
DLL
Evidence Review

What works in combatting gender-based violence?

Author

Marianne Tørraasen

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Abstract

Gender-based violence, including domestic violence, intimate partner violence, and sexual violence, is a serious problem which negatively affects global development and health. Developing and implementing effective interventions to address this complex problem is a challenging task. This evidence review gives an overview of which interventions are effective, and under what conditions.

Main points

- GBV interventions show mixed evidence, with success often depending on local contexts and the specific needs of the community.
- Community engagement in designing and delivering interventions enhances their effectiveness and sustainability.
- Multi-component approaches, combining legal, economic, psychosocial, and health strategies, tend to be more successful
- Protecting the anonymity and safety of GBV survivors is crucial, as it encourages more people to seek help and prevents retaliation.
- Economic empowerment programs, while promising, need to be carefully implemented to avoid backlash and unintended harm.
- Continuous training and resource allocation for staff working with GBV survivors is essential to maintain the quality of support and care.

1 Introduction

Gender-based violence (GBV) is an extreme manifestation of gender inequality and the most prevalent form of violence worldwide (The World Bank 2023). Gender-based violence refers to any harmful act that is perpetrated against an individual based on their gender identity or gender role in society. It includes a wide range of behaviours, including physical, sexual, or psychological harm, coercion or deprivation of liberty, often resulting in physical or emotional suffering. While harmful practices like child marriage and female genital mutilation (FGM) are internationally recognised as forms of GBV, this evidence review will focus on domestic violence, intimate partner violence and sexual violence. GBV can occur within various contexts, such as intimate partner relationships, families, communities, workplaces, or institutional settings. It disproportionately affects women and girls, although men and boys can also be victims. It is estimated that almost one in three women will experience sexual or physical violence in their lifetime (UN Women 2017). Sexual violence during conflict and other humanitarian emergencies is widespread, affecting at least one in four women. Men and children also face increased vulnerability to such violence (J.(Joanne) Spangaro et al. 2013).

GBV pose a serious and global health problem: Women who have experienced violence tend to have higher rates of depression, anxiety disorders, unplanned pregnancies, sexually transmitted infections, and HIV compared to those who have not. They may also face other health issues that persist after the violence has ended (UN Women 2022). GBV further results in significant costs to the state, victims and communities, and thus poses a serious obstacle to global development (The World Bank 2023). GBV is a complex problem which results from multiple contributing factors, such as patriarchal norms, unequal power relations, economic inequality, insufficient legal protection and enforcement, lack of education and awareness, as well as conflicts and humanitarian crises. Numerous cultural and economic barriers hinder many victims from reporting or seeking assistance after experiencing violence. Ineffective interventions may do nothing or even worsen the situation for victims. It is thus important to have high quality evidence (where it exists) as a foundation for making choices on which interventions to apply, when, and how.

2 Methodology and included studies

This evidence review synthesizes existing evidence on the effectiveness of interventions addressing gender-based violence in the Global South. It does so by collecting evidence from systematic reviews. Systematic reviews synthesize evidence from multiple impact evaluations and may create more reliable and generalizable evidence than single impact evaluations. The systematic reviews are mainly identified through searches in the International Initiative for Impact Evaluations database (3ie),¹ which is a repository for evidence on the effectiveness of international development interventions. All systematic reviews at 3ie undergo a quality assurance system, which includes assessing the methods for including impact evaluations in the systematic reviews, methods for analysing results, and an overall assessment of the reliability of the systematic review. To strengthen the quality of the evidence included in this evidence review, only systematic reviews with two or three (out of three) stars are included. While the quality assessment guarantees the overall quality of the systematic reviews, it is possible that some of the individual impact evaluations included in the systematic reviews are of poorer quality. This evidence

¹ [3ie Development Evidence Portal | 3ie \(3ieimpact.org\)](https://3ie.org/)

review also includes a couple of additional high quality systematic reviews missing from the 3ie database, identified with help from experts in the field.

The systematic reviews include impact evaluations using a myriad of different methods. These comprise randomized and non-randomized control trials; controlled and non-controlled pre- post-test designs; interrupted time series analysis; longitudinal analysis; retrospective cohorts with matched comparison; cross-sectional studies with surveys; case studies; observation; interviews; focus groups; and surveys. The reviews vary on the context and focus area, target groups and populations, and type of gender-based violence. They refer to contexts such as developing countries (Higginson et al. 2015a); low- and middle-income countries (Baranov et al. 2021; Bourey et al. 2015; Eggers del Campo and Steinert 2022; Ellsberg et al. 2015; Meinck et al. 2019; Sapkota et al. 2019; Semahegn et al. 2019; Tol et al. 2019; Turner et al. 2020); zones of conflict/post-conflict and humanitarian crises in lower and middle-income countries (Spangaro et al. 2013); and armed conflict (Stavrou 2013; Tol et al. 2013). A few reviews present evidence of interventions directed at specific target groups and populations, such as young people living with or affected by HIV/AIDS (Meinck et al. 2019), pregnant women (Sapkota et al. 2019)

The reviews cover different types of gender-based violence, including domestic violence (Sapkota et al. 2019; Semahegn et al. 2019); intimate partner violence (Baranov et al. 2021; Bourey et al. 2015; Eggers del Campo and Steinert 2022; Tol et al. 2019; Turner et al. 2020); and sexual violence (including in conflict) (Spangaro et al. 2013; Stavrou 2013). One review covers interpersonal violence in general but includes a strong focus on gender-based interventions (Higginson et al. 2015). Hence, there is a variety of types of violence covered, and thus also a variety of different perpetrators and victims. While three reviews take a general approach to the types of gender-based violence interventions covered (Ellsberg et al. 2015; Meinck et al. 2019; Spangaro et al. 2013) some of the studies also focus specifically on certain types of interventions. This includes policing interventions (Higginson et al. 2015a), mental health and psychosocial support interventions (Stavrou 2013; Tol et al. 2019; Tol et al. 2013; Turner et al. 2020); structural interventions (Bourey et al. 2015); economic interventions (Van Daalen et al. 2022; Eggers del Campo and Steinert 2022) and interventions focusing on gender-norms (Semahegn et al. 2019). While most systematic reviews focus on gender-based violence (not violence against women), the reviews generally lack evidence on violence against men.

The variety in the focus of interventions across different reviews gives a unique overview of what works in combatting gender-based violence in general, not just specific forms. At the same time, it adds an additional challenge when synthesizing the results, which cover both preventive and reactive interventions from various contexts. Some systematic reviews provide more detailed findings than others. Most of the reviews included report of methodological challenges, mainly due to a scarcity of high-quality impact evaluations on gender-based violence interventions. This must be taken into consideration when generalizing from the results. The evidence is presented in accordance with intervention focus: legislative and justice sector responses, systems and security interventions, livelihood and economic empowerment interventions, group-training programs and community mobilization, and health sector responses and survivor care.

3 What does the evidence say?

3.1 Legislative and justice sector responses

Legislative and justice sector responses to GBV have primarily focused on enhancing women's access to the criminal justice through improved legislation and training for judges and police, specialized police stations, as well as providing coordinated emergency services for survivors of violence. Interventions have thus been both reactive (focusing on victims) and preventive in the sense that they have tried to address impunity for such crimes and increase the risks for perpetrators.

Legal interventions to combat GBV, particularly sexual and gender-based violence during conflict, includes specialist prosecution units or tribunals, initiatives targeting community or customary justice systems, and indictments through the International Criminal Court (ICC). Such interventions have not proved to be effective due to low rates of prosecution, barriers to being granted leave to appear before the court, and the fact that survivors find that testifying increases their exposure to retaliation, ostracism, and stigma. In fact, participating in legal action may be linked to increased risk of violence and traumatization for victims. Women who testify experiences attacks, threats, or destruction of property. This is explained by a general lack of protection for witnesses (including anonymity) during and after witnessing (Spangaro et al. 2013).

While the number of countries with domestic violence laws has significantly increased, interventions focusing on **implementing GBV legal framework** remains a major challenge (Higginson et al. 2015). Many domestic violence laws lack accompanying budget allocations as well as training and development opportunities for police. As a result, there is often resistance from judiciaries and police forces, which hampers implementation (Ellsberg et al., 2015; Higginson et al., 2015). For instance, studies on the implementation of domestic violence laws in South Africa indicates that police officers perceive such legislation as an additional burden on their already heavy workload (Higginson et al. 2015).

Specialized police stations are a popular public policy approach to combat GBV in low- and middle-income countries. These are created to improve access to support services for female victims of violence (Ellsberg et al. 2015; Higginson et al. 2015). Many of these are run by women, for women, based on the assumption that female police officers are better equipped to appropriately deal with issues of domestic violence. Experiences from these specialized police stations have been mixed. While women-led police stations have raised visibility around the issue of GBV and led to increased reporting in some settings, there is little evidence of effectiveness in terms of reduced GBV (Ellsberg et al., 2015). Some studies find that victims in the female-led police stations are met with the same bias and prejudice that they are in other police officers, which is explained by overwhelming workload, a lack of financial and human resources, and insufficient specialized training and education on gender-based violence cases for police officers. Experiences with family police stations are more positive. These stations are staffed by specialists who provide a wide range of services to victims, including medical screening, psychological counselling, and legal aid, as well as regular police services. The family police stations offer greater victim support, and reduces the workload of courts through the use of mediated conciliation agreements. Victims rate the family police stations as the most helpful public sector institution in addressing cases of domestic violence (Higginson et al. 2015).

The evidence from legislative and justice sector responses to GBV shows that, as discriminatory attitudes and practices against victims of gender-based violence are rigid, police reform is more likely to succeed in combatting gender-based violence when it is coupled with increased social services and sufficient specialized training for the police officers who are to implement legislation. Adequate funding and resourcing are also important (Higginson et al. 2015), while system-wide changes are needed to improve the enforcement of laws (Ellsberg et al. 2015).

3.2 Systems and security interventions

Some interventions seek to prevent opportunistic GBV by focusing on systems and security measures. These aim at reducing women's vulnerability when doing certain necessary tasks, such as collecting food and firewood, particularly in the context of refugee camps. Interventions include firewood distribution, provision of more fuel-efficient stoves (reducing the need for women to venture out often to collect firewood) and firewood patrols. There is some incidence of a decline in sexual violence where these interventions were in place, particularly when combined with other interventions such as community mobilisation. Opportunistic sexual violence may be easier to prevent than other forms of GBV by addressing women's physical in specific settings. There is also indication that when sexual violence during firewood collection decreased, it increased in other settings and locations, which indicates that the problem is relocated rather than reduced (Spangaro et al. 2013).

3.3 Livelihood and economic empowerment interventions

Development practitioners argue that increasing women's economic opportunities should be a key strategy to reduce violence. Livelihood strategies are assumed to help prevent violence against women through increasing their decision making in the home and their financial independence, and may include vocational training, job placement, microfinance, cash transfers, or asset transfers such as land reform.

The evidence for women's economic empowerment and its effect on violence is mixed, with research suggesting that increased access to credit and assets could either decrease, increase, or not affect women's risk of intimate partner violence, depending on the context in which the women live (Bourey et al. 2015; Ellsberg et al. 2015; Lwamba et al. 2022; Spangaro et al. 2013). Eggers del Campo and Steinert (2022) conclude that, in most low-and-middle-income contexts, women's economic empowerment is associated with a decrease in intimate partner violence. This is particularly the case for the more generous **cash-transfer** and **microfinance** interventions. One systematic review from conflict-affected contexts finds that economic empowerment programs, which include micro-credit strategies (with or without addressing social norms), might help reduce abuse and improve women's well-being in other ways. However, involving male partners in these programs does not seem to be enough to prevent economic abuse, and getting men to attend these sessions has been difficult (Spangaro et al. 2021). On the effect of cash transfer programs, most of the empirical evidence finds that such interventions have either no effect or decreases intimate partner violence (Baranov et al. 2021). Research on unconditional cash transfer programs in Kenya and Ecuador revealed significant reductions in rates of intimate partner violence alongside notable economic and nutritional benefits to households (Ellsberg et al. 2015a). Both reviews link findings more to reduced household stress than to increased decision-making power for women in the household (Baranov et al. 2021; Ellsberg et al. 2015). Another review finds that cash transfers reduce the acceptability of violence, but not necessarily the actual frequency of violence (Lwamba et al. 2022).

There is some promising evidence from interventions that combine livelihood interventions with other types of intervention. For instance, an intervention in South Africa combining microfinance programs with participatory trainings and skills-building reported a 55% decrease in reports of physical or sexual partner violence from women over two years (Ellsberg et al. 2015a). One review finds that economic empowerment programs such as **self-help groups** and **village savings and loans associations** have positive effects on the prevention of violence and decreased violence at the household level. The same review does not find significant positive evidence that **technical and vocational education and training** reduces violence (Lwamba et al. 2022).

Several reviews warn that livelihood interventions can also lead to unintended harm. Some evidence shows increases in intimate partner violence for some subgroups receiving cash transfers, for instance, women with low levels of education whose partners have even lower levels of education (Baranov et al. 2021). Further, inexperienced participants in microfinance and skills programs in rural Bangladesh and Mexico reported increased odds of intimate partner violence. Interventions may unintentionally cause harm by encouraging men to resort to controlling behaviours and violence to maintain unequal relationships, especially when efforts to empower challenge their beliefs or those of the community (Bourey et al. 2015; Eggers del Campo and Steinert 2022).

3.4 Group-training programs and community mobilization

There has been much focus on violence prevention in low- and middle-income countries, including group training, social communication, and community mobilisation, focusing on both women and men as target groups, at an individual and (increasingly) community level. Most interventions use more than one approach, with participatory group trainings focusing on critical reflection, discussion, and practice, combined with other interventions such as livelihood programs or programs aimed to improve sexual and reproductive health (Ellsberg et al. 2015). A recent systematic review provides strong evidence supporting the effectiveness of various **psychosocial interventions**, including individual and group counselling as well as community-wide education, in reducing intimate partner violence. These interventions have been shown to lead to reductions of up to 38% across all forms of intimate partner violence. However, the systematic review does not clarify which specific psychosocial interventions, which is a broad umbrella term, are most effective or which subgroups of women benefit the most (Turner et al. 2020).

Other systematic reviews go more in-depth. Some find that **training programs** for women and girls have had some success in improving participants' knowledge and behaviour in sexual and reproductive health, and reducing coerced sex and child marriage, in combination with other types of interventions (Ellsberg et al. 2015; Meinck et al. 2019). Empowerment training programs in Ethiopia and DRC did not reduce girls' exposure to sexual, physical or emotional violence, or transactional sex, but showed other positive effects in relation to gender norms (Spangaro et al. 2021). Evidence of the effectiveness of programs targeting men and boys, and group training with both men and women is still limited. However, some evidence suggests that participation in group trainings and social communication programs on gender norms and gender equality is linked to positive changes in men's attitudes towards perpetrating GBV, and occasionally positive changes in men's perpetration of GBV. These changes are however self-reported, which involves a certain bias. More knowledge is needed on how to transform change in men's attitudes into change in men's behaviour (Ellsberg et al. 2015; Meinck et al. 2019).

Community mobilisation seek to decrease violence within the population by altering public discussions, behaviours, and norms regarding gender and violence. These approaches involve various stakeholders, including community members, youth, religious leaders, police, educators, and political figures, engaging them through a range of strategies such as group training, public events, and advocacy campaigns, often involving social media. Community mobilisation programs are complex and difficult to rigorously assess the effectiveness of. Some reviews indicate promising (but not always significant) results. Several studies show that the social accepting attitude of intimate partner violence was reduced by community mobilization interventions (Semahegn et al. 2019). It is also linked to reductions in intimate partner violence in several countries in sub-Saharan Africa (Ellsberg et al. 2015), and victims of intimate partner violence in intervention communities were more likely to receiving supportive responses from the community (Semahegn et al. 2019). The involvement of the community in designing and implementing interventions, including identifying focus areas, seemed to be an important factor in the success of programs (Ellsberg et al. 2015; Spangaro et al. 2013). One review found that **sensitisation campaigns** did not have an immediate impact on the occurrence of GBV. However, it notes that these interventions are constrained by prevailing gender norms in society, and that change is tied to altering human behaviour through education and communication, which is a slow process (Lwamba et al. 2022).

3.5 Health sector approaches and survivor care

Health sector approaches, which sometimes overlap with psychosocial interventions, have been mostly reactive, focusing on survivor care after violence. **Individual and group counselling**, as well as **support groups** and **skills training**, are popular interventions to improve the mental health of victims of GBV. One recent systematic review on conflict affected settings found that overall, survivor care responses – especially those providing experiences of social connection – helped improve women’s health and well-being, along with increased knowledge of GBV and better access to and acceptance of available services (Spangaro et al. 2021). Similar (limited) beneficial effects of mental health and psychosocial support interventions are evidenced in another review on conflict affected settings (Stavrou 2013). For instance, participants in counselling groups in Liberia showed decreased PTSD symptoms, while receivers of medical services and psychological support in the Republic of Congo showed a decrease in ratings of severe impairment. Another review concludes that there is evidence indicating that offering medical treatment along with counselling sessions after a traumatic experience can enhance women's functioning even up to one or two years later. Additionally, engaging in group activities and forming connections with other women who have e gone through similar trauma might help decrease distress. Anonymity of access helps bringing more survivors to care programs (Spangaro et al. 2013). It is however difficult to draw firm conclusions from these kinds of studies and their causal pathways, as interventions often consists of a combination of activities. Further, studies of these interventions rarely apply a control condition, hence we cannot be certain if improvement in symptoms are due to the treatment or just natural recovery over time (Stavrou 2013).

Another popular approach to reduced harm of GBV involves creating **one-stop centers** designed to provide all-encompassing support for survivors. These centres are typically located within hospitals or operated independently by women's rights advocates or government organizations (Ellsberg et al. 2015). There is some limited evidence that such centres, which provide medical assessment and counselling sessions, improves victims’ mental health (Spangaro et al. 2013). However, the funding, accessibility, and quality of services in these one-stop centres vary greatly. Until now, little evidence exists on how effective

these services are in reducing violence against women and girls or in lessening the negative impacts on survivors (Ellsberg et al. 2015).

While most health interventions traditionally have been reactive, a couple of systematic reviews find that health sector approaches may also reduce and prevent GBV. According to one systematic review focusing on mental health interventions addressing both perpetrators and victims, there is some indication that targeted interventions may also reduce intimate partner violence (Tol et al. 2019). Another review found that supportive counselling of pregnant women found a reduction in domestic violence and an improvement in the use of safety behaviours (Sapkota et al. 2019). However, more research is needed to draw strong conclusions about the relationship between health interventions and violence reduction (Tol et al. 2019).

4 Conclusion and implications for practice

The aim of this evidence review was to synthesize existing evidence on the effectiveness of interventions addressing gender-based violence, and to contribute to a more evidence-based approach to development aid and more efficient results. The findings show that this is not a straightforward task. There is still a scarcity of high-quality studies on the effectiveness of GBV, and some systematic reviews warn against drawing firm conclusions for this reason. Methodological limitations of existing studies remain a challenge. We do not know whether other contextual factors matter, such as conflict versus crises setting, what country, or the sex of the survivor. And we do not know much about the appropriateness of different interventions for specific groups, including men, women and children (Spangaro et al 2013). Hence, what may work in one context may not work in another, and it is important to be aware of this when designing and planning interventions.

Keeping this in mind, we can attempt to propose some general implications for practice based on the evidence.

- **Community engagement in intervention design and delivery:** Integrating community participation in the design and delivery of GBV interventions can enhance their effectiveness and sustainability. Engaging local stakeholders ensures that interventions are culturally appropriate, better tailored to local needs, and supported by the community. Continuous community-driven evaluation and adaptation are essential for maintaining relevance and impact
- **Multi-component strategies:** Addressing GBV requires multi-faceted interventions that combine various strategies, such as legal reforms, economic empowerment, psychosocial support, and health services. Evidence suggests that interventions with multiple components are more likely to succeed. However, it is crucial to ensure these strategies are context-specific and flexible enough to adapt to local conditions.
- **Anonymity and protection of victims:** Ensuring the anonymity and safety of GBV survivors is critical, particularly in settings where GBV remains a sensitive or taboo topic. Confidentiality in both service delivery and data collection encourages more survivors to seek help. Strengthening protection mechanisms, such as witness protection programs and safeguarding confidentiality within legal and healthcare systems, can enhance the chances of a successful intervention.

- **Training and resource allocation for personnel:** Personnel working on GBV interventions, particularly in the justice, healthcare, and social service sectors, require adequate training and resources. This includes training in trauma-informed care, gender sensitivity, and specialized skills for handling GBV cases. Ongoing support and supervision are also important to prevent burnout and maintain the quality of care for survivors.
- **Economic empowerment interventions:** Economic empowerment interventions, such as cash transfers, microfinance, and vocational training, show promise in reducing GBV but must be implemented with caution. These interventions should be tailored to local gender dynamics to avoid backlash and accompanied by support services such as gender norms education and psychosocial assistance. Regular monitoring is essential to detect potential risks and adjust the intervention accordingly.
- **Contextual understanding and prevention of unintended harm:** GBV interventions must be designed with an understanding of the local context and the specific vulnerabilities of different groups, such as women in conflict-affected areas or those with lower levels of education. Risk assessments and continuous monitoring should be incorporated into the design of interventions to identify and mitigate unintended consequences, such as increased violence.

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