



UK Government

# **WHAT WORKS TO REDUCE VIOLENCE AGAINST WOMEN AND GIRLS**

**A Summary of the Evidence**

December 2025





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What Works to Reduce Violence Against Women and Girls  
A Summary of the Evidence

# Executive Summary



## Introduction

To inform the development of the Violence Against Women and Girls (VAWG) Strategy, we conducted reviews of evaluation evidence on effective approaches to reducing VAWG and supporting victims. This report presents the findings of these reviews (note that it also presents examples of promising interventions not captured by the Evidence Reviews as well as links to other useful bodies of evidence— see section 3).

The work focused on identifying the most robust evaluation evidence, as published in systematic reviews and meta-analyses. A strength of this approach is that it identifies interventions that have been robustly evaluated, allowing for conclusions about their potential impact. This method also provided a recognised way of prioritising the vast amount of literature in the VAWG area.

Four separate reviews were conducted to align as closely as possible with the pillars of the VAWG Strategy, as they were defined at the time. The reviews covered the following themes: **prevention and early intervention, relentless pursuit of perpetrators, support, and a whole of society approach**. Over 2,000 academic papers were screened and narrowed down to 125 relevant systematic reviews and meta-analyses. These were then synthesised and divided according to category of intervention and the outcomes measured.

A general finding is that there is more evidence on the effectiveness of interventions targeting domestic abuse than other forms of VAWG and more studies carried out in North American settings. It is also important to note that the evolving and complex nature of VAWG, and the inherent ethical and practical challenges in researching the area mean that there are substantial evidence gaps. Therefore, a lack of evidence should not necessarily be interpreted as proof that an intervention is ineffective, but rather as an indication that further evaluation is needed. These points should be considered when reading the findings summarised below. In addition, we have included a list of relevant systematic reviews that have been published since the completion of the reviews, in Annex B.

## Key Findings

### Review 1: Prevention & Early Intervention

Some high-quality studies suggest that **educational interventions** can have a positive impact on knowledge and attitudes when implemented in school and university settings. These include healthy relationships programmes and bystander interventions. For example, one meta-analysis that quantitatively combined the results of 13 individual robust studies found a small but significant effect of programmes designed to prevent adolescent dating violence on both victimisation and perpetration measures.

One review of semi-robust studies found that **communications campaigns** can improve knowledge and awareness of VAWG. However, results for attitude-based outcomes were more mixed and there is generally a lack of robust evaluation evidence in this area.

Reviews of non-robust evidence showed mixed results for the efficacy of **family-based interventions** to prevent or reduce domestic abuse in at-risk families. Studies suggest that programmes of this kind can reduce reports of conflict between parents, and between parents and children.

### Review 2: Relentless Pursuit of Perpetrators

Reviews of robust studies showed that some **perpetrator programmes** have the potential to improve VAWG recidivism, although this outcome was not demonstrated across all studies. One review that quantitatively combined results from a variety of studies that included different types of IPV perpetrator programmes found a small but significant effect of treatment on police-reported and partner-reported recidivism measures.

Several reviews included high quality evaluations of **psychological perpetrator programmes**, which draw on models like Cognitive Behavioural Therapy (CBT). These reviews generally found limited evidence that programmes improve perpetrator mental health outcomes and improve the beliefs and attitudes of perpetrators, though effects on aggression were promising. Robust evaluation evidence was also identified for **feminist ‘power and control’ domestic abuse perpetrator programmes** (“Duluth” models), but the findings were mixed or limited with regards to recidivism, attitudes and mental health outcomes.

Two reviews focusing on **rape myth acceptance training** interventions found relatively strong evidence for their efficacy in decreasing rape myth acceptance and increasing victim empathy when delivered to undergraduate students.

### Review 3: Support

Reviews of robust studies supported the efficacy of **psycho-therapeutic interventions** for victims of VAWG for reducing PTSD, anxiety, and depression, and improving self-esteem.

Robust evidence also supported the use of **technology-facilitated interventions to support the wellbeing of victims and survivors** (N.B. these are not interventions to

address tech-facilitated VAWG for which evidence is still limited) **and family-focused interventions**. Technology-based interventions showed strong ameliorating effects on anxiety and victim disclosure and a small number of reviews found promising evidence that family-focused interventions can improve the mental health of children and parents, reduce trauma-related behaviours in children, and reduce IPV re-victimisation in adults.

Semi-robust evidence showed that **advocacy-based, child-focused, housing-based, and primary care interventions** can improve victim mental health outcomes.

## Review 4: Whole of Society Approach

A small number of reviews looked at **domestic abuse screening in healthcare settings** and found evidence that screening improves victim identification. However, it is unclear if screening alone ensures that victims are referred or receive support.

Reviews of semi-robust studies looked at **domestic abuse training for healthcare practitioners**. In the main, these reviews found that training interventions enhance professionals' confidence in identifying and responding to domestic abuse, though there was mixed evidence that training improves referrals. One review of 6 studies looked at **intimate partner violence (IPV) training in workplaces** more generally. Although most studies found that training improved knowledge and awareness of IPV, the majority of studies were non-robust, and the review concluded that further evaluation is needed.



# 1. Introduction and Context

To inform the development of the Violence Against Women and Girls (VAWG) Strategy, we conducted reviews of evaluation evidence on effective approaches to reducing VAWG and supporting victims. This report presents the findings of these reviews (section 2), as well as discussing examples of promising practice and interventions (section 3).

## 2. Evidence Reviews

### 2.1 Methodology

The purpose of the reviews was to understand what works to reduce violence against women and girls (VAWG) and to support victims. In order to summarise the large body of evidence and produce an unbiased synthesis we undertook systematic reviews of existing reviews. Also known as ‘umbrella reviews’ or ‘meta-reviews’, these summaries are used widely in academia and are typically much broader in scope than individual systematic reviews, focusing on an overall theme rather than specific research questions.<sup>1</sup>

The evidence reviews were conducted in late 2024, to inform the development of the Strategy. Since then, the initial pillars of the Strategy have been tested and refined, which has led to some name and definition changes. We have adapted our findings to sit under the current pillars, but it is important to note that the definitions of the pillars and therefore evidence covered may be slightly different from those used in the Strategy. Any changes in definition do not affect the evidence summarised and conclusions drawn.

The 4 systematic review of reviews were as follows:

- **Review 1: Prevention and early intervention** – preventing violence against women and girls from occurring in the first place.
- **Review 2: Relentless pursuit of perpetrators:** – strengthening the criminal justice system and community response to VAWG to stop perpetrators from causing harm.
- **Review 3: Support** – strengthening the support for victims and survivors to protect them from harm and enable them to cope, recover and live safe, independent lives.
- **Review 4: Whole of society approach:** acting across systems and organisations to stop further harm as soon as violence, abuse, or harmful behaviours have been identified.

### Inclusion and exclusion criteria

We systematically searched the PubMed and Cochrane Database of Systematic Reviews, reviewed papers on Google Scholar, and screened additional sources provided by stakeholders. Searches were conducted in October 2024. We restricted our search to reviews published between 2014-2024, though the reviews themselves include individual studies published before 2014. To be included, reviews had to focus on evaluations of VAWG interventions that were relevant to the pillar in question and had to include at least one study from a high-income country.

We **excluded** from our analysis:

- Existing reviews of reviews
- Scoping reviews (reviews focusing on the breadth and depth of the literature – its ‘scope’ – rather than evaluation findings)
- Individual studies
- Books and book chapters
- Reviews where all included studies were from low- and middle-income countries or indigenous settings

We recognise that our approach will not have captured all pieces of evidence or all relevant lines of inquiry.

Please see Table 1 for an example of terms included in the analysis and Section 3 for a discussion of evidence and promising approaches not captured by the Evidence Reviews.

## Systematic searches

Each of our 4 systematic searches included:

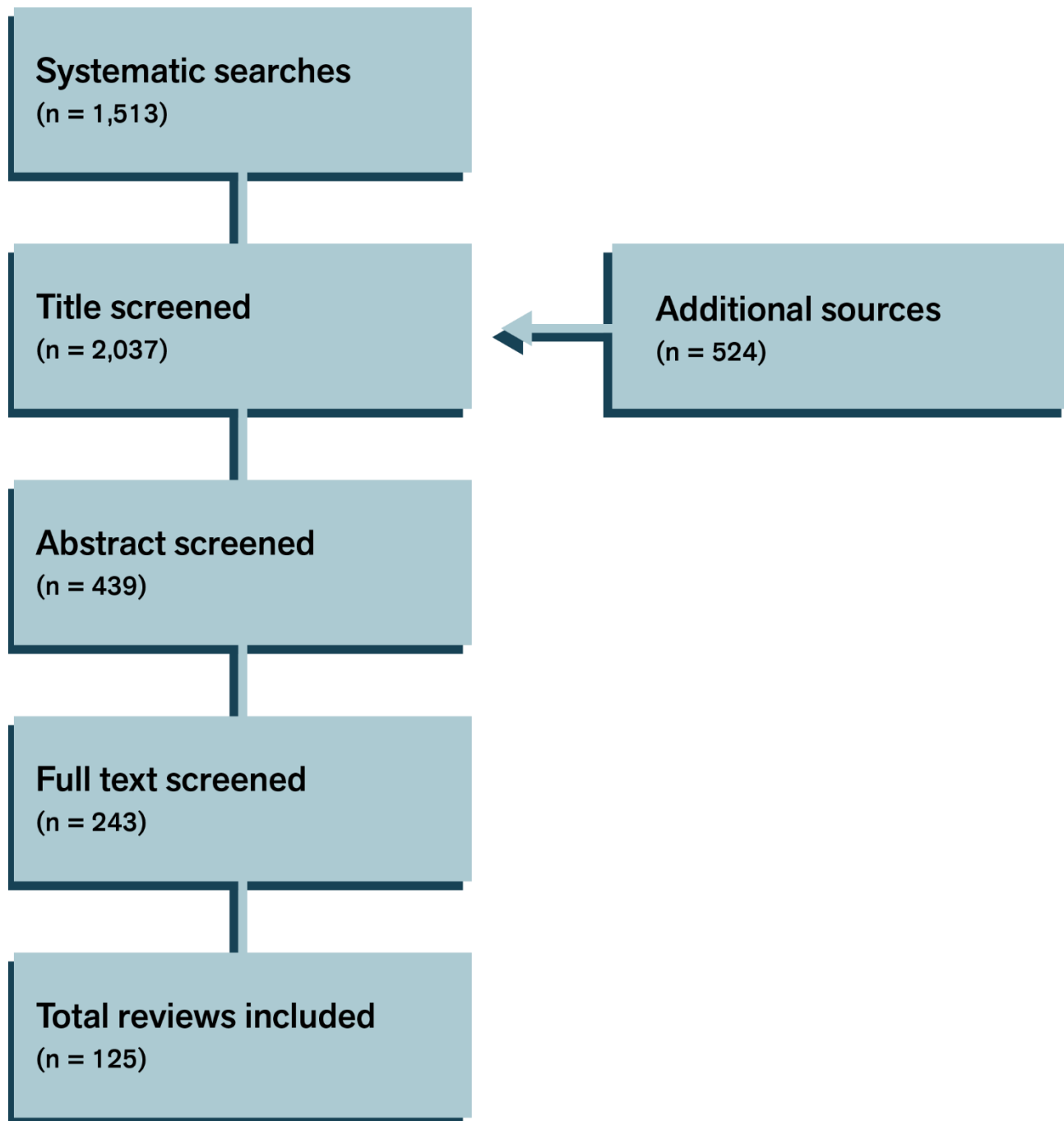
- A search string related to VAWG (comprised of the same keywords for all reviews)
- A search string (or strings) related to the individual pillar in question (for example, keywords relating to ‘prevention’ for Review 1).

**Table 1 – Example of systematic search methodology (Review 1: Prevention and Early Intervention)**

Concept	Example keywords (non-exhaustive)
<b>VAWG</b>	“healthy relationship”; “relationship abuse”; “relationship violence”; “domestic abuse”; “domestic violence”; “intimate partner violence”; “partner abuse”; “family violence”; “gender violence”; “dating aggression”; “sexual assault”; “stalking”; “violence against women”; “forced marriage”; “female genital mutilation”; “honour-based abuse”
<b>Prevention</b>	“prevention”; “education”; “communication campaign”; “bystander training”; “bystander intervention”; “media campaign”; “campaign to end”; “awareness-raising”; “training course”

Our initial search returned over 2000 academic papers. Following screening and removal of duplicates, we identified 125 individual reviews for inclusion (see Figure 1, and Annex A for a full bibliography).

**Figure 1 – PRISMA Diagram**



## Rating interventions and outcomes

We organised included reviews from each systematic search into intervention types, as shown below. These categories were generally derived from the review titles, or from categories and sub-themes within the reviews.

**Table 2 – Intervention types identified through the reviews**

Review	Intervention type
<b>Prevention &amp; Early Intervention</b>	<ul style="list-style-type: none"> <li>• Healthy relationships programmes in schools</li> <li>• Bystander interventions to prevent sexual assault</li> <li>• Communications campaigns</li> <li>• Family-based interventions to prevent or reduce domestic abuse</li> </ul>
<b>Relentless pursuit of perpetrators</b>	<ul style="list-style-type: none"> <li>• Perpetrator interventions: therapeutic/psychological models</li> <li>• Perpetrator interventions: feminist and similar models</li> <li>• Rape myth acceptance interventions</li> <li>• Perpetrator interventions: culturally specific</li> <li>• Specialist courts</li> <li>• Protective orders</li> <li>• Policing approaches</li> <li>• VAWG risk assessments</li> </ul>
<b>Support</b>	<ul style="list-style-type: none"> <li>• Psycho-therapeutic interventions</li> <li>• Child-focused interventions</li> <li>• Parent and family-focused interventions</li> <li>• Advocacy-based interventions</li> <li>• Technology-based interventions</li> <li>• Housing-based interventions</li> <li>• Primary care interventions</li> <li>• Criminal justice support</li> </ul>
<b>Whole of society approach</b>	<ul style="list-style-type: none"> <li>• Healthcare screening for domestic abuse</li> <li>• Domestic abuse training for healthcare practitioners</li> <li>• Intimate partner violence training in the workplace</li> </ul>

We assigned a robustness rating to the evidence reviewed for each intervention type (see Table 3). The scales were based on the type of evaluation designs used, namely randomised control trials (RCTs; where individuals are randomly assigned to a treatment or control group for the purposes of evaluation), ‘quasi-experimental’ designs (QEDs; where a comparison group is observed to understand intervention impact, but allocation to

the treatment and comparison group is not truly random, due to pragmatic constraints), and non-experimental studies (designs without a comparison group). We acknowledge that this approach simplifies the concept of ‘robustness’, and that there are more in-depth ways of assessing the quality of study design and execution. However, due to time constraints, we determined that this system was the most pragmatic and appropriate choice.

**Table 3 – Robustness ratings**

Rating	Robustness Rating
<b>Robust</b>	Multiple randomised control trials (RCTs)
<b>Quite Robust</b>	Multiple Quasi experimental designs (QEDs)
<b>Non-experimental</b>	Non-experimental / observational studies
<b>Evidence Gap</b>	Very little / no evidence of any kind

We then extracted outcomes from reviews to better understand outcomes of interest within the literature and any gaps in outcome measurement. This allowed us to assign an ‘effectiveness’ rating to each outcome (see Table 4). If there was ever any uncertainty around individual ratings, we discussed ratings with the wider research team.

**Table 4 – Effectiveness ratings**

Rating	Effectiveness Rating
<b>Strong</b>	Positive outcome change through multiple studies
<b>Promising</b>	Positive change on outcomes through several studies, and few with null effects
<b>Mixed</b>	Outcomes demonstrating both positive and null impact
<b>Limited</b>	Limited evidence of change with limited research
<b>Harmful</b>	Evidence of harmful impact

It is important to note that ‘mixed’ and ‘limited’ effectiveness ratings should be interpreted with caution as these classifications may indicate a lack of research and/ or difficulty evaluating certain outcomes. Limited evidence of effectiveness does not necessarily mean that an intervention lacks promise, or that it does not have the potential to be effective in tackling VAWG. It should also be noted that the effectiveness rating does not take into account the longevity of outcomes (whether results were sustained over time), although these details are brought out in the narrative where possible.

In addition to the database searches outlined above, to ensure that we included as many relevant reviews as possible we invited contributions from across government, and academic and sector contacts and included these where they fell within the parameters of the review. We held 2 in-depth **workshops with leading academics** in the field of Violence Against Women and Girls to stress-test our methodology and findings and incorporated their feedback into our final conclusions. In addition, we received feedback from the Home Office Scientific Advisory Committee. We are very grateful for all of their time and valuable input.

## Methodological considerations

When interpreting the findings in this report, readers should be aware of the following constraints and considerations:

- **Publication time lag:** Individual studies published in 2024 or 2025 are unlikely to be included in reviews published that same year. Similarly, reviews published in 2014 will include individual studies published before that date.
- **Publication bias:** Studies with positive findings are more likely to be published than studies with null or negative findings, influencing evidence synthesis.
- **Experimental methods:** Systematic literature reviews and meta-analyses tend to favour experimental studies. It can be challenging to carry out impact evaluations of VAWG interventions, particularly using an experimental design, for practical and ethical reasons. Therefore, ‘non-experimental’ robustness ratings or ‘limited effectiveness’ ratings should not be interpreted as a sign that a particular intervention is ineffective or has not been evaluated in some way.
- **North American bias:** A large proportion of studies were conducted in North America, reflecting a bias likely driven by the substantial research funding allocated to evaluation research in the US over recent decades – more so than in many other countries. When considering the application of findings to the UK context, it is important to acknowledge contextual differences that could affect how transferable the insights are (for example, differences in healthcare and criminal justice systems). Nevertheless, there are also important similarities in context between the US and the UK, meaning that valuable lessons can still be drawn from many of these studies.
- **International evidence:** We excluded reviews that focused on indigenous settings or low- and middle- income settings. Given an expansive evidence-base, this approach ensured that we delivered a synthesis product to time, prioritising evidence from high-income countries where findings are likely to be more transferrable. Outside of this work, we remain committed to continually improving our understanding of the international evidence-base.
- **Domestic abuse bias:** Most evaluation evidence in the VAWG field focuses on domestic abuse or intimate partner violence (IPV). There is far less evaluation evidence for other types of VAWG, and it cannot be assumed that all findings from the reviews apply to other VAWG types.

## 2.2 Findings

This section presents findings from each of the 4 review of reviews in turn. For each review, interventions are divided into categories and each of these is discussed in relation to the evaluation designs used in studies (evidence robustness). Outcomes assessed within reviews are presented in tables and discussed in accompanying narratives. In intervention categories that are discussed in fewer than 3 papers, tables are not included. Where examples of review or study findings are given, these aim to be illustrative rather than representative of all the review findings synthesised.

### 2.2.1 Review 1: Prevention and Early Intervention

This review focused on interventions designed to prevent VAWG before it happens. Primary prevention efforts include education initiatives and communication campaigns to shift harmful attitudes, behaviours, and social norms.

#### Healthy relationships programmes in schools

##### Overview

Healthy relationships programmes teach children and young people to spot signs of abusive behaviour in personal relationships. Facilitation techniques include classroom activities, drama workshops, presentations, and guided group discussions, led by teachers or external practitioners. Programmes may be single-level (e.g., delivered only in schools) or multi-level (e.g., combining classroom activities and parent-child 'homework' to reinforce core messages). Interventions vary widely in design and duration, from 45-minute workshops to extended programmes spread over multiple school years. They are often delivered to mixed sex groups of secondary school age but can also be delivered to primary school children and university students. Some programmes are designed for single sex cohorts.

##### Review findings

Eighteen of our included reviews focused on healthy relationships programmes. We assigned a **robust** rating to this category, as most evidence was drawn from RCTs.

**Table 5 – Healthy relationships programmes (18 reviews)**

Outcome Group	Outcome	Number of reviews	Effectiveness rating
<b>Knowledge</b>	Increased awareness and knowledge of VAWG	7	Strong
<b>Beliefs and attitudes</b>	Decreased acceptance of harmful myths and behaviours; decreased acceptance of gender stereotypes	10	Strong
<b>Skills and self-efficacy</b>	Increase in healthy conflict resolution skills	2	Strong
	Increase in bystander skills (including willingness/confidence to intervene)	4	Mixed
<b>Experiences and behaviours</b>	Increase in bystander action	3	Mixed
	Decrease in VAWG perpetration	16	Mixed
	Decrease in VAWG victimisation	13	Mixed

There is strong evidence that healthy relationships programmes can positively influence **knowledge and beliefs** about VAWG. Of the 18 included reviews, 10 assessed attitudinal effects and 7 assessed knowledge effects. Except for one review<sup>2</sup> (where 2 studies reported negative attitude changes, perhaps indicating a potential ‘backlash’ effect) the overall evidence for knowledge and attitude-based outcomes was positive throughout the literature.

A small number of reviews assessed outcomes related to **healthy conflict resolution skills** (2 reviews), **bystander skills** (4 reviews) and **bystander actions** (3 reviews). These reviews found strong evidence that programmes lead to improvements in conflict resolution skills but mixed evidence that programmes lead to improvements in bystander skills and behaviours.

Of the 18 reviews, all but 2 measured **VAWG perpetration outcomes**, and most (13 of 18) measured **VAWG victimisation outcomes**. Evidence of effectiveness for these behavioural outcomes was mixed, with some studies revealing positive intervention effects, and others revealing null effects or contradictory effects for different violence types (e.g. sexual vs physical violence). Indicatively, a review of 68 RCTs found that only a third of included programmes were successful in reducing dating violence or gender-based violence when compared to control conditions.<sup>3</sup> A similar review of 32 evaluations in high income countries found that 53% of programmes yielded positive effects for adolescent dating violence, while 44% yielded null effects.<sup>4</sup>

Some reviews suggest that multi-level programmes are more effective than single-level programmes. However, there is no clear consensus about optimum programme length or



programme design (i.e. facilitation methods, age of target group, single or mixed sex sessions).

## Bystander interventions to prevent sexual assault

### Overview

VAWG bystander interventions aim to educate young people about consent and harm in sexual encounters. Interventions are typically aimed at adolescents and young adults and delivered in secondary- or higher- education settings. Content varies, but there is usually a programmatic focus on dismantling rape myths and sexual violence stereotypes. Delivery methods include facilitator-led workshops, online training courses, and advertising campaigns. These activities may be directed at the general student population or at specific sub-groups of the population, such as all-male clubs and societies. Interventions seek to reduce sexual violence (SV) perpetration and to increase bystander intervention.

### Review findings

Sixteen of our included reviews focused on VAWG bystander interventions. We labelled the evidence-base **robust**, as most reviews focused on RCTs or QEDs. Much of the evidence is drawn from the US, where the SaVE act of 2013 mandates that all higher education institutions receiving federal funds offer students primary prevention programming around sexual violence. To comply with the Act, colleges must implement empirically tested programmes.<sup>5</sup>

**Table 6 – Bystander interventions to prevent sexual assault (16 reviews)**

Outcome Group	Outcome	Number of reviews	Effectiveness rating
<b>Knowledge</b>	Improved understanding of sexual assault and sexual consent	5	Strong
<b>Beliefs and attitudes</b>	Improved attitudes towards sexual assault and victims	9	Promising
<b>Skills and self-efficacy</b>	Increase in bystander efficacy	10	Strong
	Increase in bystander intentions	7	Strong
<b>Experiences and behaviours</b>	Increase in bystander action	12	Strong
	Decrease in sexual violence perpetration	12	Limited
	Decrease in sexual violence victimisation	4	Mixed

As indicated by Table 6, there is strong evidence that bystander programmes improve **understanding of sexual assault** (5 reviews), and promising evidence that programmes improve problematic **attitudes towards sexual violence** (9 reviews). We rated attitude-based outcomes ‘promising’ rather than ‘strong’ as effects were typically small in magnitude and limited to certain attitude-based outcomes but not others. Notably, the evidence suggests that bystander programmes have a more pronounced effect on rape stereotypes than on broader gender stereotypes.

Most included reviews assessed **bystander action** (12 reviews), with some also assessing **bystander efficacy** (10 reviews) and **intentions to engage in bystander action** (7 reviews). In the main, evidence suggests that programmes have a desirable effect on bystander outcomes. However, observed effects are stronger for bystander skills and intentions than for actual bystander behaviour. A meta-analysis of 27 robust studies found that students who participated in bystander programmes performed about 5 more acts of intervention in the 4 months after the programme, than before.<sup>6</sup> However, these effects were diminished by 6 months post-intervention. A similar meta-analysis of 24 studies concluded that bystander effects persisted for around 3 months but diminished thereafter.<sup>7</sup> These findings highlight a potential need for repeat (or ‘booster’) sessions to yield longer-term effects.

Although sexual violence perpetration is the focus of bystander initiatives, there is limited evidence to suggest that programmes affect perpetration rates in participants. Twelve of the included reviews measured **sexual violence perpetration**, with most finding null effects or small effects that became insignificant by the final follow-up. Reviews generally point to neutral effects on SV perpetration (as opposed to harmful effects); however, harmful effects have been observed in a small number of cases. A review of over 100 individual studies found 9 studies which each had at least one negative outcome<sup>8</sup>, indicating that participants exposed to a bystander intervention demonstrated worse results than the control group for at least one SV attitude or behaviour. Evidence suggests that programmes are less effective, and potentially even harmful, when implemented with men who have a prior perpetration history.<sup>9</sup>

**Sexual violence victimisation** outcomes were less commonly considered by reviews. This is perhaps to be expected given that programmes target potential *bystanders* of sexual violence, and not potential victims. The 4 reviews assessing this outcome found mixed evidence of programme effectiveness.

## Communications campaigns

### Overview

Communications campaigns aim to raise awareness and understanding of VAWG, providing people with information, skills and strategies to identify harmful behaviour. Dissemination methods include posters, leaflets, television adverts, websites, and product and consumer advertising. The messaging within these materials may be victim-focused, bystander-focused or perpetrator-focused. Physical settings for campaigns include schools and higher education institutions; GPs and sexual health services; public transport spaces; and venues in the night-time economy.

## Review findings

Our review of the literature identified just **one systematic review** relating to VAWG communications campaigns.<sup>10</sup> This review had a narrow methodological scope, focusing on the effectiveness of campaigns designed to prevent sexual violence on US college campuses. We categorised this review as **quite robust**, as there was only one RCT in the sample (most studies being QEDs).

Examining 15 studies of 8 unique prevention campaigns, this review found encouraging evidence to suggest that campaigns increase student **understandings of sexual violence**. Results for **attitudinal outcomes** and **behavioural outcomes** were more mixed, suggesting that passive dissemination methods alone may not be enough to achieve meaningful social change.

## Family-based interventions to prevent or reduce domestic abuse

### Overview

Family-based prevention activities **target parents and carers at risk of, or currently experiencing, domestic abuse**. Approaches include intensive case management, counselling/therapy, and skills-building around healthy relationships. There is evidence to suggest that domestic abuse can cluster and interact with other household challenges such as mental ill-health and substance abuse. As such, interventions may target multiple risk factors or 'adverse childhood experiences' (ACEs) simultaneously. Since activities of this kind offer targeted support to families deemed to be at risk, they sit at the intersection of 'prevention' and 'early intervention' policies.

### Review findings

Two of our included reviews focused on whole-family approaches to domestic abuse. We assigned the evidence a **robust** robustness rating as the majority of the study designs were RCTs. Because only a few studies were identified, we have classified intervention effectiveness as limited.

The first review examined parental support interventions addressing domestic abuse, mental ill-health, and substance misuse in combination.<sup>11</sup> Studies were included if they measured 2 or more of these outcomes through an RCT design. The review identified 8 RCTs measuring domestic abuse and mental health (MH); 4 RCTs measuring domestic abuse and substance misuse; and 12 RCTs measuring all three outcomes.

Of the 8 studies measuring domestic abuse and mental health, one demonstrated a positive impact on both outcomes, and one demonstrated a positive singular impact on domestic abuse. However, these studies were set in very different cultural contexts to the UK, the first focusing on pregnant domestic abuse victims in Hong Kong and the second focusing on pregnant women at risk of domestic abuse in Iran. The remaining 6 studies showed null impacts on domestic abuse.

Of the 4 studies measuring domestic abuse and substance misuse, none demonstrated impacts on both outcomes but one demonstrated a positive singular impact on domestic abuse. In this study, prenatal mothers assigned to a home visitation programme in Arizona reported less **physical violence victimisation** compared to the control group at 12-month

follow-up. Finally, of the 12 studies measuring domestic abuse, mental health and substance misuse in combination, none demonstrated combined impacts on these outcomes, but one showed a positive singular impact on domestic abuse. This study assessed the effectiveness of a home visitation programme for Black, low income, pregnant women in Tennessee, which involved nurses delivering home visits to mothers up until a child turned 2. At 2-year follow-up (i.e. when children were around 4 years of age), mothers' **physical violence victimisation** was found to have significantly reduced relative to the control group. Importantly, family-focused interventions that addressed domestic abuse – without also addressing mental health or substance abuse – would have been excluded from this systematic review.

The second review, focusing on England, explored evidence-based interventions to reduce pressure on the children's social care system.<sup>12</sup> This review identified 3 promising primary prevention programmes for families at risk of experiencing domestic abuse. The first, *Family Foundations*, is a group-based programme for couples expecting their first child, in which couples learn communication and conflict resolution skills. The second, *Schoolchildren & their Families*, adopts a similar approach but is targeted at couples with a child entering primary school. Evidence from multiple robust evaluations suggests that *Family Foundations* reduces **parental reports of conflict and violence**. This effect has been observed at the 12-month follow-up, when the children of participating parents reach their first birthday. *Schoolchildren and their Families* has not been as widely evaluated. However, evidence from at least one robust study suggests that it has short-term positive effects on **parenting behaviours, parental couple communication, and parental satisfaction**. Crucially, couples are unable to participate in either programme if domestic abuse is already present within the household.

The third programme, Family Nurse Partnership (FNP), is a voluntary home-visiting programme for first-time adolescent mothers that was first developed in the United States. Mothers receive weekly visits from a family nurse in the antenatal and post-natal period to support their own wellbeing, and the health and development of their child. Contact gradually transitions to fortnightly and then monthly visits up until a child turns 2. Evidence from multiple robust evaluations suggests that FNP reduces **mothers' involvement in violent relationships** during and after intervention exposure. However, these results were not identified in the most recent UK evaluation of the programme.

It should be noted that there were a very limited number of studies (contained within just 2 identified reviews) that looked at family-based interventions to prevent domestic abuse. This means that any conclusions should be interpreted with caution.

## 2.2.2 Review 2: Relentless Pursuit of Perpetrators

This review focused on interventions aiming to strengthen the societal response to VAWG to stop perpetrators from causing harm and to improve victim satisfaction with the criminal justice system. Interventions focus on identifying and managing perpetrators within the criminal justice system and the community.

## Perpetrator interventions: therapeutic / psychological models

### Overview

Therapeutic approaches for VAWG perpetrators focus on skill-building and challenging dysfunctional thoughts and behaviours to stop abuse, reduce anger, and improve mental health. Many reviews included evaluations of Cognitive Behavioural Therapy (CBT) approaches for IPV perpetrators. Other approaches included Acceptance and Commitment Therapy (ACT) and motivational interviewing techniques (MIT) also to prevent recurrence of IPV, and Dialectical Behaviour Therapy (DBT) for stalking perpetrators. VAWG has been found to interact with mental health and substance abuse issues, so interventions often target multiple risk factors simultaneously. The models can vary and are often combined based on perpetrator needs, for example, CBT augmented with substance abuse elements. It was common for reviews to include and/or compare different models, making it difficult to determine the effectiveness of individual components.

### Review findings

Twenty-five reviews included evidence on therapeutic / psychological models. As the majority of these reviews focused on RCTs and some QEDs, we rated the evidence as **robust**.

**Table 8 – Perpetrator interventions: therapeutic/ psychological models (25 reviews)**

Outcome Group	Outcome	Number of reviews	Effectiveness rating
<b>Recidivism</b>	Reduced official and victim/self-report measures, recidivism risk	25	Mixed / Promising
<b>Mental health of Perpetrator</b>	Reduced anxiety	3	Limited
	Reduced depression	4	Mixed / Promising
	Improved wellbeing	1	Limited
	Improved self-esteem	2	Limited
<b>Other perpetrator behaviour</b>	Reduced substance abuse	4	Mixed
	Reduced aggression/defensiveness /domineering behaviours/conflict	5	Promising
	Improved conflict resolution (including reduced maladaptive conflict resolution)	2	Limited
	Increased help-seeking behaviours	1	Limited

Outcome Group	Outcome	Number of reviews	Effectiveness rating
	Increased self-control (related to decreased impulsivity)	1	Limited
	Improved communication	2	Limited
<b>Beliefs and attitudes of perpetrator</b>	Improved empathy	2	Limited
	Improved gender-related attitudes	2	Limited

All 25 reviews focused on **recidivism** as their primary outcome metric. Other outcomes were measured to a much lesser extent and were less likely to be evaluated involving a robust comparator group. Recidivism was mostly measured using official (e.g., police recorded crime) or self-reports (e.g., from victim-survivors). The effectiveness of interventions often varied depending on the specific approach used and participant demographics.

The highest volume of evidence on recidivism was found for CBT approaches. Our review found promising results for CBT reducing recidivism rates among perpetrators of IPV and sexual offences. For example, one systematic review<sup>13</sup> included 4 studies measuring recidivism outcomes of CBT interventions for sexual offenders, using QEDs and before and after designs. Three out of four found promising findings related to recidivism.

We found less evidence on other psychological models, and studies tended to compare different types of therapeutic models, meaning that any conclusions are limited. For example, ACT was found in 2 reviews to result in lower physical IPV<sup>14,15</sup> when compared with other models, often Duluth-style approaches (see below).

A minority of reviews reported on mental health outcomes. Three reviews included findings on **anxiety**, and 4 on **depression**. Two reviews included studies on CBT-informed interventions for mostly sexual offenders. These papers demonstrated positive reductions in anxiety and depression. For example, one review<sup>16</sup> included only one study reporting on a trauma informed IPV programme and found positive but not sustained reductions in depression in veteran participants. Another review<sup>17</sup> of CBT interventions for young people engaging in harmful sexual behaviour reported null findings on depression and anxiety outcomes. The same paper reported limited findings on **general well-being**, with only a few studies reporting on this. Two of the aforementioned reviews also reported on **self-esteem** outcomes. Only one paper in each review measured this outcome, so the effectiveness has been rated as limited.

Several outcomes were categorised as 'other perpetrator behaviour' outcomes. Four reviews included mixed findings on whether therapeutic approaches reduced **substance abuse**. Most findings concerned psychological models that are augmented with substance abuse elements, specifically for perpetrators affected by substance misuse. As this is a very specific type of intervention and population, these findings are less comparable with findings for the other psychological / therapeutic models. For example, one meta-

analysis<sup>18</sup> of before-and-after evaluations of treatment approaches incorporating substance abuse and trauma reported better substance abuse outcomes than other models (e.g., those with 'sex roles components').

Outcomes relating to **aggressive behaviours and conflict** were reported in 5 reviews. These were categorised separately from recidivism and often used different types of measurement, for example through perpetrator self-report surveys. One systematic review<sup>19</sup> of US state-mandated treatments for IPV included several studies which found reductions in physical aggression, when comparing psychological models such as MIT to a comparator group. Two reviews included either qualitative evidence or very few studies demonstrating improvements in **conflict resolution** for domestic abuse perpetrators. Evidence related to **self-control/impulsivity** outcomes were also similarly limited.

We identified limited findings related to perpetrator beliefs and attitudes. Two reviews of CBT interventions for young people and adult sexual offenders reported improvements in **perpetrator empathy** across very few studies. Lastly, we found limited evidence on improvements to **gender related attitudes**.

## Perpetrator interventions: feminist/ power and control models

### Overview

Feminist / power and control models take a feminist approach to behaviour change. The best-known feminist / power and control model is the Duluth model. The Duluth Model is a co-ordinated community response that was developed in and mostly commonly used in the US. It proposes that IPV is the product of patriarchy or male socialisation; and occurs because the perpetrator wants to demonstrate power and control over the victim. The model works to hold perpetrators accountable and change their behaviour. There is considerable variation in how feminist / power and control models can and have been implemented. Sometimes feminist / power and control models have been integrated with therapeutic / psychological approaches. However, they are often considered separately within the literature, and therefore we consider them as a distinct category within this report.

### Review findings

Feminist / power and control models featured in 10 reviews. We the evidence as rated as **robust** because studies included several RCTs and QEDs.

**Table 9 – Perpetrator interventions: feminist/ power and control models (4 reviews)**

Outcome Group	Outcome	Number of reviews	Effectiveness rating
<b>Recidivism</b>	Reduced official and victim/self-report measures (of domestic abuse, stalking and general offending)	10	Mixed

All 10 reviews included a measure of **recidivism** as a primary outcome, and findings were mixed across reviews. Four reviews included either very limited (i.e., one or two studies) or null findings on feminist / control models. Three reported mixed findings of effectiveness, including when compared to other models like CBT. Two reviews reported negative comparative outcomes to other models, and one of these also reported small overall effect sizes. However, one meta-analysis<sup>20</sup> of sexual offense, domestic abuse and general violence programmes was the only review to report strictly positive recidivism outcomes. This review found treatments using the Duluth approach to lead to decreased recidivism.

## Culturally specific programmes

### Overview

Culturally specific programmes can be defined as VAWG interventions that are culturally informed, which can include culturally specific components and ethnically diverse cohorts. Examples of programme components are the use of culturally knowledgeable facilitators, discussion of culturally diverse expressions of masculinity, use of cultural healing traditions, and recognition of cultural issues and challenges faced by the participants. Culturally specific programmes can borrow from/overlap with other types of perpetrator programme approaches, for example, the Duluth Model.

### Review findings

Only one review purported to summarise evidence on culturally specific programmes. Within this, 2 studies met the criteria to be considered a culturally specific programme. The papers were rated as **non-experimental** in terms of robustness, as they used non-experimental designs. The stronger design of the 2 only used before and after measures. Because of the lack of research, the evidence can be described as limited for the outcomes assessed (**recidivism** and **mental health outcomes**), and more robust research is needed.

## Specialist courts

### Overview

A VAWG-related specialist court is a judicial system designed to handle VAWG cases through a collaborative, multi-disciplinary approach, aiming to enhance victim safety and support while holding perpetrators accountable. These courts vary in their models, including designated courts, clustered cases, and fast-tracking, and may address either civil or criminal matters, or both.

### Review findings

Only one review included 5 studies on specialist domestic abuse courts and Sexual Offence Courts. This category was rated as having **non-experimental** robustness because most studies used non-experimental designs.

Each of the outcomes below are based on findings from one or two papers and therefore should be interpreted with caution. There is little consensus on which model best improves safety for victims and accountability for perpetrators, attributed to differing local contexts.



One study in South Carolina<sup>21</sup>, evaluated a specialist domestic abuse court in Lexicon County, comparing **recidivism** between offenders processed through the specialist court and traditional courts. Although the authors found a difference between the court types, the low quality of the study means that it is difficult to draw conclusions from this, and the context is likely not comparable to the UK.

Two papers assessed **case outcomes** and found promising results. For example, a pilot domestic abuse court in Glasgow<sup>22</sup> showed improved case outcomes compared to traditional courts, with higher rates of guilty pleas faster case processing higher conviction rates, and lower-case attrition. However, the non-robust methodology used again means that these results should be interpreted with caution. Overall, the evidence on specialist courts is limited.

## Rape Myth Acceptance interventions

### Overview

Rape Myth Acceptance (RMA) is the belief in prejudicial, stereotyped, or false notions about rape, victims, and perpetrators that serve to deny, downplay, or justify sexual violence. RMA can influence social attitudes and behaviours, contributing to victim-blaming and the perpetuation of sexual violence. Interventions designed to challenge RMA include screening jurors and excluding those who hold belief in RMs from service, the use of judge-only trials, routine introduction of expert witnesses, and the provision of educational material.

### Review findings

There were 2 focused reviews on RMA interventions. These were rated as **quite robust**. However, most studies used mock jurors e.g., student samples, which could limit the generalisability of findings.

Both reviews included findings on **RMA** as an outcome and found that these interventions can have a short-term impact upon individuals' RMA. For example, one review<sup>23</sup> examined research assessing RMA interventions within institutional studies. Findings from 20 included studies indicated that RMA interventions can have a short-term impact upon individuals' RMA. Intervention types that were effective in reducing RMA included those that presented RM information, that contained an empathy component, and bystander programmes. Shorter interventions and video formats were found to be the most successful modes of delivery. The same review reported limited improvements in **empathy** towards victims in only one study.

## Protective orders

### Overview

Varying types of Protective Orders (POs) and processes for obtaining POs exist worldwide. However, they are most commonly issued and policed by law enforcement and the justice system, with the aim of stopping perpetrators from using further domestic violence, coercion, harassment, and stalking of a partner or ex-partner.

## Review findings

Two reviews included evidence on POs, one was a focused review, and one was general to VAWG interventions, but included POs. The evidence presented was rated as **non-experimental** because most studies were observational.

Findings on the effectiveness of POs on **violation and recidivism** were mixed. One systematic review and meta-analysis of 25 case/observational studies<sup>24</sup>, found that overall POs were not effective in completely stopping or preventing the continuing use of violence and abuse. The review findings varied depending on the evaluation design and outcome measures used. For example, studies using a before and after measure showed promising results on physical recidivism. However, studies comparing those receiving a PO and those who did not found mostly null and even a negative result on domestic violence re-offending.

There were some promising findings on victim outcomes. The same review<sup>25</sup> identified promising results from 9 studies that investigated **victim perceived effectiveness** and 4 that measured **feelings of safety**. These studies did not use a comparator group, limiting our confidence in the findings.

## VAWG risk assessments

### Overview

Risk assessment tools evaluate the risk of future re-assault and lethality in cases of violence against women and girls (VAWG). These tools help professionals like advocates, law enforcement, nurses, social workers, and first responders identify individuals at risk for ongoing danger and homicide. Examples include the 10-item static-99 for sexual offenders and the Spousal Assault Risk Assessment guide (SARA).

### Review findings

Four reviews included evidence on VAWG risk assessments. There is no robustness rating for risk assessments, as they are evaluated differently to other interventions.

**Table 10 – VAWG risk assessments (4 reviews)**

Outcome Group	Outcome	Number of reviews	Effectiveness rating
<b><i>Psychometrics properties</i></b>	Predictive validity (e.g., whether the tool ‘predicts’ future outcomes including future offending)	4	Mixed

The included reviews typically assessed the **predictive validity** of tools, which measures their ability to predict future outcomes including recidivism. The tools vary considerably, and therefore the evidence on them also varies. We therefore rated outcome of predictive validity as mixed.

Findings from the 4 reviews show that validity and reliability scores of these instruments vary widely. There is no general consensus on which assessment is most appropriate, and usefulness is likely to vary across contexts. For example, one review<sup>26</sup> focusing on the Spousal Risk Assessment (SARA) concluded that variations in terms of both results and research quality led the authors to recommend that further validation research is conducted. In another review<sup>27</sup> of 33 studies on intimate partner femicide risk assessments, instruments were rated as medium-high in consistency and accuracy for estimating homicide. Some of these instruments included the Danger Assessment, the Danger Assessment-5, the Lethality Screen, and the H-Scale. A review and meta-analysis<sup>28</sup> concerning domestic violence risk assessment tools identified 39 different tools, including the Spousal Assault Risk Assessment (SARA) and Ontario Domestic Assault Risk Assessment (ODARA). The meta-analysis included 205 effect sizes, and the tools were found to have a moderate predictive accuracy.

## Policing approaches

### Overview

Our review highlighted growing efforts to improve police responses to VAWG, with a particular focus on how police engage with perpetrators. Various policing strategies—such as collaboration with social services, community-oriented policing, proactive enforcement, and restorative justice—aim to reduce repeat victimisation and enhance victim safety. While these approaches show promise, their effectiveness varies, and it is challenging to separate the impact of policing from the broader criminal justice system.

### Review findings

Two reviews assessed policing approaches. One focused on Second Responder programmes for domestic abuse, where police collaborate with social workers or advocates to support victims soon after an incident, offering education, safety planning, and referrals, while also warning perpetrators. This review was considered **robust** as it included multiple RCTs. The second review looked at various policing strategies for domestic abuse and stalking but was rated as **non-experimental** because of non-robust study designs.

Findings on the effectiveness of interventions for reducing **recidivism** were mixed. The review of Second Responder programmes found no overall reduction in repeat family abuse. However, when focusing on the more robust studies, found a statistically significant increase in police-reported incidents. The authors suggest that this could indicate a greater willingness in victims to report crimes, but more detailed research is needed to confirm this conclusion. The interventions were linked to **increased use of victim services** where this outcome was measured, suggesting improved engagement with support systems. Very few studies assessed recidivism for alternative policing approaches. These included 'positive policing', community orientated policing and Multi-Agency Task and Coordination (MATAC) models. The evidence was very limited but suggested potential positive impacts. The most promising was a U.S.-based RCT on a restorative justice intervention, which found fewer re-arrests compared to a standard 'Batterer Intervention Programme'. The study's findings were limited by high participant dropout rates, and the review notes that some victim advocates have concerns about using restorative justice in cases of VAWG.

## 2.2.3 Review 3: Support

This review focuses on interventions aimed to strengthen support for victims and survivors. It covers a range of practical and therapeutic interventions to protect victims from harm and to enable them to cope, recover, and live safe, independent lives.

### Psycho-therapeutic interventions

#### Overview

Psychological therapies are psychological treatments that aim to help improve mental and physical health of victims of VAWG, as well as other outcomes. They include a wide range of interventions that target cognition, motivation and behaviour and aim to alleviate distress or impairment.

#### Review findings

We identified 23 reviews focusing on various psycho-therapeutic interventions to support victims of VAWG. The evidence was categorised as robust as most of the included studies were either RCTs or QEDs.

**Table 11 – Psycho-therapeutic interventions (23 reviews)**

Outcome Group	Outcome	Number of reviews	Effectiveness rating
<b><i>Psychometrics properties</i></b>	Reduced PTSD	20	Mixed / Promising
	Reduced anxiety	14	Promising
	Reduced depression	16	Promising
	Increased self esteem	9	Strong
<b><i>Social</i></b>	Increased social adjustment	4	Strong
	Increased self-efficacy	2	Strong
<b><i>Prevalence of harm</i></b>	Reduced IPV revictimisation	6	Mixed

The interventions covered in the reviews were conducted in diverse settings, including healthcare facilities, community centres, educational institutions, online platforms, and specialised centres. Participants ranged from adolescents to older adults, predominantly women, with significant ethnic diversity. Specific groups included pregnant women, mothers, individuals with substance abuse issues, and those at risk of HIV.

Within the mental health outcome group, we found promising evidence to suggest that psycho-therapeutic interventions are effective at reducing symptoms of **PTSD** (20 reviews). For instance, one review<sup>29</sup> included a total of 42 studies, including 11 RCTs, and identified significant reductions in PTSD symptoms and improvements in anxiety and depression resulting from psychotherapeutic interventions. The review also found that combining different therapeutic approaches, such as combining meditation and exercise with aerobic exercise, often resulted in enhanced outcomes.

We also found promising and somewhat mixed evidence of reductions in **depression** across 16 reviews. In contrast, the evidence for improvements in **self-esteem** was stronger, with 9 reviews reporting a significant positive impact from psychotherapeutic interventions.

As shown in Table 11, there was strong evidence to suggest that psycho-therapeutic interventions were effective at increasing **social adjustment** amongst victims of IPV and sexual assault (4 reviews), and the 2 reviews that examined **self-efficacy** provided strong evidence supporting the effectiveness of these interventions in enhancing social outcomes (with one suggesting strong effect and one moderate).

Reviews also explored the **prevalence of harm**, particularly the effectiveness of interventions in reducing **IPV re-victimisation**. Across 6 reviews examining the effectiveness of interventions in preventing IPV re-victimisation, findings were mixed. One review reported a partial reduction depending on the type of IPV assessed, 2 found evidence of a reduction, while the remaining 3 concluded either no significant effect or uncertain results. These inconsistencies highlight the need for further robust evidence in this area.

## Advocacy-based interventions

### Overview

Advocacy interventions aim to empower victims by providing advice, safety planning support and helping victims access necessary services. They may be stand-alone or part of other services and interventions, and may be provided within healthcare, criminal justice, social, government, or specialist victim services.

### Review findings

Our review identified 10 reviews focusing on advocacy-based interventions to support victims of VAWG, often specifically focusing on victims of IPV. These were categorised as **quite robust**, as they included a mixture of mostly RCTs and QEDs, as well as some mixed methods and longitudinal studies. Interventions were conducted in healthcare facilities, community centres, domestic violence shelters, educational institutions, online platforms, and policing. Specialised centres, such as rape crisis centres and clinics for veterans, were sometimes involved, along with home visits and interventions in military veteran centres, church settings, and prisons.

**Table 12 – Advocacy-based interventions (10 reviews)**

Outcome Group	Outcome	Number of reviews	Effectiveness rating
<b>Mental health</b>	Reduced depression	5	Strong
	Reduced PTSD	4	Promising
	Reduced anxiety	2	Promising
	Increased quality of life	2	Mixed
	Increased self-esteem	3	Promising
<b>Prevalence of harm</b>	Decreased re-victimisation of IPV	8	Mixed
<b>Increased uptake of services available</b>	Increased use of resources/services	6	Promising
	Improved intention of contacting police in future	1	Promising
<b>Behaviours</b>	Increased safety behaviours	4	Promising

Outcomes assessed included mental health improvements, such as **PTSD** (4 reviews), and **anxiety** (2 reviews), and results were promising overall. Five reviews looked at **depression**, with all reviews seeing a reduction, but in 2 of these reviews, this reduction was not sustained. **Quality of life** was also assessed, with 2 reviews showing mixed effectiveness, as was **self-esteem** which showed promising effectiveness. In terms of **harm prevalence**, 8 reviews indicated varied results in decreasing re-victimisation of IPV. For example, one review which analysed the results from 12 RCTs involving 2,666 participants found that advocacy interventions resulted in significant reductions in the occurrence of physical and psychological intimate partner violence for female victims but did not reduce the occurrence of sexual intimate partner violence.<sup>30</sup>

Service uptake outcomes were promising, with 5 reviews showing **increased use of resources and services** and one showing no effect on accessing resources. One review found promising results for increased **intention to contact police** in future if they were to be re-victimised.<sup>31</sup>

Reviews also found increased self-reported **safety behaviours**, with 4 reviews showing promising results. Safety behaviours or strategies, as discussed by Parker and Gielen (2014), refer to the various actions and plans that women experiencing intimate partner violence (IPV) use to protect themselves and enhance their safety. These strategies can include hiding money and important documents; seeking help from friends and family; changing routines to avoid being tracked or followed by the abuser, using legal measures such as obtaining restraining orders or other legal protections to prevent further abuse.<sup>32</sup>

## Technology-based interventions to enhance wellbeing of survivors

### Overview

Technology-based interventions incorporate technological elements aimed at enhancing the health and well-being of survivors. These interventions include technology-based therapies, computer surveys, tablet applications, online videos, weekly home assignments, emails, and computerised questionnaires. Educational interventions for example involve psycho-educational videos, culturally sensitive trauma-focused cognitive behavioural therapy, and exposure therapy. Telehealth services facilitate interactions between patients and clinicians, offering reproductive health services, screening, diagnosis, and treatment for IPV and domestic violence.

### Review findings

Our review identified 8 reviews focusing on technology-based interventions to support victims of IPV and sexual assault. These were categorised as **robust** as most of the studies included in the reviews were RCTs. Interventions were set in hospitals, community centres, online platforms, and educational institutions. Participants included pregnant victims of IPV, substance users, and survivors of sexual assault.

**Table 13 – Technology-based interventions (8 reviews)**

Outcome Group	Outcome	Number of reviews	Effectiveness rating
<b>Mental health</b>	Reduced depression	7	Mixed
	Reduced PTSD	7	Mixed
	Reduced anxiety Increased quality of life Increased self-esteem	5	Strong
<b>Prevalence of harm</b>	Decreased re-victimisation of IPV	3	Limited
<b>Behaviours</b>	Increased use of resources/services	2	Mixed
	Improved intention of contacting police in future	1	Strong

Seven reviews examined **depression** as an outcome, with mixed results. Three reviews reported that certain technology-based interventions had a strong positive impact on depressive symptoms. These included:

- ICT tools aimed at improving screening and disclosure rates among IPV victims,<sup>33</sup>
- Specific video interventions designed for medical examinations of VAWG victims,<sup>34</sup>

- Psychoeducational websites offering CBT.<sup>35</sup>

However, these benefits were often short-lived. One review highlighted that while various technology-based therapies—such as phone and web-based decision aids, chatbots, text messaging, online support groups, and telehealth—significantly reduced depression in the short term (0–3 months), the effects diminished by 3–9 months and were not sustained beyond 10 months. A similar short-term reduction was found for **anxiety**, though long-term data were lacking.<sup>36</sup>

In contrast, multiple reviews found no significant effect on depression (4 reviews), PTSD (7 reviews) and anxiety (5 reviews). Interventions that showed no significant impact included:

- Some e-health tools (e.g., online/app-based safety decision aids),<sup>37</sup>
- Certain video interventions (e.g., those shown to victims within 72 hours to 7 days post-assault),<sup>38</sup>
- Telehealth services involving clinician-patient interactions integrated into clinical care.<sup>39</sup>

These findings suggest that the effectiveness of technology-enabled mental health interventions depends heavily on both the content and the delivery methods.

In terms of **harm prevalence**, one review concluded that technology-based interventions had a positive effect on re-victimisation and increased **IPV screening and disclosure rates**,<sup>40</sup> but 3 reviews found limited results in decreasing **re-victimisation of IPV**, with findings sometimes varying depending on the abuse in question. For instance, one meta-analysis synthesised findings from 17 RCTs involving 4,590 female survivors of IPV. The results showed that technology-based interventions led to small but significant reductions in physical and psychological violence victimisation within 6 months. However, the interventions did not significantly affect sexual violence victimisation at any time point.<sup>41</sup>

Behavioural outcomes included **substance use**, with 2 reviews showing mixed results. For instance, one of the reviews<sup>42</sup> found that that brief, non-professional video interventions—especially those delivered during or shortly after forensic exams—had a positive short- to medium-term impact on marijuana use among sexual assault survivors. Effects on alcohol use were more variable and context-dependent, and no significant effects were found for hard drug use.

## Parent and family-focused interventions

### Overview

Parent and family-focused interventions aim to support families affected by domestic abuse, focusing on improving the well-being of both parents and children. Interventions include therapy-based approaches, multi-component interventions, such as home visits, which provide comprehensive support during critical transitions; empowerment programmes, which strengthen mothers' support networks and parenting skills; and whole family approaches, which can involve all members, ensuring holistic support.



## Review findings

Our review identified 5 reviews, which we rated as **robust** as the majority of the studies included in the reviews were RCTs.

**Table 14 – Parent and family-focused interventions (5 reviews)**

Outcome Group	Outcome	Number of reviews	Effectiveness rating
<b><i>Mental health of child</i></b>	Reduced PTSD	1	Promising
	Reduced depression	1	Promising
<b><i>Mental health of parent</i></b>	Reduced depression	4	Promising
	Reduced PTSD	3	Promising
<b><i>Child's behaviour</i></b>	Reduced trauma-related behaviours	1	Promising
<b><i>Prevalence of harm</i></b>	Reduced IPV revictimization	3	Promising

We found promising results for reducing **depression in children** (one review) and **PTSD in children** (one review).

There were also promising results for reducing **depression in parents** (4 reviews) and **PTSD in parents** (3 reviews). For depression in parents, 3 reviews concluded that parent and family-related interventions lead to reduced depression in parents, whereas one review noted no change. Similarly, 2 reviews concluded that parent and family-related interventions lead to reduced PTSD in parents, whereas one review noted no change.

The interventions also have promising effectiveness in reducing **trauma-related behaviours in children** (one review), such as aggression, defiance, and hyperactivity.<sup>43</sup>

We found 3 reviews that showed promising results in reducing the **re-victimisation of IPV**. One such example is the Fathers for Change programme, which was evaluated through both an RCT and a large-scale non-randomised study. This intervention focuses on improving fathers' emotional regulation, reflective functioning, and parenting skills. The studies found that participants showed significant reductions in IPV perpetration and in children's exposure to parental conflict. These outcomes suggest that addressing the emotional and relational capacities of perpetrators—especially in the context of fatherhood—can be an effective strategy for reducing IPV and its intergenerational impacts.<sup>44</sup>

## Child-focused interventions

### Overview

Our review identified various interventions for children exposed to domestic abuse, including therapy sessions, summer camps, and creative or activity-based programmes.

### Review findings

Although only 3 studies in the review specifically addressed interventions for children, they were generally **quite robust**, with most employing QEDs. These interventions took place in settings such as shelters, clinical environments, community settings, schools, and homes.

**Table 15 – Child-focused interventions (3 reviews)**

Outcome Group	Outcome	Number of reviews	Effectiveness rating
<b>Mental health</b>	Reduced PTSD	3	Strong
	Reduced anxiety	3	Strong
	Reduced depression	3	Strong
<b>Behaviour</b>	Improved emotional problems	2	Strong

The interventions, often incorporating trauma-focused cognitive behavioural therapy (TF-CBT) and other therapeutic approaches, showed strong results in reducing **PTSD** (3 reviews), **anxiety** (3 reviews), **depression** (3 reviews), and **emotional problems** (2 reviews).

For instance, one review evaluated school-based interventions for child and adolescent victims of interpersonal violence. The authors found that interventions led to significant reductions in PTSD symptoms, with effect sizes indicating moderate to large. Anxiety and depression levels also decreased substantially, showing medium to large effect sizes. Emotional problems improved, with moderate effect sizes suggesting that school-based interventions can effectively support the mental health and emotional well-being of children and adolescents exposed to interpersonal violence.<sup>45</sup>

## Housing-based interventions

### Overview

Housing-based interventions are aimed at supporting victims of intimate partner violence (IPV). These interventions provide safe and stable housing to support the well-being and safety of survivors.<sup>46</sup> Interventions include emergency shelters, transitional housing, and permanent housing solutions. Their aim is to offer immediate safety, reduce the risk of

further violence, and provide a stable environment that facilitates access to additional support services and resources.

## Review findings

We rated the robustness of the findings as **quite robust** due to the various study designs included such as RCTs, QEDs, and cohort studies. Intervention settings varied, and included shelters, transitional housing, and survivors' own homes. Study participants were mostly women (both cisgender and transgender) of various ages, ethnicities, and socioeconomic backgrounds, as well as families, although one review included a small number of male victims of domestic abuse.

**Table 16 – Housing-based interventions (3 reviews)**

Outcome Group	Outcome	Number of reviews	Effectiveness rating
<b>Mental health</b>	Reduced depression	1	Promising
	Reduced PTSD	2	Promising
	Psychological distress	1	Promising
<b>Prevalence of harm</b>	Intent or decision to leave abusive partner	2	Promising
	Decreased re-victimisation of IPV	1	Mixed
	Increased perceived safety	1	Promising
<b>Economic outcomes</b>	Improved housing stability	2	Promising

Table 16 summarises findings from 3 reviews on housing-based interventions. We found that the reviews showed promising results in **reducing depression, PTSD, psychological distress, and increasing individuals' intent or decision to leave abusive partners**.

However, the effectiveness in decreasing **re-victimisation** of intimate partner violence was mixed, and results were inconclusive. We also found the evidence on **housing stability** to be promising. For example, one non-robust study included in one review<sup>47</sup> noted that a longitudinal evaluation of a flexible funding programme in the United States found that this brief, relatively inexpensive intervention increased housing stability over a period of 6 months.<sup>48</sup>

## Primary care interventions

### Overview

Primary care interventions are strategies implemented within primary care settings to support patients experiencing IPV. These interventions typically involve brief, non-physician-led approaches focused on empowerment, empathetic listening, discussing the cycle of violence and safety, and referring patients to community-based resources.

### Review findings

The 3 reviews identified included a variety of study designs such as RCTs, QEDs and descriptive studies, so we rated this category as **quite robust**. The interventions varied widely, including healthy relationship training programmes for adolescents, IPV interventions around pregnancy, and programmes for women with disabilities, amongst others.

**Table 17 – Primary care interventions (3 reviews)**

Outcome Group	Outcome	Number of reviews	Effectiveness rating
<b>Mental health</b>	Reduced depression	3	Promising
	Reduced PTSD	1	Promising
	Improved self-esteem	1	Limited
	Improved anxiety	1	Limited
<b>Physical health outcomes</b>	Improved birth weight	1	Promising
	Reduced preterm births	2	Promising
	Decreased miscarriages	1	Promising
<b>Prevalence of harm</b>	Decreased re-victimisation	2	Mixed
<b>Behaviours</b>	Improved safety behaviour	1	Limited
	Increased use of resources/services	2	Promising

Three reviews found that interventions showed promising effectiveness in improving **depression**. For example, one review that focused on interventions for IPV around pregnancy found improvements in **postnatal depression, improved birth weight, reduced preterm births** and **reduced miscarriages**.<sup>49</sup>

Findings were mixed in relation to decreasing **re-victimisation** and limited for **safety behaviours**. For instance, one review noted limited and inconsistent evidence of reductions in re-victimisation across multiple studies as a result of primary care interventions, specifically those consisting of interventions that sought to empower women.<sup>50</sup> Another review looked specifically at interventions aimed at IPV victims with disabilities, finding limited evidence for their impact on **self-esteem** and **anxiety**.<sup>51</sup>

## Criminal justice interventions

We identified one review that looked at the effects of criminal justice interventions on supporting victims, specifically focusing on second responder programmes for family abuse.<sup>52</sup> These programmes involve follow-up visits by family abuse specialists, often in cooperation with municipal law enforcement agencies, to victims' homes or police stations after an incident of domestic abuse. This review is a meta-analysis and included 15 QEDs and was categorised as **quite robust**. The findings indicated that second responder interventions did not produce significant effects on **repeat family abuse** overall (a composite measure consisting of many metrics). However, they were associated with a **police-reported repeat family abuse incidents** and an increase in the **use of victim services** for treatment groups compared to control groups. The duration of follow-ups varied from several months to multiple years.

### 2.2.4 Review 4: Whole of Society Approach

This review focused on interventions that ultimately aimed to reduce problematic behaviour and the consequences of VAWG across society and organisations.

## Healthcare screening for domestic abuse

### Overview

Domestic abuse screening assists healthcare professionals to detect signs and symptoms of victimisation. The goal is early detection, which can lead to earlier referral into support services, potentially improving outcomes. Screening is used in a variety of healthcare settings, including emergency departments, antenatal services, sexual health clinics, and abortion clinics. Methods of questioning can be face-to-face, telephone-based, or electronic, and screening may be combined with other forms of intervention such as advocacy.

### Review findings

We identified 6 reviews focusing on screening interventions in healthcare settings. We assigned a **robust** rating to this category as included studies were mostly RCTs.

**Table 18 – Healthcare screening for domestic abuse (6 reviews)**

Outcome Group	Outcome	Number of reviews	Effectiveness rating
<b>Identification</b>	Increased victim identification	2	Strong
<b>Referrals</b>	Increase in referrals to IPV support services (following identification)	1	Limited
<b>Victimisation</b>	Reduction in IPV exposure (following identification)	2	Limited

Two reviews examined **victim identification**, with both concluding that screening improves clinical detection of victim-survivors.<sup>53 54</sup> However, of the 2 reviews measuring **IPV exposure** after identification, neither found that screening interventions reduced IPV.<sup>55 56</sup>

It is important to note that screening is not a standalone intervention; identification is normally followed by advice and referrals to support services – interventions through which we would expect to see an impact on IPV exposure. However, these follow-on processes are not guaranteed. One of our included reviews - a meta-analysis of 8 RCTs – found that only 2 evaluations measured **referrals to support services** following identification, and neither showed evidence of an effect on referral rates.<sup>57</sup>

Healthcare professionals may implement a range of interventions following a positive screening result. One of the reviews found that antenatal empowerment advice can reduce involvement in violent relationships and improve birth outcomes among women who screen positive.<sup>58</sup> However, another review reported mixed evidence for the effectiveness of interventions such as home visiting and behavioural counselling in the same population.<sup>59</sup>

Three of our included reviews failed to draw clear conclusions about intervention effectiveness, often due to heterogeneous outcomes and differences in intervention design.<sup>60 61 62</sup>

## **Domestic abuse training for healthcare practitioners**

### **Overview**

Another approach involves delivering dedicated domestic abuse training to healthcare professionals. Delivery modes include facilitated workshops, online modules, and specialist teach-ins. The aim is to improve practitioners' knowledge and skills in managing domestic abuse, should patients show signs of victimisation.

## Review findings

We identified 3 reviews in this category. While many included studies were pre-post designs without a comparison group, the presence of 13 RCTs led us to categorise the evidence as **quite robust**.

A wide-ranging review examined how hospital emergency departments respond to cases of domestic abuse.<sup>63</sup> This review looked at a variety of studies, including 3 that specifically evaluated the effectiveness of staff training programmes. The evidence suggests that training can enhance healthcare **professionals' confidence in identifying domestic abuse** and in **responding appropriately** when disclosures are made. However, it is unclear whether these improvements in staff confidence translate into measurable increases in **detection or referral rates** in the emergency department setting.

Another review of 9 robust studies examined domestic abuse training for doctors and trainee doctors.<sup>64</sup> This review found that training programmes can be effective in improving **victim identification** and **victim referrals**. However, due to variation in interventions and outcome measures it was difficult to determine which approaches – such as online modules, in-person workshops, or whole-system education strategies – were most effective for this audience.

The third and final review examined training interventions designed to strengthen professionals' responses to children affected by domestic abuse.<sup>65</sup> These interventions targeted a broad range of professionals, extending beyond the healthcare sector to include, for instance, child protective services workers and legal advisors—although many were implemented in medical settings. The review found that training programmes improved practitioner **knowledge, attitudes, and clinical competence around domestic abuse**, with positive findings seen up to a year after delivery. However, these findings were primarily derived from pre-post studies lacking comparison groups, limiting the strength of the evidence.

## Intimate partner violence training in the workplace

### Overview

As victims may confide in colleagues about intimate partner violence, some organisations incorporate IPV awareness training into workplace policy. We identified one review (of 6 studies) examining training interventions of this kind.<sup>66</sup> Programmes were delivered across a range of sectors, including healthcare, aviation, manufacturing, hospitality and social services.

### Review findings

Except for one RCT, included studies used a pre-post design (with no comparison group), therefore we categorised the evidence-base as **non-experimental**.

Overall, the review suggested that there are potential benefits to workplace IPV training. Most studies found that training improved **awareness and knowledge of the issue**, including the signs of IPV and how to refer victims to information and support. Studies also reported an increase in staff **willingness to intervene** if they felt an employee was experiencing IPV. However, the review concluded that further evaluation is needed.

## 2.2.5 Updated searches across pillars

Because of the time that has passed since the original evidence reviews were completed, we conducted additional searches to cover this time period (October 2024 – November 2025). Searches of the same databases using the same search terms resulted in a total of 271 papers, which were narrowed down to 19 reviews that meet our inclusion criteria. Due to time constraints, it has not been possible to include the reviews in our synthesis. However, we have listed the relevant review papers in Annex B.

## 3. Additional Evidence

While the reviews described above provide a systematic synthesis of the evaluation evidence base on what works to reduce VAWG, due to the parameters of the review we recognise that this approach will not have captured all evidence. In this section we provide a non-exhaustive selection of evidence, including information shared with us by stakeholders. This includes examples of UK evaluations not captured by the Evidence Reviews, links to other useful bodies of evidence and a list of relevant interventions (Annex B). This goes some way to demonstrate the huge number of promising and innovative approaches to tackling VAWG and the need to continue to build the evidence base on what works by improving and increasing evaluation.

### 3.1 Examples of other evaluations

**Policing initiatives:** There are several examples of promising policing approaches. For example, Operation Soteria, a collaborative programme between police and academics, which aims to improve policing practices when investigating rape and serious sexual offences cases,<sup>67</sup> and Rapid Video Response where ongoing evaluation is finding encouragingly faster response times to domestic abuse incidents and increases in victim satisfaction.<sup>68-69</sup> Multi-agency Public Protection Arrangements (MAPPAs) also show promising good practice for managing sexual offences.<sup>70</sup> Other initiatives such as Operation Balearic,<sup>71</sup> and Operation Provide,<sup>72</sup> which involves Independent Domestic Violence Advisers in police incident responses to domestic abuse victims have shown positive results for safeguarding and engagement with criminal investigations, particularly for repeat victims. There is also some evidence that alcohol monitoring programmes can contribute to reducing levels of domestic abuse re-offending though this evidence is largely from the US.<sup>73</sup> The long-term effects are not known and the need to address specific harms associated with domestic abuse has to be considered as part of any intervention of this kind. The approach has not been fully tested in a UK context partly due to differences in the criminal justice system. However, trials to date modelled at least in part on the US 24/7 sobriety approach have shown positive results in terms of compliance.<sup>74</sup>

**Public space approaches:** Several initiatives in public spaces have been identified as showing promising outcomes, however, most have limited evidence. Guardianship approaches have shown potential, whereby everyday citizens who are likely to be seen in local and transient space (e.g. bus drivers, street wardens) are trained to identify and offer support to potential victims of VAWG and deter perpetrators.<sup>75</sup> There was some evidence of the positive effects of this in the night-time economy (NTE), where improvements in



perceptions of safety for women and girls walking alone were identified by some groups.<sup>76</sup> Other initiatives focused on improved ease and awareness of reporting include the Railway Guardian strategy led British Transport Police, Transport for London and other police bodies,<sup>77</sup> which has been identified as innovative practice which warrants further testing by the College of Policing.<sup>78</sup> A further example of a promising approach is Project Vigilant which involves plain clothed police officers in NTE hotspots.<sup>79</sup> Evaluation to date, albeit on a small scale, has found some observable differences in police recorded sexual offences in the NTE, though at this stage it is not possible to draw generalisable conclusions and further evaluation is ongoing.<sup>80</sup>

**Perpetrator programmes:** There is good evidence that the DRIVE and CARA perpetrator programmes can reduce re-offending. DRIVE, which is targeted at high risk and high harm perpetrators, is a whole-system approach which focuses on reducing risk and increasing victim safety by combining disruption, support and behaviour change interventions alongside protective work by victim services.<sup>81</sup> An evaluation of DRIVE found that it reduced abusive behaviours compared to perpetrators not allocated to DRIVE, over a 12-month period.<sup>82</sup> Project CARA is an awareness-raising program that promotes behaviour change for individuals who are first-time domestic abuse offenders.<sup>83</sup> Evaluations of CARA found that offenders assigned to CARA had lower rates of re-arrest than offenders not assigned to the programme.<sup>84-85</sup> Project Mirabal used data from Respect accredited 11 domestic abuse perpetrator programmes to assess their effectiveness using mixed methods. They concluded that overall, the programmes have the potential to improve the lives of perpetrators, victims, and their children.<sup>86</sup>

**Protection orders:** There is, in general, mixed evidence on the effectiveness of protection orders. There is evidence that Domestic Violence Protection Orders (DVPOs) improved revictimisation, feelings of safety, and attitudes on public safety.<sup>87</sup> The evaluation of the new Domestic Abuse Protection Order is ongoing and should provide more up to date evidence on the effectiveness of domestic abuse orders. Stalking Protection Orders (SPOs) have also shown promising effects from the perspective of police officers and legal advisors,<sup>88</sup> however there is little evidence to support revictimisation and repeat offending. Several cases of the use of Forced Marriage Protection Orders (FMPOs), have highlighted their successful facilitation of repatriation in cases of threat of, or completed, forced marriage.<sup>89</sup>

## 3.2 Links to VAWG bodies of evidence

The following links provide access to some of the many sources of high-quality evidence on VAWG, produced or collated by external organisations. This list is not intended to be exhaustive.

### Evidence hubs and research pages

- [The Foreign, Commonwealth and Development Office Evidence Hub](#)
- [The Youth Endowment Fund Toolkit](#)
- [The College of Policing Crime reduction toolkit](#)
- [Research by the Domestic Abuse Commissioner for England and Wales](#)
- [Research by Foundations – the What Works Centre for Children and Families](#)

- [Research by ANROWS: Australia's National Research Organisation for Women's Safety](#)
- [Evidence underpinning the RESPECT women framework – developed by UN Women and the World Health Organisation](#)
- [Research by Our Watch Institute Website – a non-profit organisation to help prevent violence against women and children in Australia](#)

### **What Works evidence summaries**

- ['What Works to Prevent Violence against Women, Domestic Abuse and Sexual Violence \(VAWDASV\): Systematic Evidence Assessment' – Uned Atal Trais \(Violence Prevention Unit Wales\)](#)
- ['Rapid Evidence Assessment: what works with domestic abuse perpetrators?' – Welsh Government](#)
- ['Preventing violence against women and girls – what works: evidence summary' – Scottish Government](#)
- ['Reducing and prevention violence against women: global evidence review' – Respect Victoria](#)
- ['Addressing violence against women through social protection: A review of the evidence' – UN Women](#)
- ['A rigorous global evidence review of interventions to prevent violence against women and girls' – What Works to Prevent Violence against Women and Girls Global Programme, Pretoria, South Africa](#)

## **3.3 What works evidence gaps**

Identified evidence gaps include, but are not limited to, what works evidence on: non-contact sexual offences; stalking and harassment; regulation of online platforms; responding and reducing misogynistic and harmful content online; spiking; support for migrant victims of VAWG; honour-based abuse; interventions for specific victim groups (e.g. male victims, LGBTQ+) and the role of intersectionality; and robust evaluation of interventions for child victims of domestic abuse. Further, there remain large gaps in long-term follow-up evidence and impact.

# Annexes



## Annex A: Evidence Reviews Bibliography

### Review 1: Prevention

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## Annex B: Additional searches (October 2024 – November 2025)

### Prevention and Early Intervention

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### Relentless Pursuit of Perpetrators

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## Support

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## Whole of Society Approach

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## Annex C: Promising Interventions

The interventions shown in the table below are presented in order of the 4 evidence reviews. It is important to note that many are likely to contribute to more than one pillar and there may be some crossover with interventions identified in the evidence reviews.

**Table A - Prevention Interventions**

Name	Category	Pillar
<b>#SafeToSay</b>	Communications campaigns to improve understanding of VAWG all its crime types	Prevention
<b>Active Bystander Communities (ABC)</b>	Bystander interventions and reporting guidance in schools, universities and the workplace	Prevention
<b>Ask Me Project</b>	Community engagement sharing information on all VAWG crime types (including HBA), and a special focus on parenting and online VAWG	Prevention (Cross-pillar)
<b>Beyond Equality</b>	Modifying environments and promoting gender equitable social norms through interventions targeted at industry, companies and schools	Prevention
<b>Change that Lasts Early Perpetrator Response (CLEAR)</b>	Modifying environments and promoting gender equitable social norms through interventions targeted at industry, companies and schools Frontline staff training to better support victims and deal with perpetrators	Prevention (Cross-pillar)
<b>DARSI programme</b>	Respectful relationship, sexual consent and wider social skills training in schools, universities, the local community, and extra-curricular activities such as sports	Prevention
<b>Education for Midwives</b>	Frontline staff training to better support victims and deal with perpetrators	Prevention (Cross-pillar)
<b>Enough Campaign</b>	Communications campaigns to improve understanding of VAWG all its crime types	Prevention
<b>Environmental interventions (CCTV and streetlighting)</b>	Safety by design in public and on public transport	Prevention

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Name	Category	Pillar
<b>Escape the Trap</b>	Respectful relationship, sexual consent and wider social skills training in schools, universities, the local community, and extra-curricular activities such as sports	Prevention
<b>Expect Respect</b>	Respectful relationship, sexual consent and wider social skills training in schools, universities, the local community, and extra-curricular activities such as sports	Prevention
<b>Family Nurse Partnership (FNP)</b>	Healthcare based initiatives Family-based activities, especially during pregnancy, to prevent and respond to victims and perpetrators of domestic abuse	Prevention (Cross-pillar)
<b>The Freedom Programme</b>	12-week programme that helps women and girls to understand more about how tactics, behaviours and rules are used to gain control in relationships	Prevention
<b>For Baby's Sake</b>	Family-based activities, especially during pregnancy, to prevent and respond to victims and perpetrators of domestic abuse	Prevention (Cross-pillar)
<b>Good Night Out Campaign</b>	Communications campaigns to improve understanding of VAWG all its crime types	Prevention
<b>Green Dot</b>	Bystander interventions and reporting guidance in schools, universities and the workplace	Prevention
<b>Guy Talk</b>	Modifying environments and promoting gender equitable social norms through interventions targeted at industry, companies and schools	Prevention
<b>Hedgehogs</b>	Respectful relationship, sexual consent and wider social skills training in schools, universities, the local community, and extra-curricular activities such as sports	Prevention
<b>Coaching Boys into Men</b>	Respectful relationship, sexual consent and wider social skills training in schools, universities, the local community, and extra-curricular activities such as sports	Prevention
<b>Our Watch – Equality and</b>	Respectful relationship, sexual consent and wider social skills training in schools,	Prevention

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Name	Category	Pillar
<b>Respect in Sport in Australia</b>	universities, the local community, and extra-curricular activities such as sports	
<b>Let Toys be Toys/ Let Books be Books</b>	Modifying environments and promoting gender equitable social norms through interventions targeted at industry, companies and schools	Prevention
<b>Lifting Limits</b>	Modifying environments and promoting gender equitable social norms through interventions targeted at industry, companies and schools	Prevention
<b>My Life My Choice</b>	Empowerment-based interventions, including self-defence	Prevention (Cross-pillar)
<b>Outside the Box</b>	Respectful relationship, sexual consent and wider social skills training in schools, universities, the local community, and extra-curricular activities such as sports	Prevention
<b>Programmes outlined by Wales Violence prevention unit: Media Academy Cymru, Cardiff YMCA and Swansea Make a Difference</b>	Modifying environments and promoting gender equitable social norms through interventions targeted at industry, companies and schools	Prevention
<b>Project Guardian (includes Report it to stop it and Railway Guardian)</b>	Safety by design in public and on public transport Creation of online technology to make the public feel safe	Prevention (Cross-pillar)
<b>Project Vigilant</b>	Increased policing and wider CJS measures to support with investigations	Prevention (Cross-pillar)
<b>Real Consent</b>	Modifying environments and promoting gender equitable social norms through interventions targeted at industry, companies and schools	Prevention
<b>Safe Dates</b>	Respectful relationship, sexual consent and wider social skills training in schools, universities, the local community, and extra-curricular activities such as sports	Prevention

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Name	Category	Pillar
<b>Safer Wales</b>	Initiatives to support men who have entered the criminal justice system	Prevention (Cross-pillar)
<b>Self-defence programmes</b>	Empowerment-based interventions, including self-defence	Prevention
<b>Shifting Boundaries</b>	Respectful relationship, sexual consent and wider social skills training in schools, universities, the local community, and extra-curricular activities such as sports	Prevention
<b>Sound</b>	Communications campaigns to improve understanding of VAWG all its crime types	Prevention
<b>Speak Out, Stay Safe (SOSS) programme</b>	Respectful relationship, sexual consent and wider social skills training in schools, universities, the local community, and extra-curricular activities such as sports	Prevention
<b>Stay Safe - Child Abuse Prevention Programme (CAPP)</b>	Respectful relationship, sexual consent and wider social skills training in schools, universities, the local community, and extra-curricular activities such as sports	Prevention
<b>Stepping Stones</b>	Respectful relationship, sexual consent and wider social skills training in schools, universities, the local community, and extra-curricular activities such as sports	Prevention
<b>Streetsafe</b>	Creation of online technology to make the public feel safe	Prevention (Cross-pillar)
<b>The Fourth R</b>	Respectful relationship, sexual consent and wider social skills training in schools, universities, the local community, and extra-curricular activities such as sports	Prevention
<b>The Intervention Initiative</b>	Bystander interventions and reporting guidance in schools, universities and the workplace	Prevention
<b>The Positive Masculinity Initiative</b>	Modifying environments and promoting gender equitable social norms through interventions targeted at industry, companies and schools	Prevention
<b>Theatre-based education</b>	Respectful relationship, sexual consent and wider social skills training in schools,	Prevention

Name	Category	Pillar
	universities, the local community, and extracurricular activities such as sports	
<b>'This is Abuse' campaign</b>	Communications campaigns to improve understanding of VAWG all its crime types	Prevention

**Table B - Relentless Pursuit of Perpetrators Interventions**

Name	Category	Pillar
<b>CARA</b>	Perpetrator programmes / offender management initiatives	Response
<b>Caring Dads</b>	Family-based activities, especially during pregnancy, to prevent and respond to victims and perpetrators of domestic abuse	Response (cross pillar)
<b>domestic abuse Matters</b>	Frontline staff training to better support victims and deal with perpetrators	Response
<b>Digital capabilities in stalking-related cases (Operation Atlas)</b>	Increased policing and wider CJS measures to support with investigations	Response
<b>Domestic Abuse Best Practice Training for court staff</b>	Frontline staff training to better support victims and deal with perpetrators	Response
<b>Domestic abuse handbook (Police)</b>	Frontline staff training to better support victims and deal with perpetrators	Response
<b>Domestic Violence Protection Orders, Forced Marriage Protection Orders, FGM Protection Orders and Stalking Protection Orders</b>	Protective order landscape	Response
<b>DRIVE</b>	Perpetrator programmes / offender management initiatives	Response



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Name	Category	Pillar
<b>Early Awareness Stalking Intervention (EASI)</b>	Perpetrator programmes / offender management initiatives	Response
<b>Education for Midwives</b>	Frontline staff training to better support victims and deal with perpetrators	Response (cross pillar)
<b>Evidence-led prosecution checklist for domestic abuse cases</b>	Increased policing and wider CJS measures to support with investigations	Response
<b>Forensic marking</b>	Increased policing and wider CJS measures to support with investigations	Response
<b>Harm reduction unit for stalking</b>	Perpetrator programmes / offender management initiatives	Response
<b>Health Pathfinder</b>	Activities provided by frontline services for victims and perpetrators, and increased join-up across them	Response (cross pillar)
<b>Hollie Guard App</b>	Creation of online technology to make the public feel safe	Response
<b>Independent Sexual Violence Advocate Support</b>	Activities provided by frontline services for victims and perpetrators, and increased join-up across them	Response (cross pillar)
<b>Inspire to Change Domestic Abuse Perpetrator Programme</b>	Perpetrator programmes / offender management initiatives	Response
<b>Integrated Domestic Abuse Program (IDAP) and Community Domestic Violence Program (CDVP)</b>	Perpetrator programmes / offender management initiatives	Response
<b>Integrated Offender Management (IOM) for domestic abuse perpetrators</b>	Perpetrator programmes / offender management initiatives	Response
<b>Make a Change</b>	Perpetrator programmes / offender management initiatives	Response (cross pillar)

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Name	Category	Pillar
<b>Multi-Agency Tasking and Coordination (MATAC)</b>	Perpetrator programmes / offender management initiatives	Response
<b>Operation Balearic</b>	Increase IDVA use for police investigations	Response (cross pillar)
<b>Operation Encompass</b>	Mandated system to record and flag troubling behaviour within schools	Response (cross pillar)
<b>Operation Nightingale – improving evidential quality in domestic abuse cases</b>	Increased policing and wider CJS measures to support with investigations	Response
<b>Operation Odyssey – using data extraction technology in VAWG investigations</b>	Increased policing and wider CJS measures to support with investigations	Response
<b>Operation Provide – Lancashire Constabulary</b>	Increase IDVA use for police investigations	Response
<b>Operation Redeemer – preventing sexual offences when vehicles are used to aid offending</b>	Increased policing and wider CJS measures to support with investigations	Response
<b>Operation Yeomanry – identifying, preventing and disrupting repeat suspects of rape and sexual offences</b>	Increased policing and wider CJS measures to support with investigations	Response
<b>Panic alarms for domestic abuse victims</b>	Activities provided by frontline services for victims and perpetrators, and increased join-up across them	Response
<b>Project Shield – improved access to details of non-molestation orders</b>	Intelligence gathering and sharing by policing and other relevant agencies	Response
<b>Rapid video response (RVR) for domestic abuse and Video First response (VFR)</b>	Increased policing and wider CJS measures to support with investigations	Response (cross pillar)
<b>Respect</b>	Activities provided by frontline services for victims and	Response (cross pillar)

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Name	Category	Pillar
	perpetrators, and increased join-up across them	
<b>Restart</b>	Family-based activities, especially during pregnancy, to prevent and respond to victims and perpetrators of domestic abuse Perpetrator programmes / offender management initiatives	Response (cross pillar)
<b>Risk prediction Algorithms</b>	Tech-enabled risk predictors	Response (cross pillar)
<b>Road to Rescue scheme</b>	Transportation practical support for victims of domestic abuse	Response
<b>Scottish Caledonian Men's programme</b>	Perpetrator programmes / offender management initiatives	Response
<b>Sex Offender Treatment Programmes (SOTPs)</b>	Perpetrator programmes / offender management initiatives	Response
<b>Senior oversight officers – Hampshire &amp; Isle of Wight Constabulary</b>	Increased policing and wider CJS measures to support with investigations	Response
<b>Sexual Assault Referral Centres</b>	SARCs	Response
<b>Signa – increasing awareness and recording of sexual harassment, sexism and misogyny</b>	Frontline staff training to better support victims and deal with perpetrators	Response
<b>Sobriety schemes (including Alcohol Abstinence Monitoring Requirement)</b>	Perpetrator programmes / offender management initiatives	Response
<b>Stopping unwanted prisoner contact with victims of domestic abuse</b>	Perpetrator programmes / offender management initiatives	Response

Name	Category	Pillar
<b>Targeting repeat sexual offenders through Operation Ratify</b>	Increased policing and wider CJS measures to support with investigations	Response
<b>The stalking hub</b>	Activities provided by frontline services for victims and perpetrators, and increased join-up across them	Response
<b>Visual Identification Bureau</b>	Increased policing and wider CJS measures to support with investigations	Response
<b>You and Me, Mum</b>	Family-based activities, especially during pregnancy, to prevent and respond to victims and perpetrators of domestic abuse	Response (cross pillar)

**Table C – Support Interventions**

Name	Category	Pillar
<b>Ask Me Project</b>	Community engagement sharing information on all VAWG crime types (including HBA), and a special focus on parenting and online VAWG	Support (cross pillar)
<b>Caring Dads</b>	Family-based activities, especially during pregnancy, to prevent and respond to victims and perpetrators of domestic abuse	Support (cross pillar)
<b>Changing Futures</b>	Changing Futures is a 5-year programme aiming to improve outcomes for adults experiencing multiple disadvantage – including combinations of homelessness, substance misuse, mental health issues, domestic abuse and contact with the criminal justice system	Support
<b>Compass Project</b>	Providing direct financial support	Support

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Name	Category	Pillar
<b>Defence Victim Witness Care Unit (VWCU)</b>	Provides support and guidance for victims and witnesses during their journey through the Service Justice System	Support
<b>Domestic abuse recovering together (DART)</b>	Frontline staff training to better support victims and deal with perpetrators	Support
<b>Domestic abuse safe accommodation strategy 2024-27</b>	Housing support initiatives	Support
<b>Domestic and economic abuse project (DEAP)</b>	Frontline staff training to better support victims and deal with perpetrators	Support
<b>Economic Justice Project</b>	Providing direct financial support	Support
<b>Education for Midwives</b>	Frontline staff training to better support victims and deal with perpetrators	Support (cross pillar)
<b>Family Nurse Partnership (FNP)</b>	Healthcare based initiatives Family-based activities, especially during pregnancy, to prevent and respond to victims and perpetrators of domestic abuse	Support (cross pillar)
<b>For Baby's Sake</b>	Family-based activities, especially during pregnancy, to prevent and respond to victims and perpetrators of domestic abuse	Support (cross pillar)
<b>Galop Helpline</b>	Activities provided by frontline services for victims and perpetrators, and increased join-up across them	Support
<b>Health Pathfinder</b>	Activities provided by frontline services for victims and perpetrators, and increased join-up across them	Support (cross pillar)
<b>Independent Sexual Violence Advocate Support</b>	Activities provided by frontline services for victims and perpetrators, and increased join-up across them	Support (cross pillar)
<b>Karma Nirvana Helpline</b>	Activities provided by frontline services for victims and perpetrators, and increased join-up across them	Support

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Name	Category	Pillar
<b>Manchester concessionary bus pass pilot scheme</b>	Transportation practical support for victims of domestic abuse	Support
<b>My Life My Choice</b>	Empowerment-based interventions, including self-defence	Support (cross pillar)
<b>National Domestic Abuse Helpline</b>	Activities provided by frontline services for victims and perpetrators, and increased join-up across them	Support
<b>Operation Balearic</b>	Increase IDVA use for police investigations	Support (cross pillar)
<b>Operation Encompass</b>	Mandated system to record and flag troubling behaviour within schools	Support (cross pillar)
<b>PATH: Psychological advocacy towards healing</b>	Activities provided by frontline services for victims and perpetrators, and increased join-up across them	Support
<b>Rapid video response (RVR) for domestic abuse Video First response (VFR)</b>	Increased policing and wider CJS measures to support with investigations	Support (cross pillar)
<b>Refuge</b>	Housing support initiatives	Support
<b>Respect</b>	Activities provided by frontline services for victims and perpetrators, and increased join-up across them	Support (cross pillar)
<b>Restart</b>	Family-based activities, especially during pregnancy, to prevent and respond to victims and perpetrators of domestic abuse Perpetrator programmes / offender management initiatives	Support (cross pillar)
<b>Road to Rescue scheme</b>	Transportation practical support for victims of domestic abuse	Support (cross pillar)
<b>SafeZones - IDAS</b>	Housing support initiatives	Support
<b>Sanctuary Scheme Support</b>	Housing support initiatives	Support

Name	Category	Pillar
<b>Sexual Assault Referral Centres</b>	SARCs	Support (cross pillar)
<b>Special Funds for the Sexual Violence Voluntary and Community Sector</b>	Providing direct financial support	Support
<b>Support for Migrant Victims (SMV)</b>	Providing direct financial support	Support
<b>Training of Safe and Together Model for frontline workers</b>	Frontline staff training to better support victims and deal with perpetrators	Support
<b>Westminster VAWG Housing First Project</b>	Housing support initiatives	Support
<b>You and Me, Mum</b>	Family-based activities, especially during pregnancy, to prevent and respond to victims and perpetrators of domestic abuse	Support (cross pillar)

**Table D – Whole of Society Approach Interventions**

Name	Category	Pillar
<b>Ask and Act</b>	Frontline staff training to better support victims and deal with perpetrators	Early intervention (cross-pillar)
<b>Caring Dads</b>	Family-based activities, especially during pregnancy, to prevent and respond to victims and perpetrators of domestic abuse	Early intervention (cross-pillar)
<b>Change that Lasts Early Perpetrator Response (CLEAR)</b>	Modifying environments and promoting gender equitable social norms through interventions targeted at industry, companies and schools Frontline staff training to better support victims and deal with perpetrators interventions targeted at industry, companies and schools	Early intervention (cross-pillar)

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Name	Category	Pillar
<b>Education for Midwives</b>	Frontline staff training to better support victims and deal with perpetrators	Early intervention (cross-pillar)
<b>Family Nurse Partnership (FNP)</b>	Healthcare based initiatives Family-based activities, especially during pregnancy, to prevent and respond to victims and perpetrators of domestic abuse	Early intervention (cross-pillar)
<b>Identification and Referral to Improve Safety programme training (IRIS)</b>	Frontline staff training to better support victims and deal with perpetrators	Early intervention (cross-pillar)
<b>My Life My Choice</b>	Empowerment-based interventions, including self-defence	Early intervention
<b>Project Guardian (includes Report it to stop it and Railway Guardian)</b>	Safety by design in public and on public transport  Creation of online technology to make the public feel safe	Early intervention (cross-pillar)
<b>Project Vigilant</b>	Increased policing and wider CJS measures to support with investigations	Early intervention
<b>Restart</b>	Family-based activities, especially during pregnancy, to prevent and respond to victims and perpetrators of domestic abuse Perpetrator programmes / offender management initiatives	Early intervention (cross-pillar)
<b>Risk prediction Algorithms</b>	Tech-enabled risk predictors	Early intervention (cross-pillar)
<b>Safer Wales</b>	Initiatives to support men who have entered the criminal justice system	Early intervention (cross-pillar)
<b>Streetsafe</b>	Creation of online technology to make the public feel safe	Early intervention (cross-pillar)
<b>Trusted Professional</b>	Frontline staff training to better support victims and deal with perpetrators	Early intervention (cross-pillar)
<b>DWP – Reducing Parental Conflict</b>	Family-based activities, especially during pregnancy, to prevent and respond to victims and perpetrators of domestic abuse	Early intervention



# Endnotes

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