



WhatWorks

TO PREVENT VIOLENCE

Violence Against Women and Girls  
in Conflict and Humanitarian Crises

## Evidence brief

What works to prevent and respond to violence against women and girls in conflict and humanitarian settings?

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Maureen Murphy, Diana Arango, Amber Hill, Manuel Contreras, Mairi MacRae, and Mary Ellsberg

# Abbreviations

<b>CI</b>	Confidence Interval	<b>TAT</b>	Talking about Talking
<b>DfiD</b>	Department for International Development	<b>UN</b>	United Nations
<b>DRC</b>	Democratic Republic of the Congo	<b>UNHCR</b>	United Nations High Commissioner for Refugees
<b>EA\$E</b>	Economic and Social Empowerment for Women	<b>UNICEF</b>	United Nations Children's Fund
<b>FGM</b>	Female Genital Mutilation	<b>UNFPA</b>	United Nations Population Fund
<b>FORAL</b>	Foundation RamaLevina	<b>VAWG</b>	Violence Against Women and Girls
<b>GBV</b>	Gender-Based Violence	<b>VSLA</b>	Village Savings and Loan Association
<b>GBVIMS</b>	Gender-Based Violence Information Management System	<b>WHO</b>	World Health Organization
<b>IASC</b>	Inter-Agency Standing Committee		
<b>IDP</b>	Internally Displaced Person/Population		
<b>IPV</b>	Intimate Partner Violence		
<b>IRC</b>	International Rescue Committee		
<b>MHPSS</b>	Mental Health and Psychosocial Support		
<b>OCHA</b>	Office for the Coordination of Humanitarian Affairs		
<b>PTSD</b>	Post-Traumatic Stress Disorder		
<b>SEA</b>	Sexual Exploitation and Abuse		

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# 1. Summary

Women and girls are at increased risk of violence in conflict and humanitarian crises due to displacement, the breakdown of social structures, a lack of law enforcement, the potential further entrenchment of harmful gender norms, and the loss of livelihood opportunities for both men and women in the community, among other reasons.<sup>1</sup> Despite this, little is known about the prevalence of violence against women and girls (VAWG) during times of conflict and humanitarian emergencies. The existing evidence base is weak, with many studies employing non-probability sampling methodologies or under-powered sample sizes.<sup>2,3</sup> However, the available evidence suggests that VAWG, particularly intimate partner violence (IPV), is a considerable problem during times of conflict and humanitarian crises.<sup>2</sup>

In addition to this lack of prevalence data, there is little robust evidence on what works to prevent and respond to VAWG during conflict and humanitarian emergencies. Promising practices are, however, beginning to emerge. While few rigorous evaluations have been conducted in these settings, the available evidence suggests that the most successful programmes are multifaceted, address underlying risk factors, and actively engage all community members (not only survivors and/or perpetrators). Key areas for further study include: assessing effectiveness and identifying best practices for service delivery for survivors as well as rigorous evaluations of prevention programmes including multi-component interventions and economic empowerment programmes.

Overall, the available evidence on VAWG in conflict and humanitarian settings raises key questions for practitioners and policy-makers. While further evidence and measurement is needed on exactly how conflict and displacement affect different forms of VAWG, the available evidence suggests that the types of VAWG prevalent in conflict and humanitarian settings are not dissimilar to VAWG in non-emergency settings – with violence perpetrated by an intimate partner the most common form of violence facing a woman.<sup>2</sup> As such, approaches that have had success in decreasing VAWG in non-conflict settings, and target underlying unequal gender norms and practices, may also be applicable in conflict and humanitarian settings. These programmes will need to be adapted to humanitarian contexts (e.g. camp settings, urban displacement, mobile populations etc.) and to address some of the drivers of VAWG that are particularly acute during times of crisis, such as extreme poverty, through particular emphasis on economic empowerment and communication/conflict management skills. More rigorous research, both on the effect of conflict and humanitarian crises on VAWG and the types of interventions that are effective in preventing and responding to violence, is still needed in order to increase our understanding of VAWG, during times of conflict and humanitarian crises.

## 2. Review of systematic reviews

### 2.1 Introduction

The objective of this evidence brief is to **provide a succinct overview of the existing evidence on the prevalence of VAWG and on promising and emerging practices that prevent and respond to VAWG in conflict-affected and humanitarian settings.** This brief does not aim to provide an exhaustive representation of the literature, but instead a **targeted summary of recent systematic and literature reviews** that specifically focus on VAWG during times of conflict and humanitarian crises.<sup>2-8</sup>

A total of seven reviews are included in this brief. Two of these reviews, one by Stark and Ager<sup>2</sup> and the other by Vu et al.,<sup>3</sup> discuss the prevalence of VAWG in conflict-affected settings. Vu's review specifically focuses on the prevalence of sexual violence and includes a meta-analysis\* of the global estimate of sexual violence prevalence in complex humanitarian emergencies,† while Stark and Ager focus on the differing types of VAWG that occur in these settings.

The next review, Spangaro et al.<sup>5</sup>, focuses on the existing evidence of interventions that reduce both the risk and incidence of sexual violence in humanitarian settings. Holmes and Bhuvanendra<sup>4</sup> and Asgary et al.<sup>6</sup> then look more broadly at interventions that address multiple forms of VAWG. The final two reviews, Tol et al.<sup>7</sup> and Stavrou<sup>8</sup>, focus specifically on the effectiveness of psychosocial interventions on reducing distress and improving well-being in survivors of VAWG in conflict-affected settings.

While the seven articles<sup>2-8</sup> vary in their definition on what constitutes a conflict or humanitarian setting, this evidence brief includes information on interventions involving both **refugees and internally displaced populations (IDPs) affected by conflict, as well as other groups of women and girls who have been affected by natural disasters and/or severe food insecurity.** The articles also focus on several different types of violence, including: **non-partner sexual violence, intimate partner sexual/physical violence, and harmful practices and social norms.**

### 2.2 Assessing the quality of reviews

As part of each review, the authors provided their own assessment of the quality of the studies included in their articles which can be summarised here along with key overall trends. For the two articles focusing on prevalence of VAWG, non-probability sampling methods and under-powered samples (due to VAWG not being the principal outcome under investigation) were common issues affecting study quality.<sup>2,3</sup> The use of differing definitions as well as recall periods also hampered the comparability of prevalence data. Temporality is also difficult to establish, particularly when the time of the violent event was not recorded, making it difficult to draw conclusions on the associations between conflict and prevalence of VAWG in general or conflict and different types of VAWG (e.g. IPV, non-partner assault, forced marriage, etc.).

For reviews focusing on interventions,<sup>4-8</sup> several included studies that did not measure violence as the primary outcome. The authors did not report how this ultimately affected their final sample size, and as a result, potentially underpowered their studies. Of the five intervention-focused reviews, only two documented their process for assessing the quality of the included studies<sup>5,7</sup> and generally rated the studies included in their reviews as low or medium quality. One review used an assessment of study quality as part of the inclusion criteria but did not detail the specific process utilised.<sup>8</sup> The final two reviews did not assess the quality of the included studies, one because no study met the inclusion criteria<sup>6</sup> and one, a literature review,<sup>4</sup> that did not detail their inclusion criteria or assess quality. A summary of the key points included in each review's assessment of the quality of evidence included in their reviews can be found in Table 2.

\* The meta-analysis pools together prevalence estimates from various studies that meet a pre-established set of inclusion criteria.

† The Office for the Coordination of Humanitarian Affairs (OCHA) defines a complex emergency as a humanitarian crisis in a country, region or society where there is total or considerable breakdown of authority resulting from internal or external conflict and which requires an international response that goes beyond the mandate or capacity of any single agency and/or the ongoing United Nations (UN) country programme.

## 2. Review of systematic reviews

**Table 1: Summary of articles reviewed**

Authors	Type of article	Outcome of interest	Population of interest	Countries included	Key results
<b>Stark &amp; Ager (2011)</b> <sup>2</sup>	Systematic review	Estimates of incidence or prevalence of VAWG	Women living in complex emergency settings	5 Africa, 5 Asia, 3 Eastern Europe, 2 Middle East, 2 Latin America*	Rates of VAWG are high in complex emergencies. <b>IPV is often more prevalent</b> than non-partner sexual violence in emergency settings.
<b>Vu et al. (2014)</b> <sup>3</sup>	Systematic review, meta-analysis	Estimates of prevalence of sexual violence	Female refugees and IDPs or those displaced by conflict	7 Africa, 3 Asia, 3 Eastern Europe, 1 Middle East	Sexual violence <b>prevalence of 21.4%</b> (95% confidence interval: 14.9-28.7) was estimated using a random effects model.
<b>Holmes &amp; Bhuvanendra (2014)</b> <sup>4</sup>	Literature review	Risk, incidence, and prevalence of VAWG	Survivors and perpetrators of VAWG in emergency settings	6 Africa, 1 Asia, 1 Middle East, 1 Caribbean	Several <b>promising and emerging practices exist</b> (culturally/socially sensitive, integrated, various forms of VAWG).
<b>Spangaro et al. (2013)</b> <sup>5</sup>	Systematic review	Interventions that reduce risk and incidence of sexual violence	Survivors and perpetrators of sexual violence in humanitarian settings	11 Africa, 2 Asia, 1 Eastern Europe, 1 Caribbean	Most promising interventions are those that <b>engage the entire community</b> .
<b>Asgary et al. (2013)</b> <sup>6</sup>	Systematic review	Effective strategies to prevent and address the consequences of VAWG	Female refugees and IDPs displaced within or outside their own countries	<i>n/a</i>	<b>No articles met the inclusion criteria</b> of evaluating the prevention or treatment/management of VAWG and its health consequences in displaced populations.
<b>Tol et al. (2013)</b> <sup>7</sup>	Systematic review	Effectiveness of mental health and psychosocial support interventions	Populations exposed to sexual and other forms of gender-based violence (GBV) in the context of armed conflicts	4 Africa, 1 Eastern Europe, 1 Western Europe, 1 US	There is <b>tentative evidence</b> to suggest that Mental Health and Psychosocial Support (MHPSS) interventions are effective for survivors of VAWG in conflict-affected contexts. It is feasible to evaluate these programmes in collaboration with humanitarian organisations. <b>More robust evaluations are needed.</b>
<b>Stravrou (2013)</b> <sup>8</sup>	Systematic review	Interventions that prevent psychosocial distress and strengthen well-being	Female survivors of sexual violence in conflict-affected settings	4 Africa, 1 Eastern Europe,	Despite a <b>limited evidence base</b> , <b>several promising practices exist</b> to reduce psychosocial distress and strengthen well-being.

\* In addition, one article included in Stark and Ager's paper was itself a wider summary of data from 50 conflict and non-conflict affected countries. These countries are not reflected in this breakdown as the review does not detail all 50.

**Table 2: Quality of evidence**

Review	Number of articles	Quality of the evidence – key points in each review
<b>Stark &amp; Ager<sup>2</sup></b>	10	<ul style="list-style-type: none"> <li>▶ Very few studies implemented sampling methodologies that were generalisable to the larger populations under investigation.</li> <li>▶ Most articles did not report response rates and, of those that did, response rates were low.</li> <li>▶ Differing recall periods were employed.</li> </ul>
<b>Vu et al.<sup>3</sup></b>	19	<ul style="list-style-type: none"> <li>▶ Almost half of the assessed studies (8) utilised non-probability sampling methodologies.</li> <li>▶ Over half the assessed studies did not have appropriate sample sizes to measure the prevalence of sexual violence as the principal aim of the study.</li> <li>▶ Definitions of VAWG and recall periods varied.</li> </ul>
<b>Holmes &amp; Bhuvanendra<sup>4</sup></b>	15	<ul style="list-style-type: none"> <li>▶ No author assessment of quality.</li> </ul>
<b>Spangaro et al.<sup>5</sup></b>	40	<ul style="list-style-type: none"> <li>▶ Only half of the included studies measured outcomes of the interventions. The remaining 20 discussed only intervention implementation rather than outcomes.</li> <li>▶ 14 of the 20 studies that reported outcomes had a low or medium-low Weight of Evidence rating based on an assessment of the studies' soundness of method, appropriateness of study type, relevance of the topic to the review question, and overall weight of evidence that can be attributed to the results of the study.</li> </ul>
<b>Asgary et al.<sup>6</sup></b>	0	<ul style="list-style-type: none"> <li>▶ No studies met the inclusion criteria for the review. The studies that were assessed were not about refugees or IDPs, did not define or measure outcomes, did not include primary data, were not about GBV, did not describe treatment or prevention strategies and did not include baseline data for comparison.</li> </ul>
<b>Tol et al.<sup>7</sup></b>	7	<ul style="list-style-type: none"> <li>▶ 5 of the papers were assessed using the Downs &amp; Black's checklist for the assessment of the methodological quality of health care interventions. A mean score of 13.8 (range: 12 – 16) out of 27 total points was achieved. 2 case studies included in the review were not assessed for quality.</li> </ul>
<b>Stravrou<sup>8</sup></b>	5	<ul style="list-style-type: none"> <li>▶ Detailed assessments of study quality were not described in the review. However, the author notes that the studies were reviewed to ensure "Adequate study design and outcomes measures indicating a measure of internal validity and to allow conclusions to be drawn regarding program effectiveness."</li> </ul>

## 3. What do we know? Key available evidence

### 3.1 Prevalence: Estimates

There is limited available evidence on the prevalence of VAWG in conflict and humanitarian settings. Vu and colleagues<sup>3</sup> conducted a systematic review and meta-analysis specifically examining sexual violence in conflict-affected settings. This review found an estimated **prevalence of sexual violence among refugees and displaced persons in complex humanitarian emergencies of 21.4%** (95% confidence interval: 14.9-28.7).<sup>\*</sup> This suggests that approximately one in five women who are refugees or otherwise displaced by conflict experience sexual violence. However, this figure should be interpreted cautiously as it is most likely an underestimation of the true prevalence as experiences of violence tend to be under-reported in surveys.<sup>3,4</sup> In addition, the heterogeneity among the studies included in the meta-analysis was very high ( $I^2 = 98.3$ ), making it difficult to draw strong conclusions from this overall estimate.<sup>3</sup>

The systematic review conducted by Stark and Ager<sup>2</sup> also examined prevalence of VAWG in complex emergencies. They found a wide range of prevalence data for VAWG that did not allow for firm conclusions to be drawn due to the difficulty in directly comparing the reviewed studies, because of the variability in recall periods, VAWG definitions – or lack of clearly stated definitions of VAWG – and sampling methodologies. In addition, two of the articles included in the review were themselves syntheses of data from studies conducted in both conflict and non-conflict affected countries, limiting the connections that can be drawn between conflict and rates of violence. However, despite these limitations, the authors were able to identify some trends. There is some evidence to suggest that rates of VAWG increase during times of conflict, though the connection is primarily seen between rates of non-partner assault and times of conflict.<sup>2</sup> Data on the connections between rates of IPV and conflict is mixed, however the authors conclude that, even during emergency settings, **IPV is more prevalent than non-partner sexual assault (war-time rape)**.<sup>2</sup> Key prevalence data presented in these reviews can be found in Table 3.

### 3.2 Prevalence: Ethics

The articles reviewed for this brief, as well as existing guidelines on ethical practices for researching VAWG,<sup>16,17,18</sup> highlight several best practices for collecting accurate and useful prevalence data on VAWG in conflict and humanitarian settings. The safety and well-being of both research staff and respondents is paramount for any data collection exercise. Questionnaires should be pilot tested and implemented by trained and sensitised individuals (including training on gender and VAWG) ensuring safety, privacy, and confidentiality. To protect the respondents, the survey should be referred to as a women's health and life event study – rather than a study on violence. Likewise, verbal consent, rather than written, should be used to protect the respondent from any repercussions. Appropriate referral services (in particular for psychosocial care), for survivors of VAWG or anyone for whom participation in the research causes distress, need to be available before any research can begin.<sup>16,17,18</sup>

While ensuring adherence to agreed safety and ethical standards researchers should strive to use probability-based sampling to ensure a representative and sufficient sample size of the population being studied.<sup>17</sup> Common definitions and standardised methodologies, agreed upon by a group of experts, would help in ensuring results are comparable across various settings.<sup>2,3</sup> Researchers should collect as much relevant information as possible, while being careful not to overburden staff or re-traumatise survivors. Since VAWG is a highly sensitive subject, researchers should be particularly careful to monitor any negative unintended consequences of the collection of data and the study in general.<sup>2</sup>

\* Recall periods for the articles used in the meta-analysis range from 6 months to lifetime.

Collecting prevalence data in humanitarian settings is particularly challenging and can risk shifting emphasis away from lifesaving service provision. International guidelines such as the 2015 Inter-Agency Standing Committee (IASC) Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action, which target humanitarian actors rather than researchers, note that collecting prevalence data on GBV in emergencies “is not advisable due to methodological and contextual challenges related to undertaking population-based research on GBV in emergency settings (e.g. security concerns for survivors and researchers, lack of available or accessible response services, etc).”<sup>19</sup> There are important considerations for undertaking large-scale population-based surveys during conflict or acute emergencies. The resources and time required to undertake truly rigorous research can be considerable and may take away from the limited resources available for service delivery. The costs and benefits of undertaking such research in acute emergency or conflict settings must be considered before any efforts are undertaken.

In addition, it is important to note that practitioners and donors should not wait for prevalence data or ‘verified’ incidence of GBV before funding and providing services for VAWG survivors in humanitarian contexts. As VAWG is under-reported worldwide, humanitarian actors should assume that VAWG is occurring and treat it as a serious and life-threatening problem regardless of the presence or absence of concrete evidence.<sup>4,19</sup> Further, collecting data on VAWG (such as prevalence data) without being able to provide adequate support services, which are often limited or not accessible in conflict and humanitarian settings, would violate internationally recognised ethical guidelines.<sup>16,17,18</sup>

Given these challenges, in some contexts using service-based data<sup>‡</sup> can be an acceptable alternative to prevalence surveys.<sup>20</sup> However, there are several limitations to this methodology, which should be clearly noted when reporting figures derived from service statistics. Limitations include: service-based data may be less likely to capture violence perpetrated by partners, potentially leading to inflated rates of non-partner VAWG<sup>2</sup>; cases of more severe violence needing medical attention may be over represented in medical services; and more stigmatised types of violence are less likely to be less reported to service providers. Data collected will vary by service provided; this variance in what is reported to which service provider can be analysed through safe data sharing among service providers (for example, using the inter-agency Gender-based Violence Information Management System or GBVIMS)<sup>§</sup> and is useful to better understand help-seeking behaviours of survivors and the strength of referral pathways.

In some circumstances, outside of acute emergencies, best practices and ethical considerations can be achieved, and data collection via population-based prevalence studies can be undertaken. Many conflicts persist for years leading to protracted complex emergencies where the displaced population is relatively stable and basic life-saving needs are met, for example long-term populations in refugee or IDP camps. In these cases, population-based data collection may be appropriate. Similarly, for returnee populations during post-conflict reconstruction, the conditions may be sufficient for safe and ethical prevalence research to be undertaken which could inform peacebuilding and statebuilding processes that address VAWG. Where it is possible for this research to be carried out, population-based surveys should collect not only data on the prevalence of VAWG but also on potential drivers and consequences of violence as well as the barriers to services. This rigorously collected population-based data will allow practitioners and policy-makers to understand the full extent of VAWG within a community and design the most appropriate prevention and response services.

‡ Service based data are data compiled from response services for survivors such as health clinic records or clients of psychosocial or legal support services.

§ The GBVIMS is multi-agency initiative (led by a global team consisting of the UN Population Fund (UNFPA), UN High Commissioner for Refugees (UNHCR), UN Children’s Fund (UNICEF), and the International Rescue Committee (IRC)) to standardise VAWG reporting and ensure confidential data sharing mechanisms.

### 3. What do we know? Key available evidence

**Table 3: Prevalence of VAWG in conflict and humanitarian settings<sup>\* †</sup>**

	Partner violence	Non partner violence	Combined/not specified
<b>Sexual violence</b>		<p>9% (n=991) of IDP respondents in Sierra Leone reported 1 or more war-related sexual assault experience.<sup>2,9</sup></p> <p>15% (n=205) conflict-affected respondents in Liberia reported that they had been raped, subjected to attempted rape, or sexually coerced by soldiers or fighters.<sup>2,15</sup></p> <p>22.7% (n=348) of conflict-affected respondents in East Timor reported sexual violence by non-family members during the crisis compared to 9.7% after the crisis ceased.<sup>2,12</sup></p>	<p>Prevalence of sexual violence was estimated at 21.4% (95% CI, 14.9%-28.7%) among refugees and displaced persons in complex humanitarian emergencies from 14 countries.<sup>3</sup></p> <p>4.3% (n=60; 95% confidence interval (CI) [2.7, 5.9]) of conflict-affected women in Kosovo reported experiencing rape in their lifetime.<sup>2,11</sup></p>
<b>Physical violence</b>	<p>42.5% (n=395) of female Palestinian refugee respondents reported physical violence in their lifetime; 48.9% of men (n = 133) reported ever perpetrating physical violence against their partner. Overall prevalence of lifetime beating was 44.7%.<sup>2,13</sup></p> <p>29.5% of Palestinian refugee men compared with 22% of women (n=417 married couples) reported that wife beating occurred at least once during their married life. 10.4% of men and 9.1% of women reported it happened during the past year.<sup>2,14</sup></p>	<p>24.2% (n=348) of conflict-affected women in East Timor reported experiencing physical violence by non-family members during the conflict; 5.8% reported experiencing it after the crisis ceased.<sup>2,12</sup></p>	
<b>Combined/not specified</b>	<p>75.9% (n=283) of conflict-affected respondents in Bosnia and Herzegovina were physically, psychologically, and sexually abused by their husbands in their lifetimes.<sup>2,10</sup></p> <p>52.7% of partnered conflict-affected women in East Timor experienced IPV in the year before the crisis or in the year prior to the survey (after the crisis).<sup>2,12</sup></p>	<p>49% (n=205) of conflict-affected respondents in Liberia reported experiencing at least one act of physical or sexual violence from a soldier or fighter in a 5-year period.<sup>2,15</sup></p>	

\* The data presented in this brief is limited to the available data from the included systematic reviews.

† Two studies from the examined reviews (Ellsberg et al., 2008 and Watts and Zimmerman, 2002)) were excluded from this table as they presented synthesised data from multi-country studies that primarily focused on non-conflict locations. One additional study (Khawaja, 2004) was excluded as it only presented data on community acceptance of VAWG rather than prevalence.

### 3.3 Interventions to prevent and respond to VAWG: Overview of evidence

Evidence is beginning to emerge on what works to prevent and respond to VAWG in humanitarian settings. Many different types of interventions have been implemented (see Table 4) to impact a wide spectrum of VAWG-related outcomes (i.e. improved mental/physical health, increased access to key services, change in attitudes/behaviours, and reduced incidence/prevalence of VAWG)

with varying results. The vast majority of the interventions have been focused on VAWG response and support services (secondary prevention interventions) for survivors rather than efforts to reduce new incidents of VAWG (primary prevention interventions).<sup>4,5,7,8</sup> However, the quality of the evidence on the effectiveness of these interventions is, as noted above, quite weak with most studies employing non-rigorous methodologies (lack of control groups, no randomisation, reliance only on limited qualitative data or field visit information, small sample sizes, lack of assessment of long term outcomes or impacts, etc.). This limits the conclusions that can be drawn based on the available evidence.

**Table 4: Effectiveness of VAWG interventions in conflict and humanitarian settings based on available evidence**

<b>Effective</b>	Sufficient evidence is not available to classify any intervention as “effective.”
<b>Promising</b>	<p>Multi-component interventions show promise, however few rigorous evaluations have been conducted.<sup>4,5,8, 24,42-47</sup></p> <p>Economic empowerment programming coupled with conflict management/communication skills programming has the potential to reduce violence while empowering women within the household.<sup>4,27</sup></p> <p>Evidence is available on programmes that change attitudes related to VAWG and gender norms. However, the long term outcomes have not been measured.<sup>4, 22-26, 55</sup></p> <p>Firewood distribution and fuel alternative programmes have been reported to reduce risk and incidence of sexual violence in camp based settings. However, they do not address IPV, which may be a greater threat for women during conflict.<sup>5, 29-31</sup></p> <p>Culturally appropriate individual and group counselling approaches may reduce psychological distress for survivors of VAWG.<sup>4,7,8, 36-37</sup></p> <p>Combined community-based psychosocial support and livelihoods support activities may reduce psychological distress and increase well-being for survivors of VAWG.<sup>8,38</sup></p>
<b>Conflicting</b>	<p>Legal support for survivors in areas with weak rule of law may contribute to survivor distress and re-traumatisation. Weak legal systems may not be equipped to provide needed support for survivors (confidentiality, etc.) and prosecutions of perpetrators are rare.<sup>4,5, 39-41</sup></p> <p>Programmes addressing Sexual Exploitation and Abuse (SEA),<sup>‡</sup> such as the Zero Tolerance Policy, have had limited reach and awareness in communities. However, in one case where reporting mechanisms were highly publicised, increased case reporting was seen.<sup>5,32,33</sup></p>
<b>Ineffective</b>	Economic empowerment programmes conducted without addressing protection concerns. Only one economic empowerment program without an associated protection component was included in the review and it was found to increase the vulnerability of participants to sexual violence. <sup>5,28</sup>

‡ Sexual exploitation is defined as “any actual or attempted abuse of a position of vulnerability, differential power, or trust, for sexual purposes, including, but not limited to, profiting monetarily, socially or politically from the sexual exploitation of another”; sexual abuse is defined as “the actual or threatened physical instruction of a sexual nature, whether by force or under unequal or coercive conditions” (UN Secretary General Bulletin on protection from SEA (ST/SGBV/2003/13)).

### 3. What do we know? Key available evidence

#### 3.3.1 PREVENTION OF VAWG IN HUMANITARIAN CONTEXTS (PRIMARY PREVENTION INTERVENTIONS)

##### CHANGING ATTITUDES

Changing attitudes about VAWG and gender norms are important components to VAWG prevention and response programmes. Programmes such as *Beyond Borders' Rethinking Power* in Haiti, Oxfam and Search for Common Ground's programming in the Democratic Republic of the Congo (DRC), and refugee assistance programmes in Kenya (by CARE) and Thailand (by the IRC), have shown decreases in accepting attitudes towards VAWG or improved acceptance of equal gender norms.<sup>4,22-26</sup> Some programmes, such as the IRC's Women's Protection and Empowerment project in Thailand, have sub-components that focus specifically on engaging men and boys in this process and have found success in changing men's willingness to speak out against violence and support women in their communities.<sup>4,55</sup>

The most successful attitude changing interventions are community-based, awareness-raising programmes that are multi-exposure, involve both women and men, and focus on strengthening family relationships, addressing the stigma associated with VAWG, encouraging healthy conflict resolution strategies, and developing effective communication skills.<sup>4,5</sup> However, the success of these interventions has only been measured in the short term, and often using non-rigorous methodologies – and their long term efficacy towards changing societal gender norms, and subsequently rates of VAWG, is still unproven.

##### ECONOMIC EMPOWERMENT

Empowering women through economic programmes to have more power within the household, reduce household stressors, and ensure women have access to resources should they decide to leave an abusive situation are common aims of economic empowerment programmes focused on VAWG. Often programmes combine economic empowerment activities with other programme components as part of an integrated approach. Only one study from the reviews employed a livelihoods programme without an associated protection component, and was found to increase the vulnerability of participants to sexual violence.<sup>5,28</sup> However, economic empowerment programmes paired with complementary attitude and behaviour change programming show more promise. For example, IRC's *Economic and Social Empowerment for Women (EA\$E)* programme in Burundi addressed concerns that supporting women's livelihoods would lead to an increase in IPV by combining economic empowerment efforts with a component on communication within the household.<sup>4,27</sup> See Box I for further details.

### Box 1: Economic and Social Empowerment for Women (EAŞE) Programme

One example of combining economic empowerment programmes with other, complementary, programming is the IRC's EAŞE programme in conflict-affected Burundi. The aim of the project was to reduce incidence of IPV and improve women's overall decision-making. In order to do so, IRC integrated a discussion group series, **Talking about Talking (TaT)**, into a traditional Village Savings and Loan Association (VSLA) intervention. Through the TaT, both women and men had the opportunity to engage in six facilitated conversations about financial decision-making.

To determine the impact of this intervention, IRC conducted a randomised evaluation over a 16-month period with two groups: VSLA only and VSLA + TaT. Overall, IRC discovered a **statistically significant decrease in the incidence of IPV** among women at high or moderate risk in the intervention group. Furthermore, the VSLA + TaT group was associated with an increase in decision-making and use of negotiation skills and a decrease in overall acceptance of violence. This evaluation demonstrates that **interventions that address underlying risks of violence through engaging both men and women in an empowering manner can be successful in changing deeply entrenched social norms and ultimately, reduce levels of violence.**<sup>4,27</sup>

### FIREWOOD DISTRIBUTION AND FUEL ALTERNATIVES

Some positive findings on preventing future violence have been found in interventions that address firewood distribution and fuel alternatives.<sup>5</sup> Displaced women are often at a heightened risk for violence when collecting firewood in remote/isolated areas.<sup>5</sup> As such, several programmes have sought to reduce this risk of violence by either limiting firewood collection frequency or ensuring that firewood collection is safer. In the examined reviews, three studies had exclusively focused on programmes distributing firewood or promoting alternative fuel approaches.<sup>29-31</sup> All of these studies reported some level of reduction of vulnerability or incidence of violence due to the programme.<sup>5</sup> In one study in the Dadaab refugee camp in Kenya, reported rapes while collecting firewood decreased by 45% while during periods when households were fully supplied with firewood as compared to periods when they were not, however it is difficult to credit this reduction entirely to the project due to the high degree of variability in the timing of reporting.<sup>29</sup> This is promising in terms of short-term solutions to reducing risk of conflict-related sexual violence, in particular. These programmes do not address the most common form of violence affecting women – IPV.<sup>2</sup>

### SEXUAL EXPLOITATION AND ABUSE (SEA) PREVENTION AND RESPONSE INITIATIVES

Shifting the focus from women or community-focused interventions, another approach targets potential perpetrators of VAWG with a specific focus on incidents of SEA. An example of this approach is the implementation of a "zero-tolerance policy" where UN Peacekeepers found guilty of engaging in SEA are subject to dismissal from the UN and criminal prosecution. These efforts are combined with the provision of hotlines or other confidential mechanisms to facilitate reporting of abuse. In some settings limited evidence has been found that this intervention can reduce vulnerability to and incidence of VAWG.<sup>5,32</sup> However, this approach was found to have several other unintended consequences, and of the five countries where these efforts have been reviewed, it has been reported to have a positive effect on reporting incidents of SEA only once.<sup>5,32,33</sup>

### 3. What do we know? Key available evidence

#### Box 2: Foundation RamaLevina (FORAL) Programme

Holmes and Bhuvanendra provide the example of an intervention implemented in Eastern DRC by **Foundation RamaLevina (FORAL)**.<sup>4,35</sup> FORAL is responsible for providing mobile health services, which are monitored through a standardised system that tracks cases of sexual violence and associated health problems. This allows for FORAL to tailor health services to ensure they are effectively reaching the people most in need. Furthermore, the mobile service intervention involved community health workers with strong linkages to the community members, which proved to be very useful in improving service utilisation. This demonstrates the importance of strictly and continuously monitoring interventions to measure effectiveness, as well as strengthening referral systems.

#### 3.3.2 SURVIVOR RESPONSE INTERVENTIONS (SECONDARY PREVENTION)

##### PHYSICAL HEALTH SERVICES

Access to quality health services is an important component of support for survivors and lack of uptake for available services has been noted in some studies.<sup>5,34</sup> Some evidence is available on improving access to these services (primarily by strengthening community-based referral networks such as local protection committees).<sup>4,24,35\*</sup> One promising example of this practice is the use of mobile health clinics that have the capacity to provide clinical management of rape and basic emotional support to survivors in the Eastern DRC (see Box 2 for further information). Provision of health services and/or efforts to reduce barriers to access require understanding community dynamics, community structures, and help seeking behaviours, which will enable an environment of trust that will in turn lead to an increase in survivors seeking services.<sup>4</sup> The review authors also stress the need for anonymous and confidential services provided by trained staff who are sensitive to the cultural and social context and the stigma often surrounding VAWG.<sup>4,5</sup>

##### PSYCHOSOCIAL SUPPORT

Evidence demonstrating the effectiveness of psychosocial support interventions<sup>†</sup> in conflict and humanitarian settings is beginning to emerge. Overall, the evidence on how to best intervene to improve the mental health of women and girls who have experienced violence in humanitarian settings is quite limited. While the lack of rigorously conducted evaluations makes it difficult to draw strong conclusions, the interventions that appear to be the most common in the humanitarian field utilise supportive counselling techniques and/or community-based psychosocial support, and are situated within broader, community-based, multidisciplinary support programmes.<sup>4,8</sup>

\* Local protection committees are groups of (often elected) members which focus on protection issues that affect the local community. Their responsibilities include identifying, mitigating and/or finding solutions against threats they face as well as liaising with local authorities and service providers in order to help their community exercise their rights and protect themselves from abuses of power.

† The term *psychosocial* is used to emphasise the close connection and interaction between psychological aspects of human beings and their environment (or social surroundings). Psychosocial interventions are activities or approaches that are conducted to help someone who has experienced severe stress to restore their social and psychological health and prevent more long-term social and mental health problems. This may include case management, individual and group counselling sessions, traditional healing initiatives and peer support groups, among others.

There is some evidence of effectiveness of specialised, individual support to survivors, for example one study found a statistically significant and long-lasting (1-2 years later) improvement in anxiety disorders among women who received post-rape one-on-one counselling and, in another study, post-traumatic stress disorder (PTSD) symptoms decreased after 8 sessions of trauma counselling (compared to one group of waitlisted controls and another group that was enrolled in an income generation programme).<sup>7,8,36,37</sup> However, the lack of availability of specialised service providers in humanitarian and conflict setting remains a concern for applying this approach widely.

Group counselling and support initiatives also appear to be effective, particularly in comparison with individual approaches. For example, one study in the DRC found that participants who received group rather than individual counselling had significantly greater reductions in depression and anxiety.<sup>4,61</sup> Other, community-based approaches, particularly those that link psychosocial support with livelihoods programming, have also been utilised in conflict and humanitarian settings. One example, with female ex-combatants in Sierra Leone, combined a series of interventions, including traditional re-integration ceremonies, capacity building, and micro-credit loans which contributed to significant differences in the number of girls who had improved in five of the six locally defined well-being indicators among the intervention group as compared to the non-intervention group.<sup>7,38</sup>

### LEGAL SUPPORT SERVICES

Facilitating access to justice for survivors is a common component of VAWG programmes; however, these approaches have seen mixed results. In many cases, the legal system in conflict and humanitarian settings is ineffective and programme efforts to support women to prosecute their perpetrators are unable to overcome the weakness of the justice sector to successfully prosecute perpetrators.<sup>4,5</sup> In addition, some evidence shows that efforts to achieve legal justice may cause further distress and re-traumatisation for survivors forced to re-count incidents of violence in unsupportive environments.<sup>5,39-41</sup>

### 3.3.3 MULTI-COMPONENT INTERVENTIONS

Many programmes utilise an integrated, multi-component approach that includes a mix of response services for survivors and VAWG prevention initiatives (e.g. awareness raising, engaging community groups, strengthening leadership). While the quality of the evidence examining these interventions was generally low, four out of the five multi-component studies examined by Spangaro et al. were found to improve outcomes related to VAWG (including increased willingness to use survivor services, assured access to fuel and/or increased community awareness of their rights).<sup>5,42-46</sup>

In addition, Holmes and Bhuvanendra documented multiple examples of promising multi-component interventions that have had some level of evaluation suggesting their effectiveness.<sup>4</sup> For example, Oxfam's Protection Programme in Eastern DRC utilised an approach centred around community-based community protection committees that focused on awareness raising, improving access to and service provision for survivors of VAWG. An evaluation of the programme found changed community attitudes on VAWG, increased accessibility of services for survivors and reduced impunity of perpetrators.<sup>4,24,47</sup> Similarly, CARE's Refugee Assistance Programme in Dadaab, Kenya was found to have an effect on awareness of effects of female genital mutilation (FGM) including a reported shift to a less severe form of FGM and an improved capacity to respond to cases of VAWG.<sup>4,25</sup>

However, due to the complexity of the design of these programmes, overall attribution can be difficult (none of interventions utilised a control group) and similarly it can be difficult to assess the effectiveness of individual components within the wider programme approach.

### 3. What do we know? Key available evidence

#### 3.4 Emerging evidence

Overall, there have been very limited evaluations of interventions to prevent and respond to VAWG in conflict and humanitarian settings. Spangaro et al. quote the World Health Organization (WHO), which, after conducting a global review on interventions that reduce sexual violence, concluded that “many strategies appear to have potential, either on theoretical grounds or because they target known risk factors, but most of these have never been systematically implemented – let alone evaluated”.<sup>5</sup> The evaluations that have been completed vary in quality with almost none utilizing rigorous research methodologies, such as randomised control trials, or measuring changes in incidence of VAWG to evaluate programme impact. In addition, for some sectors such as psychosocial support, the evaluations that have been conducted tend to focus on conflict and humanitarian settings in high income countries or in non-conflict settings.<sup>8</sup>

However, some evidence of effective interventions is emerging – both from lessons learned in conflict and humanitarian settings as well as from approaches in non-emergency settings that may be adapted. Recent research has shown that the most effective programmes to reduce acceptance for and incidence of

IPV are those that target underlying gender inequitable norms and power structures throughout the entire community – including engaging with men and boys.<sup>49-52</sup> These prevention interventions have shown positive effects in non-humanitarian settings, such as SASA! in Uganda implemented by Raising Voices (now being adapted and implemented in post-emergency contexts like Haiti by Beyond Borders) as well as in conflict contexts, such as IRC’s projects targeting gender inequitable norms and practices through gender dialogue groups coupled with economic empowerment programming and men’s discussion groups in Côte d’Ivoire.<sup>4,22,49-52</sup> Further expansion of programming that targets the root causes of VAWG, and evaluations of the effectiveness of these approaches in conflict and humanitarian settings, is still needed.

Other emerging trends include efforts to adapt interventions to local contexts or use approaches that have been successful in other sectors. For example, there have been positive effects on the re-integration of former children associated with armed groups who had survived rape through the use of traditional ceremonies and rituals involving survivors.<sup>7,8,38,54</sup> These efforts might be adapted to address issues of stigma and isolation that affect survivors of sexual violence in many contexts. Finding innovative ways to integrate interventions within existing cultural frameworks and traditional rituals remains an important and understudied area that has shown theoretical potential.<sup>5</sup>

### 3.5 Knowledge gaps

Overall, the body of evidence on what works to prevent and respond to VAWG in humanitarian settings is still in an early stage. The challenges faced by VAWG researchers are further compounded by conflict and insecurity, resulting in some key limitations. After reviewing the existing evidence base, the availability of timely and **accurate prevalence data** is a clear gap. While there have been several studies that have collected robust data on VAWG in humanitarian settings, experts argue that the overall understanding of the issue remains limited.<sup>2,3</sup> While all researchers face challenges with under-reporting of VAWG, due to social and cultural norms that stigmatise the issue, this problem might be exacerbated by conflict and humanitarian crises.

Furthermore, researchers are often working with disperse and/or mobile populations. The lack of consensus by the international community on a standardised methodology for collecting data on VAWG in humanitarian settings creates added difficulties for researchers on the ground.<sup>2,3</sup> The two systematic reviews focusing on prevalence in this brief demonstrate the methodological challenges and variability that exists within VAWG research (differing definitions, recall periods, underpowered samples, etc.) in conflict and humanitarian settings.<sup>2,3</sup> As such, prevalence estimates from meta-analyses are difficult to interpret and should be used cautiously.

In addition, much of the research does not specifically examine the associations between conflict and prevalence of VAWG, nor does it examine how conflict may influence other forms of VAWG beyond physical and sexual violence (such as harmful practices, forced marriage, economic abuse, psychological abuse, etc.). Data on the drivers of VAWG during times of conflict is also very limited. **More evidence is needed to better understand these linkages between VAWG (including types of VAWG beyond physical and sexual violence) and the different stages of humanitarian crises.**

Likewise, the available evidence on the effectiveness and impact of interventions to prevent and respond to VAWG is quite weak. A limited number of evaluations of interventions have been conducted, and many focus on post-conflict contexts rather than examining the effectiveness of interventions during conflict itself (which can be difficult for ethical reasons) or in the aftermath of natural disasters. In addition, the evaluations that have occurred in conflict settings tend to focus on camp-based or rural populations, with little evaluation efforts in urban settings where a majority of refugees and asylum-seekers now reside.<sup>60</sup> The studies that have been conducted also generally employed less rigorous methodologies, which limit the conclusions that can be drawn from the available evidence.<sup>4-8</sup>

While overall the evidence base is weak, a few key areas stand out as particular gaps, given their potential to be effective programme approaches. The first is the need for more **rigorous reviews of survivor service delivery programmes to more clearly identify and evaluate best practices.** While a number of studies focused on reproductive health outcomes and the effectiveness of psychosocial services, uptake of these services are mixed depending on the context and approach.<sup>4,5,24,34,35</sup> In addition, provision of legal support services showed mixed effectiveness with some efforts leading to re-traumatisation of survivors.<sup>5,39-41</sup> Further efforts are needed to clearly understand which service provision approaches lead to the best outcomes for survivors and how to reduce barriers that prevent access to existing services. In addition, little is known about these programmes' effect on preventing new incidents of VAWG by reducing perpetrator impunity.

Likewise, further research is needed on **the effectiveness of economic empowerment programmes on VAWG.** One of the more rigorous evaluations included in this review, of IRC's EA\$E programme in Burundi, showed programmes that compliment livelihoods interventions with conflict mitigation/communication skills efforts had the potential to significantly reduce incidents of VAWG.<sup>4,27</sup>

### 3. What do we know? Key available evidence

Similarly, an evaluation of using gender-dialogue groups to complement VSLA projects in Côte d'Ivoire showed a decrease in acceptance of wife beating as well as slightly lower odds of reporting past year physical or sexual violence (though not statistically significant) for participants in the programme.<sup>51</sup> Further evaluation efforts are needed to see if these results can be replicated in other settings and if other economic empowerment programmes can affect rates of VAWG.

**Evaluations of community-based multi-component interventions** are also lacking. These integrated approaches tend to be common in conflict and humanitarian settings,<sup>4,5,8</sup> but their complex designs and community-based approaches can make it difficult for rigorous methodologies to be employed. Despite these challenges, there are opportunities to use more complex evaluation designs in many settings, such as in protracted crises. In these cases, multi-component intervention can and should be evaluated using the most rigorous design possible.

A large proportion of studies on VAWG focused mainly on immediate reproductive care, psychosocial services, and protection interventions. Consequently, it is important to **explore other areas**, including those that target institutions/structures, engage all community members (including men and boys), and challenge social norms in innovative and culturally appropriate ways.

Greater efforts are also needed to **include adolescent girls** in VAWG prevention and response efforts.<sup>4,56</sup> Adolescence is a distinctly challenging and critical time and girls face immense social barriers that preclude them from leading safer, healthier and self-sufficient lives. Humanitarian crises render adolescent girls even more vulnerable to violence, exploitation and abuse as girls rarely have the appropriate knowledge, support, and confidence to navigate their environment. In many settings, young women face added stigma in accessing much needed health services because of their age. As such, services should be more adaptable to the needs of youth, by emphasising privacy and confidentiality and finding trusted sources to relay important information and dispel common misinformation. Although there is a growing body of information on the prevalence of physical and sexual violence against girls, rigorous evidence on effective strategies for preventing and mitigating VAWG and protecting girls from violence in humanitarian emergencies is largely unavailable.<sup>4,56</sup>

#### Box 3: *What Works'* efforts to address evidence gaps

*What Works to Prevent VAWG in Conflict and Humanitarian Crises* is a UK Department for International Development (DfID) funded research project working to address some of the gaps identified in this brief. The Consortium is conducting a prevalence study in South Sudan which will contribute to the international community's understanding on how conflict affects the prevalence of VAWG and what forms of violence are most common during times of crises. In addition, other efforts are underway to better understand the effectiveness of interventions that strive to prevent or improve response services for VAWG in conflict and humanitarian settings. These include an evaluation of comprehensive case management in Dadaab refugee camp, Kenya, using a task sharing approach with refugee community caseworkers; a retrospective analysis on how the humanitarian sector met the needs of women and girls in the response to Typhoon Haiyan in the Philippines, including adherence to international GBV guidelines; an evaluation of the impact of cash transfers on women's empowerment and protection in the onset of an acute emergency; analysis on the impact on village savings and loans associations on survivors of sexual violence in the DRC; and a comparative study exploring the intersection of VAWG, statebuilding, and peacebuilding. Together, these studies will continue to build the evidence base on the prevalence of VAWG as well as the effectiveness of interventions to prevent and respond to violence in conflict and humanitarian settings.

## 4. Recommendations

A number of recommendations can be drawn based on the existing evidence and gaps in knowledge. These include:

### 1 Research to address key gaps in evidence

Further studies are needed to better understand the key gaps in the existing evidence base including: further examinations of the prevalence of VAWG in conflict, post-conflict and humanitarian settings (where appropriate) and evaluations of service delivery programmes – particularly focused on service uptake, provision of legal services and multi-component approaches, evaluations of economic empowerment programmes with a focus on VAWG outcomes, and further examination of new and innovative approaches for preventing VAWG. In addition, further research is needed on the effectiveness of these interventions in urban and non-camp based settings where an increasing proportion of the world's displaced population resides.

### 2 Need for programming monitoring and evaluation

Wherever possible, donors and programme implementers should incorporate robust outcome evaluations into their budget and implementation plans. These evaluations should be participatory in nature to include and reflect community perceptions. Complementary to this, and particularly important for insecure areas where large scale evaluation activities are not possible, ongoing programme monitoring is necessary. Some interventions, in particular interventions that have not considered the risks of VAWG from the inception, have been shown to actually increase the risk of different types of VAWG.<sup>5</sup> As such, it is critical to have monitoring mechanisms in place to be able to ensure negative consequences are minimised. It is important to monitor what happens to an intervention's outcomes pre-crisis vs. during crisis vs. post-crisis to learn how conflict (or other humanitarian crises) can exacerbate (or hinder) VAWG.

### 3 Linkages between VAWG and conflict

Prevalence studies and qualitative research should examine how conflict affects the prevalence of differing forms of VAWG during different phases of conflict. More research is needed to understand these linkages and the intersecting forms of violence women and girls experience in order to create effective programmes that recognise the shifting nature of VAWG during times of conflict.

### 4 Design and evaluate programmes targeting adolescent girls

Programming focused on VAWG prevention and response often takes a holistic approach targeting women and girls as a group. However, adolescent girls often have unique needs that require targeted programming. Targeted evaluations of these programmes are needed to build the evidence base of effective programming for this group.

### 5 Addressing IPV in conflict and humanitarian settings

While sexual violence prevalence is high in humanitarian settings, several studies have shown that women are at an even higher risk of IPV. Considering this, Stark and Ager<sup>2</sup> call for the expert community to “develop innovative strategies to reach women in their own homes”. There are unique response challenges with addressing IPV in humanitarian contexts and further evaluations of programming focused on responding to and preventing IPV in conflict and humanitarian settings are also needed.

### 6 Coordination of data

In order for there to be a broader consensus on what works to prevent and respond to violence in humanitarian settings, humanitarian actors must work to improve coordination and collaboration efforts to ensure limited resources are used as efficiently as possible. Improved coordination includes developing mechanisms for safe and ethical sharing of data collected in the context of programmes they support, so that this aggregated data can better inform prevention and response efforts of all donors and humanitarian actors. Inter-agency efforts, such as the GBVIMS, are the first step towards this unified reporting approach and should be strengthened.

### 7 Conducting research in safe and ethical manner

Conducting research on VAWG in conflict and humanitarian settings is extremely challenging and researchers must abide by strict ethical guidelines. The safety of the interviewees, interviewers, research team, and the community as a whole, must be a priority, which may prove difficult for conducting research in fragile contexts. If this can be addressed, researchers should consider whether there are quality services in place for survivors who may be re-traumatised by the research. It is important to note that services for survivors of VAWG should be prioritised regardless of the presence or absence of data on VAWG prevalence or incidence.

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## WHAT WORKS TO PREVENT VIOLENCE AGAINST WOMEN AND GIRLS IN CONFLICT AND HUMANITARIAN CRISES



*What Works to Prevent Violence Against Women and Girls (What Works)* is an international multi-disciplinary partnership led by the International Rescue Committee (IRC) with George Washington University's Global Women's Institute (GWI) and CARE International UK (CIUK). Additional academic and research partners include the London School of Hygiene and Tropical Medicine (LSHTM), the Africa Population Health Research Center (APHRC) in Nairobi, Kenya, and Forcier Consulting in Juba, South Sudan. Six research studies are being conducted to produce a body of rigorous research and evidence to address the existing gaps in understanding of VAWG in conflict and humanitarian crises. In particular these studies will provide data on:

- ▶ the prevalence, forms, trends, and drivers of VAWG;
- ▶ effective VAWG prevention and response in conflict and humanitarian settings; and
- ▶ how to carry out safe, ethical, and rigorous research in conflict and humanitarian settings.





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