WhatWorks

TO PREVENT VIOLENCE

Violence Against Women and Girls in Conflict and Humanitarian Crises

What works to prevent violence against women and girls in conflict and humanitarian crisis: Synthesis Brief

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Cover image: Tyler Jump/IRC

The photos in this report do not represent women and girls who themselves have been affected by gender-based violence nor who accessed services.

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Background

Josh Estey/CARE

Violence against women and girls (VAWG) is an important human rights concern and a pervasive issue affecting women and girls during times of conflict and humanitarian crisis. In 2016, the What Works to Prevent VAWG programme (hereafter What Works) published an evidence brief summarising the existing evidence base on VAWG in these settings. While the brief demonstrated that there is very limited evidence on what works to prevent and respond to VAWG in conflict and humanitarian settings, it did highlight key areas of learning and specify what information gaps remain.

"The link is there when you are talking about violence against women, you are talking about sustainable peace – when you have a happy home, you have a happy community."

Key informant, interview in Sierra Leone

These gaps include:

A lack of timely and accurate data on VAWG

While prevalence data is not required in every conflict or humanitarian setting, and should not be a prerequisite for funding VAWG programming, experts did call for more information on types, forms and drivers of VAWG in these settings. The limited data that did exist was often hampered by methodological constraints (e.g. a lack of common definitions of forms of VAWG, differing measurement/recall periods, small sample sizes, etc.), which limited the utility of the data.

A lack of understanding about how armed conflict affects VAWG

While the links between armed conflict and sexual violence were relatively well-documented, there was less evidence on how conflict affected other forms of VAWG, such as intimate partner violence (IPV).

A lack of rigorous evaluations of VAWG prevention and response interventions

There were very few rigorous evaluations that examined the impact of VAWG prevention or response programmes. Of the evaluations that did exist, most were focused on post-conflict contexts rather than examining the effectiveness of interventions during conflict itself or in the aftermath of natural disasters. While overall the evidence base is weak, a few key areas stood out as particular gaps. These included the need for:

- More rigorous reviews of VAWG response programmes to identify best practices and reduce barriers that prevent access to existing services.
- Further understanding of how economic empowerment and cash transfer programmes affect VAWG outcomes.
- Evaluations of community-based, multi-component interventions, including approaches that challenge patriarchal gender norms in conflict-settings, to understand impact on VAWG and consolidate best practices.
- Documentation of effective strategies that help to prevent and improve responses to violence against adolescent girls.

Box 1: The What Works to Prevent Violence against Women and Girls programme

The What Works to Prevent Violence against Women and Girls programme (What Works) is a flagship initiative from the UK Department for International Development, which is investing an unprecedented £25 million over five years to help prevent violence against women and girls.

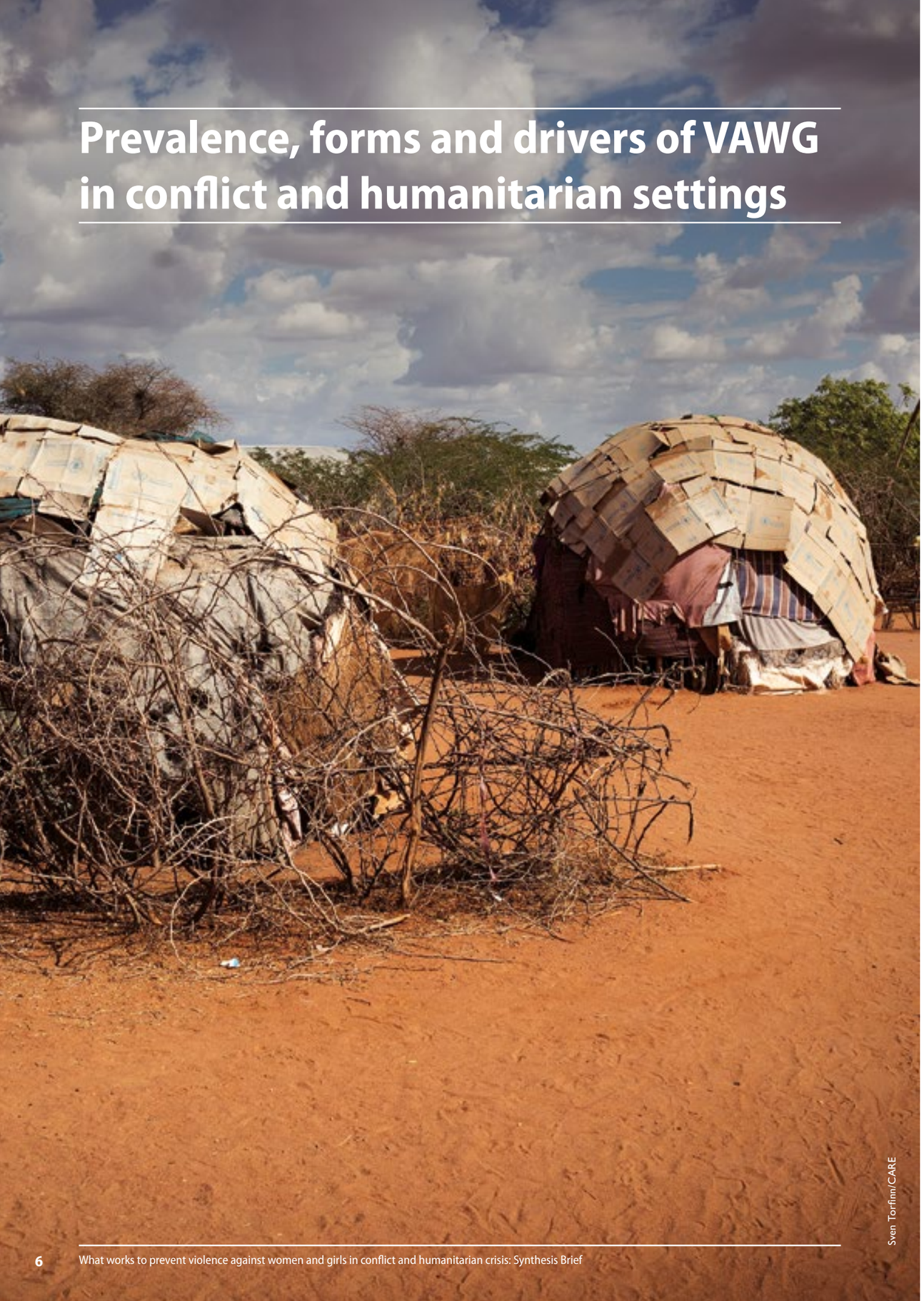
The programme supports primary prevention efforts across Africa and Asia that seek to understand and address the underlying causes of violence and stop it from occurring. This involves generating evidence from rigorous primary research and evaluations of existing interventions to understand what works to prevent violence against women and girls generally, as well as in fragile and conflict-affected areas. Additionally, the programme estimates the social and economic costs of violence against women and girls to develop an economic case for investing in the prevention of VAWG.

Since the publication of the What Works evidence brief in 2016, researchers and practitioners have continued to conduct research and expand the international community's knowledge base around VAWG and the effectiveness of programmes that seek to prevent and respond to this violence. These efforts include new results from eight research studies conducted by members of the What Works consortium in various conflict-affected and humanitarian settings. This new brief synthesises the key results of these What Works studies as well as other key findings from contemporaneous research efforts published since 2015 (see Annex 1 for details on the search strategy utilised). It aims to provide an up-to-date resource for practitioners, policymakers and researchers on the state of evidence on VAWG in conflict and humanitarian settings.

The first section of the paper summarises new knowledge on the nature of VAWG in conflict and humanitarian settings, presenting the findings of research on the prevalence, forms and drivers of different forms of violence in these contexts. The second section reviews what is known about the effectiveness of interventions designed to tackle VAWG in conflict and humanitarian settings, looking at recent evidence on VAWG prevention and then on VAWG response. The final section summarises the conclusions and provides recommendations for future policy, programming and research.

New learning and emerging lessons on VAWG in conflict and humanitarian settings

Prevalence, forms and drivers of VAWG in conflict and humanitarian settings



Sven Torfinn/CARE

A limited body of evidence has begun to emerge in recent years about the prevalence, forms and drivers of violence against women and girls in conflict settings and the learnings from these studies have wide implications for the field.

For one, recent research has confirmed that rates of non-partner sexual violence in these settings are extraordinarily high compared to non-conflict contexts. Emerging research also clearly demonstrates that IPV perpetrated against women and girls is more prevalent than non-partner sexual violence, even during times of conflict and humanitarian crises. Less is known about rates of other forms of VAWG in these settings, such as sexual exploitation and abuse, and forced, early and child marriage. Emerging research is beginning to elucidate the connections between armed conflict and VAWG in these settings.

Non-partner sexual violence is pervasive in conflict settings

A cross-sectional survey conducted by What Works in three conflict-affected sites in South Sudan found that about one in three (28–33%) women and girls had experienced rape, attempted rape or sexual assault by a non-partner during their lifetime (Global Women's Institute and the International Rescue Committee, 2017). These findings are further supported by other What Works research efforts. For example, a cross-sectional baseline survey of an impact evaluation in three districts in the eastern Democratic Republic of the Congo (DRC) found that 21% of women had been raped by a non-partner in the previous year (Palm et al., 2018).

However, other research has shown that rates of non-partner sexual violence are not consistently high in all conflict-affected settings (Wood, 2006). For example, a study led by Johns Hopkins University in three regions in Somalia found that only 4% of female respondents reported experiencing non-partner sexual violence during their lifetime (Wirtz et al., 2018).

Box 2: Violence against men and boys

Population-based research from What Works has revealed that men and boys also experience sexual violence during periods of armed conflict. For example, 6–9% of men and boys (aged 15–64) in South Sudan reported that they had experienced some form of non-partner sexual violence during their lifetime (Global Women's Institute and the International Rescue Committee, 2017). However, rates of violence against women and girls were vastly higher in this study (approximately 30% experiencing non-partner sexual violence and more than 50% of ever-partnered women experiencing sexual IPV).

Similarly, other population-based research in Somalia found that while 1.4% of men reported experiencing sexual violence in their lifetime, almost 4% of women had experienced non-partner sexual violence and 25% had experienced partner sexual violence in their lifetimes (Wirtz et al., 2018).

Intimate partner violence is even more prevalent than non-partner sexual violence in conflict settings

Recent population-based research has consistently found that prevalence rates of IPV perpetrated against women and girls in conflict-affected settings are higher than rates of non-partner sexual violence (The Global Women's Institute and the International Rescue Committee, 2016). For example, in the three sites surveyed in South Sudan as part of What Works, the rates of IPV ranged from 54–73% among ever-partnered women and girls, while the rates of non-partner sexual violence were much lower, ranging from 28–33% (Global Women's Institute and the International Rescue Committee, 2017).

Additional data from baseline studies of What Works impact evaluations in conflict-affected settings also provide further evidence that rates of IPV are extraordinarily high among conflict-affected populations. For example, 68% of a population-based sample of women and girls from 15 villages in the Democratic Republic of Congo (DRC) had experienced physical, sexual or psychological IPV in the previous 12 months (Palm et al., 2018), and 53% of women and girls in the Occupied Palestinian Territories (from representative samples of the West Bank and Gaza strip) had experienced IPV (Arab World for Research and Development and South African Medical Research Council, 2019).

Further, data from a baseline assessment of an intervention trial in Afghanistan (which utilised a volunteer sample that targeted the poorest women in the villages) found that 39% of married women from eight villages had experienced physical IPV during their lifetime (Jewkes, Corboz and Gibbs, 2018). Other recent quantitative and qualitative studies have also supported the assessment that IPV rates are extremely high within many conflict-affected populations (Ager et al., 2018; Falb et al., 2019; Freedman, 2016; Mootz, Stabb, & Mollen, 2017; Wirtz et al., 2018).

Box 3: Physical and sexual violence against adolescent girls

Typically (though not universally) defined as young people between the ages of 10-19, adolescent girls fall at the nexus of childhood and adulthood. In recent years, the unique needs and vulnerabilities of this population and their experiences of gender-based violence have received increasing attention by practitioners and policymakers in the international community. However, despite this increased focus, the structure of the humanitarian aid delivery system means that adolescent girls are still often overlooked in existing programme efforts.

Service delivery is often siloed into VAWG programming, which primarily targets adult women of childbearing age, and child protection programming, which is primarily directed to younger children. This means programmes are often inadequate at meeting the safety needs of adolescent girls living in conflict and humanitarian settings. Research has helped to establish the extent of this unmet need: analysis of data from the South Sudan What Works programme found that 22–23% of adolescent girls aged 15–19 had already experienced an incident of non-partner sexual violence and 39–42% had experienced physical and/or sexual intimate partner violence (Murphy et al., 2018). Furthermore, other recent research efforts which examined the experiences of violence against refugee and conflict-affected adolescent girls have produced similar findings. For example, among girls aged 13–19 in Ethiopia and the DRC, 18–21% reported that they had been raped by a partner or a non-partner (Stark et al., 2017).

Conflict can reinforce pre-existing norms and impact rates of child, early and forced marriage

Research from What Works has demonstrated that child, early and forced marriage are considerable challenges in conflict and crisis settings. For example, in South Sudan the median age of marriage was 16 in two of the three sites studied, and 7–10% of girls had been married before the age of 15. In addition, qualitative data suggested that rates of early marriage were even increasing due to conflict heightening economic and protection concerns (Global Women's Institute and the International Rescue Committee, 2017). As evidenced in this research, conflict and crises can contribute to situations where families marry off their daughters at a young age to offset their financial burdens or to "protect" them against pre-marital rape that would reduce their marriage prospects. In addition, forced marriage was also very common in South Sudan and between 32-78% of female respondents in the What Works study reported that they had no choice or input into the decision to get married and who their partner would be.

In further studies that examined child, early and forced marriage in conflict and humanitarian settings, a wide range of rates were identified, which suggests pre-existing norms greatly impact on the prevalence of child, early and forced marriages in these settings. For example, one systematic review from conflict-affected countries found reported rates of child, early and forced marriage to range from 3–51% among women and girls (McAlpine, Hossain, & Zimmerman, 2016). The same review also noted considerable gender disparities in these practices and concluded that women and girls are primarily affected by them compared to males, with reported rates of child, early and forced marriage for men and boys between 0–13% in the same countries.

Josh Estey/CARE

Sexual exploitation and abuse is affecting women and girls in conflict and humanitarian settings

Sexual exploitation and abuse (SEA) is not often explored as part of VAWG research, and when it is differing definitions of SEA hamper the comparability of findings. Research from What Works added to this evidence-base, finding that among conflict-affected populations in South Sudan approximately 20% of female respondents reported experiencing sexual exploitation (however this study only examined one component of SEA - transactional sex) (Global Women's Institute and the International Rescue Committee, 2017).

In addition, a recent systematic review of research on sexual exploitation in conflict settings was unable to estimate overall prevalence, but did find that women are more likely than men to be victims of sexual exploitation during conflict (McAlpine, Hossain, & Zimmerman, 2016). This review also found that a majority of female combatants may be sexually exploited during conflict.

VAWG in conflict and humanitarian settings: Causes, context and drivers

Unequal gender dynamics and patriarchal norms: The root causes of VAWG

The root causes of VAWG, in both conflict-affected and non-conflict settings, are systemic gender inequality and patriarchal norms. Quantitative research findings from a number of What Works studies have added evidence to support this relationship. They documented that adolescent girls who internalise gender inequitable attitudes and poor married women who perceive gender inequitable attitudes in their communities are more likely to experience IPV (Murphy et al., 2018; Gibbs, Corboz, & Jewkes, 2018).

Qualitative data from these and other studies of conflict-affected populations also noted how traditional gender roles, gendered social norms and household power dynamics are key factors that contribute to violence between partners and spouses in the homes (Ager et al., 2018; Global Women's Institute and the International Rescue Committee, 2017; Mootz, Stabb, & Mollen, 2017; Wachter et al., 2018).

Links between armed conflict and VAWG

In recent years there has been increased recognition within the international community of the need to better understand how conflict affects VAWG, so as to better design appropriate responses in the form of programme and policies. A limited number of studies have begun to explicitly examine the connections between armed conflict and rates and types of VAWG--considered as both a consequence and driver of conflict.

As part of What Works, a population-based cross-sectional survey of conflict-affected communities in South Sudan was conducted which explicitly examined the connections between exposure to armed conflict, displacement and experiences of IPV. This study found that women and girls who were directly exposed to an incident of armed conflict or were displaced were two to three times more likely to experience IPV (Global Women's Institute and the International Rescue Committee, 2017).

Data from this report also examined the relationship between armed conflict and non-partner sexual violence. In the two most conflict-affected communities in South Sudan, the study found that more than 70% of non-partner sexual violence occurred during armed conflict. Further qualitative data from this study described the connection between armed conflict and VAWG, particularly the role bride price plays in perpetuating conflict. Respondents described that the practice of paying a bride's family for the right to marry a woman or girl led to men and boys raiding cattle in order to secure payment for a bride price, or abducting women and girls for marriage when they did not have the cattle needed to pay a bride price. These acts further encouraged bride price-related intercommunal conflicts and subsequent revenge attacks.

Further research continues to draw out links between armed conflict and VAWG. As part of What Works, analysis of baseline data from an impact evaluation in Afghanistan found that respondents who had experienced conflict-related trauma were more likely to have experienced IPV in their lifetimes (Jewkes, Corboz, & Gibbs, 2018). Similar trends were also identified in a systematic review of predictors of violence against women and children in humanitarian settings, with conflict/political violence commonly noted as a predictor of violence against women and children (Rubenstein et al., 2017). In addition, a study conducted amongst Congolese refugees in Rwanda revealed that respondents who had experienced outsider violence (used as a proxy for conflict-exposure) were 10 times more likely to experience intimate partner violence (Wako et al., 2015).

Newer research used secondary data analysis of large-scale data sets to examine the connections between armed conflict and IPV. In a study conducted in Liberia, data from the 2007 Demographic and Health Survey (DHS) and the Armed Conflict Location & Event Data (ACLED) Project (covering the period of the Liberian civil war from 1999–2003) was used to understand the civil war's lasting impact on IPV in the country. Results of the study demonstrated that women and girls who resided in districts that had experienced conflict-related fatalities during the war (9 of 61 districts) were 50% more likely to experience IPV, after adjusting for individual risk factors commonly associated with increased risk of IPV (Kelly et al., 2018). This finding suggests that exposure to conflict has a long-term legacy for women and girls, as higher rates of IPV were identified five years after the end of the civil war.

However, the association between conflict and multiple forms of VAWG (IPV as well as non-partner sexual violence) may vary between contexts. For example, one study in Somalia found no difference in rates of VAWG between respondents resident in highly conflict-affected and less conflict-affected regions of the country (Wirtz et al., 2018). Although researchers involved with this study did find a history of migration or displacement increased the likelihood of women and girls experiencing IPV, suggesting some connection between conflict, displacement and IPV.

Box 4: Male perpetration of VAWG in situations of armed conflict and humanitarian crises

Experiences of armed conflict may affect men's perpetration of IPV and non-partner sexual violence during and following conflict. What Works studies revealed high rates of male perpetration of violence in conflict-affected populations in South Sudan (52–61% of ever partnered men reported perpetrating physical or sexual violence) and the Occupied Palestinian Territory (50% of currently or previously married men reported perpetrating physical or sexual violence).

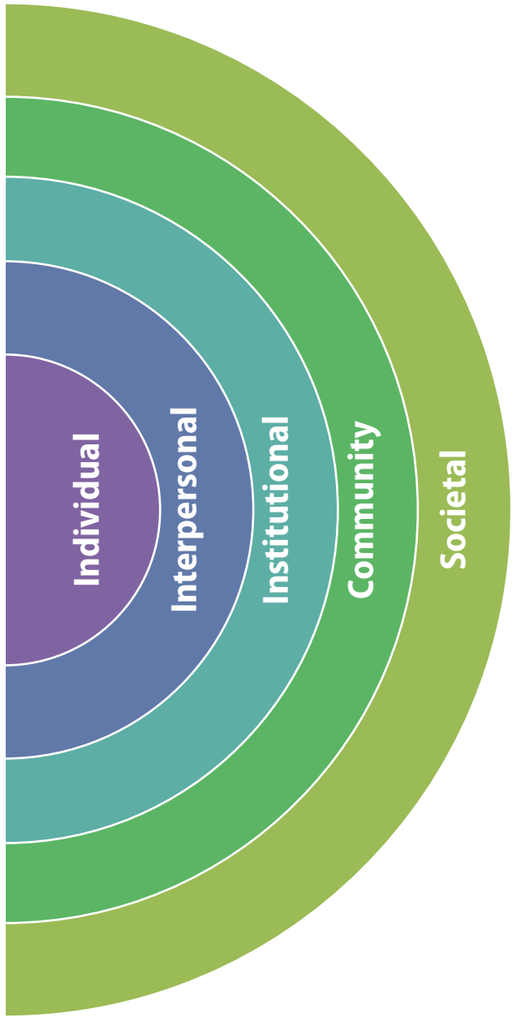
Other research focusing on the specific connections between exposure to armed conflict and men's perpetration of VAWG support these findings. For example, in Somalia research with men found that having a history of internal displacement was associated with male perpetration of sexual or physical non-partner violence against women and girls (Wirtz et al., 2018). Emerging research has also demonstrated that armed conflict may have lasting effects on rates of VAWG. For example, one study conducted more than 10 years after the official end of conflict in Papua New Guinea showed the enduing social, emotional, and physical (disability) impact of the conflict was associated with increased male perpetration of partner violence (physical or sexual), as well as the rape of non-partners (Jewkes, Jama-Shai, & Sikweyiya, 2017).

Drivers and risk factors of VAWG in conflict and humanitarian crises

Previous research has often detailed drivers and contributing factors of VAWG in non-conflict situations. These include witnessing or experiencing violence as a child; male dominance and control in the family; verbal disagreements and marital conflict; male alcohol abuse; low socio-economic status and household economic stress; the social isolation of women; notions of masculinity linked to dominance, toughness and honour; and tolerance of interpersonal violence in wider society (Heise, 1998). However, there has been less examination of VAWG in conflict and humanitarian settings. Recent research has begun to close this gap and examine the unique experiences of girls and women in these settings.

As part of What Works, a variation of the 'ecological framework', originally adapted for VAWG work by Heise, was developed that brings together both theoretical and empirical data on the connections between VAWG in conflict-affected settings (see Figure 1) (Swaine et al, 2018). Some of the emerging evidence that is beginning to provide quantitative and qualitative support for this theoretical framework is detailed below. However, despite this increase in evidence, the exact pathways that lead to increases in VAWG during times of conflict and humanitarian crises have not yet been fully explored.

Figure 1: A socio-ecological model of potential risk factors for VAWG in conflict and post-conflict settings



Individual (Women/Girls or Men/Boys)
- Age, religious identity and ethnicity
- LGBTI and disability status
- Education level
- Lack of employment or engagement in livelihoods
- Alcohol and drug abuse
- Displacement from home community
- Separation from family/support structures
- Experiences in armed groups as combatants or abductees
- Integration experience of former combatants/abductees
- Acceptance of VAWG
- Experiences of VAWG in childhood

Interpersonal
- Increased stresses on the household including increased poverty, displacement, etc
- Increased controlling behaviours
- Unequal decision making and division of labour
- Men's perception of their lack of ability to fulfil traditional masculine roles
- Choice in marriage/partner
- Re-integration of combatants into the household

Institutional
- Armed actors using rape as a weapon of war
- Forced enlistment and use of girls as soldiers or in other roles associated with armed groups
- SEA by private and public sector entities
- Exclusion of female representation in security forces, armies, peace negotiations
- Lack of response services for survivors
- Suppressed independent civil society
- VAWG not addressed in peace agreements
- State-building processes exclude governance mechanisms for addressing gender inequality and VAWG

Community
- Ongoing intra- and inter-communal violence
- Explicit targeting of women and girls for rape and killing to reduce reproductive capacity or de-humanize opposition groups
- Acceptance of discriminatory gender roles
- Lack of economic opportunities due to instability
- Normalization of violence and continued acts of rape, etc.
- Stigma against re-integration of former combatants or abductees
- Increase in female headed households

Societal
- Unequal gender dynamics
- Patriarchal norms and practices that discriminate against women
- Culture of impunity
- Lack of rule of law
- Poverty
- Emphasis on hyper masculinities as facets of warfare


Prabu Deepan/Tearfund

Increased controlling behaviours and patriarchal practices

Wider gender inequality and patriarchal norms are root causes of VAWG and often manifest at the community and household levels as patriarchal practices (for example, wife inheritance) and men controlling the lives of women and girls. Recent research has shown that armed conflict can further exacerbate this gender inequality and lead to an increase in controlling behaviours by men against women and girls. Analysis of What Works research in South Sudan showed that women and girls who had previously experienced controlling behaviours from their husband or partner were more likely to experience IPV during their lifetimes (Global Women's Institute and the International Rescue Committee, 2017).

In addition, analysis of data from this study found that high rates of sexual violence were creating narratives that adolescent girls need to be "protected," which resulted in high rates of controlling behaviours and patriarchal practices such as girls not being allowed to attend school or being forced into an early marriage (Murphy et al., 2018). Other researchers working in conflict zones have also suggested that the changing gender roles that sometimes occur during conflict – where women take on more expansive roles such as earning money outside the home – may lead to increases in IPV, because men see this as a way of re-establishing their traditional positions (Cardoso et al., 2016; Wachter et al., 2018). A study in conflict-affected areas of Uganda also noted that a wife challenging their husband was seen as a trigger for IPV (Mootz, Stabb, & Mollen, 2017).

Normalisation of violence

Qualitative data from recent research efforts highlights that exposure to conflict not only affects women and men during incidents of conflict (e.g. as combatants, targets of attack, etc.) but also in their homes and communities, where rape and other acts of violence become normalised (Ager et. al, 2018; Mootz, Stabb, & Mollen, 2017). This finding was particularly strong in the What Works programme's study in South Sudan, where qualitative data highlighted that the normalisation of violence, breakdown of the rule of law and proliferation of guns was feeding cycles of inter-communal and community-level violence targeting women and girls (Global Women's Institute and the International Rescue Committee, 2017).

Displacement/migration and separation from family support structures

In quantitative surveys, such as the What Works study in South Sudan, displacement and migration have also been seen to be drivers of VAWG in conflict-affected populations (Global Women's Institute and the International Rescue Committee, 2017; Rubenstein et al., 2017; Wirtz et al., 2018). In multiple studies, displacement was reported to increase stress and poverty, while populations living together from different cultural backgrounds was also reported as a factor contributing to increases in VAWG (Global Women's Institute and the International Rescue Committee, 2017; Rubenstein et al., 2017; Cardoso et al., 2016; Oliveira et al., 2018). In particular, it was reported that rape occurred when women and girls left the relative safety of displacement camps or population centres in order to fetch firewood, farm or conduct other business (Ager et al., 2018; Global Women's Institute and the International Rescue Committee, 2017). Displacement can also lead to the breakdown of social support structures and reduced oversight from family or friends, which reportedly increased the risk for women and girls of experiencing IPV (Cardoso et al., 2016; Wachter et al., 2018).

Poverty and lack of employment

Conflict can increase poverty in a number of ways, which in turn can increase incidents of VAWG, particularly IPV (Gibbs et al., 2017). The ongoing destruction or confiscation of resources, for example livestock, can contribute to cycles of violence, including incidents of revenge attacks and rapes. Looting and destruction of household and community assets also can increase poverty for conflict-affected families (Global Women's Institute and the International Rescue Committee, 2017; Mootz, Stabb, & Mollen, 2017). The economic stress of household poverty can then in turn increase the risk of IPV. For example, recent research in Somalia found that poverty increased the odds of experiencing IPV (Wirtz et al., 2018); and in a systematic review of predictors of violence in humanitarian settings, income and economic status was often found to be a predictor of violence against women and children (Rubenstein et al., 2017). Economic deprivation also emerged in qualitative data as a contributing factor for IPV (Ager et al., 2018; Cardoso et al., 2016; Global Women's Institute and the International Rescue Committee, 2017; Mootz, Stabb, & Mollen, 2017) and SEA (Ager et al., 2018; Global Women's Institute and the International Rescue Committee, 2017).

Alcohol and drug use

Exposure to conflict can increase substance abuse by men. Qualitative data from What Works research in conflict-affected South Sudan revealed that men's substance use was seen as a contributing factor for perpetrating IPV (Global Women's Institute and the International Rescue Committee, 2017). In addition, a systematic review of predictors of violence in humanitarian settings found that the use of alcohol and drugs was often a predictor of violence (Rubenstein et al., 2017), while a study in Somalia found that a partner's use of khat (a stimulant) increased a woman's odds of experiencing IPV (Wirtz et al., 2018). And in Uganda, research found that partner alcohol use was associated with exposure to armed conflict as well as IPV (Mootz et al., 2018).

Other experiences of violence in the home

Experiences of other forms of violence in the home, both during childhood and from other family members, may increase the odds that a woman or girl experiences IPV, perpetuating a cycle of violence in conflict-affected populations. For example, a What Works baseline survey among poor women in Afghanistan found that women who had experienced childhood trauma and experiences of other family violence were more likely to have experienced physical or emotional IPV in the past year (Gibbs, Corboz, & Jewkes, 2018). In addition, a systematic review of predictors of violence in humanitarian settings found that exposure to violence during childhood was often a predictor of violence against women who took part in the assessed studies (Rubenstein et al., 2017).

What Works: Recent research and evaluation findings

Kate Holt/CARE

VAWG prevention programmes in conflict and humanitarian settings

Robust VAWG prevention programmes are relatively new in conflict and humanitarian settings. However, new efforts to facilitate community-level attitude and social norms change as well as implement economic empowerment/cash transfers and adolescent girl focused initiatives are demonstrating that VAWG prevention programming can be implemented in these complex settings. Evaluations of the effectiveness of existing response programmes - focused on both the findings from What Works and other contemporaneous research published since 2015 - are explored below.

Table: 1: Prevention programmes: A summary of key evidence from recently published studies[1]

Assessment	Summary	Description of studies
Effective	Sufficient evidence is not available to classify any intervention as "effective".	• No studies.
Promising	Community-based programming targeting attitudes, behaviours and social norms change shows promise but few evaluations have been completed and none during more acute phases of emergencies.	• A baseline/midline/endline study of school peace education and community-based programme in Afghanistan (Siddiq, Hemat & Corboz, 2018). • A longitudinal qualitative panel study and baseline/endline household survey examining the effect of a faith-based programme in the DRC (Palm et al., 2019). • A randomised controlled trial (RCT) on social norms change in Somalia (Glass et al., 2019).
Needs further research	Adolescent girls-focused life skills and safe spaces programmes show promise of changing some outcomes (life skills, attitudes, etc.) that can improve the quality of life of girls, but they have not been seen to affect rates of violence.	• RCTs examining life skills and safe spaces programmes targeting adolescent girls in Ethiopia, the DRC and Liberia (Stark et al., 2018; Stark et al., 2018a; Özler et al., n.p).
	Economic empowerment has been shown to have mixed impact on VAWG outcomes. Available data shows improvements in quality of relationships, gender attitudes and reductions in violence; however, these were not all statistically significant.	• An RCT on women's economic empowerment in post-conflict Uganda (Green et al., 2015). • An RCT of a livestock transfer intervention in post-conflict DRC (Glass et al., 2017). • An RCT of a social empowerment and livelihood strengthening intervention in Afghanistan (South African Medical Research Council and Women for Women International, 2019).
	Cash transfer programmes have had mixed impacts on VAWG outcomes. While these programmes can provide life-saving basic needs for women and girls (and have been reported to decrease IPV in non-impact evaluations), the evidence obtained from impact evaluations points to the need for complementary gender components to be integrated into cash programmes to ensure the safety of women. Further learning on whether cash can improve protection outcomes for women and girls in acute settings is required.	• Pre/post-test study of an emergency cash transfer programme in Syria (Falb et al., 2019). • Literature review of 28 studies (including one impact evaluation) on cash transfers in humanitarian settings (Cross, Manell, & Megevand, 2018).

1 Classification criteria: 'Effective' – impact evaluations (experimental and quasi-experimental designs) available in a wide variety of contexts demonstrating change on key outcomes (e.g. reduction of violence for prevention programmes); 'Promising' – impact and programme evaluations (including those without comparison or control groups) available in a limited number of contexts demonstrating change on key outcomes; 'Needs further research': impact evaluations (including those without comparison or control groups) showing mixed results or lack of impact on primary outcomes (e.g. reduction of violence for prevention programmes)

Community-based programming targeting attitudes, behaviours and social norms change are emerging as promising new trends in conflict and humanitarian spaces

What Works conducted research on community-based programmes that targeted attitude, behaviour and social norms change in two conflict-affected locations: Afghanistan and the DRC. In Afghanistan, the researched programme included school-based peace education as well as wider community activities targeting both parents and other community members, community and religious leaders, civil society and government officials. Evaluation results show reductions in peer violence between students and experiences of corporal punishment by teachers. In addition, household violence decreased, with significant reductions in children's experience of physical punishment. Girls also reported witnessing less household violence, such as their mothers being beaten by their husbands or other household members, and the school attendance of girls improved compared to baseline (Siddiq, Hemat & Corboz, 2018).

In the DRC, What Works evaluated a faith-based approach that used faith leaders, gender champions and community action groups to create community level change to reduce rates of VAWG. This programme used faith leaders and other community leaders as change agents to tackle the root causes of VAWG from a faith perspective. These leaders were trained in a faith-based curriculum that used scriptural and faith references and concepts to support attitudinal changes on gender inequality, roles and violence. These faith leaders then transferred these concepts and information to the wider community through sermons, prayer groups, youth groups and counselling. Community leaders (trained as 'gender champions') and community action groups implemented community-based activities focused on changing attitudes and behaviours around VAWG. Evaluation results from this study found significant reductions in both IPV and non-partner sexual violence, as well as improved attitudes towards gender equality and VAWG. However, there were no comparison or control communities for this study; therefore, we cannot conclude that it was the programme that caused these changes (Palm et al., 2019).

Other research efforts to pilot community-based social norms change have also shown promising results, for example, the Community Cares: Transforming Lives and Preventing Violence programme led by UNICEF in South Sudan and Somalia. This programme focused on increasing community action against violence through facilitated dialogues with community members. The aim of these talks was to catalyse prevention activities and training to improve response services to VAWG. Evaluation data from Somalia revealed that intervention communities in comparison to control communities had changes on social norms related to: acceptance of sexual violence, protecting family honour and a husband's right to use violence (Glass et al., 2019).

Adolescent girls-focused life skills and safe spaces programmes can improve girls' quality of life but do not appear to reduce rates of violence against girls

While What Works did not specifically evaluate any adolescent-focused life-skills/safe space programming, other research has focused on this population. Life skills and safe spaces programmes targeting adolescent girls were found to increase gender equitable attitudes, freedom of movement, perceptions of safety, self-esteem, and hope over time. However, these programmes did not decrease experiences of sexual violence in the sites where these outcomes were measured (programme sites in Ethiopia and the DRC) (Stark et al., 2018). Furthermore, the programmes did not have an impact on the sexual exploitation of girls (Stark et al., 2018a).

Similar findings were also found by the evaluation of a life skills programme targeting 13–14-year-old girls in Liberia. After 24 months, the study found girls had improved attitudes towards gender equality, sexual and reproductive health and life skills but experiences of sexual violence had not changed (Özler et al., n.p). These findings suggest that these adolescent girl-focused programmes can lead to considerable improvements in the lives of girls, however they are not able to change rates of violence. This evidence highlights the need to both centre empowerment programming on adolescent girls, while coupling this approach with wider social norms and behaviour change programming that addresses the violent behaviour of men and boys and the patriarchal social norms that normalise VAWG (and testing it).

Economic empowerment programmes appear to have some effect on marital dynamics, but alone they may not reduce rates of IPV

What Works evaluated a year-long programme for women in Afghanistan that focused on social empowerment, including the rights of women, gender equality and violence against women, numeracy skills, business skills and vocational training. Over the year, women received a cash transfer of $10 per month. Evaluated in an RCT, the intervention was shown to increase the mean earnings and savings of women and significantly improve gender attitudes, women's mobility and perceptions of patriarchal attitudes in the community. It did not reduce physical IPV among women in the intervention overall, although there was some evidence of impact on IPV experienced by poorer women but not the most poor (South African Medical Research Council and Women For Women International 2019).

These findings are similar to those obtained from other studies where economic empowerment programmes were shown to have a mixed impact on VAWG outcomes. Of the two studies included in this review, neither were found to have a significant impact on IPV, although there were some positive findings. In one study in post-conflict Uganda, a women's economic empowerment (WEE) programme that consisted of business training, a small grant, supervision and advising did not have an impact on rates of IPV and even increased the controlling behaviours of men. However, when partners (typically husbands) were engaged in the intervention along with their wives (through a more inclusive household approach and an extra day of training on gender relations, communication and joint problem solving), there were increases in the quality of relationships but no statistically significant effect on abuse, marital control and attitudes (Green et al., 2015). Another study in post-conflict DRC identified some evidence that 18 months after a livestock transfer intervention had ended partnered women and men had reduced experience and perpetration of IPV, but this finding was not statistically significant (Glass et al., 2017).

These findings show that these women's economic empowerment programmes did not significantly affect VAWG outcomes, and that complementary gender components focused on changing household norms and power dynamics should be developed and tested in conflict and humanitarian contexts. Findings of complementary qualitative research conducted in Afghanistan also highlighted that even though women accessed business skills training, it was difficult for them to benefit from this training because their mobility was highly constrained and potential markets were reduced due to conflict. Furthermore, the intervention's impact on VAWG was limited as the overall economic benefit was low and thus had limited impact on the social position of women (South African Medical Research Council, and Women for Women International, 2019).

More research is needed on the best way to reduce harm and increase the protection of women who receive cash transfers

As part of What Works, a short-term (three months) cash transfer programme was evaluated in conflict-affected northeast Syria. While preliminary results of the study found that recipients were better able to meet basic needs and reduce negative economic coping strategies (e.g. family indebtedness, selling non-productive assets and begging), there were some concerning negative protection-related outcomes, in particular increases in all forms of intimate partner violence at endline (Falb et al., 2019). However, the pre/post study design did not allow for direct attribution of changes to the cash intervention or that the very short-term nature of the project may have limited the potential impact of the project on gender and VAWG outcomes. Nevertheless, the study highlights the need for further learning on how to build gender components into acute cash responses, and for adequate protection mechanisms for women and girls to be standardised across humanitarian cash programmes.

Further research continues to elucidate the links between cash transfers and VAWG outcomes. A wider review examining the effect of cash transfer programmes on protection-related outcomes in humanitarian settings found some evidence that cash distributions improved the distribution of household decision-making power and reduced IPV, with 80% of the reviewed studies indicating a positive impact on IPV (Cross, Manell, & Megevand, 2018). However, the majority of the studies included were not programme or impact evaluations, limiting the conclusions that can be drawn from this evidence. For example, the one impact evaluation included in Cross, Manell and Megevand's review found that cash assistance had no effect on the VAWG outcome that was assessed: child marriage (Battistin, 2016).

Lucy Beck/IRC

VAWG response programmes in conflict and humanitarian settings

VAWG response programmes are often core components of humanitarian service delivery. However, there is a large gap between the population of women and girls who experience violence and those who tell anyone about their experiences or can access the services they need. For example, 30–60% of respondents involved in the What Works study in South Sudan had never told anyone about their experiences of IPV, while 36–52% had never told anyone about their experiences of non-partner sexual violence. Even fewer women and girls actually accessed any formal services after experiencing violence (47–85% of respondents who had experienced IPV and 42–63% who had experienced non-partner sexual violence did not access services). These findings demonstrate that further efforts are needed to break down the barriers for reporting VAWG in conflict and humanitarian settings. Evaluations of the effectiveness of existing response programmes are explored below.

Table: 2: Response programmes: A summary of key evidence from recently published studies

Assessment	Summary	Description of studies
Effective	Sufficient evidence is not available to classify any intervention as "effective."	• No studies.
Promising	Community-based approaches utilising faith leaders show promise. However, there is a lack of evidence on the exact support these stakeholders are able to provide to survivors.	• A longitudinal qualitative panel study and baseline/endline household examining of a faith-based programme in the DRC (Palm et al., 2019).
Needs further research	Modified case management, such as refugee task shifting, had mixed results. Survivors interacting with these services found them helpful. However, there were issues with confidentiality, biases and risks to the refugee workers.	• Evaluation of a case management model that shifted tasks to refugee community workers in Dadaab refugee camps in Kenya (Hossain et al., 2018; Izugbara et al., 2018).
	Mobile service delivery approaches reduced barriers to access VAWG response services, but limited referral services (e.g. medical, legal) may be available.	• Qualitative evaluation of mobile service delivery for GBV case management with Syrian refugees in Lebanon (Lilleston et al., 2018).
	Universal screening and referral protocol for women seeking care in health clinics has shown promise in feasibility and accessibility evaluations and been shown to increase referrals of women to further VAWG response services such as psychosocial support.	• Feasibility and acceptability study in Dadaab refugee camps, Kenya (Vu et al., 2017).

Modified VAWG case management approaches (e.g. task shifting, mobile service delivery) may reduce some barriers that prevent access to services for survivors but have limitations

Recent research studies examined the effectiveness of variations of the typical case management models, which were adapted for hard to access locations – task sharing and mobile service delivery. Evaluations of these two modified approaches found mixed results. As part of What Works, a case management model that shifted tasks to refugee community workers in Dadaab Refugee Camps in Kenya was evaluated (Hossain et al., 2018). This study found positive results in regards to the overall service model with most survivors reporting that they had positive interactions with refugee community health workers and that they were helpful during the recovery process. However, the approach also brought out some challenges related to sharing responsibility of VAWG service delivery with refugee community workers.

Respondents in the study noted that this task sharing model faced challenges with issues of confidentiality, mistranslations, and perceived biases based on ethnic or family differences in some cases. In addition, the refugee community workers faced their own risk of violence as a consequence of their work, with one in three reporting that they had experienced non-partner violence related to their work in the past year (Hossain et al., 2018; Izugbara et al., 2018). This study demonstrated that case management with task sharing is a feasible and acceptable approach to VAWG case management in a refugee camp context; however, these programmes must also account for the multiple identities that refugee community workers face as staff, refugees and survivors of violence (Hossain et al., 2018).

Further research also examined other service delivery modalities. For example, a qualitative evaluation of mobile service delivery for VAWG case management with Syrian refugees in Lebanon was undertaken. The evaluators found that respondents reported that this mobile service delivery approach strengthened social networks, reduced feelings of idleness and isolation, and increased the knowledge and self-confidence of refugee clients. However, this approach was often unable to refer survivors to further medical or legal support, because of the lack of such services in communities where the delivery of mobile service proved most useful (Lilleston et al., 2018). This finding demonstrates that mobile service delivery can be a helpful supplement to services, and particularly in remote areas, but they do not replace comprehensive VAWG case management services completely.


Freccia Learson/CARE

Psychosocial support for survivors has been shown to be effective, and further research efforts have worked to strengthen this evidence base by modifying service delivery models

Previous evidence has shown the overall effectiveness of targeted psychosocial support for survivors of violence in conflict and humanitarian settings (The Global Women's Institute and International Rescue Committee, 2016). More recent studies have focused more on refining approaches and testing differing support modalities for effectiveness. For example, What Works found positive results using community-based approaches in DRC that targeted faith leaders as service providers. These leaders were sought out as support mechanisms for couples who were experiencing IPV (Palm et al., 2019). However, the authors of the study noted that, "Whilst most respondents believed that their religious institution supported survivors (74%), only 11% of survivors felt that a faith leader was able to provide effective support. Furthermore, there is no detail regarding the expectations of support survivors have and whether faith leaders can realistically be expected to provide such support (e.g. access to medical care or financial support)." This finding suggests that more research is needed into what support services faith leaders are able to provide to survivors in these contexts, and crucially, how to avoid doing harm.

Other research studies have built on previous studies (for example, Bass et al., 2013) that demonstrated the effectiveness of psychosocial support programmes to significantly decrease depressive and anxiety symptoms for survivors of VAWG in conflict settings to examine other outcomes. In one study in the DRC, survivors of sexual violence who reported mental distress and poor functioning had moderate reductions in felt-stigma in group cognitive positive therapy (CPT) compared to individual support. However, the difference was not significant six months after the end of the programme (Murray et al., 2018).

A further qualitative evaluation specifically examined the experiences of female sex workers in Dadaab camps in Kenya who were engaged in a programme to increase their access to health and psychosocial support. This evaluation found that the female sex workers benefited from the support they received in peer-led groups (International Rescue Committee, 2017). Similarly, in a small qualitative study (n=12), the participation of female survivors of sexual violence in solidarity groups (which were established to generate income, establish support networks and cope with atrocities) found that participants reported improvement on physiological, psychological, economic or social outcomes (Koegler et al., 2018). However, the small nature of this study means that it is not possible to draw wide conclusions.

Other studies of non-psychosocial support interventions sometimes also examined psychosocial outcomes during their research. For example, one study compared participation in savings groups to a combined intervention of group saving with gender dialogue groups and did not find significant decreases in PTSD symptoms among women who had experienced IPV (Annan et al., 2017).

Health programming hasn't often examined VAWG outcomes

While no impact evaluations focused on the health sector's response to survivors of VAWG were found during the search, and What Works did not focus on this issue, the feasibility and acceptability of a universal screening and referral protocol for women seeking care in health clinics in Dadaab refugee camps was explored (Vu et al., 2017). This study found that over 85% of women who came to the clinic reported being willing or very willing to participate in GBV screening and 96% who were screened said they had a good experience during screening. However, a lack of private spaces in the clinic meant that only 15% of the eligble population could be screened, and as this was a feasibility and acceptability study, there is no data on whether survivors used the offered services. These constraints point to a continued challenge of providing safe and confidential services in health clinics for VAWG survivors living in conflict and humanitarian settings.

Positioning and prioritising VAWG within the wider humanitarian response

Implementation of the Inter-Agency Standing Committee's GBV Guidelines

Overall, during an acute crisis or aftermath of a humanitarian emergency, the 2015 Inter-Agency Standing Committee's (IASC) GBV Guidelines are the primary guidance for preventing and mitigating risk of VAWG. As part of What Works, the implementation of the previous version of these guidelines (2005) in the aftermath of super-typhoon Haiyan was reviewed (International Rescue Committee and the Global Women's Institute, 2015). Overall, this study found that addressing VAWG was generally considered a secondary concern rather than a life-saving priority; there was limited understanding of the IASC guidelines, which resulted in inconsistent implementation; and overall, VAWG experts were unable to sufficiently influence the wider humanitarian sector. The results of this study demonstrate the continued need for advocacy within the humanitarian community to fund, prioritise and support VAWG prevention and response programming during conflict and humanitarian crises.

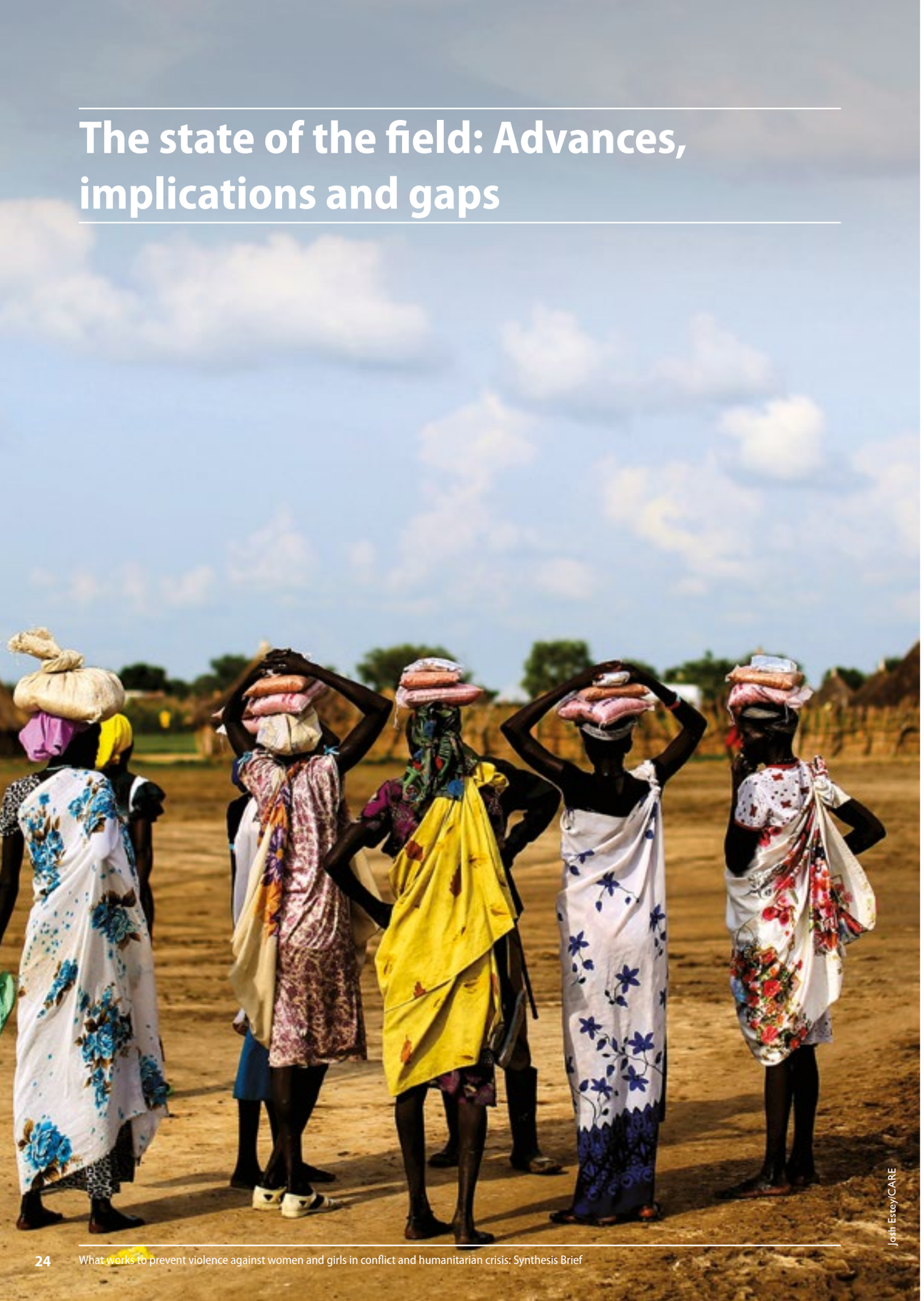
Integrating VAWG in state-building and peace-building

In addition to examining the implementation of VAWG prevention and response during acute emergencies, What Works also explored how VAWG programmes are integrated into and affect wider state-building and peace-building (SBPB) efforts in conflict and fragile contexts (Swaine et al., 2018). This research confirmed that the gendered nature of SBPB processes is often overlooked, despite the ways that gender power relations are present in and can affect the success or failure of SBPB. International and national approaches to prevent and respond to VAWG and SBPB processes often exist in parallel, with issues of VAWG and gender notably absent from SBPB strategies and policies.

In addition, while sexual violence perpetrated by armed actors has received more attention from both policy actors and the media in recent years, a growing base of evidence suggests that war and conflict also increase other forms of VAWG, including IPV and child, early and forced marriage, which need to be addressed through longer-term programming efforts. Evidence from this research demonstrated how VAWG was not prioritised in three conflict and post-conflict situations (Nepal, Sierra Leone and South Sudan), where despite some policy advancements, VAWG prevention and response activities generally not positively impacting on the everyday lives of women and girls. These findings emphasise the need for SBPB processes to more effectively institutionalise approaches that aim to address VAWG.


Aubrey Wade/IRC

The state of the field: Advances, implications and gaps



Josh Estey/CARE

Since 2015, there has been considerable progress made on documenting the forms, types and drivers of VAWG in conflict and humanitarian settings. Advances have also been made in expanding the rigour in which we evaluate VAWG programming in these settings, from the use of RCTs, longitudinal studies with multiple follow-up points, and new research efforts in the acute phases of emergencies. These studies have generated new learning about what works to prevent and respond to VAWG in conflict settings and humanitarian crises.

Prevalence, causes and drivers of VAWG

VAWG prevalence data is not required in every conflict and humanitarian setting, and should not be a pre-requisite for implementing VAWG prevention and response activities. However, in settings where this data has been collected, important trends have been identified. Recent research has clearly documented with empirical data that rates of VAWG are extraordinarily high in conflict and humanitarian settings and has shown the links between armed conflict and multiple forms of VAWG. While patriarchal norms and gender inequality remain the underlying causes of VAWG in both conflict and non-conflict settings, conflict can compound these disparities. Recent research has shown that incidents of VAWG can act as drivers of further armed conflict (in cases of non-partner sexual violence, abduction, killing, etc.), as well as being a consequence of conflict (increases in controlling behaviours; child, early and forced marriage; SEA; IPV, etc.) (Swaine et al., 2018; Global Women's Institute and the International Rescue Committee, 2017).

Of particular note is evidence demonstrating the connections between armed conflict and rates of IPV. This has shown that women and girls who experience more acute levels of armed conflict or have been displaced have an increased likelihood of experiencing IPV (Kelly et al., 2018; Gibbs, Corboz, & Jewkes, 2018; Global Women's Institute and the International Rescue Committee, 2017). This new research has confirmed that even during times of armed conflict more women and girls experience IPV compared to non-partner sexual violence. However, it is also important to note that many women experience multiple forms of violence, both partnered and non-partnered, throughout their lifetimes.

Despite these connections and overall increased attention to VAWG in humanitarian policy and advocacy fora[2] as well as in the global media, research confirms that VAWG is not prioritized during acute emergency response or in longer-term peace-building and state-building efforts (International Rescue Committee and the Global Women's Institute, 2015; Swaine et al., 2018). This evidence clearly demonstrates the need for funders and the wider international community to better prioritise VAWG prevention and response programming, particularly forms of violence not traditionally considered during emergencies (such as IPV), during acute emergencies, in protracted crises and as the transition to post-conflict occurs. Overall, this will require funding and meaningful coordination between humanitarian actors, including those who do not traditionally address VAWG.

While research has begun to close major gaps in knowledge about the types or forms of violence affecting women and girls in conflict and humanitarian settings, gaps still remain. For one, the pathways that contribute to a rise in VAWG during armed conflict are still unclear. More research is needed to better understand the context-specific mechanisms that drive or exacerbate VAWG in these settings, in order to better design programmes that can reduce these risks. In addition, while the connections between armed conflict and non-partner sexual violence and IPV are beginning to be elucidated, there has been less research on other forms of violence in these settings, such as sexual exploitation and abuse, and child, early and forced marriage. Research presented in this brief confirms that these forms of violence are a significant concern (International Rescue Committee and the Global Women's Institute, 2017; McAlpine, Hossain, & Zimmerman, 2016). Furthermore, there needs to be greater acknowledgement of intersecting identities that may increase the risks of violence for specific sub-populations (e.g. the disabled, elderly, LGBTI, adolescent girls, etc.).

2 See the Call to Action, PSVI on Protection from GBV in Emergencies, the Safe from the Start initiative of the US government as examples.

What works to prevent and respond to VAWG

Despite the investment from What Works and other recent research endeavours, the evidence base on the effectiveness of VAWG interventions in humanitarian settings is still extremely limited. Drawing together overall lessons therefore remains a challenge. However, there have been some advances that point to promising practices and emerging trends that can be built on, though many gaps remain in our understanding of how best to prevent and respond to VAWG in conflict-affected and humanitarian settings.

For one, important research has been undertaken that shows community-wide changes in attitudes, behaviour and social norms are possible in humanitarian and conflict settings, in relatively short periods of time and with transient, conflict-affected populations. Community, school and faith-based initiatives show that a variety of modalities can be used to affect wider community-level change (Glass et al., 2019; Palm, 2019; Siddiq, Hemat & Corboz, 2018). A common thread across successful programmes appears be an 'all-of-community' approach, even when more specialised (school, faith leaders, etc.) delivery mechanisms are used. Nevertheless, even within these community-level approaches, it is important that these programmes are centred on women and girls and designed in a way to ensure accountability to them (for example, creating feedback mechanisms for women and girls, having women and girls co-lead programme design, ensuring women and girls are empowered to take up leadership positions in the programme).

However, while attitude, behaviour and social norms change programmes show promise, they need to be replicated and tested in other settings and phases of crisis to consolidate best practices. Practitioners need more nuanced understandings of what facets of wider comprehensive social norms programming are possible to implement in extremely fragile contexts and if pared down or truncated programming approaches can have an impact. Longer term monitoring and evaluation is also needed to determine if these changes are maintained after the cessation of programmes.

Women's economic empowerment and emergency cash transfer programmes continue to show mixed evidence in preventing VAWG in humanitarian settings. This review suggests that economic empowerment and cash transfer programmes alone – without wider programming focused on changing gender inequitable norms and power dynamics within the household – are unlikely to be enough to reduce long-term VAWG outcomes and may exacerbate IPV without engagement of men domestically and within the community. VAWG outcomes need to continue to be mainstreamed in wider economic empowerment and cash transfer evaluations to better understand how these programmes affect VAWG. However, research on this topic should be designed in consultation with VAWG specialists, to ensure ethical best practice and safety standards are met.

In addition, while evidence suggests that economic empowerment and cash transfer programmes that do not have protection components have the potential to harm women and girls, it is not yet known exactly how these corresponding gender programmes should be structured and delivered. More research is needed into how economic empowerment and cash transfer programmes, and particularly those delivered over longer periods, affect VAWG outcomes and how best to deliver complementary protection programming in humanitarian settings.

Furthermore, more research needs to be carried out into how best to support sub-populations whose intersecting identities may increase their risk of experiencing violence (e.g. the disabled, elderly, LGBTI, adolescent girls, etc.). For example, evidence has shown that standalone programming can have an impact on the quality of life of adolescent girls but does not reduce their risk of violence. Further efforts are needed to examine how prevention and risk mitigation programmes can best impact these groups.

For VAWG response programmes, this review found no new evaluations that examined how wider health, legal or security interventions may improve the wellbeing of VAWG survivors in conflict and humanitarian settings, demonstrating a clear gap in the evidence base. Psychosocial support programmes continue to have the most rigorous evidence base and new evidence has shown the importance of other informal service providers – such as faith leaders - in helping to reduce stigma and scaling up approaches to community-based psychosocial support for survivors of VAWG (Palm, 2019). However, there is still little information about the quality of support provided by these alternative service providers, and further research and attention is needed to ensure appropriate, quality care is provided to survivors. In addition, there is limited evidence on community-based programming that can be scaled up to expand the reach of these interventions or reduce the barriers that prevent survivors from accessing these services.

Evaluations that have examined the wider case management system have focused on how this model is adapted to hard-to-access locations (Hossain et al., 2018; Lilleston et al., 2018). However, gaps remain on the most effective ways to implement case management programmes to ensure that women and girls access appropriate care and are satisfied with the quality of the services they do access.

Nevertheless, while impact research on core VAWG response services is currently limited, the humanitarian community has an ethical imperative to ensure that survivors can access medical, psychosocial, legal and security services from the onset of an emergency. In addition, VAWG response or prevention programming should adhere to best practice guidelines and standards, as set out in core resources including the IASC GBV Guidelines, the forthcoming minimum standards from the GBV Area of Responsibility (AoR), and the GBV Accountability Framework (previously the RTAP Accountability Framework). Furthermore, practitioners should work to ensure successes and challenges are shared in the field, helping to evaluate promising programmes and utilising spaces for collective action. This includes using to research to help inform the Call to Action on Protection from Gender-Based Violence in Emergencies (Call to Action) – a critical policy initiative that provides a concrete framework for addressing VAWG in humanitarian action.

Advances in research: Ethical and methodological improvements and remaining gaps

Alongside considerable advances in researching VAWG in conflict and humanitarian settings, there have been a number of corresponding advances in demonstrating the applicability of more rigorous evaluation designs in these settings. A number of randomised control trials (RCTs) and longitudinal research designs have been completed in conflict-affected settings. These efforts show that rigorous research is possible, though it can be logistically difficult and ethically sensitive in some conflict and humanitarian settings.

It is important to consider the unique factors applicable in conflict zones during study design, for example, increased security concerns, unexpected population movement, reduced ability to ensure confidentiality and privacy, etc. For this reason, complex research designs such as RCTs are not always appropriate when conducting research in conflict-affected settings, and it is important to undertake a feasibility and ethical assessment of the strengths and drawbacks of such an approach before determining a research approach. There are a number of other study designs that can be useful approaches for researchers working in conflict and humanitarian settings. These include the use of mixed methods quasi-experimental research designs (which do not have a randomised control group) that collect both quantitative and qualitative data for triangulation. This type of design can remove some of the ethical challenges of RCTs in these settings, while still providing considerable insight.

There have also been methodological improvements in terms of tool design and research implementation. As part of the What Works study in South Sudan, the WHO Questionnaire on Domestic Violence that had been created as part of the WHO's Multi-country Study on Domestic Violence was adapted and piloted in a conflict-affected setting. This questionnaire is now available and can be used by others studying VAWG in conflict and humanitarian settings, helping to standardise the way in which population-level data on VAWG in these settings is collected. Further research efforts have piloted other methods, such as the use of audio-computer assisted self-interview (ACASI) technology, which allows respondents to use a tablet with an audio recorder to input sensitive data without an enumerator hearing their response. These initiatives have shown how sensitive data can be collected in ways that may increase confidentiality and reduce social-desirability biases (i.e. where respondents report what they think the enumerator wants to hear) (Falb et al., 2017).

Box 5: Development of methodological guidance

Based in part on their experience conducting research on VAWG in conflict-affected South Sudan as part of the What Works Consortium, and with support from the US Department of State, the Global Women's Institute at the George Washington University developed an overarching research manual and toolkit to help bridge the gap between GBV practitioners and researchers in conflict-affected settings.

This manual can be accessed at globalwomensinstitute.gwu.edu/manuals-toolkits

Jesse Brown/IRC

Klavs Bo/CARE

Recommendations for practitioners, policymakers and future research

Katie Holt/CARE

Recommendations for policy and practice

Allocate sufficient resources to meaningfully respond to VAWG in conflict and humanitarian settings.

Research presented in this brief confirms that while VAWG increases in times of conflict and crisis, survivors of violence are often unable to access even basic health and psychosocial support and legal support services. As a result, humanitarian policy makers and implementing organisations must make VAWG prevention and response a priority in all areas of humanitarian response. This should include creating specific funding streams for VAWG response and ensuring that VAWG risk mitigation is integrated across all humanitarian sector funding and field assessments. Programme models should be designed to break down barriers to accessing services, including combining response services with wider community-based social norms change that reduces survivor stigma. Approaches that enable access to transient and displaced populations should be prioritised, including those that use mobile services and outreach and task shifting approaches. Both donors and programme practitioners should put in place the necessary conditionalities and mechanisms to ensure that all programming in conflict and humanitarian settings adheres to best practice standards and guidelines, including the IASC GBV Guidelines, the forthcoming minimum standards from the GBV Area of Responsibility (AoR) and the GBV Accountability Framework (previously the RTAP Action Framework).

Ensure that investment and programming address the multiple forms of violence that women and girls experience in conflict and humanitarian settings, including IPV and child, early and forced marriage.

Research presented in this brief overwhelmingly confirms that women experience multiple forms of violence in conflict and crisis settings, including violence in the domestic sphere such as IPV and child, early and forced marriage. Donors and UN agencies must recognise these forms of violence as significant concerns within the humanitarian agenda and ensure that funding and programme priorities support efforts to prevent and respond to multiple forms of violence. Coordinated responses are needed across multiple protection, health and legal service providers to provide safety options for women seeking protection.

Prioritise VAWG prevention and gender equality efforts in humanitarian response, alongside access to services.

Evidence from What Works and other recent research confirms that VAW prevention programming is possible and can be effective within some populations affected by conflict or crisis, although this evidence is still fragmented in these settings.

New evidence for prevention of violence among children through peace education embedded in social norms change programming, and also prevention of violence for social norms programming through faith leaders shows promise. Humanitarian donors and implementing agencies should continue to invest in developing innovative approaches to VAWG prevention and ensure that funding mechanisms are in place to support longer-term prevention programming in humanitarian and conflict-affected settings.

VAWG prevention approaches need to be tailored to the local circumstances and address both structural drivers and consequences of VAWG, including poverty, gender inequality and mental ill health, and use appropriate outreach through community structures such as schools and faith groups. Promising approaches to VAW prevention, including breaking down gender inequalities and patriarchal norms which harm women and girls, should be adapted, replicated and tested across multiple and diverse conflict-affected and humanitarian contexts and longer-term changes monitored and evaluated to identify best practice.

Meet the specific needs of adolescent girls in conflict and humanitarian settings.

The unique needs and vulnerabilities of adolescent girls living in fragile settings are well-documented. Age-appropriate prevention and response programmes must be made available, alongside innovation to improve adolescent girls' access to existing humanitarian programmes and services. This requires integration across multiple sectors, including education, health and protection, for example, working with health services to target teen mothers during pregnancy or creating spaces specifically for adolescents as part of adult women safe spaces programmes. In addition, research suggests that prevention programmes need to engage across whole communities and over sustained periods in order to effect positive change in the lives of girls.

Integrate VAWG components and services into cash transfers and economic interventions.

To effectively address VAWG, evidence points to the need to purposefully integrate VAWG outcomes into economic programmes. Donors, practitioners and researchers need to invest in further developing, piloting and studying innovative ways to address patriarchal norms and VAWG as part of economic programmes, while strengthening collaboration between economic and cash practitioners and VAWG specialists. In addition, VAWG risk mitigation should be integrated into cash and livelihoods programmes as standard, and links made to VAWG prevention and response services to ensure women's protection and safety.

Address the complex inter-relationships between conflict, gender inequality and VAWG in humanitarian policy and funding.

The links between VAWG and conflict at all stages of a conflict must be better understood, with a gendered lens applied as standard to conflict analysis and peace and state-building policy and programming. VAWG prevention and response must be priorities during acute phases of conflict, in protracted crises and as the transition to post-conflict occurs. State- and peace-building actors should engage with VAWG experts and women's groups to effectively institutionalise approaches which aim to address VAWG and consider the important gendered aspects of SBPB.

Support women's groups and women's movements to build local capacity, improve the status of women, change patriarchal norms and build more peaceful and equitable societies.

Evidence confirms that the participation of women and women's organisations in state building and peace-building processes is essential to addressing VAWG in conflict and post-conflict settings, and achieving sustainable peace. Funding must address sustainable behavioural change and social norms transformations to make an impact on reducing and preventing VAWG permanently. At the same time, women are often excluded from peace negotiations and wider peacebuilding and state building efforts. Efforts to address VAWG should include core funding for women's organisations alongside institutional capacity building, so that they can shape and implement state building and peacebuilding processes. In addition, women should be supported to attain decision-making positions within governments at all levels and patriarchal barriers to women's political participation should be addressed

Recommendations for further research

Continue to build the nascent evidence base on VAWG in conflict and humanitarian settings.

Recent advances in research point to some promising practices and emerging trends that can be built on. This review has identified a number of key areas that should be prioritised for future research, including:

Drivers and prevalence of VAWG

- Explore the connections between armed conflict and multiple forms of VAWG, such as child, early and forced marriage and sexual exploitation and abuse, because the evidence base is particularly weak.
- Conduct qualitative studies and participatory approaches to amplify the voices of women and girls who experience violence and document their perspectives on how to reduce the violence they are experiencing in conflict and humanitarian settings.

VAWG prevention efforts

- Strengthen evaluation of programming for prevention of VAWG in humanitarian and conflict settings.
- Conduct further evaluations of programmes targeting adolescent girls, including assessments of what works to prevent child, early and forced marriage in conflict and humanitarian settings.
- Conduct research on risk mitigation and prevention efforts around sexual exploitation and abuse.
- Incorporate VAWG outcomes into ongoing evaluation of economic empowerment and cash transfer programming and explore how to integrate protection and/or gender transformative components into standard practice.

VAWG response services

- Examine the impact of wider health, legal or security interventions on survivor wellbeing.
- Explore how to reduce the barriers that prevent survivors from accessing the formal services they need, and examine how to better document and support women who access informal support (e.g. social networks, etc.).

Replicate and evaluate programmes that have previously demonstrated promise.

Although the evidence base on what works to prevent and respond to VAWG in conflict and humanitarian settings has increased in recent years, it is still extremely limited and not enough evidence is available to demonstrate that any individual approach is effective. Approaches that seem to be promising should be replicated in diverse contexts and during different phases of humanitarian crises in order to identify and consolidate best practices that could guide the international community in future practice.

Prioritise working in diverse partnerships to design, implement and disseminate field-driven rigorous research.

What Works has furthered a collaborative research model that uses academic and non-academic partnerships to create rigorous and ethical research. Meaningfully engaging INGOs, NGOs and national civil society organisations (particularly frontline field workers) in academic partnerships can lead to research that is grounded in and responds to the real needs of the field. Research questions, methods and designs should aim to answer the key questions of frontline VAWG service providers to improve service provision and identify critical gaps in evidence about how to prevent violence. These stakeholders should be engaged throughout the research process to ensure that all research meets the highest ethical standards and the needs of women and girls remain at the centre of all research efforts.

Prioritise rigorous, ethical and longer-term research approaches that adhere to the principle of 'do no harm' for the women and girls involved in these efforts.

While research into what works to prevent and respond to VAWG has measured short-term change, rigorous longer-term ethical research is now needed to know if changes are maintained over long periods. This includes the need for more mixed methods approaches and longitudinal data that tracks groups over time. These efforts should target both VAWG-focused programmes and programmes which have made the prevention of VAWG one of its desired outcomes, such as women's economic empowerment programmes.

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Annex 1: Search strategy

The following search strategy was used by the researchers developing this brief. In addition to this formal search, articles were identified and added by subject matter experts after a review of the initial list of results.

Databases searched: Pubmed; Google Scholar; Grey literature (Google)

Search terms: (violence against women and girls OR gender-based violence OR sexual violence OR intimate partner violence OR domestic violence OR early marriage OR child marriage OR forced marriage OR sexual exploitation) AND (conflict OR war OR displacement OR refugees OR internally displaced)

Published on or after 01/01/2015

A total of 978 articles were found in the first search. Titles and abstracts were reviewed to determine if the articles covered prevalence, risk factors for VAWG or evaluations to prevent or respond to VAWG for conflict-affected populations. Systematic or literature reviews of topics (prevalence of IPV OR non-partner sexual violence OR evaluations) included in the What Works evidence brief published in 2016 were excluded. A total of 48 articles and reports, including What Works study reports, were included in the final brief.

Annex 2: Recent prevalence data on non-partner sexual violence and IPV against women and girls

Partner violence	Non-partner violence	Combined/Other/Not specified
Physical violence		
For ever-partnered women and girls (aged 15–64) from three conflict-affected sites in South Sudan, lifetime prevalence of partner physical violence ranged between 42–67%. (Global Women's Institute and the International Rescue Committee, 2017). 28.2% of female respondents from three regions in Somalia reported experiencing partner physical violence during their lifetimes (Wirtz et al., 2018). For ever-partnered adolescent girls (aged 15–19) from two conflict-affected sites in South Sudan, prevalence of partner physical violence raged between 21–42% (Murphy et al., 2018).	14.3% of female respondents from three regions in Somalia reported experiencing non-partner physical violence during their lifetimes (Wirtz et al., 2018).	53–66% of Somali female refugees in Ethiopia (aged 18 and older and from three refugee camps) were estimated to have experienced physical violence perpetrated by a partner or non-partner in the past 12–18 months. (Parcesepe, Stark, Roberts, & Boothby, 2016). 25–67% of Somali female refugees in Ethiopia (18 or younger and from three refugee camps) were estimated to have experienced physical violence perpetrated by a partner or non-partner in the past 12–18 months. (Parcesepe, Stark, Roberts, & Boothby, 2016). 30–35% of conflict affected adolescent girls (refugees in Ethiopia and conflict-affected populations in DRC) experienced physical violence by a partner or non-partner in the past 12 months (Stark et al., 2017).
Sexual violence (rape, attempted rape, other sexual touching)		
For ever-partnered women and girls (aged 15–64) from three conflict-affected sites in South Sudan, lifetime prevalence of partner sexual violence ranged between 44–50%. (Global Women's Institute and the International Rescue Committee, 2017) 24.7% of female respondents from three regions in Somalia reported experiencing partner sexual violence during their lifetimes (Wirtz et al., 2018). For ever-partnered adolescent girls (aged 15–19) from two conflict-affected sites in South Sudan, prevalence of partner sexual violence raged between 26–32% (Murphy et al., 2018).	28–33% of female respondents (aged 15–64) from three conflict-affected sites in South Sudan have experienced non-partner sexual violence (Global Women's Institute and the International Rescue Committee, 2017). 22–23% of adolescent girls (aged 15–19) from two conflict-affected sites in South Sudan have experienced non-partner sexual violence in their lifetime (Murphy et al., 2018). 3.6% of female respondents from three regions in Somalia reported experiencing non-partner sexual violence during their lifetimes (Wirtz et al., 2018).	35–42% of Somali female refugees in Ethiopia (aged 18 and older and from three refugee camps) were estimated to have been raped by a partner or non-partner in the previous 12–18 months. (Parcesepe, Stark, Roberts, & Boothby, 2016). 2.4–3.3% of Somali female refugees in Ethiopia (aged under 18 and from three refugee camps) were estimated to have been raped by a partner or non-partner in the previous 12–18 months. (Parcesepe, Stark, Roberts, & Boothby, 2016). 18–21% of conflict-affected adolescent girls (refugees in Ethiopia and conflict-affected populations in DRC) had experienced forced sex by a partner or non-partner (Stark et al., 2017). 14–16% of conflict-affected adolescent girls (refugees in Ethiopia and conflict-affected populations in DRC) had experienced forced sex by a partner of non-partner in the past 12 months (Stark et al., 2017).
Sexual exploitation and abuse		
	Sexual exploitation ranged from 21–22% among women and girls from three conflict-affected sites in South Sudan (Global Women's Institute and the International Rescue Committee, 2017).	
Combined/ Not specified		
For ever-partnered women and girls (from three conflict-affected sites), lifetime prevalence of physical and/ or sexual violence ranged between 54–73% (Global Women's Institute and the International Rescue Committee, 2017). For ever-partnered adolescent girls (aged 15–19) from two conflict-affected sites in South Sudan, prevalence of partner physical or sexual violence raged between 39–42% (Murphy et al., 2018).		Domestic violence directed against women was reported in 17.4% of families (Lafta, Aflouk, Dhiaa, Lyles, & Burnham, 2016)

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