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Involving youth in planning and implementing actions to reduce intimate partner violence and suicide in Botswana

Submission date
29/06/2026

Recruitment status
Not yet recruiting

Registration date
30/06/2026

Overall study status
Ongoing

Last Edited
30/06/2026

Condition category
Other

[X] Prospectively registered
[_] Protocol
[_] Statistical analysis plan
[_] Results
[_] Individual participant data
[X] Record updated in last year

Plain English summary of protocol

Background and study aims
Violence among youth is a common problem in Botswana society. This includes violence against young women, often by their partners, and suicide, especially among young men. Children growing up in Botswana come to see violence as a reaction to problems, and a normal part of life. There is a culture of violence. Our study aims to work with youth to understand what they see as the causes of violence against young women and suicide, measure how often these violent outcomes occur, and co-design and implement local actions to prevent both outcomes.

Who can participate?
The study will take place in six rural communities in Botswana. Young people aged 16-29 years and children aged 10-15 years in school will complete a questionnaire. And some young people in the communities will help to design materials to share the survey findings. Dialogue groups of youth and others in each community will consider the findings and plan actions to tackle local causes of violence.

What does the study involve?
1. Young women and young men, and other stakeholder groups, in three of the six communities will map out their perceived causes of violence against young women and suicide
2. Youth (aged 16-29 years in households and 10-15 years in school) will complete a survey in all six communities to measure their recent experience of violence, suicidal thoughts, and other things associated with these outcomes
3. In three of the communities, young people will help to design materials to share the findings of the mapping and survey. Dialogue groups of young people and other stakeholders will consider the findings and plan and implement local solutions
4. After about one year, we will repeat the household and school surveys in all communities and the research team will shift intervention efforts to the other three communities. Once again, they will map out their ideas of causes of the violent outcomes and discuss ways to tackle thee concerns
5. After a further one year, we will repeat the household and school survey in all communities
6. We will compare the violent outcomes, as well as related attitudes and intentions, from

before to after the intervention period, among those in the three immediate intervention communities and those in the delayed intervention three delayed intervention communities. We will also measure how well the intervention took place and how feasible and acceptable it was in these communities

What are the possible benefits and risks of participating?
Young people who participate in the study directly, though mapping out causes of violence or joining community dialogue and action groups, will gain knowledge about the problem of youth violence and possible solutions. According to our previous work, they may also experience improvements in self-esteem and communication skills. If the intervention works as intended, this could lead to reduced rates of youth violence (suicide and violence against young women) throughout the study communities, or at least to changes in attitudes that could later lead to reduced violence.
The risks of participating are minimal. It is possible that through responding to a questionnaire, or participating in mapping or dialogue groups, could stir up painful memories for youth who have experienced violence. We have support available for anyone who feels upset by any aspect of their participation.

Where is the study run from?
The study is run by CIET Trust Botswana, a local non-profit organisation that undertakes community-based participatory research in Botswana, in partnership with McGill University in Montreal, Canada.

When is the study starting and how long is it expected to run for?
The mapping of causes of violence by community groups took place at the beginning of 2026. We expect the surveys in households and schools to take place from the beginning of 2027. Dialogue and actions groups will take place during 2027 and 2028, with a final survey in early 2029.

Who is funding the study?
The study is funded under a project grant from the Canadian Institutes of Health Research (CIHR).

Who is the main contact?
The Nominated Principal Investigator and main contact for the study is Dr Anne Cockcroft, who is based in Botswana.
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Contact information

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Study information

Scientific Title
A pilot dialogic intervention supporting youth to co-design prevention of gendered personal and interpersonal violence in Botswana: youth REverse the Culture Of ViolEnce

Acronym
youth RECOVER

Study objectives
This is a mixed-methods study. The pilot trial of the intervention corresponds the third objective of the overall study.

The specific objectives of the overall study are:
1. Collate perceptions of youth, including LGBTIQ+, and other stakeholders about causes and protectors for IPV and suicide, and contextualize international literature with their perceptions
2. Among youth, including LGBTIQ+, quantify IPV and suicide ideation, mental health problems, attitudes about violence and gender, and locally identified risk factors
3. Pilot an evidence-based dialogic intervention to discuss the evidence with youth, including LGBTIQ+, and other stakeholders who will plan and implement actions to reduce IPV and suicide, and evaluate the feasibility and potential impact of this pilot dialogic intervention

Ethics approval required
Ethics approval required

Ethics approval(s)
1. Approved 07/08/2025, Health Research and Development Committee, Ministry of Health, Botswana (Private Bag 0038, Gaborone, Private bag 0038, Botswana; +267 236 2500; hhealthresearch@govbots.onmicrosoft.com), ref: HPRD: 6/14/1

2. Approved 18/08/2025, Faculty of Medicine Institutional Review Board, McGill University (Office of the Vice-President, Research & Innovation McGill University James Administration Building 845 Sherbrooke Street West, room 325, Montreal, H3A 0G4, Canada; +1 (514) 398-5410; daniel.tesolin@mcgill.ca), ref: 25-04-036

Primary study design
Interventional

Allocation
Randomized controlled trial

Masking
Open (masking not used)

Control
Active

Assignment
Crossover

Purpose
Prevention

Study type(s)

Health condition(s) or problem(s) studied
Prevention of intimate partner violence and suicide among youth in Botswana

Interventions
The intervention is support for evidence-based dialogue between stakeholders in the study communities. It draws on the Socialising Evidence for Participatory Action (SEPA) protocol developed to support community engagement on health concerns. SEPA hinges on evidence-based dialogue; groups of stakeholders discuss local evidence and decide on actions to tackle a common concern. Actions vary from place to place; the protocol for sharing and discussing

evidence is standard and can be randomised. The local research team, themselves young women and men, will work with a small group of young women and men recruited from youth groups in the study area to co-design and co-create tools to present data from the initial elements of the overall study to dialogue groups in each community. The evidence shared will be from stakeholder mapping of perceived causes and protectors for intimate partner violence (IPV) and youth suicide, and from a baseline survey of these outcomes and related factors among youth in households and schools.

Allocating the intervention
The unit of randomisation will be community. We will identify three pairs of similar communities, purposively chosen to be accessible from the capital, in a district close to Gaborone. A member of the research team not involved in implementation of the study will manually randomly allocate one of each pair of communities to immediate intervention and the other to delayed intervention.

Implementing the intervention
The local research team and local youth will share the findings about youth IPV and suicide, using the video docudramas and other materials, to spark discussions with community stakeholder groups: girls and boys in schools, young women and men, older women and men, community leaders, and service providers. In each community the research team will hold two-day workshops to support youth (aged 16 years and above) to create Cellphilms (short 1-5-minute videos produced with a cellphone) depicting their perspectives and experience about youth IPV and suicide. The local research team and young Cellphilm creators will then screen the Cellphilms and docudramas to meetings of youth, parents, community leaders, and service providers and facilitate discussion of the issues depicted in the Cellphilms and docudramas.

After sharing the docudramas and Cellphilms with the combined group of stakeholders, the research team will facilitate separate meetings of groups of stakeholders: school-going youth, other youth, adults, community leaders and service providers. Each stakeholder group will prioritise issues to be tackled to reduce youth IPV and suicide. The research team will then facilitate combined meetings of the different groups to discuss shared priorities and create an ongoing community dialogue group or groups to continue to discuss the issues and to plan and implement actions to address priority concerns. In combined meetings the facilitators will ensure they give young people, especially young women and girls, protected speaking time. Once the ongoing dialogue groups have been set up, the research team will support their activities. Community members will decide on group composition and meeting arrangements; details will vary between communities.

The pilot intervention will take place over about 12 months in the three immediate intervention communities and then switch to the three delayed intervention communities for the next 12 months. The delayed intervention communities will serve as the controls for the immediate intervention communities.

Intervention Type
Behavioural

Primary outcome(s)
1. Experience and perpetration of intimate partner violence in the previous 12 months among youth aged 10-15 and 16-29 years measured using validated questions in household and school survey at baseline, after 12 months (after immediate intervention period), and after 24 months (after delayed intervention period)

2. Suicide ideation and behaviour in the previous 12 months among youth aged 10-15 and 16-29 years measured using validated scales in household and school survey at baseline, after 12 months (after immediate intervention period), and after 24 months (after delayed intervention period)

Key secondary outcome(s)

Completion date
01/04/2029

Eligibility

Key inclusion criteria
For the household survey of impact of the community intervention:
1. Age 16-29 years
2. Living in one of the study communities
3. Able to complete the administered survey questionnaire
4.Give informed consent

For the school survey:
1. Age 10-15 years
2. In top two years of primary school or first year of junior secondary school
3. Able to complete facilitated self-administered questionnaire
4. Give assent to participate and parents do not opt-out their participation

Healthy volunteers allowed
Yes

Age group
Mixed

Lower age limit
10 Years

Upper age limit
29 Years

Sex
All

Total final enrolment
0

Key exclusion criteria
For the household survey of impact of the community intervention:
1. Outside target age range
2. Not living in one of the study communities
3. Not able to complete the administered survey questionnaire

For the school survey:
1. Outside target age range
2. Not present in school on the day of the survey
3. Not able to complete facilitated self-administered questionnaire

Date of first enrolment
01/12/2026

Date of final enrolment
01/07/2027

Locations

Countries of recruitment
Botswana

Study participating centre
CIET Trust Botswana
PO Box 1240
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Sponsor information

Organisation
McGill University

ROR
https://ror.org/01pxwe438

Funder(s)

Funder type

Funder Name
Canadian Institutes of Health Research

Alternative Name(s)
Instituts de Recherche en Santé du Canada, The Canadian Institutes of Health Research (CIHR), Canadian Institutes of Health Research (CIHR), Canadian Institutes of Health Research | Ottawa ON, CIHR - Welcome to the Canadian Institutes of Health Research, CIHR, IRSC

Funding Body Type
Government organisation

Funding Body Subtype
National government

Location
Canada

Results and Publications

Individual participant data (IPD) sharing plan

IPD sharing plan summary
Not expected to be made available