

Evidence of response mechanisms to prevent violence against women and girls: A Summary of the Evidence

What is this assessment and how was it conducted?

This summary presents the evidence on the effectiveness of response mechanisms for violence against women and girls (VAWG) in preventing the occurrence of violence. It is based on a rapid review of the existing evidence through a review of reviews and online searches of academic databases and individual programme evaluations.

What are the strengths, gaps and limitations in the body of evidence?

The interventions reviewed were all developed and deployed with a primary goal of strengthening the response of the police and criminal justice system, health system or social sector to violence against women and girls. This review has not assessed evidence on their effectiveness in achieving this primary goal; it has focused on assessing any evidence that they are able to achieve a secondary or parallel goal of prevention of violence against women and girls.

However, the review found that the majority of interventions targeted at responding to VAWG have not been evaluated in terms of their impact on the prevalence, frequency or severity of VAWG. In most cases, there is therefore insufficient evidence to draw a conclusion. Furthermore, the evidence is largely from high income countries.

Nonetheless, some interventions have been well evaluated – including through well-conducted RCTs. Some show promise, but in some cases this body of evidence recommends against the intervention. Overall, there are still many gaps and limitations in the evidence base.

- Most rigorous evaluations of response mechanisms are from High Income Countries (HICs); there has been little testing of how these programmes may impact differently in Low and Middle Income Countries (LMICs).
- Most interventions have not been evaluated for their impact on VAWG occurrence, often because this is quite removed from their primary goal.
- Studies of those response mechanisms that may be effective in reducing violence occurrence have not studied or modeled population-level impact.
- There is limited evidence on the effectiveness of response mechanisms to reduce violence occurrence in vulnerable groups.
- The use of various and often inconsistent outcome measures (e.g. police records of repeat offence, victim reports) – complicates the interpretation of study findings.
- Evaluations often do not acknowledge the extent to which the overall impact on women's lives is dependent on elements beyond the control of the intervention.
- Evaluations are often conducted after short follow-up periods, meaning that we understand little about how change is sustained.
- For multi-component interventions it is difficult to attribute outcomes between intervention components.

What did the rapid assessment find?

Despite the limitations in the evidence base, this rapid review concludes that there is **fair evidence to recommend**: protection orders and shelters. Currently there is **insufficient evidence** to recommend (either because there is not enough evidence or because the impact on VAWG occurrence has not been measured): most other police and legal interventions, including police training, sexual offender policies, disruption plans, community policing, women's police stations, specialised courts and paralegal interventions and community-based legal interventions (although these show promise); crisis interventions including hot lines and One Stop Centres; alternative or restorative justice mechanisms; and counselling, therapy and psychological support (although these show promise). There is **conflicting evidence** on proactive arrest policies (except where linked to protection orders), second responder interventions, advocacy interventions that provide information and support to help access legal redress and resources in the community, perpetrators' programmes, and screening interventions with therapeutic intervention (CBT) within health services - which does not allow us to make a recommendation for or against the intervention. Finally there is **fair evidence against** routine screening of women for experience of violence in health facilities (although this may have other health benefits), and against mandatory reporting and arrest in cases of domestic violence. Although it has not been evaluated, overall the evidence suggests that a

comprehensive legal framework criminalising domestic violence, including marital rape, and other rape, with protection for victims provides an essential enabling environment for any prevention interventions.

Table 1 presents a summary of the evidence for different types of response mechanisms to prevent VAWG. Darker colours represent stronger evidence, ranging from no evidence to fair evidence. Green suggests that the interventions have been shown to be effective in preventing VAWG, blue suggest they are promising, orange means the evidence is conflicting, that is, some evaluations show that they are effective and others show that they are not. Red illustrates that the interventions have been found to be ineffective and purple is for interventions where the impact on VAWG has not been measured.

TABLE 1: SUMMARY OF EVIDENCE FOR DIFFERENT TYPES OF INTERVENTIONS TO PREVENT VAWG

IMPACT OF INTERVENTION ON REDUCING VAWG	EFFECTIVE			
	PROMISING	<ul style="list-style-type: none"> Protection orders (with proactive arrest) Shelters 	<ul style="list-style-type: none"> Counselling, therapy and psychological support 	
	CONFLICTING	<ul style="list-style-type: none"> Batterers (perpetrators) programmes Advocacy interventions / support to access services 	<ul style="list-style-type: none"> Proactive arrest policies (without a protection order) Second responder programmes Specialised courts Alternative and restorative justice mechanisms Screening with referral (e.g. CBT) in health facilities Sexual offender policies and disruption plans Paralegal programmes 	<ul style="list-style-type: none"> Women's police stations/units
	INEFFECTIVE (or not recommended due to risks)	<ul style="list-style-type: none"> Routine screening for VAWG in health services Mandatory reporting and arrest for domestic violence 		
	NOT MEASURED			<ul style="list-style-type: none"> Police and security personnel training (without systemic intervention) Community policing Hotlines One stop centres
		FAIR EVIDENCE	INSUFFICIENT EVIDENCE	NO EVIDENCE
	STRENGTH OF EVIDENCE			

While **some intervention evaluations show some impacts on reducing repeat violence among those attending (or completing) the intervention**, almost all the response interventions are used by only a small proportion of all women and girls who experience violence. This is because most women do not report the violence they experience to the police nor do they seek external care or formal services. In most cases, women do not speak out about the violence they experience or they tell family members, friends or report to elders or traditional justice mechanisms. Thus, **at a population level, interventions through response mechanisms are unlikely to ever result in prevention of many incidents of violence.**

Of concern is the fact that some studies have documented adverse consequences for women **a number of response interventions**. These include mandatory reporting and arrest, proactive arrest without a protection order, second responder programmes and screening. It is essential that evaluations look for adverse events. **The evidence suggests that these lessen when survivors of violence can control access to services rather than having these imposed or mandated.**

There are also some areas of intervention that are receiving substantial investment, but where there is limited or no evidence of positive impact on the occurrence of VAWG and/or the prerequisites for impact are not in place. For example, police training and other police or legal interventions can only be effective if there is a legislative framework criminalizing partner violence, including marital rape. Systemic strengthening of the police and justice system is much more likely to be effective than an isolated, one-off training intervention, and may contribute to shifting social norms on violence acceptability. There is also a need to look at the interface between informal / traditional justice mechanisms (where many more women report violence) and formal justice mechanisms.

Overall, the evidence available suggests that **multi-component interventions are likely to be more effective than single-component ones in preventing VAWG, especially when applied systemically across a sector.** More research is needed on multi-component interventions.

Therapeutic interventions with men who are violent are often ineffective because of low attendance rates. However, CBT with couples seems to hold promise. Whilst most perpetrators do not have access to these programmes, they are of potential of value in reaching the most severely abused women.

Overall, there is potential for some interventions rooted in response mechanisms to prevent violence occurrence, but **prevention interventions have not yet been fully optimized** and further work is required to improve our approaches and understand better how to combine interventions to maximize effect.

What does this mean for the prevention agenda?

For the most part investment in response mechanisms in order to prevent occurrence of violence against women and girls is unlikely to be the best investment or use of limited resources compared to other prevention interventions (see the evidence review on prevention interventions in this series). However, this review suggests that the following be prioritised in terms of violence prevention in the future:

1. Comprehensive interventions within the police and justice sectors that start with a robust legislative framework and include interventions such as protection orders with proactive arrest, specialized courts, paralegal or lay support, and training for police and judiciary.
2. Psychotherapeutic interventions with couples and/or CBT offered by lay counselors.
3. Interventions that are accessible to those who perceive themselves ready and determined to live without violence.
4. Shelters combined with other support services and gender and economic empowerment interventions.
5. Interventions that are scalable in terms of human and financial resources.

What are the prevention priorities for research and innovations?

Overall, this evidence review suggests that interventions to improve the role of response mechanisms in preventing VAWG should not be a major priority compared to the promise of various community-level prevention mechanisms. This is both because of the limited number of men and women that can be impacted through response mechanisms as well as various limitations in what such interventions can achieve. Nonetheless, there may be a case for limited further work in this area.

FIGURE 1: RECOMMENDATIONS FOR THE WHAT WORKS RESEARCH AND INNOVATION AGENDA

<p align="center"><u>Overarching research questions:</u></p> <ul style="list-style-type: none"> - What is the role of contextual factors in impact of intervention? - What intensity and dosage is needed for impact? - How scaleable is the intervention and how can it be scaled? How can they be implemented affordably? - What are the pathways of impact, how does change happen? - What is the potential relevance for different age groups and situations? 		
<p align="center"><u>Interventions of interest:</u></p> <ul style="list-style-type: none"> • Shelters combined with gender and economic empowerment interventions • Psychotherapeutic interventions offered to couples • Comprehensive police and justice sector interventions 	<p align="center"><u>Entry Points of interest:</u></p> <ul style="list-style-type: none"> • Women in shelters • Health facilities • Communities • Police and Justice system (formal and informal) 	<p align="center"><u>Populations of interest:</u></p> <ul style="list-style-type: none"> • Marginalised groups of women • Women who have experienced very severe violence • Very high prevalence settings • Women in the general population