Gender-based violence within the context of intimate partners is a complex, global problem. Beautiful Home, a pilot test of a community-based intervention intended to decrease intimate partner violence by reducing men’s alcohol consumption, highlights a new approach that can improve the well-being of women and children worldwide.

Problem

Intimate Partner Violence (IPV) is a fundamental injustice that violates women’s basic rights and affects the mental and physical well-being of survivors, their families, and broader communities. While many circumstances can contribute to violence, researchers working in intimate partner violence have long recognized that alcohol consumption is an important factor. Anecdotal and empirical evidence demonstrates that men returning home after a night of drinking are more prone to aggression, increasing the risk of violence toward their partners.

A promising intervention to reduce alcohol consumption in Chennai, India devised by one of our academic affiliates, Frank Schilbach, showed that giving rickshaw drivers an incentive (in the form of money in a savings account) to stay sober during the workday reduced daytime drinking. This is one of a handful of very effective interventions to reduce alcohol use, but only a small fraction of these interventions were tested for their effectiveness in reducing IPV. Of these, very few have been tested in developing countries, where they’re needed the most. In fact, relatively few programs anywhere have attempted to reduce IPV by targeting alcohol use.

We wanted to know: can reducing men’s drinking prevent violence against women? To find out, we developed and tested a novel approach to reducing alcohol use and IPV based on Schilbach’s work and behavioral couples therapy programs, which have shown great promise in high-income countries. We also teamed up with Research Triangle Institute, Saint John’s Research Institute and a local community development organization, APSA. We conducted a pilot in Bangalore, India, to develop new insights on reducing alcohol use and IPV specifically in low-resource settings.

Solution

We developed and tested a two-pronged intervention aimed at reducing male alcohol consumption and preventing IPV based on evidence that: 1) incentive-based interventions have successfully reduced alcohol consumption by compensating men for sobriety and stimulating immediate behavior change and 2) behavioral couples therapy (BCT) interventions have been shown to successfully reduce alcohol use and IPV by building skills and strategies to sustain behavior change over time. BCT helps both partners identify and practice specific behaviors that contribute to a positive relationship, such as expressing gratitude or controlling aggression.
We conducted a pilot in Bangalore, India over the course of four to six weeks with 60 couples. There were two treatment arms and a control arm (20 couples in each arm). In the first treatment arm, men were given a cash incentive to be sober at night for four weeks (sobriety was measured through regular breathalyzer tests). In the second, men were incentivized to be sober at night, and they also participated in four behavioral couples therapy (BCT) sessions with their wives. The BCT sessions were conducted by lay counselors. We ran a randomized pilot to test the feasibility and effectiveness of our intervention on drinking and intimate partner violence.

Results

We saw a decrease in alcohol consumption in both intervention arms that were incentivized to be sober at night, with an even larger reduction among men who also participated in BCT. This aligns with Schilbach’s original finding that incentives reduce alcohol consumption in low-resource settings, and suggests that pairing incentives with BCT has added benefits for alcohol reduction interventions.

Additionally, violence reported by women decreased in both treatment arms four months after the intervention ended. Using an adaptation of the Indian Family Violence and Control Scale we found an 11-point lower score in the incentives-only group and 13-point lower score in the BCT arms compared to baseline. These differences on the scale represent a 30% and nearly 50% decrease in violence respectively. The decreases in scores were driven by men being less controlling of their female partners, which may have resulted from improved communication skills and emotional regulation that are both hindered by drinking. While the reduction was greater among men who were incentivized to be sober at night and participated in BCT, it’s important not to overlook the significance that incentivizing men to stop drinking—without any other intervention aimed at addressing violence—significantly reduced intimate partner violence. Alcohol use alone can be an important lever for reducing intimate partner violence.

Takeaway

Globally, 35% of women have experienced gender-based violence and the vast majority is perpetrated by partners; 30% of ever-partnered women have experienced violence at the hands of their partner. Despite the staggering number of women who experience IPV, evidence-based strategies to reliably reduce violence are lacking. The promising results from this pilot in India demonstrate that when men drink less at night, women experience less violence.

The impact of this intervention is underscored by the facts that couples only attended four weeks of BCT counseling led by non-professional lay counselors (most successful programs have 8-12 sessions and are led by professional counselors), and that the study was intended to demonstrate feasibility, not measurable impact. Nonetheless, the reduction in violence and alcohol use were both statistically significant, highlighting the impact of the intervention. These results can be used by people and organizations working to prevent intimate partner violence to strengthen programs that reach the hundreds of millions of women experiencing violence worldwide.