo priests, international NGO) 1 private sector representative 1 school director 1 health sector representative 1 civil protection representative

ANNEX 2:

BASELINE DATA TABLES AND FIGURES

These symbols, when not defined for a table, are used to indicate the p-value level for a specific tests or models.

- 0.05 (*), 0.01 (**), 0.001(***): Pearson Chi-Square p-value significant difference for women in Marigot and La Vallée.
 0.05 (+), 0.01 (++), 0.001(+++): Pearson Chi-Square p-value significant difference for men in Marigot and La Vallée.
 0.05 (^), 0.01 (^ ^), 0.001(^ ^ ^): Pearson Chi-Square p-value significant difference for lifetime IPV between Marigot and La Vallée.
 0.05 (#), 0.01 (##), 0.001(###): Pearson Chi-Square p-value significant difference for current IPV between Marigot and La Vallée.
 0.05 (■), 0.01 (■■), 0.001(■■■): Pearson Chi-Square p-value significant difference for lifetime IPV in Marigot and other variables.
 0.05 (□), 0.01 (□□), 0.001(□□□): Pearson Chi-Square p-value significant difference for current IPV in Marigot and other variables.
 0.05(▲), 0.01 (▲▲), 0.001(▲▲▲): Pearson Chi-Square p-value significant difference for lifetime IPV in La Vallée and other variables.
 0.05 (◇), 0.01 (◇◇), 0.001(◇◇◇): Pearson Chi-Square p-value significant difference for current IPV in La Vallée and other variables.

GENERAL MALE AND FEMALE POPULATION DESCRIPTION

Table 2.1. Percentage of women and men who agree with the different statements related to gender roles, norms, and dynamics

	Marigot		La Vallée	
	Female (n = 1158)	Male (n = 547)	Female (n = 819)	Male (n = 317)
Gender Roles				
Changing diapers, giving a bath, and feeding kids is mainly the mother's responsibility***	92.3	58.0	87.5	56.2
A woman's role is taking care of her home and family***	93.6	73.7	88.6	71.9
A man should have the final word about decisions in his home* ++	65.9	75.7	60.2	66.6
Women and men should share authority in the family+	84.6	87.4	85.5	82.0
Boys and Girls Treatment				
Boys should spend as much time as girls doing household chores++	61.2	53.4	60.9	43.2
Girls should be allowed to socialize outside the home just as boys do**	19.8	23.2	15.1	17.7
Boys have more of a need to go to school than girls***	10.5	13.0	4.9	11.4
Girls should be allowed to choose when to get married***	54.8	56.5	46.9	52.7
VAWG				
Violence between husband and wife is a private matter++	36.5	52.3	36.4	41.6
It is the entire community's responsibility to prevent men from beating their wives+	73.8	68.4	77.4	76.0
A woman should accept violence to keep her family together*	23.2	28.0	19.4	23.3
If a woman is raped, she has done something careless to put herself in that situation	20.4	16.5	18.2	15.5
Justification of IPV				
If she goes out without telling him*	22.3	7.9	18.4	8.8
If she neglects the children	17.0	5.9	14.2	5.4
If she argues with him	15.7	5.1	14.8	4.4
If she refuses to have sex with him***	11.3	3.8	6.8	3.5
If he suspects she is having an affair with another man+	34.9	13.3	34.4	18.6
At least one act	45.3	20.1	44.7	23.7

Table 2.2: Repartition of the chores for the households of ever-partnered women

Community		Marigot (n =968)	La Vallée (n =673)
Washing clothes***	Women/Girls	95.9	88.1
	Men/Boys/both/Other	4.1	11.9
Preparing food***	Women/Girls	95.9	90.2
	Men/Boys/both/Other	4.1	9.8
Caring for child/children**	Women/Girls	90.6	86.2
	Men/Boys/both/Other	9.4	13.8
Spending more time on household chores***	Women/Girls	97.7	92.9
	Men/Boys/both/Other	2.3	7.1

Table 2.3: Final decision-making process for the households of ever-partnered women

Commune		Marigot (n =968)	La Vallée (n =673)
Food and clothing	yourself	18.2	16.5
	partner/husband	30.2	28.2
	Both	34.3	37.1
	Someone else	14.4	12.8
	other/no answer	3.0	5.3
Time with family, friends, or relatives	yourself	13.5	13.5
	partner/husband	25.7	25.4
	Both	25.9	30.5
	Someone else	10.4	10.5
	other/no answer	24.4	20.1

Table 2.4: Couple discussion on sexual health and HIV test

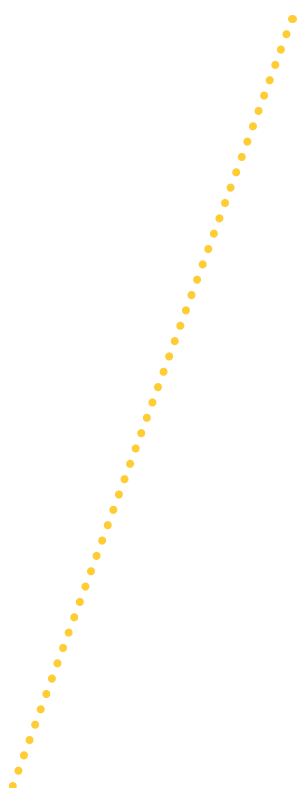
	Marigot		La Vallée	
	Female (n= 968)	Male (n= 361)	Female (n= 673)	Male (n= 237)
Couple communication on sexual health				
discussed condom use	43.7	46.5	43.5	44.3
discussed sexual relationships with other partners	34.9	34.6	34.9	30.8
discussed HIV/AIDS	53.5	56.8	57.9	58.6
discussed woman's (man's) risk for HIV*	52.9	56.8	59.3	59.5
discussed how to protect family from HIV**	50.7	58.7	58.2	62.9
discussed getting tested for HIV*	57.5	50.4	62.4	44.7
Couple HIV test				
Ever tested*	61.1	43.8	66.9	40.5
Currently tested	30.3	22.7	33.4	21.9
Partner ever tested*	39.2	36.0	45.3	41.8
Partner currently tested**	16.0	23.0	22.1	25.3

Table 2.5: Couple sexual behavior protection

	Marigot		La Vallée	
	Female (n= 968)	Male (n= 361)	Female (n= 673)	Male (n= 237)
Use of condom with partners				
Used condom, last 12 months	22.3	38.0	23.8	38.8
Reason given for not using condom	550	183	343	119
n	8.5	10.9	8.2	7.6
wanted to have a child	1.8	1.6	3.5	1.7
did not have a condom	11.3	9.3	11.1	5.9
man decided not to	17.8	16.9	19.5	16.0
woman decided not to	60.5	61.2	57.7	68.9
was in a monogamous relationship				
Couple HIV test				
Partner has had other sexual partners, last 12 months***	25.9	5.5	12.5	5.9
Respondent has had other sexual partners, last 12 months	2.9	31.6	3.1	29.1
Used condom last sex***	258	124	97	76
n	22.5	72.6	45.4	78.9

Table 2.6: Percentage of controlling behavior per community

Community	Marigot	La Vallée
does not permit you to meet your female friends	21.7	19.5
tries to limit your contact with your family of birth*	8.1	11.0
insists on knowing where you are at all times***	42.7	54.1
gets jealous or angry if you talk with another man	42.1	46.4
frequently accuses you of being unfaithful	19.9	16.8
expects you to ask his permission before seeking health care for yourself*	15.5	20.4
does not trust you with any money**	30.3	37.6
checks your cellphone to see who you have called / who has called you	25.6	21.5
At least one controlling behavior***	67.4	79.6



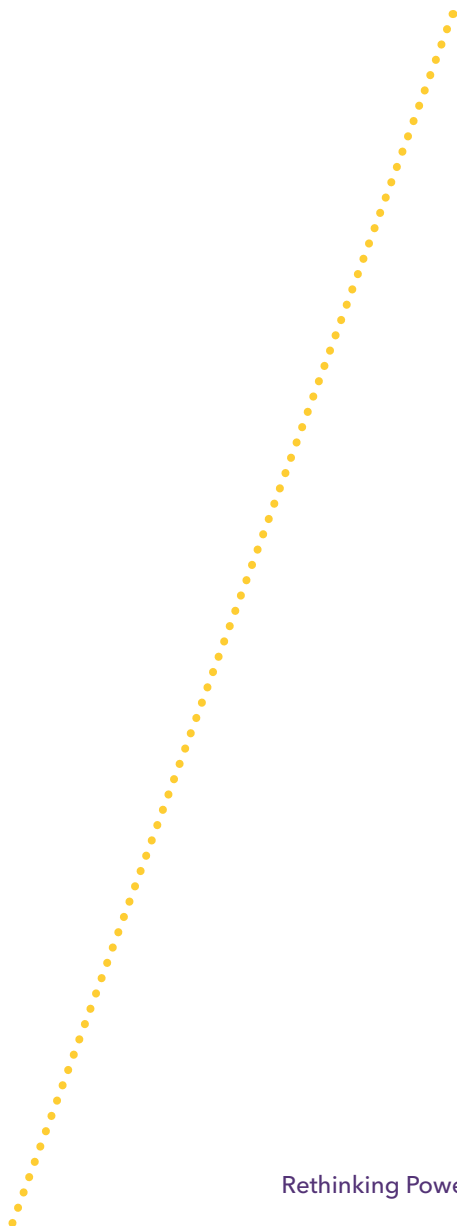
IPV PREVALENCE

Table 3.1: Lifetime and 12-month IPV prevalence rate among ever-partnered women in Marigot and La Vallée

Community	Marigot (n=978)		La Vallée (n=673)	
	Lifetime	Current	Lifetime	Current
Economic ^{^^^###}	15.2	10.3	26.6	16.9
Emotional	35.3	26.9	32.2	24.5
Physical	14.9	10.2	14.7	10.0
Sexual	22.9	17.5	22.3	17.8
Physical and/or sexual	30.6	22.7	29.6	22.6

Table 3.2: Frequency of current IPV among survivors per community

Community	Marigot (n=220)			La Vallée (n=152)		
	once	few	many	once	few	many
Physical	18.2	50.5	31.3	22.4	44.8	32.8
Sexual	7.7	62.7	29.6	11.7	49.2	39.2
Physical and/or sexual	10.5	57.3	32.3	15.1	45.4	39.5



RISK FACTORS

Table 4.1: Significant individual risk factors for lifetime and 12-month prevalence of physical and sexual IPV among ever-partnered women in Marigot and La Vallée

	Marigot (n=968)		La Vallée (n=673)	
	Lifetime	Current	Lifetime	Current
Age ■■■, ▲◆◆				
15-24	37.8	34.0	28.0	25.6
25-34	32.7	27.3	30.9	25.4
35-44	31.1	19.9	39.2	31.5
45-54	22.9	12.1	24.0	17.4
55-64	23.0	12.2	24.1	10.3
Education Completed ■■■, ◆				
no school/not stated	25.5	17.4	30.9	16.4
primary	37.3	27.0	34.4	28.9
secondary	32.4	26.8	26.5	22.6
higher	14.8	7.4	15.2	12.1
Cohabiting Relationships ■■, ▲▲▲◆◆				
currently married	27.5	20.2	26.9	20.4
living with man, not married	29.5	25.2	40.2	35.2
have married or lived with a man	35.6	12.6	31.4	11.4
have or have had a partner, living apart	33.3	28.0	18.8	14.6
Early Marriage ■■, ▲▲				
19 or younger	36.7	28.1	43.6	31.7
20 or older	27.2	19.4	29.2	22.3
Main Source of Income ■■■■, ◆◆				
Income from own work	25.4	15.9	28.8	21.2
Support from partner/husband	35.4	30.5	34.6	30.9
Support from parents/other relatives	35.7	30.8	28.6	20.6
No income/pension/social services/other/not stated	35.2	21.1	18.6	5.7
Have ever been pregnant ■, ▲▲◆				
no	30.8	30.8	18.0	14.6
yes	30.5	21.5	31.3	23.8

Table 4.2: Partner's characteristics as significant risk factors for lifetime and 12 month prevalence of physical and sexual IPV among ever-partnered women in Marigot and La Vallée

	Marigot (n=968)		La Vallée (n=673)	
	Lifetime	Current	Lifetime	Current
Partner's age ■□□□				
15-24	38.2	35.5	27.8	25.9
25-34	34.3	31.8	29.6	24.4
35-44	30.2	22.7	33.6	25.6
45-54	30.1	17.3	22.6	17.9
55-64	22.0	13.2	31.7	23.8
65 +	16.1	7.1	29.7	14.1
Partner's education □, ◇				
no school/no answer	30.8	19.1	27.4	18.1
primary	32.7	24.0	38.7	30.7
secondary	31.0	26.9	26.9	22.3
higher	19.6	16.1	25.7	20.0
Partner has had another relationship ■■■□□□, ▲▲▲◇◇◇				
yes	39.2	29.4	45.7	34.9
no	25.8	19.0	25.7	19.7
Partner has been involved in a physical fight with another man ■■■□□□, ▲▲▲◇◇◇				
yes	61.0	51.2	71.0	58.1
no	29.2	21.5	27.6	20.9

Table 4.3: Couple communication as significant risk factors for lifetime and 12-month prevalence of physical and sexual IPV among ever-partnered women in Marigot and La Vallée

	Marigot (n=968)		La Vallée (n=673)	
	Lifetime	Current	Lifetime	Current
Couple communication				
Things that have happened to him in the day ■■■□□□, ▲▲▲				
yes	27.9	21.2	27.4	22.1
no	45.9	31.5	48.6	27.1
Things that have happened to you during the day ■■■□□□, ▲▲▲◇◇◇				
yes	27.9	21.3	27.5	21.8
no	48.1	31.8	52.7	30.9
Her worries or feelings ■■□, ◇◇◇				
yes	27.7	21.0	27.3	21.6
no	48.1	33.3	55.6	33.3
His worries or feelings □□□, ◇◇◇				
yes	28.4	21.3	26.4	21.9
no	36.1	26.4	41.7	25.2



Table 4.4: Confidence in relationship as significant risk factors for lifetime and past 12-month prevalence of physical and sexual IPV among ever-partnered women in Marigot and La Vallée

	Marigot (n=968)		La Vallée (n=673)	
	Lifetime	Current	Lifetime	Current
Confidence in relationship				
Safe from violence in your relationship ■■■□□□, ▲▲▲◇◇◇				
often	20.4	14.0	20.9	15.9
sometimes	33.7	27.9	37.2	33.1
rarely	44.9	40.2	58.5	45.3
never/no answer	56.5	36.3	44.9	26.9
Confident in your ability to discuss issues of equality with your partner ■■■□□□, ▲▲▲◇◇◇				
often	21.4	14.1	17.1	13.6
sometimes	25.9	21.8	36.3	32.2
rarely	26.7	20.9	34.2	27.8
never/no answer	45.0	32.3	43.5	27.3

Table 4.5: Love and kindness as significant risk factors for lifetime and 12 month prevalence of physical and sexual IPV among ever-partnered women in Marigot and La Vallée

	Marigot (n=968)		La Vallée (n=673)	
	Lifetime	Current	Lifetime	Current
Love and Kindness in Relationship				
Emotionally close to your partner ■■■□□□, ▲▲▲◇◇◇				
yes	24.9	19.5	25.7	20.0
no	45.8	31.4	44.1	32.2
Valued by your partner ■■■□□□, ▲▲▲◇◇◇				
yes	25.3	19.9	25.7	20.0
no	47.4	31.7	51.0	37.3
Respected by your partner ■■■□□□, ▲▲▲◇◇◇				
yes	24.9	19.5	24.9	19.1
no	48.5	33.0	54.2	41.1

Table 4.6: Controlling behaviors as significant risk factors for lifetime and 12-month prevalence of physical and sexual IPV among ever-partnered women in Marigot and La Vallée

	Marigot (n=968)		La Vallée (n=673)	
	Lifetime	Current	Lifetime	Current
Controlling Behaviors				
Does not permit you to meet your female friends ■■■□□, ▲▲▲◇◇				
yes	50.5	41.0	45.0	33.6
no	25.1	17.7	25.8	19.9
Tries to limit your contact with your family of birth ■■■□□, ▲▲▲◇◇◇				
yes	53.8	39.7	54.1	44.6
no	28.5	21.2	26.5	19.9
Insists on knowing where you are at all times ■■■□□, ▲▲▲◇◇◇				
yes	44.1	35.8	39.3	32.1
no	20.5	13.0	18.1	11.3
Gets jealous or angry if you talk with another man ■■■□□, ▲▲▲◇◇◇				
yes	45.3	36.5	40.1	33.0
no	19.8	12.7	20.5	13.6
Frequently accuses you of being unfaithful ■■■□□, ▲▲▲◇◇◇				
yes	61.1	50.3	63.7	49.6
no	23.0	15.9	22.7	17.1
Expects you to ask his permission before seeking health care for yourself ■■■□□, ▲▲▲◇◇◇				
yes	54.7	46.7	44.5	35.0
no	26.2	18.3	25.7	19.4
Does not trust you with any money ■■■□□, ▲				
yes	39.2	28.3	34.8	25.3
no	26.8	20.3	26.4	21.0
Checks your cellphone to see who you have called / who has called you ■■■□□, ▲				
yes	46.0	38.7	42.8	40.0
no	25.3	17.2	25.9	17.8
At least one controlling behavior ■■■□□, ▲▲▲◇◇◇				
yes	38.3	29.1	34.7	27.2
no	14.6	9.5	9.5	4.4
Number of controlling behaviors ■■■□□, ▲▲▲◇◇◇				
0	14.6	9.5	9.5	4.4
1-2	23.4	15.8	24.7	18.9
3+	51.4	40.8	44.0	35.0

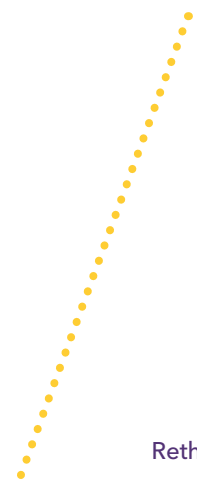


Table 4.7: Intergenerational violence as significant risk factors for lifetime and 12 month prevalence of physical and sexual IPV among ever-partnered women in Marigot and La Vallée

	Marigot (n=968)		La Vallée (n=673)	
	Lifetime	Current	Lifetime	Current
Intergenerational Violence				
Woman witnessed violence as a child■, ▲◇◇				
yes	39.1	29.6	41.8	37.3
no	29.4	21.8	28.2	21.0
Partner witnessed violence as a child■■■□□, ▲▲▲◇◇				
yes	60.0	50.0	58.5	41.5
no	29.3	21.6	27.7	21.4
Experienced violence as a child from her parents■■■□□, ▲▲▲◇◇◇				
yes	54.2	43.0	44.1	36.2
no	26.5	19.2	26.2	19.4
Experienced violence as a child from others■□□□, ▲▲▲◇◇◇				
yes	45.3	40.7	46.5	38.4
no	29.1	21.0	27.1	20.3

Table 4.8: Justification of violence as significant risk factors for lifetime and 12 month prevalence of physical and sexual IPV among ever-partnered women in Marigot and La Vallée

	Marigot (n=968)		La Vallée (n=673)	
	Lifetime	Current	Lifetime	Current
Justification of Violence				
If she goes out without telling him▲▲◇				
yes	35.3	26.1	40.5	29.8
no	29.3	21.8	27.2	21.0
If she neglects the children■■■□□, ▲				
yes	42.4	31.6	39.5	25.6
no	28.3	21.0	28.1	22.1
If she argues with him■□□, ▲▲				
yes	41.5	31.7	42.9	28.6
no	28.7	21.2	27.3	21.6
If she refuses to have sex with him■■■, ▲				
yes	45.1	29.2	44.7	25.5
no	28.7	21.9	28.4	22.4
If he suspects she is having an affair with another man■, ▲▲▲◇◇◇				
yes	36.7	26.0	41.7	31.1
no	27.3	21.0	23.1	18.0
at least one act■■■□□, ▲▲▲◇◇◇				
yes	37.4	27.9	39.9	29.4
no	25.0	18.5	21.0	16.9

Table 4.9: Triggers for IPV among ever-partnered women who have experienced IPV in Marigot and La Vallée

Community	Marigot	La Vallée
No reason*	37.8	29.6
When drunk*	4.4	9.5
Money problems***	6.8	17.6
Difficulties at work**	0.3	3.5
When he is unemployed	2.0	4.5
No food at home*	3.4	7.5
Problems with his or her family	4.4	7.0
She is pregnant	2.0	2.0
He is jealous*	18.2	25.6
She refuses sex***	8.4	19.6
She is disobedient	8.4	10.1
He wants to teach her a lesson	4.4	5.5
He wants to show her he is the boss	8.4	8.5
Other	9.1	13.6

NON-PARTNER SEXUAL VIOLENCE

Table 5.1: Lifetime and 12-month non-partner prevalence rate among all women in Marigot and La Vallée

Community	Marigot (n=1158)		La Vallée (n=819)	
	Lifetime	Current	Lifetime	Current
Rape or Attempted rape	11.7	5.1	13.6	6.0
Sexual touching	7.3	4.3	8.7	4.8
Sexual harassment	11.3	7.3	11.8	7.3
Any Non-Partner Sexual Abuse	21.8	12.0	24.7	14.0

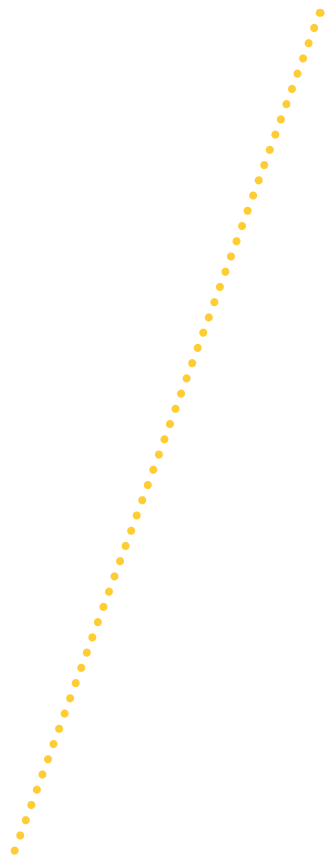


Table 5.2: Age at first non-partner sexual assault among all women in Marigot and La Vallée

	Marigot	La Vallée
Rape or Attempted Rape	n=135	n=111
<15	25.9	17.1
15-19	32.6	29.7
20-24	16.3	18.0
25 +	25.2	35.1
Unwanted Sexual Touching*	n=85	n=71
<15	12.9	26.8
15-19	43.5	29.6
20-24	27.1	18.3
25 +	16.5	25.4
Sexual Harassment**	n=131	n=97
<15	3.1	9.3
15-19	42.0	22.7
20-24	26.0	27.8
25 +	29.0	40.2
Sexual Harassment**	n=131	n=97
<15	12.6	14.9
15-19	37.5	27.7
20-24	22.1	19.8
25 +	27.7	37.6

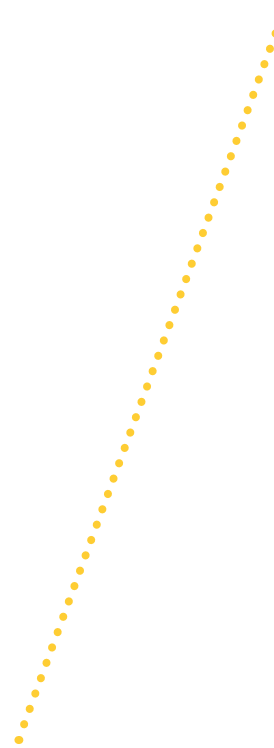


Table 5.3: Identification of perpetrators of non-partner sexual assault among all women in Marigot and La Vallée

	Marigot	La Vallée
Rape or Attempted Rape	n=135	n=111
Family member or friend	8.1	4.5
Known perpetrator	64.4	59.5
Community figure	0.7	0.0
Unknown perpetrator	43.7	45.0
Unwanted Sexual Touching	n=85	n=71
Family member	9.4	5.6
Known perpetrator	64.7	60.6
Community figure	0.0	0.0
Unknown perpetrator	40.0	42.3
Sexual Harassment	n=131	n=97
Family member	1.5	1.0
Known perpetrator	26.0	25.8
Community figure	2.3	3.1
Unknown perpetrator	12.2	13.4

RESPONSES TO VIOLENCE BY SURVIVORS

Table 6.1: Disclosure of intimate partner violence, by group, among women who have experienced IPV in Marigot and La Vallée

	Marigot (n=296)	La Vallée (n=199)
No one**	63.5	49.2
Her family	15.5	19.6
His family	6.4	7.5
Friend**	16.2	27.1
Leader/NGO/Other	4.7	4.0

Table 6.2: Disclosure of forced intercourse, by group, among women who have experienced rape in Marigot and La Vallée

	Marigot (n=85)	La Vallée (n=63)
No one	44.7	54.0
Her family	38.8	23.8
In-laws	1.2	4.8
Leader/NGO/Other	7.1	12.7
Friend	14.1	25.4

Table 6.3: Seeking help for intimate partner violence, by resource group, among women who have experienced IPV in Marigot and La Vallée

	Marigot (n=296)	La Vallée (n=199)
Police	5.4	8.5
Hospital/Health center*	4.4	10.6
Legal advice center/lawyer/court	3.4	7.0
Community leader	2.0	3.0
Women's organization	3.0	3.0
Priest/religious leader*	2.0	5.5
Elsewhere	1.4	4.0
Nowhere*	85.8	77.4

Table 6.4: Discussions regarding intimate partner violence, by initiator, among women who have experienced IPV in Marigot and La Vallée

	Marigot (n=296)	La Vallée (n=199)
Partner initiated a discussion about violence in the last 12 months	24.3	27.1
Someone initiated a discussion about dealing with partner's violence***	18.9	32.7

Table 6.5: Individual support response received for forced intercourse, among women who have experienced NPV in Marigot and La Vallée

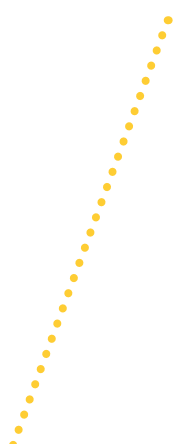
	Marigot (n=85)	La Vallée (n=63)
Blamed me	4.7	9.5
Supported me	30.6	22.2
Were indifferent	2.4	3.2
Told me to keep it quiet	5.9	11.1
Advised me to report it to the police	5.9	3.2
Other response	9.4	11.1

Table 6.6: Seeking help for forced intercourse, by resource group, among women who have experienced forced intercourse in Marigot and La Vallée

	Marigot (n=85)	La Vallée (n=63)
Police	10.6	6.3
Hospital/Health Center	9.4	9.5
Legal Advice Center/Lawyer/Court	4.7	3.2
Community Leader	1.2	6.3
Women's Organization	2.4	4.8
Priest/Religious Leader	0.0	9.5
Elsewhere	0.0	3.2
Nowhere	82.4	73.0

Table 6.7: Awareness of a place to go in case of sexual violence among all women in Marigot and La Vallée

Community	Marigot (n=1158)	La Vallée (n=819)
Know of a place a woman/girl could go for help if she is victim of sexual violence	62.6	59.8
	(n=725)	(n=490)
Family	1.7	2
Police	53.5	55.1
Health Services**	6.9	11.6
Community Leader	9.1	7.1
Religious Leader	1	1.6
Women's group	59.6	54.1
School	0	0
Friends	0.3	0.6
Other***	4.8	10.8



ANNEX 3: MULTIVARIATE MODEL RESULTS

Table 7.1: Logistic regression crude and adjusted odds ratios of the associations between lifetime IPV physical and/or sexual violence ever and explanatory variables - La Vallée.¹³

	Univariate Models			Multivariate Model 1			Multivariate Model 2		
	Crude Odd Ratio	95% C.I.		Adjusted Odd Ratio	95% C.I.		Adjusted Odd Ratio	95% C.I.	
		Lower	Upper		Lower	Upper		Lower	Upper
Age at first union (cohabited or married) (20 or older)									
19 or younger**	1.87	1.19	2.93	1.15	0.68	1.97	0.88	0.46	1.69
never married/cohabited	0.70	0.47	1.06	1.04	0.50	2.18	0.97	0.41	2.30
Age at first pregnancy (19 or younger)									
20-24**+	0.55	0.37	0.84	0.62	0.39	0.98	0.68	0.39	1.18
25 or older***+	0.43	0.27	0.67	0.51	0.30	0.86	0.58	0.31	1.07
never pregnant***	0.34	0.19	0.61	0.59	0.29	1.22	0.78	0.33	1.83
Partnership status (detailed) (have or have had a partner - dating)									
currently married%	1.60	0.97	2.63	1.61	0.64	4.07	3.04	1.03	8.98
living with man, not married***+%	2.91	1.76	4.83	2.44	1.04	5.77	2.95	1.09	8.00
have married or lived with a man*	1.99	1.03	3.83	1.85	0.71	4.80	2.12	0.70	6.43
Partner has had another relationship***+++									
	2.43	1.64	3.61	2.38	1.59	3.57	1.24	0.75	2.06
Partner has been involved in a physical fight with another man***+++%%									
	6.42	2.90	14.22	6.22	2.78	13.91	4.46	1.76	11.29
Things that have happened to him in the day***									
	0.40	0.24	0.66	1.14	0.35	3.70	1.15	0.30	4.32
Things that have happened to you during the day***									
	0.34	0.19	0.59	1.32	0.25	7.03	0.74	0.10	5.37
Your worries or feelings***									
	0.30	0.17	0.53	0.79	0.18	3.49	1.19	0.21	6.67
His worries or feelings***									
	0.50	0.34	0.74	0.89	0.51	1.56	0.79	0.43	1.47
Safe from violence in your relationship (rarely)									
never/no answer	0.58	0.29	1.17	0.54	0.24	1.21	0.45	0.18	1.12
often***+%	0.19	0.10	0.34	0.39	0.19	0.81	0.38	0.17	0.83
sometimes**	0.42	0.22	0.81	0.61	0.29	1.33	0.57	0.25	1.31

13 *(0.05), **(0.01), ***(0.001): model coefficients p-value significance for univariate models.
 +(0.05), ++(0.01), +++(0.001): model coefficients p-value significance for multivariate models 1.
 %(0.05), %(0.01), %%(0.001): model coefficients p-value significance for multivariate models 2.

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	Univariate Models			Multivariate Model 1			Multivariate Model 2		
	Crude Odd Ratio	95% C.I.		Adjusted Odd Ratio	95% C.I.		Adjusted Odd Ratio	95% C.I.	
		Lower	Upper		Lower	Upper		Lower	Upper
Confident in your ability to discuss issues of equality with your partner (rarely)									
never/no answer	1.48	0.85	2.59	1.88	0.97	3.64	1.72	0.84	3.52
often**	0.40	0.23	0.69	0.71	0.37	1.37	0.72	0.36	1.46
sometimes	1.10	0.62	1.95	1.61	0.83	3.13	1.52	0.74	3.12
Emotionally close to your partner***									
	0.44	0.30	0.64	0.95	0.48	1.88	1.08	0.51	2.27
Valued by your partner***									
	0.33	0.22	0.51	2.50	0.64	9.77	1.92	0.44	8.36
Respected by your partner***+%									
	0.28	0.18	0.43	0.21	0.06	0.73	0.25	0.06	0.96
Number of acts of controlling behavior (none)									
1-2'***++++%%	3.13	1.66	5.92	3.64	1.87	7.09	3.38	1.67	6.81
3 +'***++++%%	7.51	4.04	13.94	7.43	3.89	14.19	6.44	3.19	12.98
Partner witnessed violence as a child***+++									
	3.69	1.93	7.03	3.34	1.72	6.48	1.94	0.89	4.26
Woman witnessed violence as a child*									
	1.83	1.09	3.06	1.45	0.84	2.51	1.46	0.77	2.74
Experienced violence as a child from her parents***++									
	2.22	1.49	3.31	1.94	1.28	2.94	1.31	0.81	2.13
Experienced violence as a child from others***++%									
	2.34	1.48	3.71	2.11	1.31	3.40	1.95	1.12	3.38
If she goes out without telling him**									
	1.82	1.21	2.74	1.15	0.71	1.89	1.07	0.60	1.91
If he suspects she is having an affair with another man***+++%									
	2.39	1.70	3.36	2.07	1.41	3.03	1.72	1.10	2.69
If she neglects the children*									
	1.67	1.05	2.67	1.04	0.60	1.82	1.00	0.51	1.96
If she argues with him**									
	2.00	1.29	3.10	1.25	0.74	2.12	1.39	0.75	2.57
If she refuses to have sex with him*									
	2.03	1.11	3.71	1.31	0.68	2.52	1.09	0.49	2.40

Table 7. 2: Logistic regression crude and adjusted odds ratios of the associations between current IPV physical and/or sexual violence and explanatory variables - La Vallée.

	Univariate Models			Multivariate Model 1			Multivariate Model 2		
	Crude Odd Ratio	95% C.I.		Adjusted Odd Ratio	95% C.I.		Adjusted Odd Ratio	95% C.I.	
		Lower	Upper		Lower	Upper		Lower	Upper
Age***++%	0.97	0.96	0.99	0.97	0.95	0.99	0.97	0.95	1.00
Education of respondent (higher)									
no school/NA	1.42	0.46	4.36	1.74	0.51	5.93	0.80	0.20	3.21
primary*	2.95	1.00	8.73	2.49	0.79	7.84	1.44	0.40	5.14
secondary	2.11	0.71	6.26	1.64	0.53	5.05	0.88	0.26	3.04
Main source of Income (income from own work)									
Support from partner/husband*	1.66	1.10	2.52	1.07	0.68	1.70	1.21	0.70	2.09
Support from parents/other relatives	0.97	0.57	1.64	1.39	0.74	2.61	1.09	0.54	2.21
No income/pension/social services/other/NA***++%	0.23	0.08	0.65	0.22	0.07	0.64	0.28	0.09	0.88
Age at first pregnancy (19 or younger)									
20-24	0.75	0.48	1.17	0.93	0.57	1.51	1.19	0.68	2.08
25 or older*	0.54	0.33	0.88	0.91	0.51	1.64	1.08	0.54	2.12
never pregnant*	0.43	0.23	0.82	0.68	0.29	1.62	1.10	0.42	2.90
Partnership status (detailed) (have or have had a partner - dating)									
currently married+%%	1.50	0.86	2.61	2.53	1.16	5.50	4.19	1.77	9.92
living with man, not married***++%	3.18	1.84	5.49	3.39	1.60	7.19	3.37	1.47	7.73
have married or lived with a man	0.76	0.32	1.80	1.24	0.45	3.40	1.22	0.40	3.68
Partner has had another relationship***+++	2.19	1.44	3.33	2.13	1.39	3.26	1.29	0.74	2.24
Partner has been involved in a physical fight with another man***+++%	5.25	2.51	10.98	5.04	2.38	10.64	3.53	1.41	8.83
Safe from violence in your relationship (rarely)									
never/no answer*	0.45	0.21	0.93	0.48	0.21	1.11	0.63	0.25	1.62
often***+%	0.23	0.13	0.42	0.45	0.22	0.95	0.43	0.18	1.00
sometimes	0.60	0.31	1.15	0.83	0.38	1.79	0.75	0.32	1.78

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	Univariate Models			Multivariate Model 1			Multivariate Model 2		
	Crude Odd Ratio	95% C.I.		Adjusted Odd Ratio	95% C.I.		Adjusted Odd Ratio	95% C.I.	
		Lower	Upper		Lower	Upper		Lower	Upper
Confident in your ability to discuss issues of equality with your partner (rarely)									
never/no answer	0.97	0.53	1.78	1.23	0.62	2.46	1.23	0.56	2.66
often**	0.41	0.22	0.74	0.70	0.35	1.40	0.79	0.37	1.67
sometimes	1.23	0.67	2.25	1.71	0.86	3.40	1.63	0.77	3.46
Emotionally close to your partner**									
	0.53	0.35	0.79	1.01	0.53	1.90	0.94	0.46	1.92
Valued by your partner***									
	0.42	0.27	0.66	2.51	0.65	9.68	1.67	0.39	7.16
Respected by your partner***+%									
	0.34	0.22	0.52	0.20	0.06	0.70	0.27	0.07	1.05
Number of acts of controlling behavior (none)									
1-2'***+++%%	5.09	2.12	12.23	5.49	2.26	13.34	4.55	1.79	11.56
3 +'***+++%%%	11.77	5.01	27.66	10.59	4.45	25.22	7.70	3.04	19.53
Partner witnessed violence as a child**+									
	2.61	1.36	4.99	2.27	1.16	4.46	1.28	0.56	2.94
Woman witnessed violence as a child**+									
	2.25	1.32	3.82	1.78	1.02	3.13	1.68	0.87	3.26
Experienced violence as a child from her parents***++									
	2.36	1.55	3.59	2.00	1.29	3.09	1.56	0.93	2.64
Experienced violence as a child from others***+++%%									
	2.45	1.52	3.95	2.19	1.34	3.59	2.21	1.23	3.98
If she goes out without telling him*%									
	1.59	1.02	2.47	1.18	0.73	1.90	1.03	0.57	1.85
If he suspects she is having an affair with another man***+++%									
	2.05	1.42	2.96	1.95	1.31	2.90	1.65	1.02	2.66
							0.09		

Table 7. 3: Logistic regression crude and adjusted odds ratios of the associations between lifetime IPV physical and/or sexual violence and explanatory variables - Marigot.

	Univariate Models			Multivariate Model 1			Multivariate Model 2		
	Crude Odd Ratio	95% C.I.		Adjusted Odd Ratio	95% C.I.		Adjusted Odd Ratio	95% C.I.	
		Lower	Upper		Lower	Upper		Lower	Upper
Age***+									
	0.98	0.97	0.99	0.98	0.97	1.00	0.99	0.97	1.01
Education of respondent (higher)									
no school/NA	1.97	0.67	5.85	2.47	0.80	7.62	2.05	0.58	7.23
primary*+	3.42	1.15	10.20	3.23	1.06	9.83	2.61	0.76	8.96
secondary	2.76	0.93	8.17	2.50	0.84	7.47	1.82	0.55	6.10
Age at first union (cohabited or married) (20 or older)									
19 or younger*	1.55	1.10	2.19	1.06	0.69	1.63	1.08	0.65	1.77
never married/cohabited	1.34	0.96	1.87	1.10	0.70	1.73	0.77	0.45	1.30
Main source of Income (income from own work)									
Support from partner/husband**	1.61	1.15	2.25	1.40	0.99	1.99	1.31	0.88	1.96
Support from parents/other relatives**+	1.63	1.13	2.35	1.73	1.11	2.69	1.11	0.65	1.87
No income/pension/social services/other/NA	1.59	0.94	2.71	1.61	0.94	2.75	1.81	0.97	3.39
Age at first pregnancy (19 or younger)									
20-24*	0.69	0.49	0.98	0.80	0.53	1.19	0.88	0.55	1.40
25 or older**	0.54	0.37	0.80	0.76	0.47	1.22	1.13	0.65	1.96
never pregnant*+	0.64	0.41	1.00	0.51	0.29	0.90	0.79	0.41	1.54
Partner has had another relationship***+++									
	1.86	1.40	2.46	1.76	1.33	2.34	1.20	0.85	1.70
Partner has been involved in a physical fight with another man***+++%%									
	3.78	1.99	7.20	3.33	1.74	6.39	2.06	0.95	4.44
Things that have happened to him in the day***									
	0.46	0.32	0.65	1.07	0.40	2.86	1.60	0.57	4.49
Things that have happened to you during the day***									
	0.42	0.29	0.61	1.45	0.37	5.69	0.51	0.12	2.15
Your worries or feelings***									
	0.41	0.29	0.60	0.58	0.15	2.30	1.49	0.37	5.90

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	Univariate Models			Multivariate Model 1			Multivariate Model 2		
	Crude Odd Ratio	95% C.I.		Adjusted Odd Ratio	95% C.I.		Adjusted Odd Ratio	95% C.I.	
		Lower	Upper		Lower	Upper		Lower	Upper
His worries or feelings*									
	0.70	0.52	0.94	0.96	0.58	1.61	0.98	0.60	1.61
Safe from violence in your relationship (rarely)									
never/no answer	1.59	0.95	2.68	0.57	0.30	1.08	1.26	0.65	2.44
often***+++%	0.32	0.20	0.49	0.33	0.19	0.59	0.54	0.30	0.95
sometimes	0.62	0.39	1.00	0.71	0.40	1.23	0.82	0.46	1.46
Confident in your ability to discuss issues of equality with your partner (rarely)									
never/no answer***+%	2.24	1.49	3.38	1.77	1.05	2.97	1.79	1.07	3.00
often	0.74	0.48	1.17	0.97	0.52	1.79	1.03	0.58	1.85
sometimes	0.96	0.62	1.49	1.19	0.69	2.05	1.08	0.64	1.85
Emotionally close to your partner***									
	0.39	0.29	0.53	0.83	0.43	1.59	0.60	0.31	1.16
Valued by your partner***+									
	0.38	0.28	0.51	5.93	1.06	33.29	5.16	0.91	29.21
Respected by your partner***									
	0.35	0.26	0.48	0.19	0.04	1.02	0.20	0.04	1.08
Number of acts of controlling behavior (none)									
1-2'***+%	1.79	1.19	2.70	1.90	1.15	3.15	1.76	1.11	2.80
3 +'***+++%%%	6.22	4.27	9.06	6.46	4.11	10.16	4.93	3.06	7.94
Partner witnessed violence as a child***+++%									
	3.62	1.89	6.92	3.43	1.75	6.76	2.65	1.21	5.78
Woman witnessed violence as a child*									
	1.54	1.03	2.31	1.00	0.64	1.55	1.11	0.67	1.84
Experienced violence as a child from her parents***+++%									
	3.28	2.28	4.73	3.06	2.09	4.49	1.76	1.13	2.73
Experienced violence as a child from others**									
	2.02	1.29	3.16	1.50	0.93	2.42	1.17	0.69	1.99
If she neglects the children***									
	1.87	1.32	2.65	1.42	0.93	2.18	1.20	0.73	1.96
If she argues with him**									
	1.77	1.22	2.55	1.13	0.71	1.80	1.18	0.70	2.00

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	Univariate Models			Multivariate Model 1			Multivariate Model 2		
	Crude Odd Ratio	95% C.I.		Adjusted Odd Ratio	95% C.I.		Adjusted Odd Ratio	95% C.I.	
		Lower	Upper		Lower	Upper		Lower	Upper
If she refuses to have sex with him***									
	2.05	1.37	3.05	1.55	0.98	2.45	1.45	0.85	2.48
If he suspects she is having an affair with another man**+++%									
	1.54	1.16	2.05	1.19	0.85	1.65	1.03	0.70	1.51
							0.12		

Table 7. 4: Logistic regression crude and adjusted odds ratios of the associations between current IPV physical and/or sexual violence and explanatory variables - Marigot.

	Univariate Models			Multivariate Model 1			Multivariate Model 2		
	Crude Odd Ratio	95% C.I.		Adjusted Odd Ratio	95% C.I.		Adjusted Odd Ratio	95% C.I.	
		Lower	Upper		Lower	Upper		Lower	Upper
Age***++++%%%									
	0.96	0.95	0.97	0.96	0.94	0.98	0.96	0.94	0.98
Education of respondent (higher)									
no school/NA	2.63	0.61	11.39	5.36	1.18	24.34	5.31	1.00	28.34
primary*+%	4.62	1.07	20.03	5.60	1.25	25.08	5.23	1.01	27.18
secondary*+	4.57	1.06	19.72	4.20	0.96	18.40	3.64	0.72	18.31
Age at first union (cohabited or married) (20 or older)									
19 or younger*	1.62	1.11	2.37	1.00	0.61	1.63	1.03	0.60	1.80
never married/cohabitated*	1.48	1.03	2.13	0.67	0.25	1.78	0.75	0.27	2.11
Main source of income (income from own work)									
Support from partner/husband***++	2.32	1.60	3.35	1.78	1.21	2.62	1.55	1.00	2.41
Support from parents/other relatives***++%	2.35	1.58	3.51	2.47	1.46	4.19	1.91	1.04	3.49
No income/pension/social services/other/NA	1.42	0.76	2.64	1.56	0.82	2.96	1.89	0.91	3.91
Age at first pregnancy (19 or younger)									
20-24	0.76	0.52	1.11	0.87	0.55	1.39	1.00	0.59	1.70
25 or older**	0.51	0.33	0.80	0.80	0.45	1.39	1.15	0.61	2.17
never pregnant	1.07	0.68	1.68	0.87	0.47	1.61	1.52	0.73	3.16
Partnership status (detailed) (have or have had a partner - dating)									
currently married	0.65	0.42	1.02	1.16	0.37	3.61	3.13	0.89	10.99
living with man, not married	0.86	0.58	1.28	0.98	0.34	2.81	2.01	0.64	6.29
have married or lived with a man**	0.37	0.20	0.67	0.51	0.16	1.61	0.52	0.15	1.81
Partner has had another relationship***++									
	1.77	1.31	2.41	1.67	1.23	2.28	1.41	0.96	2.08
Partner has been involved in a physical fight with another man***+++									
	3.84	2.04	7.23	3.42	1.80	6.48	1.99	0.92	4.31
Things that have happened to him in the day**									
	0.58	0.40	0.86	1.06	0.40	2.80	1.50	0.50	4.48

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	Univariate Models			Multivariate Model 1			Multivariate Model 2		
	Crude Odd Ratio	95% C.I.		Adjusted Odd Ratio	95% C.I.		Adjusted Odd Ratio	95% C.I.	
		Lower	Upper		Lower	Upper		Lower	Upper
Things that have happened to you during the day**									
	0.58	0.39	0.87	1.46	0.37	5.71	1.46	0.30	6.97
Your worries or feelings**									
	0.53	0.36	0.79	0.56	0.15	2.09	0.66	0.15	2.91
Safe from violence in your relationship (rarely)									
never/no answer	0.85	0.50	1.44	0.57	0.30	1.07	0.98	0.49	1.99
often***++++%	0.24	0.15	0.38	0.33	0.19	0.59	0.41	0.22	0.76
sometimes*	0.58	0.35	0.94	0.71	0.40	1.23	0.75	0.41	1.38
Confident in your ability to discuss issues of equality with your partner (rarely)									
never/no answer***%	1.80	1.16	2.80	1.77	1.05	2.98	1.96	1.12	3.44
often	0.62	0.37	1.03	0.96	0.52	1.78	0.97	0.49	1.89
sometimes	1.05	0.65	1.70	1.19	0.69	2.04	1.27	0.70	2.29
Emotionally close to your partner***									
	0.53	0.38	0.73	0.83	0.43	1.60	0.60	0.30	1.21
Valued by your partner***+%									
	0.53	0.38	0.75	5.92	1.06	33.24	9.32	1.32	65.90
Respected by your partner***%									
	0.49	0.35	0.68	0.20	0.04	1.03	0.10	0.02	0.67
Number of acts of controlling behavior (none)									
1-2***+	1.79	1.10	2.91	1.90	1.15	3.13	1.46	0.85	2.50
3 +****++++%%	6.57	4.26	10.13	6.44	4.11	10.10	3.94	2.33	6.68
Partner witnessed violence as a child***++++%									
	3.64	1.92	6.90	3.39	1.74	6.59	2.59	1.18	5.70
Experienced violence as a child from her parents***++++%									
	3.16	2.17	4.59	2.82	1.91	4.16	1.81	1.15	2.85
Experienced violence as a child from others***++									
	2.59	1.63	4.09	1.95	1.20	3.18	1.34	0.77	2.33
If she neglects the children**									
	1.74	1.20	2.54	1.47	0.95	2.30	1.19	0.70	2.01
If she argues with him**									
	1.73	1.17	2.55	1.40	0.88	2.22	1.13	0.66	1.95
							0.05		

ANNEX 4: RESEARCH DESIGN AND METHODS

Theory of Change

The original SASA! methodology and Power to Girls were developed based on the perspective that IPV and other forms of VAWG are the result of multiple causal layers. The framework, originally developed by Urle Bronfenbrenner (1994) and since adapted by Lori Heise for VAWG (1998), presents the causes of IPV at the macro social, community, interpersonal, and individual levels. At the community level, imbalance of power is manifested in inequitable norms and harmful practices. These norms are often perpetuated by religious or cultural justification, which deters action by stakeholders who are crucial to preventing violence. Lori Michau and colleagues argue that inequitable norms can be addressed through education and capacity building, which fosters collective action (Michau et al., 2014). This approach allows participants to feel empowered to contribute to an enabling environment in which a significant part of the population practices and advocates for gender equality. Using a similar approach, norms that perpetuate gender inequality and drive violence can be addressed in the healthcare sector by carrying out educational and behavior change interventions among health care professionals and other stakeholders (Gennari, 2014).

Community mobilization interventions are successful in transforming harmful gender norms because they guide community members at all levels of the ecological framework through gradual and sustainable change. This approach is founded in the transtheoretical model of behavior change. According to this model, there are six key stages through which behavior changes occurs: precontemplation, contemplation, preparation, action, maintenance, and termination (Prochaska, 1997). Community mobilization efforts informed by this framework assist individuals and communities as they move through these six stages in an organic and empowering manner. The RP intervention is based on this model. SASA!'s four steps take stakeholders from all levels of the community through each step of the intervention, changing over time their knowledge, attitudes, and behaviors that perpetuate harmful gender norms and creating an enabling and empowering environment that supports safety, non-violence and the dignity of women, men, girls and boys.

Rethinking Power Model

In order to conceptualize the theory of change of the *Rethinking Power* project, the evaluation and project teams reviewed the original SASA! logic model and the complementary Power to Girls to identify which areas were still applicable for the expanded project and where additions needed to be made to incorporate the new focus on girls. These are detailed in the model below.

Context	Levels of SASA! Activities reaching each circle of influence	Initial outcomes	Intermediate outcomes	Longer terms outcomes	Impact
<p><u>Socio-demographic factors</u> Sex age income Education Employment Religion Place of residence/levels of mobility</p> <p><u>Socio-cultural factors</u> Family Characteristics Social Support Alcohol Us</p>	<p><u>Societal</u> National Policy Makers, Media</p>	<p><u>Knowledge</u></p> <ul style="list-style-type: none"> • Recognizing VAWG as a problem • Types of VAWG • Consequences of VAWG • VAWG/HIV linkage 	<p><u>Skills</u></p> <ul style="list-style-type: none"> • Response to women and girls experiencing violence • Hold boys & men accountable • Promote balanced power • Support activists / Couples 	<p><u>Individual & Collective Capacity</u></p> <ul style="list-style-type: none"> • Supportive environment • Enhanced ability to prevent and respond to VAWG 	<p>Reduced social acceptance of gender inequality, IPV and sexual abuse of girls</p> <p>Decrease in experience & perpetration of IPV and sexual abuse of girls</p> <p>Increase in girl's freedom and feelings of safety</p> <p>Decrease in HIV & SRH risk behaviors</p>
	<p><u>Institutional</u> School</p>	<p><u>Awareness</u></p> <ul style="list-style-type: none"> • Root cause as imbalance of power between women and men, girls and boys • Change can happen 	<p><u>Action</u></p> <ul style="list-style-type: none"> • Intentional act • Personal change: balancing power • Public change: sanctions against VAWG • Acceptability of expanded gender roles 	<p><u>Behaviors</u></p> <ul style="list-style-type: none"> • Balancing power • Communication with partner • Decreased risk behaviors • Community activism 	
	<p><u>Community</u> Police, Local Leaders, Health Services, Girl's Clubs</p>	<p><u>Critical Thinking and Dialogue</u></p> <ul style="list-style-type: none"> • Public debate and discussion • Personal reflection 	<p><u>Acceptance and influence</u></p> <ul style="list-style-type: none"> • Public debate and discussion • Personal reflection 	<p><u>Sustained action</u></p> <ul style="list-style-type: none"> • Sustained action • Changed policies • Organized groups • Changed practice in relationships, community, institutions 	
	<p><u>Relationship</u> Relatives, elders, friends, neighbors</p>	<p><u>Participation</u></p> <ul style="list-style-type: none"> • Activists at grassroots, in leadership, in institutions 	<p><u>Participation</u></p> <ul style="list-style-type: none"> • Activists / leaders / professionals increasingly connected and active 		
	<p><u>Individual</u> Women, men, Youth, community activities</p>				

The *Rethinking Power* model details the logical progression that the SASA!/Power to Girls approach employs to reduce violence. It begins first by detailing some of the most important factors that need to be considered when designing a program aimed at reducing violence and providing an overview of how the approach seeks to influence these factors at multiple levels. It then describes the initial, intermediate, and long term outcomes of the program approach, as well as the final impact RP seeks to achieve.

The model begins by noting some of the most important risk factors for VAWG that should be considered when implementing the program. These include socio-demographic factors (such as sex, age, income, education, employment, religion, residence, etc.) and socio-cultural factors (such as family characteristics, social support, and alcohol use). For example, education levels correlate with the likelihood of experiencing VAWG. As such, RP may work to increase the safety of girls on school grounds, as well as to advocate for family/community acceptance of girls' education. Each of these interventions may increase girls' educational attainment and subsequently reduce their risk of experiencing VAWG. Conversely, these factors may provide contextual knowledge that help improve program delivery. An example of this would be to determine the primary employment or income generating activities are used in an area may change how the program approaches its activism (such as: where and when to hold activities and which key business leaders or other informal sector employees to engage).

The model then presents a visual of the ecological model approach that informs the RP program, describing the different levels that the methodology seeks to impact. As can be seen in the model, the RP methodology addresses each of these inter-linked drivers of violence by working with community activists to change gender norms at multiple levels with a variety of groups. The initial outcomes expected from the program include increased knowledge of community members (male and female) of the types and consequences of VAWG and the linkages between violence and HIV. The program also expects to increase community awareness of the root cause of VAWG (an imbalance

of power) and build consensus that it is possible to achieve change within a community. It also hopes to promote critical thinking, dialogue, and the development of community activists who can facilitate further community level change among men, women, girls and boys.

The initial outcomes give way to intermediate outcomes that take longer to develop. This includes building skills on appropriately responding to women and girls who experience violence, holding men and boys accountable for their actions, and promoting a balance of power. In addition, changes in individual and community behaviors will begin to occur, along with changes in attitudes on concepts such as power, gender, and human rights. Parallel to these achievements, the program will continue to strengthen and build its community activist network that drives these changes within the community.

These intermediate outcomes lead to long-term outcomes, including increased capacity that support longer-term behavior change and sustained action to reduce VAWG. At this level, there will be improved individual and collective capacity to prevent and respond to incidents of violence within the community. Behavior change will also continue at the community (e.g., increased community activism) and individual levels (reduced risk behaviors, balanced power, improved partner communications). In addition, larger societal and community level transformations will take place to provide a more supportive environment for women and girls (e.g., improved policies, transformed institutions and community groups, etc.)

Together, these initial, intermediate and longer-term outcomes will facilitate a number of expected program impacts. As detailed in the above model, these include: 1) reducing the social acceptance of gender inequality, IPV and the sexual abuse of girls; 2) decreasing experiences of/perpetration of IPV and the sexual abuse of girls; 3) increasing girls' freedom and feelings of safety; and 4) decreasing SRH/HIV risk behaviors.

This model will guide program and evaluation design for the RP program.

Evaluation Design

GWI will be conducting an impact evaluation of the RP program in Southeast Haiti. As part of the design process, the research team considered both a randomized control trial and quasi-experimental design for the evaluation. Because the RP program is a multi-level community based program (including program implementation through media campaigns, schools, churches and other services points that draw from multiple communities), there is strong potential for contamination of control communities in a RCT design. To address this, the BB program team considered a program model where large buffer zones between communities were established to minimize potential contamination. However, the program team did not have the logistic or financial resources to expand their implementation zone to a wide enough area that would allow them to efficiently implement the RP while simultaneously minimizing contamination between control and intervention sites. Therefore, the research team decided that the evaluation will employ a quasi-experimental design that will include both intervention and comparison communities. However, the comparison communities will be selected from a different commune (approximately equivalent to an American county), from the same department (similar to a US state), than the intervention communities - thereby minimizing the potential for contamination.

For the quasi-experimental design, BB has selected eight program implementation areas in LaValle Commune in the Southeast Department that will receive the full RP program. Eight comparison communities will be selected from another commune that has similar characteristics, such as size, population density, access to nearby cities, etc. to the intervention communities. Data will be collected in all sites - implementation and comparison - before, during and after the program (baseline, midterm, and endline) to track progress. Any changes over time among participants in the RP program communities will be compared against changes within the comparison group to establish the impact of the RP program.

The evaluation of the disability component is part of the whole Rethinking Power program impact evaluation. In this case, the baseline of the disability component will be part of the midline of the whole RP program and the end line will be part of the endline of the entire RP program. Further, no midline is going to be conducted. Changes, at least in attitudes and norms around women and girls with disabilities, are expected to happen in shorter time due to all the previous work of sensitization that BB has implemented with the communities around issues about equality.

Data Collection Methodologies

The evaluation design will employ a mixed method approach that utilizes both quantitative and qualitative methodologies to allow for the triangulation of findings by gathering data using multiple forms of inquiry, giving more depth and certainty to conclusions made from the data. It will also provide opportunities to collect information on and explore complex issues that are not easy to quantify. Finally, a mixed-methods approach will provide additional insights that will increase understanding about the ways in which impact was achieved and the factors and conditions that influenced them. The evaluation will employ three complementary components that together will measure the impact of the RP program. In order to measure overall community-level impact of the RP program - including both the SASA! and Power to Girls methodologies -- a community population-based household survey will be conducted. See below in Component 1 for details on this approach. In order to document the contribution of the Power to Girls program component of the wider RP program, two smaller data collection activities will take place. See details below, under Component 2 and 3.

Component 1 - Measuring Overall Community Impact:

- *Quantitative:* A repeated cross-sectional population-based household survey with both women and men aged 15-64 will be undertaken at three time points - baseline, midterm, and endline - in both intervention and comparison communities. In addition, qualitative data will be collected to complement the data collected via these surveys.
- *Qualitative:* Participatory focus group discussions (FGDs) with women and men in the community and semi-structured key informant interviews with stakeholders, such as service providers, police, community leaders, representatives of women's organizations, community activists, etc.

Component 2 - Understanding the effect of RP on Girl's Club Participants:

- *Quantitative:* In order to better understand the program's effect on girl's participating in RP's girl's groups, a cross-sectional survey will be employed with participants in the clubs. This survey will be implemented at both baseline and endline (repeated cross-sectional surveys).
- *Qualitative:* Participatory FGDs will be undertaken with girl's club participants to better understand the effect of this intervention on their lives. Key informant interviews will also be undertaken with Girl's Club leaders.

Component 3 - Understanding the effect of RP on School-based Participants:

- *Quantitative:* The second component specifically designed to better understand the effect of the Power to Girls methodology is a self-administered questionnaire with boys and girls who are enrolled in schools where the Power to Girls curriculum is being employed. This will also occur at baseline and endline (repeated cross-sectional surveys).
- *Qualitative:* Participatory FGDs will be undertaken with school age girls and boys as well as (separately) teachers and school stakeholders to understand the effect of this intervention on their lives. Key informant interviews will be undertaken with school administrators and other school-based stakeholders.

Component 4 - Understanding the effect of RP on Women and Girls with Disabilities:

- *Quantitative:* This will be the same cross-sectional population-based household survey with both women and men aged 15-64 of Component 1 for the midterm and endline - in both intervention and comparison communities. Questions about the health of participants to measure the situation of any physical or mental disabilities as well as questions about attitudes of stigma and knowledge of rights to people with disabilities will be included to the survey tool that was used during the baseline. The questions about the health of participants will be based on the Washington Group Scale and the Kessler Scale, which have been largely validated in different studies, including the WHO Multi-Country Study on VAWG. The questions about attitudes of stigma and knowledge of rights will be based on several validated scales, covering aspects of knowledge on rights, discomfort around people with disabilities, interaction with people with disabilities, sensitivity, and knowledge of cause.
- *Qualitative:* This will be the same participatory focus group discussions (FGDs) with women and men in the community that cover issues around VAWG and are mentioned in Component 1. To the FGD tool, some questions that will cover the area of norms around people with disabilities and violence against them will be added to the already existing tools of Component 1. In addition, some FGDs with people with disabilities and with people representing the rights of these groups will be added. A new tool will be developed for this purpose.

Research Tools

Specifically, the data collection tools that the evaluation will utilize are detailed below.

Quantitative:

Component 1 & 4

- *Community-based Survey:* A cross-sectional community survey will be employed at baseline, midterm and endline of the program. This questionnaire has been developed based on the tools used in the original SASA! RCT study undertaken by the London School of Tropical Hygiene and Medicine. The survey will measure community members' (both men and women - aged 15-64) knowledge, attitudes, and behaviors on key indicators related to VAWG. Survey questions will be drawn from indicators related to both SASA! and Power to Girls. Overall knowledge, attitudes, skills, and behaviors will be measured for the community-at-large, but with a great enough sample size to understand the experiences of violence of both women and girls. Some questions about the mental and physical health of the participants and about attitudes around disabilities will also be included as explained in the previous section.

Component 2

- *Girl's Club Survey:* As part of Component 2, a separate smaller survey will be employed with girls (aged 10-19) who participate in RP girl's clubs. This survey will specifically focus on changes in knowledge, attitudes, and behaviors related to the Power to Girls methodology (e.g., empowerment, self-esteem, gender norms, etc.). Participants will not be asked about their own experiences of violence in the home or community.

Component 3

- *School-based Survey:* As part of Component 3, a self-administered survey will be employed with girls and boys (aged 10-19) enrolled in schools using the Power to Girls curriculum. This will be similar to the survey used with girl's clubs and specifically used to measure knowledge, attitudes, and behaviors of this sub-group, specifically related to the newly created Power to Girls methodology. Participants will not be asked about their own experiences of violence in the home or community.

Qualitative:

Components 1, 2, 3, & 4

- **Focus Groups Discussions:** Focus group discussions will concentrate on three specific groups. First, general community focus groups (targeting men and women separately) will be held to validate and contextualize the findings of the community based survey. Second, school and girl focus groups (engaging girls as well as key stakeholders) will gather further information on the experience of girls, particularly in relation to their experience with the Power to Girls. Third, focus groups with parents will deepen and contextualize our understanding of any change in their attitudes or behaviors related to girls. These groups will utilize interactive and participatory methods, such as free-listing, open-ended stories, role playing, community mapping, etc. These discussions should take no longer than 2 hours and the draft tools can be found in Annex 2. An additional FGD will include people with disabilities and/or groups that work on the rights of people with disabilities.
- **Key Informant Interviews:** Key informant interviews will be held with women, girls, community activists, school administrators, teachers, community leaders, and service providers. This data will help contextualize and triangulate the findings from the community-based and stakeholder surveys. Semi-structured interview guides have been developed to give a general framework for the interviews and include opening questions that will help guide the conversation towards answering the research questions, but still allow flexibility in the conversation.

Sample Size

Quantitative:

Component 1 - Community-based Survey: The goal of the study is to assess the effectiveness of the RP program in preventing VAWG. In order to achieve this, the primary outcome of interest in which the sampling strategy is based is a reduction in IPV in a 12 month period. Based on available national statistics and knowledge of the area, the research team expects that the true prevalence of physical IPV in the program area is 20% in the past 12 months. Over the course of the program, it is anticipated that this rate will be reduced to at least 14%. Therefore, the sample size has been calculated to ensure each arm of the study has sufficient power to detect this change. Based on this, an overall total sample of at least 615 completed surveys per arm has been determined. After adjusting due to the expected intra-cluster correlation and expected non-response, the final sample will be 1,500 (1,000 women and 500 men) households per arm - for a total of 3,000 households overall in the survey.

Component 2 - Girl's Club Survey: In order to provide complementary information to the main community-based survey, a smaller survey of girl's clubs participants will be undertaken. The program expects to target approximately 320 girls (16 clubs with approximately 20 participants per group - aged 10-19). Given the limited number of girls enrolled in girl's clubs, the research team will attempt to survey all participants for an estimated sample of 320.

Component 3 - School-based Survey: In addition, a self-administered questionnaire will be given to a sample of participants in 3 schools in the intervention area where the RP program is being employed, as well as 3 schools from the comparison community (matched on characteristics, such as size, student composition, state/private, etc). The average number of pupils in schools in the area is 200 students. The research team will randomly select 3 classes within each school to administer the questionnaire - for a total sample size of 120 per school. The questionnaire will be administered in 3 schools per arm for a total of 720 questionnaires across the entire study (360 per arm).

Qualitative:

Components 1, 2, 3, & 4: For all qualitative data collection, purposeful sampling will be used to ensure a wide breadth of knowledge and experience. Additional respondents may be found through snowball sampling if required. It is expected that the focus groups will include specific groups of women, men, girls and boys. Key informant interviews will focus on stakeholders, including community activists, teachers, girl's clubs leaders, community leaders, and service providers.

Data Analysis

Quantitative

Components 1, 2, 3, & 4: The quantitative data from the study will be analyzed using descriptive statistics as well as bivariate and multivariate statistical methods. Descriptive statistics will be used to present the data on social norms, VAWG, and exposure to the program. Bivariate (t-tests, chi-square) and multivariate regression will be used to compare the situation in the intervention and comparison communities at baseline, midterm, and endline. For each endpoint our main analytic model will use a difference-in-difference specification:

$$Y_{ij} = \beta_0 + \beta_1 \text{Time1}_{ij} + \beta_2 \text{Time2}_{ij} + \beta_3 \text{Treat}_j + \beta_4 \text{Treat}_j * \text{Time1}_{ij} + \beta_5 \text{Treat}_j * \text{Time2}_{ij} + X_{ij} \gamma + u_j + e_{ij}$$

Where i indexes the individual and j indexes the community; Time1 and Time 2 are dummy indicators of midline and endline (baseline serves as the reference); Treat is a dummy indicator of being an intervention as opposed to control community; X is a vector of individual-level control variables, including age, marital status, parity, and household wealth; and u_j is a community fixed effect. The coefficients β_4 and β_5 measure the extent to which the expected value of Y increased more in intervention than in control communities between baseline and midline and between baseline and follow-up.

Qualitative

Components 1, 2, 3 & 4: Interviews and FGDs from the qualitative study will be captured by note takers, translated and transcribed. The data analysis will be carried out by GWI using the software Atlas.ti. GWI researchers will use a combination of a priori and grounded theory to develop and assign codes to the data. The information gathered through the interviews and FGDs will allow the researchers to further document the situation of women and girls in Southeast Haiti as well as the impact of the RP program.

Participatory and Gender Approach

The evaluation will apply a participatory approach that will involve beneficiaries - women and girls in the intervention communities, in particular - in the design and implementation of the research, as well as in the interpretation and dissemination of findings. GWI, BB, and local partners have been working closely on the development of the research protocol and data collection tools, both to ensure that the design is relevant in the local context and to strengthen local capacity. Local stakeholders, community-based organizations, and local authorities will be involved in the planning and implementation stages through the creation of a TAG, which will be invited to provide input during each stage of the process.

The following principles will also be adhered to throughout the evaluation process: 1) engage women and girls who reflect the diversity of the primary beneficiaries; 2) engage community members and researchers in a joint process in which each will contribute equally; 3) facilitate a co-learning process; 4) involve systems development and local capacity building; 5) facilitate an empowering process that validates participants' experiences, ideas, and opinions and through which they can increase control over their lives; and 6) achieve a balance between research and action.¹⁴ This approach will ensure that the data and findings are relevant and useful not only for the program evaluation, but also for local stakeholders and program managers.¹⁵

The evaluation will also apply a gender approach to achieve the ultimate goal of the program: to transform the underlying roots of gender inequality. Following Patton¹⁶, this evaluation will have five components that characterize a broadly defined gender approach. These include: 1) a central focus on gender inequalities; 2) the conceptualization of inequality based on gender as systemic and structural; 3) the recognition that information and knowledge are powerful resources; 4) the acknowledgement that the evaluator is not "neutral" but brings specific experiences, sensitivities, awareness, and perspectives; and 5) the acknowledgement that evaluation is not merely a technical activity but is political.

Research Uptake

The aim of the research uptake strategy for this study is to ensure the translation of research to action. To ensure that the results of this evaluation inform not only the RP model, but also future adaptation and implementation of community mobilization interventions, GWI will consult with BB, the TAG, and other stakeholders and end users of our research to develop effective communications and dissemination activities. Such activities can include online communications and media, conferences, working groups, and mass media campaigns.

Adequate attention must be given to disseminating results at the local, national, and international levels. This process will include initial reports of baseline results, regular six-month reports of the process, and a final report, which includes strategies for scaling up and adaptation to other settings. Products could also include articles in peer-reviewed journals, policy notes, working papers, and other informative documents disseminated both in print form and electronically. Presentations (workshops, conferences, seminars, etc.) at the national and international levels should also be considered. These may include presentations at the Commission on the Status of Women, appropriate global seminars and international events on prevention, community safety, women's rights, children's rights, and urban planning, governance and safety, as well as through regional events organized by local networks working in VAWG and public safety.

14 Ellsberg, M; Heise, L. (2005). *Researching Violence against Women: A Practical Guide for Researchers and Activists*. Washington, D.C.: PATH, WHO.

15 An example of how we have put these principles into action is found in the following article: Ellsberg, M. et al. (2009). *Using Participatory Methods for Researching Violence Against Women: An experience from Melanesia and East Timor*. The article is attached to this proposal.

16 Patton, M. (2002). *Qualitative Research and Evaluation Methods*. Thousand Oaks, California: SAGE Publications.