Here is a selection of the latest evidence on violence against women and girls (VAWG):  

**HEALTH OUTCOMES**

**Sexual and reproductive health outcomes of violence against women and girls in lower income countries: A review of reviews** (January 2020). This systematic review synthesises evidence from 10 reviews (including 62 individual studies), the majority from Africa and Asia. Five forms of GBV were examined: intimate partner violence (IPV), child abuse, female genital mutilation/cutting (FGMC), child marriage and non-partner sexual violence (NPSV).

The analysis found a correlation between GBV exposure and negative SRH outcomes, including heightened risk of gynaecological conditions (HIV, other STIs, and other gynaecological symptoms), unwanted/unplanned pregnancy, and abortion. GBV exposure was also associated with sexual behaviours: child abuse, IPV and NPSV were related to reporting more sexual partners and extramarital sex; IPV and NPSV were found to increase the likelihood of engaging in transactional sex.

IPV was further associated with lower power in sexual relationships, while at the same time exposure to IPV and NPSV were related to more refusal and negotiation in sexual relations.

Underexplored issues include the implications of poly-victimisation and research on sexual empowerment outcomes.

**Sexual violence and eclampsia: analysis of data from demographic and health surveys from seven low- and middle-income countries** (November 2019). This study assesses the relationship between exposure to sexual violence and eclampsia around childbirth, using nationally representative data from seven LMICs (Colombia, India, Afghanistan, Mali, Peru, Philippines, and Sao Tome and Principe).

Almost one in ten women in the seven countries reported that they had experienced lifetime sexual violence and showed symptoms of eclampsia during their last pregnancy. The analysis found evidence that reported lifetime sexual violence is associated with a two-fold increased risk of signs and symptoms suggestive of eclampsia. The findings contribute to the body of evidence on maternal health consequences of sexual violence and supports the argument that antenatal care may present a critical opportunity for health care providers to identify women who experience sexual violence, and to prevent adverse maternal outcomes.
IPV IN THE ARAB WORLD

Prevalence of intimate partner violence against women in the Arab world: A systematic review (October 2019). This systematic review found IPV prevalence rates in 11 countries in the Arab region, ranging from 6% to 59% for physical IPV; from 3% to 40% for sexual IPV; and from 5% to 91% for emotional/psychological IPV. Despite a fragmented evidence base which uses a variety of measures and definitions, the evidence indicates that IPV against women is a widespread problem in the region.

The review highlights gaps in the evidence base: only 11 of 22 countries in the region had at least one IPV prevalence survey that met the inclusion criteria, with most evidence available from Egypt and Jordan. The authors call for more high-quality, nationally representative data collection in the region, with greater attention needed to ethical standards for research on IPV.

COERCION

Sexual health of adolescent girls and young women in Central Uganda: Exploring perceived coercive aspects of transactional sex (January 2020). This qualitative study explores coercive aspects of transactional sex involving adolescent girls and young women (AGYW). Beyond use of sexual and physical violence, other forms of coercion were found, including persuasion and social expectations that AGYW must provide sex in return if they receive a gift or money from a man.

The authors argue that interventions aiming to reduce coercive aspects of transactional sex must target unequal power dynamics and social expectations that AGYW are obliged to provide sex in exchange for resources, as well as provide opportunities for AGYW’s economic empowerment.

VIOLENCE AGAINST CHILDREN


This systematic review with special attention to LMICs summarises the existing evidence of what works to prevent sexual violence (SV) against children. It outlines seven overarching strategies to prevent SV, building on the INSPIRE framework, with case study examples. The review notes several evidence gaps, including a significant scarcity of evidence around what works to prevent SV against children who face multiple forms of oppression, for instance LGBTQI children and children with disabilities.

ACCESS TO JUSTICE

The justice deficit for women in Jordan: A case study of violence and harassment in the workplace (January 2020). This report gives an overview of barriers to justice faced by women and girls in Jordan. Research with 2,423 women and men as well as key stakeholders uncovered three main barriers: social; institutional and material. Social barriers were found to be particularly prevalent and contribute to stigma and shame associated with VAWG.

Falling through the cracks: Tackling the justice deficit for women survivors in Ghana (January 2020). This report constitutes a case study of access to justice for women survivors in Ghana. It explored the experiences of women working in restaurants and bars and as domestic workers, and found that violence against women is widespread in these sectors.

Policy and news

UN Women together with feminist activists and the governments of Mexico and France have announced that GBV is one of six Action Coalition Themes for the Generation Equality Forum to be held in Mexico City and Paris later this year.

DFID has announced a new Safeguarding Resource & Support Hub, which will support smaller, under resourced organisations in developing countries who deliver international aid to strengthen their safeguarding policy and practice against SEAH..

The Independent Commission for Aid Impact (ICAI) has published a review of the Preventing Sexual Violence in Conflict Initiative (PSVI). The review found that PSVI has contributed to making the UK a leading voice in global efforts to address conflict-related sexual violence. However, the overall assessment is red/ amber, with ICAI recommending ways to strengthen the way the initiative is managed, ensure that survivors’ voices are heard, and embed learning.

During 2019, over 50 civil society organisations and more than 500 survivors of sexual violence came together to bring the voices of survivors to the forefront of discussions about addressing sexual violence. This has resulted in the Hague Principles on Sexual Violence which can now be found online.

An evaluation of Australia’s development assistance for ending VAWG found that Australia has provided strong leadership in the field, and provides recommendations for Australia’s work over the next decade.

WHO has released new guidelines for the health sector response to childhood maltreatment, aiming to help frontline healthcare providers to recognise and support children who have experienced violence and neglect.

WHO has launched a new curriculum for building the capacity of health-care providers, particularly in LMICs, to respond to intimate partner violence and sexual violence against women. The publication includes a facilitators guide, handouts, exercises and evaluation tools. More resources will be published during 2020.

All Survivor Project has developed a checklist for supporting men and boy survivors of conflict-related sexual violence (CRSV). This checklist aims to complement ongoing efforts to protect women and girls against CRSV without detracting attention from this work.

MEASURE Evaluation, funded by USAID, has developed a range of materials for improving GBV data including a tool that helps identify data collection and reporting gaps, and a guide for the monitoring, evaluation and reporting of indicators required by the United States President’s Emergency Plan for AIDS Relief (PEPFAR).

The Spotlight Initiative has produced an online repository of capacity development resources to assist practitioners in country and regional teams implementing programmes to reduce VAWG across the globe.

In October 2019, the Sexual Violence Research Initiative (SVRI) held its 6th Global Conference. Presentations from the forum are now available online.

Contributors

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DFID-Funded Research

What Works to Prevent VAWG?
DFID’s global research programme has produced the following evidence briefs and academic articles:

**Evaluation of the rural response system intervention to prevent violence against women: Findings from a community-randomised controlled trial in the Central Region of Ghana**
This article evaluates the impact of the Rural Response System intervention on IPV in four districts in central Ghana. The evaluation found a reduction in women’s past year experience of sexual IPV: from 17.1% to 7.7% in intervention communities versus from 9.3% to 8.0% in control communities. Women’s depression scores and reports of partner controlling behaviour also reduced significantly in the intervention communities.

**Effectiveness of a multilevel intervention to reduce violence and increase condom use in intimate partnerships among female sex workers: Cluster randomised controlled trial in Karnatak, India**
A randomised controlled trial (RCT) in 47 villages measured the impact of a programme that aimed to reduce violence and to increase consistent condom use within intimate relationships of sex workers. The RCT did not find any evidence that the intervention reduced IPV or had any impact in condom use. However, it did find a small effect on reducing acceptance of violence, and increased awareness of self-protection strategies.

**Intervention with microfinance for AIDS and gender equity (IMAGE): Women’s engagement with the scaled-up IMAGE programme and experience of intimate partner violence in rural South Africa**
This study explores the impact of IMAGE, a programme that reaches 25,000 households across three provinces in South Africa with microfinance coupled with gender and HIV trainings. The study found that IMAGE is widely accepted among women, and that attendance is associated with improved partner relationships but not with lower IPV risk. However, improved relationships were less reported by younger women who also attended less trainings.

**Stepping Stones and Creating Futures intervention to prevent intimate partner violence among young people: Cluster randomized controlled trial**
This paper presents the findings of an RCT with young women and men participating in Stepping Stones and Creating Futures in South Africa, a programme that works with young people in urban settlements to transform gender attitudes and strengthen livelihoods. The RCT found that the intervention reduced men’s self-reported IPV perpetration and strengthened women’s livelihoods; however, it did not reduce women’s experiences of IPV.

**Empirical insights for improving sexual assault prevention: Evidence from baseline data for a cluster-randomized trial of IMPower and Sources of Strength**
This article examines baseline data from a school-based intervention aiming to prevent sexual assault among adolescents living in six informal settlements around Nairobi. The baseline results indicate that 7.2% of girls had been raped in the prior 12 months. Girls who had experiences of IPV or using alcohol were more likely to report sexual assault in the past 12 months. Beyond establishing the baseline prevalence of sexual assault against adolescent girls, the article discusses statistical challenges of measuring economic evaluation of public health interventions: An application to interventions for the prevention of violence against women and girls implemented by the "What Works to Prevent Violence Against Women and Girls?" global program
This article outlines a standardised methodology for the economic evaluation of complex (i.e. multi-component and/ or multi-platforms) VAWG prevention interventions. The methodology draws on current practice and guidelines for economic evaluation and costing in the field of global health, which has been adapted to the characteristics of VAWG prevention programming. The methodology has so far been tested and piloted in five countries where the What Works to prevent VAWG programme is being implemented.

**Gendered syndemic of intimate partner violence, alcohol misuse, and HIV risk among peri-urban, heterosexual men in South Africa**
In this paper, the authors explore the relationship between men’s use of alcohol, IPV perpetration, and HIV risk behaviours; a relationship commonly known as the ‘SAVA syndemic’ (substance abuse, violence, AIDS). The research took place in a township close to Johannesburg, South Africa, where 2394 heterosexual men participated in a structured interview. The analysis found that a high proportion (71.6%) of the men reported SAVA syndemic conditions and that these often co-occurred. The interaction of two or more SAVA conditions was found to increase HIV risk. The findings imply that interventions aiming to prevent HIV among men, and ultimately among women and children, are likely to be more effective when they address several SAVA conditions.
What Works to Prevent VAWG?

Shifting and transforming gender-inequitable beliefs, behaviours and norms in intimate partnerships: The Indashyikirwa couples programme in Rwanda

Drawing on qualitative longitudinal research with heterosexual couples who participated in the Indashyikirwa programme in Rwanda, this paper explores changes in individual beliefs and behaviours, couple relationship dynamics and gender norms, following participation in the programme’s curriculum. Findings suggest that the intervention led to moderate but significant positive changes. For instance, men reported becoming more involved in domestic duties and women reported increased participation in household decision making.

Depressive symptoms among women in Raqqa Governorate, Syria: Associations with intimate partner violence, food insecurity, and perceived needs

Using data from an evaluation of a cash transfer program targeted toward vulnerable households in Raqqa, Syria, this research paper explores potential risk factors for depressive symptoms among married women in the area and its association with IPV.

The study found that at least 51% of women met the score for moderate depression, and that IPV (in particular emotional) as well as food insecurity and perceived household needs were predictors for displaying depressive symptoms.

GAGE

The lives they lead: Exploring the capabilities of Bangladeshi and Rohingya adolescents in Cox’s Bazar, Bangladesh

This brief draws on mixed-method data collected by the Gender and Adolescence: Global Evidence (GAGE) programme in 2019, focusing on findings across the six capability domains in GAGE’s conceptual framework (see image).

The findings in the ‘bodily integrity and freedom from violence’ domain highlight that girls in Bangladesh face one of the highest risks in the world of being subject to child marriage: more than one out of five girls are married before the age of 15 and nearly three-fifths are married by 18. This includes Rohingya girl refugees living in Bangladesh; a study found that 22% of girls aged 15-19 were married.

GAGE’s qualitative research found that married adolescent girls face a high risk of GBV, including sexual violence.

For unmarried adolescent girls, there were high rates of sexual harassment in camp settings as well as host communities. Families mentioned that preventing girls’ harassment was a matter of honour. The study found that fears of harassment constrained girls’ mobility with 83% of males report visiting a place they feel safe with friends once a week compared to 48% of females.

Peer violence was also reportedly an issue, with the study finding that competition at water points is often a trigger for peer violence between girls.