



R E S P E C T
WOMEN

Preventing violence
against women

For more information, contact
Department of Reproductive Health and Research
World Health Organization
20 Avenue Appia
CH 1211, Geneva 27
Switzerland
Fax: +41 22 791 4171
Email: reproductivehealth@who.int
www.who.int/reproductivehealth/topics/violence/en

WHO/RHR/18.19



WHO/RHR/18.19

© World Health Organization 2019

Some rights reserved. This work is available under the Creative Commons Attribution-NonCommercial-ShareAlike 3.0 IGO licence (CC BY-NC-SA 3.0 IGO; <https://creativecommons.org/licenses/by-nc-sa/3.0/igo>).

Under the terms of this licence, you may copy, redistribute and adapt the work for non-commercial purposes, provided the work is appropriately cited, as indicated below. In any use of this work, there should be no suggestion that WHO endorses any specific organization, products or services. The use of the WHO logo is not permitted. If you adapt the work, then you must license your work under the same or equivalent Creative Commons licence. If you create a translation of this work, you should add the following disclaimer along with the suggested citation: "This translation was not created by the World Health Organization (WHO). WHO is not responsible for the content or accuracy of this translation. The original English edition shall be the binding and authentic edition".

Any mediation relating to disputes arising under the licence shall be conducted in accordance with the mediation rules of the World Intellectual Property Organization.

Suggested citation. RESPECT women: Preventing violence against women. Geneva: World Health Organization; 2019 (WHO/RHR/18.19). Licence: [CC BY-NC-SA 3.0 IGO](https://creativecommons.org/licenses/by-nc-sa/3.0/igo).

Cataloguing-in-Publication (CIP) data. CIP data are available at <http://apps.who.int/iris>.

Sales, rights and licensing. To purchase WHO publications, see <http://apps.who.int/bookorders>. To submit requests for commercial use and queries on rights and licensing, see <http://www.who.int/about/licensing>.

Third-party materials. If you wish to reuse material from this work that is attributed to a third party, such as tables, figures or images, it is your responsibility to determine whether permission is needed for that reuse and to obtain permission from the copyright holder. The risk of claims resulting from infringement of any third-party-owned component in the work rests solely with the user.

General disclaimers. The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by WHO in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by WHO to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall WHO be liable for damages arising from its use.

Printed in Switzerland

RESPECT women:

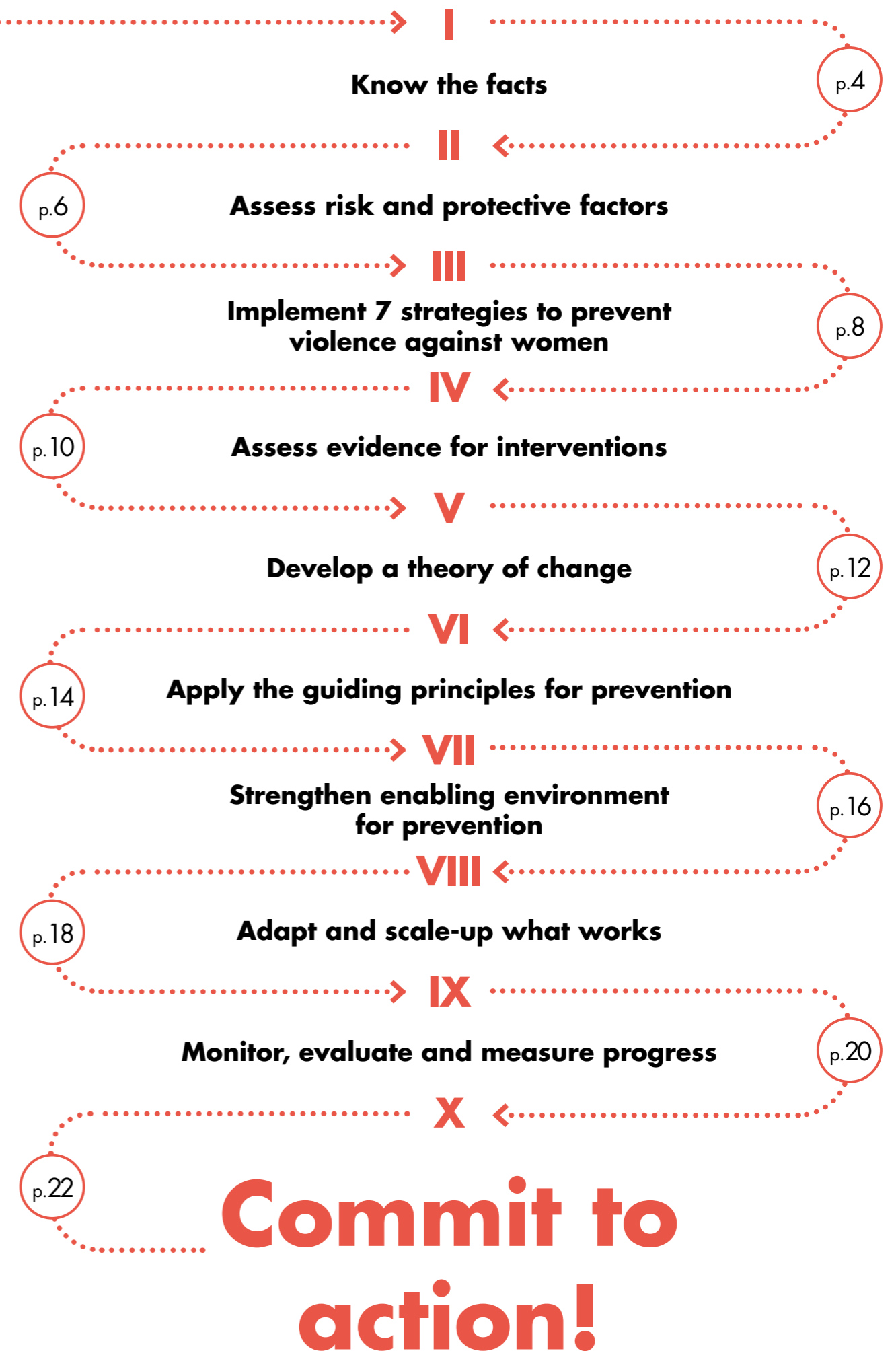
Preventing violence against women



Introduction

The primary audience for this document is policymakers. Programme implementers working on preventing and responding to violence against women will also find it useful for designing, planning, implementing, and monitoring and evaluating interventions and programmes.

Table of contents



Know the **facts**

Violence against women (VAW) is a **violation of human rights**, is rooted in gender inequality, is a **public health problem**, and an impediment to sustainable development.

Nearly **1 in 3 (35%)** women worldwide have experienced physical and/or sexual violence by an intimate partner or sexual violence, not including sexual harassment, by any perpetrator.

Globally, **30%** of women have experienced physical and/or sexual violence by an intimate partner in their lifetime.

Adolescent girls, young women, women belonging to ethnic and other minorities, transwomen, and women with disabilities face a **higher risk** of different forms of violence.

Humanitarian emergencies may exacerbate existing violence and lead to additional forms of violence against women and girls.

Globally between **38%-50% of murders** of women are committed by **intimate partners**.

Violence negatively affects women's physical and mental **health** and well-being. It has **social and economic consequences** and costs for families, communities and societies.

Low education, exposure to violence in childhood, unequal power in intimate relationships, and attitudes and norms accepting violence and gender inequality increase the risk of **experiencing intimate partner violence and sexual violence**.

Low education, child maltreatment or exposure to violence in the family, harmful use of alcohol, attitudes accepting of violence and gender inequality increase risk of **perpetrating intimate partner violence**.

The majority (**55-95%**) of women survivors of violence **do not disclose or seek any type of services**.

Violence against women and girls is **preventable**. To prevent violence, mitigate the risk factors and amplify the protective factors.

Assess **the risk** & **protective factors**¹

Risk Factors

Discriminatory laws on property ownership, marriage, divorce and child custody

Low levels of women's employment and education

Absence or lack of enforcement of laws addressing violence against women

Gender discrimination in institutions (e.g. police, health)

SOCIETAL

Harmful gender norms that uphold male privilege and limit women's autonomy

High levels of poverty and unemployment

High rates of violence and crime

Availability of drugs, alcohol and weapons

COMMUNITY

High levels of inequality in relationships/ male-controlled relationships/ dependence on partner

Men's multiple sexual relationships

Men's use of drugs and harmful use of alcohol

INTERPERSONAL

Childhood experience of violence and/ or exposure to violence in the family

Mental disorders

Attitudes condoning or justifying violence as normal or acceptable

INDIVIDUAL

SOCIETAL

Laws that:

- promote gender equality
- promote women's access to formal employment
- address violence against women

COMMUNITY

Norms that support non-violence and gender equitable relationships, and promote women's empowerment

INTERPERSONAL

Intimate relationships characterized by gender equality, including in shared decision-making and household responsibilities

INDIVIDUAL

Non-exposure to violence in the family

Secondary education for women and men and less disparity in education levels between women and men

Both men and boys and women and girls are socialized to, and hold gender equitable attitudes

Protective Factors

R E S P E C T

Implement 7 strategies to prevent violence against women²

Relationship skills strengthened

refers to strategies aimed at individuals or groups of women, men or couples to improve skills in interpersonal communication, conflict management and shared decision-making.

Empowerment of women

refers to both economic and social empowerment including inheritance and asset ownership, microfinance plus gender and empowerment training interventions, collective action, creating safe spaces and mentoring to build skills in self-efficacy, assertiveness, negotiation, and self-confidence.

Services ensured

refers to a range of services including police, legal, health, and social services provided to survivors.

Poverty reduced

refers to strategies targeted to women or the household whose primary aim is to alleviate poverty ranging from cash transfers, savings, microfinance loans, labour force interventions.

Environments made safe

refers to efforts to create safe schools, public spaces and work environments, among others.

Child and adolescent abuse prevented

refers to establishing nurturing family relationships, prohibiting corporal punishment, and implementing parenting programmes as mentioned in *INSPIRE - 7 strategies for preventing violence against children*.

Transformed attitudes, beliefs, and norms

refers to strategies that challenge harmful gender attitudes, beliefs, norms and stereotypes that uphold male privilege and female subordination, that justify violence against women and that stigmatize survivors. These may range from public campaigns, group education to community mobilization efforts.

Relationships skills strengthened

Group-based workshops with women and men to promote egalitarian attitudes and relationships



Couples counselling and therapy



EXAMPLE

Group-based Workshops

In the two-year period following the implementation of *Stepping Stones* in South Africa with female and male participants aged 15–26 years, men were less likely to perpetrate intimate partner violence, rape and transactional sex in the intervention group compared to the baseline.*

Empowerment of women

Empowerment training for women and girls including life skills, safe spaces, mentoring



Inheritance and asset ownership policies and interventions



Micro-finance or savings and loans plus gender and empowerment training components



EXAMPLE

Microfinance plus gender and empowerment

The *IMAGE project* (Intervention with Microfinance for Aids and Gender Equity) in South Africa empowers women through microfinance together with training on gender and power and community mobilization activities. Studies show it reduced domestic violence by 50% in the intervention group over a period of two years. At US\$244 per incident case of partner violence averted during a 2-year scale up phase, the intervention is highly cost-effective.**

Services ensured

Empowerment counselling interventions or psychological support to support access to services (i.e. advocacy)



Alcohol misuse prevention interventions



Shelters



Hotlines



One-stop crisis centres



Perpetrator interventions



Women's police stations/units



Screening in health services



Sensitization and training of institutional personnel without changing the institutional environment



EXAMPLE

Advocacy for survivors

The *Community Advocacy Project* in Michigan and Illinois, United States, is an evidence-based program designed to help women survivors of intimate partner abuse re-gain control of their lives. Trained advocates provide advocacy and individually tailored assistance to survivors so that they can access community resources and social support. The intervention was found to lower recurrence of violence and depression and improve quality of life and social support. Two years after the intervention ended, the positive change continued.†

Poverty reduced

Economic transfers, including conditional/unconditional cash transfers plus vouchers, and in-kind transfers



Labour force interventions including employment policies, livelihood and employment training



Microfinance or savings interventions without any additional components



EXAMPLE

Economic transfers

In Northern Ecuador, a cash, vouchers and food transfer programme implemented by the World Food Programme (WFP) was targeted to women in poor urban areas, intending to reduce poverty. Participating households received monthly transfers equivalent to \$40 per month for a period of 6 months. The transfer was conditional on attendance of monthly nutrition trainings. The evaluation showed reductions in women's experience of controlling behaviours, physical and/or sexual violence by intimate partners by 19 to 30%. A plausible mechanism for this was reduced conflict within couples related to poverty-related stresses.‡

Environments made safe

Infrastructure and transport



Bystander interventions



Whole School interventions



EXAMPLE

Right to play - preventing violence among and against children in schools

In Hyderabad (Sindh Province), Pakistan, a right to play intervention reached children in 40 public schools. Boys and girls were engaged in play-based learning providing them opportunity to develop life skills such as confidence, communication, empathy, coping with negative emotions, resilience, cooperation, leadership, critical thinking and conflict resolution that help combat conflict, intolerance, gender discrimination and peer violence. An evaluation showed decreases in peer victimization by 33% among boys and 59% among girls at 24 months post intervention; in corporal punishment by 45% in boys and 66% in girls; and in witnessing of domestic violence by 65% among boys and by 70% in girls.⁹

Child and adolescent abuse prevented

Home visitation and health worker outreach



Parenting interventions



Psychological support interventions for children who experience violence and who witness intimate partner violence



Life skills / school-based curriculum, rape and dating violence prevention training



Transformed attitudes, beliefs, and norms

Community mobilization



Group-based workshops with women and men to promote changes in attitudes and norms



Social marketing or edutainment and group education



Group education with men and boys to change attitudes and norms



Stand-alone awareness campaigns/single component communications campaigns



EXAMPLE

Community Mobilizations

SASA! is a community intervention in Uganda that prevents violence against women by shifting the power balance between men and women in relationships. Studies show that in *SASA!* communities 76% of women and men believe physical violence against a partner is not acceptable while only 26% of women and men in control communities believe the same. At the cost of US\$ 460 per incident case of partner violence averted in trial phase, intervention is cost-effective and further economies of scale can be achieved during scale-up.⁶

LEGEND⁴

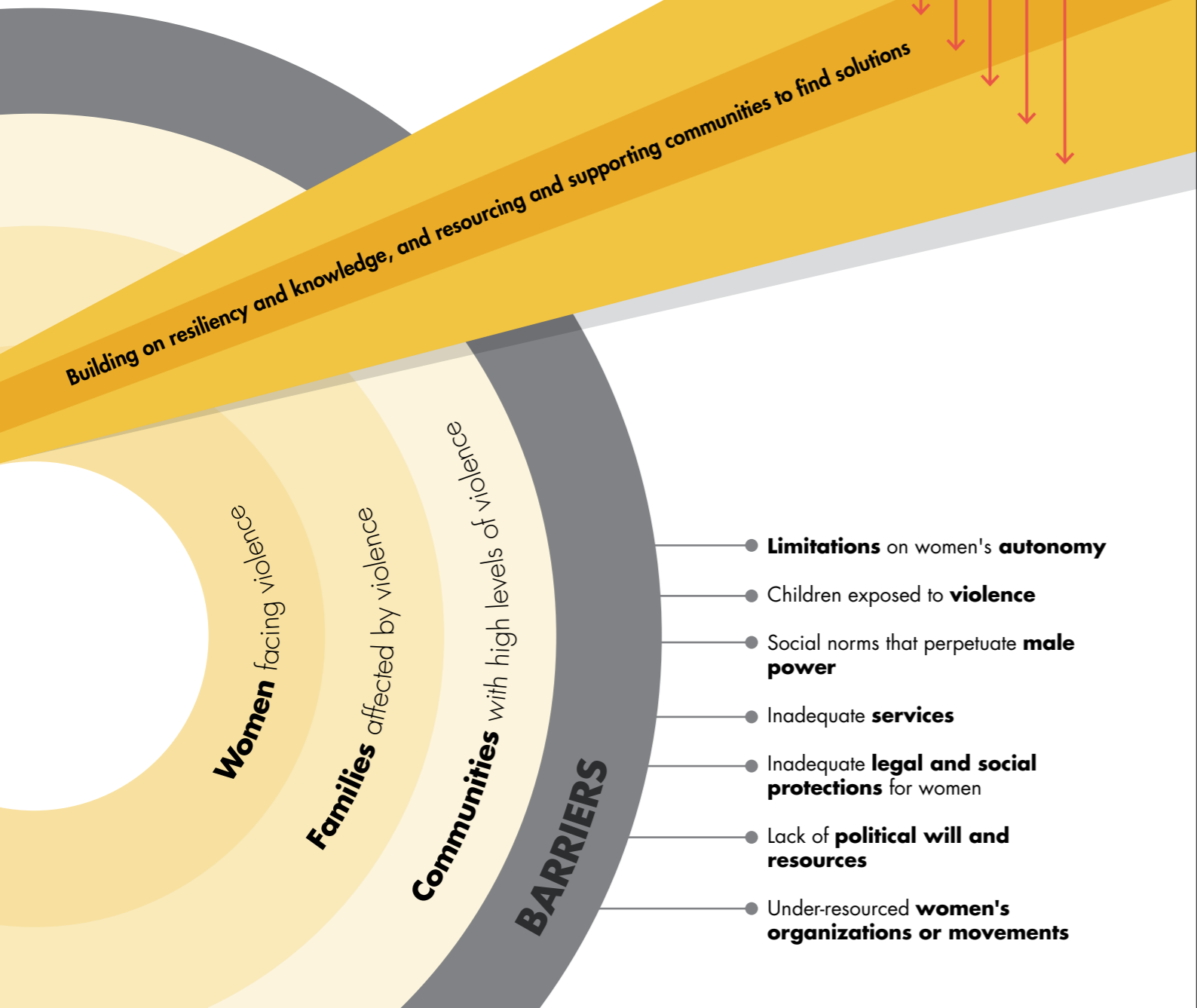
- promising**, >1 evaluations show significant reductions in violence outcomes
- more evidence needed**, > 1 evaluations show improvements in intermediate outcomes related to violence
- conflicting**, evaluations show conflicting results in reducing violence⁵
- no evidence**, intervention not yet rigorously evaluated
- ineffective**, >1 evaluations show no reductions in violence outcomes
- H** | World Bank High Income Countries (HIC)
- L** | World Bank Low and Middle Income Countries (LMIC)

Assess the evidence on interventions³

Develop a **theory**

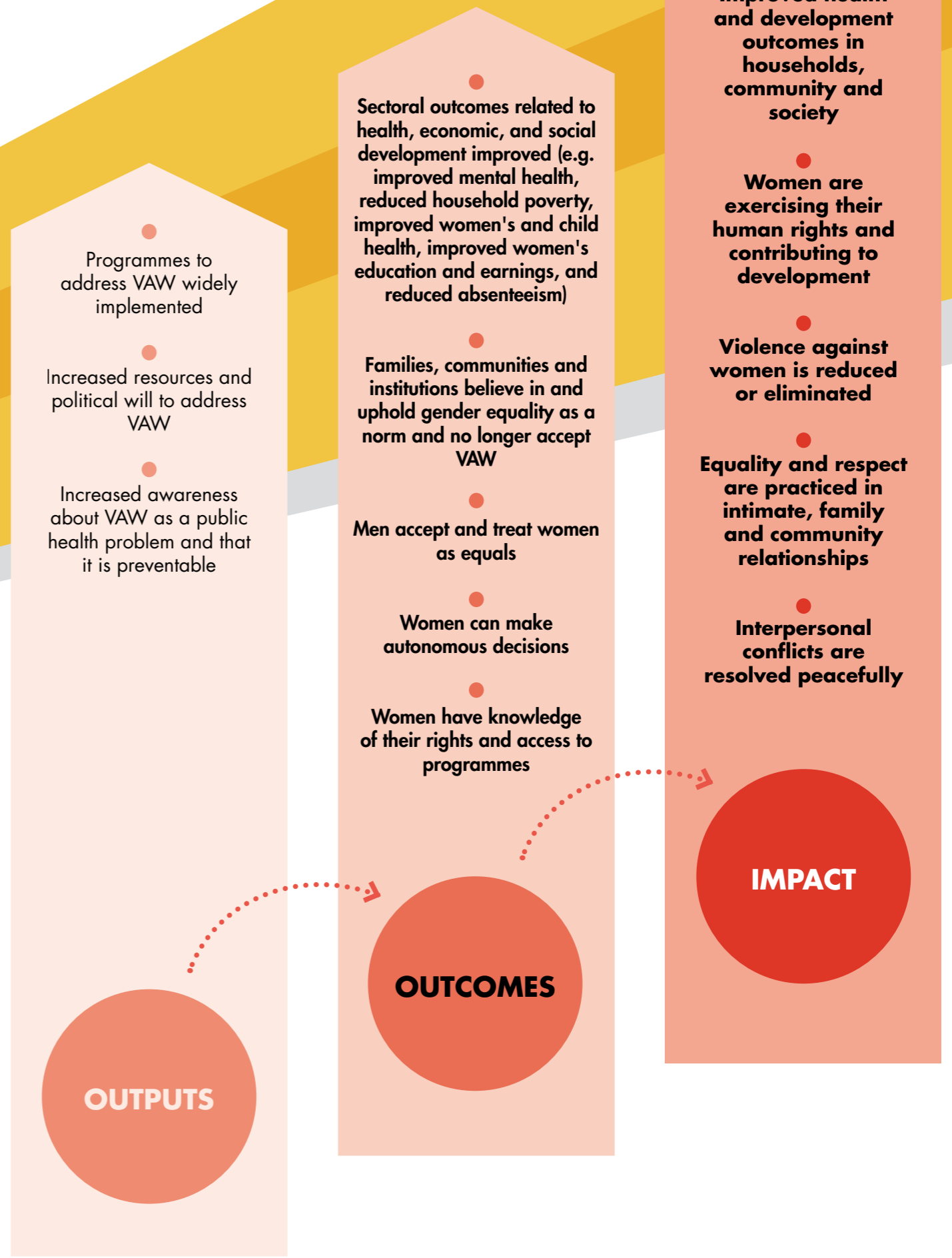
- R**elationship skills strengthened
- E**mpowerment of women
- S**ervices ensured
- P**overty reduced
- E**nvironments made safe
- C**hild and adolescent abuse prevented
- T**ransformed attitudes, beliefs, and norms

INTERVENTIONS



- **L**imitations on women's **autonomy**
- Children exposed to **violence**
- Social norms that perpetuate **male power**
- Inadequate **services**
- Inadequate **legal and social protections** for women
- Lack of **political will and resources**
- Under-resourced **women's organizations or movements**

of **change**



Apply the guiding principles

for effective programming

Put women's safety first and do no harm

Ensure confidentiality of information and anticipate and address unintended consequences

1

Promote gender equality and women's human rights

Ensure that analysis of unequal gender and power relations and male privilege over women is at the center of programming

2

Leave no one behind

Address multiple and intersecting forms of discrimination based on sex, gender, class, race, ethnicity, disability, sexual orientation, gender identity

3

Develop a theory of change

Elaborate how programming inputs will lead to changes in intermediate outcomes and likely impacts

4

Promote evidence informed programming

Strengthen monitoring and evaluation systems to build the evidence base on what works and facilitate knowledge sharing to inform programming

5

Use participatory approaches

Stimulate personal reflection and critical thinking, and build on the voice, agency and skills of people.

6

Promote coordination

Support partnerships across sectors and organizations, and at local and national levels

7

Implement combined interventions

Facilitate collective programming with individuals, families and communities to address the multiple risk factors underlying VAW and multiple forms of violence within families.

8

Address the prevention continuum

Link prevention and response interventions

9

Take a life-course approach

Implement programmes that work with children, adolescents and young people for early interventions

10

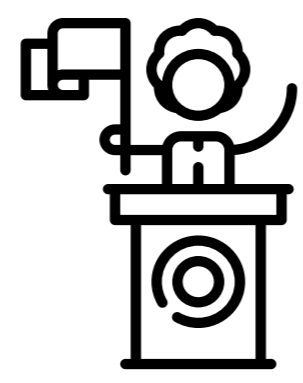
CORE VALUES

GENERATE AND DISSEMINATE KNOWLEDGE

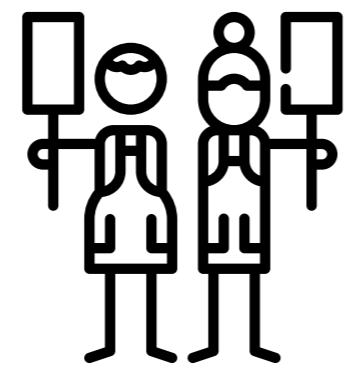
PROGRAMME DESIGN

Strengthen **enabling environment**

a Build **political commitment** from leaders and policy makers to speak out, condemning violence against women.

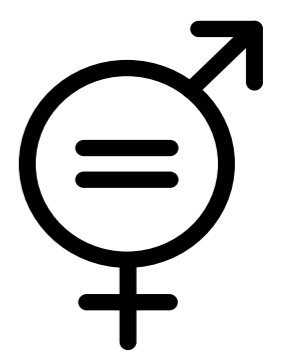


b Invest in, build on the work of, resource, and support **women's organizations**.

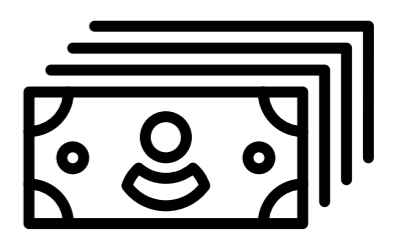


for prevention

c Put in place and facilitate enforcement of **laws and policies** that address violence against women and that promote gender equality, including access to secondary education.⁶



d **Allocate resources** to programmes, research, and to strengthen institutions and capacities of the health, education, law enforcement, and social services sectors to address violence against women.



Adapt and **scale-up** what works

Violence prevention interventions that have been shown to work on a pilot basis can be scaled-up in different ways. They can be expanded by adding more beneficiaries; they can be adapted and replicated in another geographic location; and there can be expansion in coverage of the same intervention over a wider geographic area. Interventions that are being scaled-up in a new setting need to be adapted to context. This requires an understanding of the local culture, values and resources.

Interventions identified as promising (pages 10-11) can be adapted and scaled-up with attention to the guiding principles for prevention and to the adaptation and scaling-up considerations on the next page; those classified as "more evidence needed" (pages 10-11) may need to be replicated or further refined before they are scaled-up; and those identified as "conflicting" or "no evidence" need to be further evaluated.



.....
Align with national commitments (e.g. a national plan, policy, strategy) to end violence against women, or to promote gender equality or women's health.⁷
.....

.....
Identify and maintain fidelity to core principles of gender equality, rights and safety as well as to minimum "dosage", while also adapting to context, including language and culture.
.....

.....
Programme for synergy, combining multiple strategies and interventions at the individual, interpersonal, community and societal levels for sustained impact.
.....

.....
Invest in capacity among implementers, and giving enough time to scale-up and to allow for change to occur and sustain.
.....

.....
Build on on-going initiatives, integrating prevention activities into existing health, development and other existing sectoral programmes.
.....

.....
Design with "scale" in mind, investing for the long-term, keeping costs and sustainability in mind.
.....

.....
Start small, document and evaluate the adaptation and scale-up in order to innovate and strengthen evidence-informed programming.
.....

.....
Support a community of practice among programme developers and implementers to facilitate learning and knowledge sharing.
.....

Monitor, evaluate and measure **progress**

Progress in preventing violence against women can be measured in the short and the long-term.

- 1.** In the long-term, the impact of prevention programmes can be measured as reductions in prevalence of different forms of violence against women.
- 2.** At the global level, countries are required to report progress in preventing violence against women as part of SDG targets. Two indicators are proposed:
 - prevalence of intimate partner violence in the last 12 months among women aged 15 years and older (SDG target 5.2 - eliminate all forms of violence against women and girls);
 - proportion of young women and men aged 18–29 years who experienced sexual violence by age 18 (SDG target 16.2 - End abuse, exploitation, trafficking and all forms of violence against and torture of children).

3. In the short to medium term, interim indicators that contribute towards reductions in prevalence of violence against women will depend on the types of programmes. These can include, for example, improvements in:

- gender equitable attitudes and norms
- partner communication
- women's autonomy, agency and/or self-efficacy
- girls' and women's education

4. It is important to specify a theory of change elaborating how the programme will likely improve interim indicators and how these in turn will contribute to reducing prevalence of violence against women.

5. It is important to evaluate before scaling-up and to monitor the scaling-up on an on-going basis to ensure that resources are invested in programmes that work, unintended or harmful outcomes are mitigated, and the scaling-up process takes into account the local context.

ENDING VIOLENCE
AGAINST WOMEN
BEGINS
WITH

R E S P E C T



The way forward: a **call to action**

Commit to change

Start today

Support evidence-based approaches

Join others

Citations and additional references

- a. CUSP (2017), On the CUSP of change: Effective scaling of social norms programming for gender equality, Community for Understanding Scale Up: http://raisingvoices.org/wp-content/uploads/2013/02/6.CombinedCUSPcasesstudies.FINAL_.pdf
- b. Heise L (2011), What Works to Prevent Partner Violence?: <http://strive.lshtm.ac.uk/system/files/attachments/What%20works%20to%20prevent%20partner%20violence.pdf>
- c. Salamander Trust (2017), ALIVE[H]E Framework: <http://salamandertrust.net/resources/alivhe-framework>
- d. UN Women (2015), A Framework to Underpin Action to Prevent Violence Against Women: http://www.unwomen.org/-/media/headers/attachments/sections/library/publications/2015/prevention_framework_unwomen_nov2015.pdf?la=en&vs=5223
- e. WHO, LSHTM, SAMRC (2013). Global and regional estimates of violence against women: prevalence and health effects of intimate partner violence and non-partner sexual violence. Geneva: WHO. http://apps.who.int/iris/bitstream/handle/10665/85239/9789241564625_eng.pdf;jsessionid=294A291A603A7BCB4B60F588532CE53D?sequence=1
- f. World Health Organization (2016), Violence against women, Intimate partner and sexual violence against women, Fact Sheet: <http://www.who.int/mediacentre/factsheets/fs239/en/>
- g. World Health Organization and UNAIDS (2013), 16 Ideas for addressing violence against women in the context of the HIV epidemic - A programming tool: http://www.who.int/reproductivehealth/publications/violence/vaw_hiv_epidemic/en/
- h. WHO, LSHTM (2010), Preventing Intimate partner violence and sexual violence: generating evidence and taking action: http://apps.who.int/iris/bitstream/handle/10665/44350/9789241564007_eng.pdf?sequence=1
- i. What Works to Prevent Violence (2014), A global programme to prevent violence against women and girls: A Summary of the Evidence and Research Agenda: <https://www.gov.uk/government/publications/what-works-in-preventing-violence-against-women-and-girls-review-of-the-evidence-from-the-programme>
- j. Ellsberg M., Arango DJ., Morton M., Gennari F., Kiplesund S., Contreras-Urbina M., Watts C (2015), Prevention of violence against women and girls: what does the evidence say? *The Lancet*, Volume 385, No. 9977, p1555-1566: [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(14\)61703-7/fulltext?rss=3Dyes](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(14)61703-7/fulltext?rss=3Dyes)
- k. Contreras-Urbina M., Heilman B., Von Au A. K., Hill A., Puerto Gómez M., Zelaya J., Arango DJ (2016) Community-based approaches to intimate partner violence : a review of evidence and essential steps to adaptation (English). Washington, D.C. : World Bank Group. <http://documents.worldbank.org/curated/en/907511467996712161/Community-based-approaches-to-intimate-partner-violence-a-review-of-evidence-and-essential-steps-to-adaptation>
- l. World Health Organization (2016), Global Plan of Action to strengthen the role of the health system within a national multisectoral response to address interpersonal violence, in particular against women and girls, and against children: <http://www.who.int/reproductivehealth/publications/violence/global-plan-of-action/en/>
- m. Garcia-Moreno C., Zimmerman C., Morris-Gehring A., Heise L., Amin A., Abrahams N., Montoya O., Bhate-Deosthali P., Kilonzo N., Watts C (2015), Addressing violence against women: a call to action, *The Lancet*, Volume 385, No. 9978, p1685-1695: [https://doi.org/10.1016/S0140-6736\(14\)61830-4](https://doi.org/10.1016/S0140-6736(14)61830-4)
- n. World Health Organization (2016) INSPIRE: Seven strategies for Ending Violence Against Children: http://www.who.int/violence_injury_prevention/violence/inspire/en/
- o. What works to prevent violence against women and girls global programme (2018), Right to play: preventing violence among and against children in schools in Hyderabad, Pakistan: Evidence brief. South Africa: Medical Research Council and UK: UK aid. <https://www.whatworks.co.za/documents/publications/211-right-to-play/file>
- p. Hidrobo M, Peterman A, Heise L (2016), The effect of cash, vouchers and food transfers on intimate partner violence: evidence from a randomized experiment in Northern Ecuador. *American Economic Journal Applied Economics*, Volume 8, No 3, p284-303: <https://DOI:10.1257/app.20150048>
- q. National Resource Center on Domestic Violence (2012), Program and Practice Profiles: Community Advocacy Project, Harrisburg, PA: National Resource Center on Domestic Violence. <http://www.dvevidenceproject.org>
- r. Buller A, Peterman A, Ranganathan M, Bleile A, Hidrobo M, Heise L (2018). A mixed-method review of cash transfers and intimate partner violence in low- and middle-income countries. *The World Bank Research Observer*, Volume 22, No 2, p218-258: <https://doi.org/10.1093/wbro/lky002>
- s. Peterman A, Palermo TM, Ferrari G (2018). Still a leap of faith: microfinance initiatives for reduction of violence against women and children in low-income and middle-income countries. *BMJ global health*, Volume 3, No. 6: e001143. doi:10.1136/bmjgh-2018-001143.
- t. Karakurt G, Whiting K, Van Esch, Bolen S, Calabrese J (2016). Couple therapy for intimate partner violence: A systematic review and meta-analysis. *J Marital Fam Ther*, Volume 42, No. 4, p567-583: doi:10.1111/jmft.12178.
- u. Desai CC, Reece J, Shakespear-Pellington S (2017) The prevention of violence in childhood through parenting programmes: a global review, *Psychology, Health & Medicine*, Volume 22, Sup1, p166-186: DOI: 10.1080/13548506.2016.1271952.
- v. Abramsky T, Devries K, Kiss L, Nakuti J, Kyegombe N, Starmann E, Cundill B, Francisco L, Kaye D, Musuya T, Michau L, Watts C (2014), Findings from the SASA! Study: a cluster randomized controlled trial to assess the impact of a community mobilization intervention to prevent violence against women and reduce HIV risk in Kampala, Uganda. *BMC Medicine*, Volume 12:122: <https://doi.org/10.1186/s12916-014-0122-5>.
- w. Pronyk PM, Hargreaves JR, Kim JC, Morison LA, Phetla G, Watts C, Busza J, Porter JD (2006), Effect of a structural intervention for the prevention of intimate-partner violence and HIV in rural South Africa: a cluster randomised trial. *The Lancet*, Volume 368, No. 9551, p1973-1983: doi: 10.1016/S0140-6736(06)69744-4.
- x. Jewkes R, Nduna M, Levin J, Jama N, Dunkle K, Puren A, Duvvury N (2008), Impact of Stepping stones on incidence of HIV and HSV-2 and sexual behaviour in rural South Africa: cluster randomised controlled trial. *Brit Med J*, Volume 337, No. 7666:a506: doi: 10.1136/bmj.a506.
- y. Sullivan, CM, Bybee, DI (1999), Reducing violence using community-based advocacy for women with abusive partners. *Journal of Consulting and Clinical Psychology*, Volume 67, No. 1, p43-53: <https://cap.vaw.msu.edu/wp-content/uploads/2014/05/Two-year-followup-CAPJCCP.pdf>.

Endnotes

¹ These are for both perpetration of and victimization from intimate partner violence (IPV)

² The 7 strategies are not mutually exclusive, should not be seen as silos, and there are some overlaps across them.

³ Although specific interventions and their examples are listed under one particular strategy, it is important to note that many of them reflect combination/bundled programming with multi-component and multi-level interventions that fall across more than 1 of the 7 strategies of RESPECT. Their categorization under one strategy reflects the primary intent of the intervention. For example, some interventions under transforming norms also include relationship strengthening skills. Likewise, empowerment of women interventions may include an economic transfer component. Therefore, these strategies should not be seen as stand-alone but as approaches whose impact may be better enhanced in combination with others.

⁴ Evidence ratings are largely derived from systematic reviews of more than 1 evaluation of interventions that mostly use experimental designs including randomized, cluster randomized and quasi-experimental methods. It is recognized that for some strategies such as justice sector interventions, alternative evaluation methods may be more appropriate including time series, observational and cross-sectional designs despite being typically considered lower quality. This is an emerging field and hence, there is a great deal of variation in rigor of study design and evaluation. The sources for these reviews and studies are provided as part of references.

⁵ Refers to evaluations where some studies may show positive impacts and others may show no impacts or negative impacts, highlighting that the impact of interventions may be context specific. Hence, any replication or adaptation of the intervention must pay close attention to the contextual or implementation factors.

⁶ This includes laws and policies that: criminalize sexual abuse; promote equality in inheritance; ban child marriage and FGM; marriage, custody and divorce laws that guarantee equality for women; action plans that promote gender equality and address violence against women. It also includes implementing justice and law enforcement services such as arrest orders and legal aid.

⁷ Even where there is no national commitment to ending violence against women, there may be other commitments to empower women, to gender equality, or to women's health that may be useful to consider.