

What is the evidence of the impact of initiatives to reduce risk and incidence of sexual violence in conflict and post-conflict zones and other humanitarian crises in lower and middle income countries?

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PROTOCOL

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List of abbreviations

DFID	Department for International Development (UK)
GBV	Gender-based violence
IASC	Inter-Agency Standing Committee
IRC	International Rescue Committee
IPPF	International Planned Parenthood Foundation
SV	Sexual violence
UN	United Nations
UNHCR	United Nations High Commissioner for Refugees
UNOCHA	United Nations Office for the Coordination of Humanitarian Affairs
WHO	World Health Organization

1. Background

1.1 Aims and rationale for review

Although prevalence data are incomplete (Steinburg 2010) there is extensive documentation of sexual violence in the context of conflict and other humanitarian crises. Risk of sexual violence is high in these contexts as:

- i) a deliberate strategy of armed conflict;
- ii) opportunistic sexual violence;
- iii) sexual exploitation and abuse by peace keepers and humanitarian staff, and
- iv) pre-existing sexual violence perpetrated by partners/ family members or other community members that is often exacerbated in post-conflict settings, due to men attempting to reassert control, as well as lack of community networks and sometimes law enforcement.

Since 2000 five UN Security Council resolutions have targeted action on sexual violence in conflict or other humanitarian crises. There is now a need to gauge their impact. Given the considerable difficulties in measuring reduced incidence and the disconnect between reporting of sexual violence by victims and actual incidence, this review includes evidence for reduced *risk* of sexual violence. It also includes evidence from interventions provided post-assault which hold preventive potential, such as provision of services to survivors.

The review will employ a realist approach, chosen for the opportunities it affords for understanding how context impacts on the outcomes of interventions, as well as for identifying mechanisms that underpin interventions and help to explain the outcomes. A first stage of the review will involve mapping the evidence for the range of interventions undertaken to address and prevent sexual violence in conflict zones/humanitarian crises. A second stage will adopt a narrowed scope to focus more specifically on the type or types of intervention for which most evidence of impact is found. In short the review will examine implementation of interventions, evidence for their impact and the factors that determined or shaped those impacts.

1.2 Definitional and conceptual issues

SEXUAL VIOLENCE

In codifying sexual violence as a war crime, the Rome Statute adopted by the International Criminal Court defines it as:

a sexual act committed against a person, or in which a person is caused to engage in sexual acts by force, threat of force or coercion such as that caused by fear of violence, duress, detention, psychological oppression or abuse of power, or by taking advantage of a coercive environment or a person's incapacity to give genuine consent. (International Criminal Court (1998))

This definition has the advantage over many other definitions that focus on issues of consent of the victim, of instead addressing the actions of the assailant. It includes sexual slavery, enforced prostitution and enforced pregnancy and is used by a number of key organizations (UNIFEM and Department of Peacekeeping Operations 2010).

SEXUAL EXPLOITATION AND ABUSE

This subset of sexual violence is defined as any actual or attempted abuse of a position of vulnerability, differential power, or trust, for sexual purposes, including, but not limited to, profiting monetarily, socially or politically from the sexual exploitation of another (United Nation's Secretary General 2003). Sexual exploitation and abuse is the umbrella term used for sexual abuse by peace - keeping forces, non-hostile combatants and humanitarian workers.

HUMANITARIAN CRISIS / EMERGENCY

As well as addressing the context of conflict, this review includes the impact of interventions provided in other humanitarian crises. We define "humanitarian crisis" or "emergencies" as situations of armed conflict or natural disaster, often involving the displacement of populations, sometimes as refugees, other times as internally displaced people (World Health Organization 2007). This definition does not include pandemics, disease outbreaks, epidemics or other medical crises, terrorism or civil disorder, which do not typically involve displacement of populations. Both armed conflict and natural disaster typically involve population displacement which creates high vulnerability to sexual violence. In this sense preventive measure are most likely to overlap.

DISASTER

A situation that exceeds the ability of the affected community or society to cope using its own resources (United Nations International Strategy for Disaster Risk Reduction 2009).

GENDER

The social and cultural differences attributed to males and females which are learned throughout the life cycle and rooted in culture, though changeable over time. They determine roles, responsibilities, opportunities, privileges, expectations and limitations for males and females in any culture (Interagency Standing Committee 2006).

GENDER-BASED VIOLENCE (GBV)

Harmful acts perpetrated against a person's will, based on socially ascribed gender roles. GBV includes acts of sexual violence such as rape and sexual exploitation (Garcia-Moreno, Jansen et al. 2005). A number of programs addressing sexual violence in conflict or humanitarian crises address GBV more broadly. GBV is considered by many to include rape of men, as it is a crime against the person's gender, targeting perceptions of masculinity.

PREVENTION

A public health approach recognises prevention efforts at the primary, secondary and tertiary levels. As applied in the World Health Organization 2002 report on violence, prevention of violence is understood to operate as follows:

Primary prevention - aims to prevent violence before it occurs.

Secondary prevention - focuses on the more immediate responses to violence, such as pre-hospital care, emergency services or treatment for sexually transmitted infections.

Tertiary prevention - focuses on long-term care in the wake of violence, such as rehabilitation and reintegration, and attempt to lessen trauma or reduce long-term disability associated with violence (Krug, Dahlberg et al. 2002).

The initial stage of this review includes primary, secondary and tertiary prevention interventions, although it primary prevention is the highest priority. Additional reasons for including secondary and tertiary prevention are that, firstly, availability of services for survivors is a necessary prerequisite for assessing and monitoring sexual violence in emergencies, given that it is unethical to ask about experiences of violence without facilities being available able to provide care and support (World Health Organization 2007). A second reason is that providing responses for survivors increases the visibility of sexual violence in a setting, promotes recognition among personnel and communities about the existence and unacceptability of sexual violence and in this way potentially reduces risk. We include criminal sanctions within primary prevention strategies, given they are designed to deter and therefore prevent offences from occurring.

1.3 Policy and practice background

1.3.1 Identification of the issue

Rape in the context of armed conflict has been a historical constant, now documented in numerous cases including in Japan during World War 2 as well as the liberation war of Bangladesh in 1971, when an estimated 200,000 women and girls were raped (Saikia 2004). The problem gained new attention in the 1990s when extensive, deliberate acts of sexual violence towards the women in Rwanda and the former Yugoslavia were documented, prompting the UN (UN) to address protection of unarmed civilians (UNIFEM and Department of Peacekeeping Operations 2010). In response, in October 2000, the UN Security Council issued Resolution 1325, which recognised the impact of conflict on women and girls, their increased vulnerability to sexual violence during conflict, and their key role in peace and security (United Nations Security Council 2000). Four additional resolutions followed: Resolution 1820 calls for an end to widespread conflict-related sexual violence, recognising it as a tactic of war and for accountability in order to end impunity (United Nations Security Council 2008). Resolution 1888 calls for strengthened leadership and institutional capacities within the UN and member states to end conflict-related sexual violence through appointment of a Special Representative to monitor and report the issue (United Nations Security Council 2009). Resolution 1889 called for the establishment of global indicators to measure progress on UNSCR 1325's implementation (United Nations Security Council 2009). The most recent, Resolution 1960 called for the involvement of women and civil society organizations in the implementation of UNSCR 1325 (United Nations Security Council 2010).

The related issue of sexual exploitation and abuse by humanitarian workers emerged somewhat later. The UN Secretary General's Bulletin on "Special Measures for Protection from Sexual Exploitation and Abuse" (United Nation's Secretary General 2003), was issued in the wake of pervasive misconduct uncovered in West Africa (2001) and Nepal (2003) (Lattu 2008). This bulletin defined and specifically prohibited sexual exploitation by UN staff, establishing such behavior as grounds for disciplinary action and requiring referral to national authorities for criminal prosecution (United Nation's Secretary General 2003). Further resolutions recognize the particular vulnerabilities and need for protection of children in armed conflict (UNSCRs 1261, 1379, 1460, 1612, 1882) against which progress is reported annually by the UN Special Representative of the General Secretary for Children and Armed Conflict.

A more recent development from a policy and practice perspective is growing recognition that men are also targets of sexual violence in conflict (Rosenblatt 2007; Russell 2007; IRIN News 2011). Another growing area of understanding is the extent to which conflict and crisis exacerbate underlying sexual violence within communities and families, exacerbated by weakened or absent familial and social structures (Interagency Standing Committee 2005; van Dijkhorst and Vonhof 2005). Alongside this development has been recognition that for many women in particular, sexual violence, often at high levels, pre-dated the conflict or crisis situation.

Finally, the humanitarian field has recognized that the vulnerabilities to sexual violence documented in conflict also apply to other forms of humanitarian crisis or emergency, particularly where there is displacement of populations such as in disaster. Sexual violence was reported to increase three-fold in Sri Lanka in the aftermath of the 2004 Indian Ocean tsunami (Enarson 2006), with similar spikes reported in the after-shocks of the 2010 Haiti earthquake (Amnesty International 2011).

1.3.2 Introduction of guidelines and protocols

Numerous protocols and sets of guidelines have been developed to address sexual violence in conflict and crisis. The UNHCR was early to respond with guidelines on prevention and response to refugees issued in 1995 (United Nations Office of the High Commissioner for Refugees 1995), which have continued to be updated (Norwegian Refugee Council 2004; United Nations High Commission on Refugees 2008). A key document that also operationalizes the UN Security Council resolutions is the *Guidelines for Gender-based Violence Interventions in Humanitarian Settings: Focusing on Prevention of and Response to Sexual Violence in Emergencies* (Interagency Standing Committee 2005), which provides direction on coordination of the crisis response, assessment and monitoring of prevention of SV, protection measures and resources required. Standards for disarmament, demobilisation, and reintegration (DDR) programs for combatants now explicitly recognise the gendered dimensions of these activities and links to sexual violence (United Nations Inter-agency Working Group on Disarmament 2010).

Guidelines addressing humanitarian responses generally are now also being amended to recognise the need to address this issue across all types of activities conducted in emergency responses, such as the SPHERE handbook *Humanitarian Charter and Minimum Standards in Humanitarian Response*. These include the Minimum Initial Service Package (MISP) for Reproductive Health, also featured in the Global Health Cluster's guidelines and a UN Central Emergency Response Fund minimum standard, which comprises activities to prevent and manage the consequences of sexual violence. Other examples include *Reproductive Health in Humanitarian Crises* (Interagency Working Group 2010), *Gender-Based Violence Tools Manual* (Reproductive Health Response in Crises Consortium 2004).

In addressing sexual exploitation by peace keepers, the UN further issued the *Statement of Commitment on Eliminating Sexual Exploitation and Abuse by UN and non-UN Personnel* (United Nation's Secretary General 2006). This statement has formed the basis for the amendment of codes of conduct for UN staff and others involved in humanitarian missions. Other responses include proposed strategies for UN missions for investigation of reports, disciplinary action, responses to victims and strategies to inform communities about the measures being taken (Department

of Peacekeeping Operations 2006). Guidelines specific to children have also been developed (ECPAT International 2006).

Considering secondary prevention initiatives, the need to provide high quality responses to survivors of violence prompted the release of *Violence against women in war: Handbook for professionals working with traumatized women* (Medica Mondiale 2005) and *Clinical Management of Rape Survivors* (World Health Organization and Refugees, 2004).

Numerous training programs have been developed to assist the implementation of these guidelines. These include: the Gender & Peacekeeping Training Course, developed by the Canadian Department of Foreign Affairs and International Trade and DFID in 2002, a three day on-line course on incorporating gender concerns into Peace and Support Operations (<http://www.genderandpeacekeeping.org/>) and the MISP - Distance Learning Module (Women's Commission for Refugee Women and Children 2006). In 2008, the International Rescue Committee issued a multimedia training tool, *Clinical Care for Sexual Assault Survivors* to improve treatment of sexual assault survivors by clinical and non-clinician health staff (<http://clinicalcare.rhrc.org/>). Gent University in Belgium, in collaboration with UNFPA and the International Centre for Reproductive Health, offers an annual training course entitled "Coordination of Multi-Sectoral Response to Gender-Based Violence in Humanitarian Settings" (Universiteit Gent). More recent additions include "Managing Gender-based Violence Programs in Emergencies", launched by UNFPA as an on-line resource in 2011 (United Nations Population Fund 2011) and "Training of Trainers in Gender-Based Violence: Focusing on Sexual Exploitation and Abuse" (United Nations Children's Fund 2011).

As is evident, the proliferation of policies and guidelines does not automatically translate into implementation in emergency settings.

1.3.3 Monitoring of implementation

In 2007 the Humanitarian Accountability Project conducted consultations with humanitarian aid beneficiaries on their perceptions of efforts to prevent and respond to sexual exploitation and abuse. They found that the overwhelming majority of aid beneficiaries indicated they would not complain about sexual exploitation because of limited options, lack of confidentiality and fear of reprisal (Lattu 2008). On the positive side, a third of consultation participants at 2 of 3 sites were aware of standards of conduct for humanitarian aid workers prohibiting sexual exploitation.

More recently, in March 2010, the UN established the Civil Society Advisory Group on Women, Peace, and Security (CSAG) to advise the Secretary-General on protecting women's rights during armed conflict. The group's assessment of progress indicated that operational guidance on sexual violence in displacement is often to a high standard, but that in the field knowledge of guidelines is incomplete and implementation even weaker (Steinburg 2010). The CSAG suggested that efforts are further hampered by: i) uncertain coordination and division of responsibilities on the ground; ii) a lack of data on the prevalence and nature of sexual violence in displacement; and iii) the need for comprehensive interventions for women who have experienced violence (Steinburg 2010).

Similar conclusions in relation to the lack of implementation were reached by the Department of Peacekeeping Operations and UNIFEM. Their inventory of efforts to

address sexual violence by peace keepers, documents major analytic and implementation gaps in strategies by uniformed peace keepers to address sexual violence (UNIFEM and Department of Peacekeeping Operations 2010).

1.3.4 *Legal interventions*

A key development was the introduction of the International Criminal Court (ICC) in 1998. This followed milestone judgements by the International Criminal Tribunals for the former Yugoslavia and Rwanda which established that sexual violence may be considered an instrument of genocide, torture, a crime against humanity and a war crime. The ICC's Rome Statute set a precedent by criminalizing any form of sexual violence including sexual slavery, forced prostitution and enforced pregnancy, under international humanitarian law for the first time. This has been received as controversial by some states in which cultural and traditional values tend to subordinate women (Medica Mondiale 2005). Despite the symbolic value of reframing sexual violence as a serious international crime, the actual effectiveness of the ICC in prosecuting it and deterring future crimes is uncertain (Dallman 2009).

Other local jurisdictions have also undertaken measures including specialist tribunals and commissions, such as the Gacaca community courts launched by the Rwandan government to prosecute individuals for cases of genocide, including rape, following the atrocities of 1994.

1.4 Research background

1.4.1 *Nature of the problem*

In conflict and crisis as in any other setting, there is a continuum of sexual violence from extremely violent episodes that may include murder, torture, impregnation or injury, enforced prostitution, to sexual coercion, indecent assault, inappropriate strip searching, voyeuristic behaviour to unwanted sexual comments. Violence may be prolonged, repeated or a single episode. Offenders may be hostile combatants; members of non-hostile combat troops or peace-keepers; other security personnel such as border guards; humanitarian workers; bandits; or members of the person's own community or family. Risks for violence also change through the course of an emergency. The IASC Guidelines note that during the early stages of an emergency, most reported incidents involve sexual violence by combatants, with intimate partner violence increasingly reported as communities stabilise (Interagency Standing Committee 2005). Although the risks of conflict or crisis bring new vulnerabilities, sexual violence preceded and continues after these events. It has been recently established that intimate partner violence remains a higher risk for women during crises than sexual violence committed outside the home, including acts of militarised sexual violence (Stark and Ager 2011).

Four general situations are identified here in which conflict or crisis related sexual violence occurs. In creating this typology, we note that there is considerable overlap between these situations/ types of sexual violence and further, that from a victim perspective the distinctions may not always be discernable or relevant.

1. Militarised sexual violence

Investigations of sexual violence during the wars in the former Yugoslavia, Rwanda, Sri Lanka, Eastern Democratic Republic of Congo, Sierra Leone, and in Darfur

established that rape was used in those conflicts as a systematic strategy of war to terrorize and humiliate communities as well as a tool of genocide (Marsh, Purdin et al. 2006). This represents a shift, from earlier perspectives in which sexual violence was viewed as a by-product of war, to understanding it as a deliberate and usually systematic strategy (United Nation's Secretary General 2006). Purposes of militarised sexual violence include to: punish both men and women; incite revenge in the opposing troops; destabilize or disperse whole communities (Kivlahan and Ewigman 2010); humiliate rival armies to show control over women deemed to belong to the enemy; and as a reward and motivator for combatants (Aafjes 1998). At times militarised sexual violence includes forced prostitution or marriage and forced pregnancy to deepen the humiliation of rape victims, or as a form of "ethnic cleansing" (Aafjes 1998). Militarised sexual violence generally falls under the remit of international tribunals.

2. Opportunistic sexual violence

A second type of sexual violence, and one which occurs in both in conflict and humanitarian crises is opportunistic sexual violence, perpetrated in the climate of impunity that exists in crises when social and legal systems for sanctioning aberrant behaviour breakdown (Marsh, Purdin et al. 2006). Examples include rape of women and girls collecting firewood, or using water/sanitation facilities in camps. Individuals, particularly children, are at greater risk of opportunistic sexual violence when they are separated from families, communities or institutions such as schools. This type of violence may be more likely following cessation of hostilities (Department for International Development 2010). During the 2004 tsunami, reports were made of women and girls experiencing sexual violence during unsupervised rescue and in temporary shelters (Asia Pacific Forum on Women 2005; Pittaway, Bartolomei et al. 2007)

This type of violence does not fall under the remit of international tribunals, but of local justice systems, which may not be operational during, insecurity or may fail to treat sexual violence as a crime (Marsh, Purdin et al. 2006).

3. Sexual exploitation and abuse by peace-keepers and humanitarian workers

We distinguish a third type of sexual violence, that is, acts committed by state forces, peace keepers or humanitarian staff. These acts may comprise sexual violence or sexual exploitation, defined by the UN Secretary General as, *actual or attempted abuse of a position of vulnerability, differential power, or trust, for sexual purposes, including, but not limited to, profiting monetarily, socially or politically from the sexual exploitation of another* (United Nations Secretary General 2003). Although we identify this as a separate type of conflict/ crisis related sexual violence, the literature notes that this type of violence is also often committed opportunistically and as a result of poor supervision (Lattu 2008). Both this type of violence and opportunistic violence occur most commonly during the displacement associated with conflict and other crises.

4. Sexual violence exacerbated by instability and weakened structures

A fourth form of conflict/ crisis related sexual violence is that which pre-existed the conflict or emergency but which is exacerbated due to mass displacement and inadequate services, heightened gender inequalities and vulnerabilities (United Nations Population Fund 2011), breakdown of regular norms, additional stresses on relationships (Interagency Standing Committee 2005), or attempts by men to reassert control (van Dijkhorst and Vonhof 2005). There is also evidence that sexual violence which occurs during conflict can become normalized in the community,

with, for example, a 17 fold increase in civilian rape found in one area of DRC post-conflict (Harvard Humanitarian Initiative and Oxfam 2010).

In disasters additional contributors include: mass anxiety, social disintegration and danger, which can reinforce traditional patterns of behaviour and gender stereotypes (Pittaway, Bartolomei et al. 2007).

These four different types of conflict/ crisis related sexual violence require different preventative strategies, again recognising there is considerable overlap. For example strategies that strengthen local law and structures to protect women from abuse within their communities and relationships may also reduce opportunistic abuse or sexual exploitation.

1.4.2 Extent of the problem

In considering both the nature and extent of the problem, it is important to remember that sexual violence is widespread outside situations of conflict and crisis. The WHO study on the prevalence of gender-based violence in which over 24,000 women were interviewed in ten industrialized and non-industrialized countries, found a global reported lifetime prevalence of *partner* sexual violence of 6% - 47% (Garcia-Moreno, Jansen et al. 2005). Looking at sexual violence of men and women more broadly, the lifetime prevalence rate from the largest population study to date, which was undertaken in the USA only, was 18% for women and 3% for men (Tjaden and Thoennes 2006).

It is generally accepted that the prevalence of sexual violence is under-reported almost everywhere in the world (World Health Organization 2007) in times of both peace and war (Marsh, Purdin et al. 2006). The barriers to disclosing and reporting violence are exacerbated in humanitarian emergencies. Fear of retribution, by the perpetrators or others, punishment, shame, disruption to community and family support, instability, break down in law and social services, lack of confidence in systems, and lack of opportunities, particularly providing confidential responses, all contribute to under-reporting (World Health Organization 2007). For these reasons prevalence data on sexual violence in the context of conflict and crisis are considered minimal and incomplete (Marsh, Purdin et al. 2006; Steinburg 2010; UNIFEM and Department of Peacekeeping Operations 2010).

Despite the difficulties a number of prevalence studies have been undertaken which suggest that one in three to one in four women experience sexual violence in conflict settings. Among 813 women in two internally displaced persons' camps in Northern Uganda, 29% of the women reported at least one form of war related sexual violence (Kinyanda, Musisi et al. 2010). Out of 288 women interviewed in East Timor about assaults during and after the 1999 crisis, 23% reported sexual violence by a perpetrator outside the family during the crisis, which fell to 10% post-crisis (UNIFEM 2010). Rates of violence are also high among males. In the Eastern Democratic Republic of Congo, out of 998 adults interviewed, 40% of women and 24% of men reported sexual violence, with 20% of the males experiencing sexual slavery (Kirsten Johnson 2010). A recent systematic review of sexual violence in complex emergencies suggests a prevalence rate of 4.3%-22% of women (Stark and Ager 2011).

In relation to men, it has been estimated that in the former Yugoslavia more than 4,000 men were sexually assaulted (Zawati 2007) and 21% of Sri Lankan Tamil males attending a torture treatment center reported sexual abuse while in detention

(Stemple 2009). Children and young people are also vulnerable. Out of 2952 interviews with male and female participants in Liberia who reported they had been raped, 61% were between 10-19 years old and 13% were aged 0-9 years (United Nations Mission for Liberia 2008).

Rates of violence change through different stages of a crisis. For example, of 322 women of reproductive age in the Peja region of Kosovo, 15% were raped occurred during occupation and war time, 23% during displacement, and 2% post-conflict (Women's Wellness Center and The Reproductive Health Response in Conflict Consortium 2006).

Sexual exploitation and abuse (SEA) by humanitarian and peacekeeping troops is also far from uncommon. One study looking at SEA among children found that more than half of the study participants identified incidents of sexual touching and coerced sex of children aged 10-17 years in their communities (Csáky 2008).

Some commentators have proposed that there is an increasing trend of sexual violence in conflict (Department for International Development 2010; Steinburg 2010). This is argued to have arisen from the increased civilian-combatant interface in contemporary intra-state conflicts, in which women and children are frequently targeted (UNIFEM and Department of Peacekeeping Operations 2010). Any increase is difficult to establish with certainty due to the reasons outlined above, but the possibility highlights the need for effective intervention.

1.4.3 Impact of sexual violence in conflict and crisis

The World Health Report on violence extensively documented the effects of sexual violence which include: profound impacts on physical and mental health; physical injury, increased risk of a range of sexual and reproductive health problems; deaths as a result of suicide, HIV infection, murder by the assailant or "honour killings"; stigmatization, and ostracism by families and communities (Krug, Dahlberg et al. 2002). These effects also occur in conflict and crisis settings, with additional documented impacts including: forced pregnancy; elevated rates of traumatic fistula (Pinel and Kemunto Bosire 2007); lack of access to medical treatment; impaired ability to care for children; abandonment of children conceived through rape; cultural destruction; and additional stigma when the assailant is a hostile combatant (Thomas 2007). When sexual violence is conducted with the aim of maximising the distress and humiliation to the victim, by for example forcing family members to watch, the trauma is compounded.

Acts of sexual violence against men in wartime similarly appear to be designed to torture, initiate, punish, demoralize and destroy family and community cohesion (Russell 2007). Additional impacts on males include risk of prosecution or other sanctions in countries where homosexuality is illegal. Post-conflict both boys and men are vulnerable to sexual violence in detention (Russell 2007). Service responses for male victims are even less developed than those for women (IRIN News 2011).

1.4.4 Research evidence on prevention or reduction of abuse

It is widely agreed that there is a lack of evidence for effectiveness of interventions for violence against women in general and further, a lack of consensus regarding standard indicators to monitor and evaluate the programs

aimed at prevention and response (Feder, Ramsay et al. 2009; Ramsay, Y Carter et al. 2009; Bloom 2010).

Evidence for prevention of sexual violence was recently canvassed in the WHO report on prevention of intimate partner and sexual violence (World Health Organization and London School of Hygiene and Tropical Medicine 2010). A key finding from this and earlier WHO reports was that that prevention in all settings requires promotion of economic and gender equality.

Based on searches of Medline, the Cochrane Collaboration, Campbell, Johanna Briggs and EPPI-Centre databases, no reviews have been identified to date which address prevention of sexual violence in conflict/ post conflict and humanitarian crises.

As a result of the challenges to research in this setting most of the available impact data are found in the grey literature, The challenge of locating impact data is compounded by the:

- i) volume of descriptive and policy documentation:
- ii) lack of alignment of key concepts related to this topic (particularly relating to settings and interventions), with standard data-base search terms;
- iii) number of studies of reproductive health initiatives that are not confined to sexual / gender based violence.

Much of the available evidence is qualitative including field reports and analysis of interviews with informants. There is a critical need to identify whether any of the range of intervention types have led to differences that can be identified by quantitative or qualitative measures. Knowing whether some intervention types have greater impact and under what circumstances, will assist in planning and programming for crisis situations to ensure the most effective deployment of resources and greatest safety for women.

While evidence of reduced incidence is the high order indicator for prevention interventions, the obstacles to gathering accurate baseline and comparative data, make this is an unlikely outcome for research. This points to the need to examine evidence for reduced risk of sexual violence which is a strong indicator of increased safety.

1.5 Purpose and rationale for review

The review is being undertaken to inform decisions on programming for prevention of sexual violence in conflict and crisis situations. Given that the vast majority of assistance to refugees and internally displaced people comes from the international community (Steinburg 2010) and that some of the burden of sexual violence derives from international peace-keeping and humanitarian workforces, it is appropriate for international agencies to lead on this issue. Engagement with national and local actors is also integral to this effort. The challenges of gathering evidence for effectiveness of sexual violence interventions notwithstanding, commitment to an evidence-based approach to program establishment and funding indicates the need to be alert to emerging evidence. This review will provide a clearer understanding of what and how interventions for conflict and crisis related sexual violence operate, which will establish a platform for future interventions. The review will provide a picture of the impact of contextual factors which are critical to the success of interventions and identify areas requiring more research.

1.6 Authors, funders, and other users of the review

The authors of the review are an academic team from the University of New South Wales (NSW), predominantly from the School of Public Health and Community Medicine (AZ, JS & CA), as well as the Centre for Primary Health Care and Equity (GPD) and the Centre for Clinical Governance Research in Health (GR). The team have extensive experience in undertaking research on global health initiatives in conflict settings and fragile states (AZ, CA), the impact of interventions for gender-based violence (AZ, JS), equity and the social determinants of health (AZ, GPD), on systematic reviews including realist reviews (GPD, AZ, GR) and the research to policy / practice interface (AZ, GR, JS, GPD).

The review was commissioned by the Australian Agency for International Development (AusAID), the UK Department for International Development (DFID) and 3ie. It is understood that the decision to fund a review on this topic was made to assist in program decisions by AusAID and DFID, particularly in the Pacific and sub-Saharan African regions. The review is registered with EPPI-Centre, a London-based research centre that supports many systematic reviews on interventions in low to middle income countries.

Users of this review will include policy and program planners as well as frontline NGOs who deliver services for this population. Our international Advisory Group which is representative of users will assist in identifying key literature and trends and in interpreting the findings. It includes:

Dr Claudia Garcia-Moreno - Coordinator, Gender, Reproductive Rights, Sexual Health and Adolescence, Department of Reproductive Health and Research World Health Organization - the lead unit globally on prevalence and evidence for prevention of sexual and gender based violence; coordinator of the WHO Multi-Country Study on Women's Health and Domestic Violence Against Women.

A/Prof Anna Whelan - Regional Director of IPPF and conjoint A/Professor at SPHCM responsible for IPPF teams in Kiribati, Myanmar, Nepal, Solomon Islands, Timor-Leste, Vanuatu, Tonga, and Indonesia.

Sarah Chynoweth - Specialist in reproductive health in emergencies with experience in South East Asia / Pacific, Sudan, Jordan, the Thai-Burma border, Haiti, Tibet, Philippines, Burma and West Sumatra.

Barbara O'Dwyer - Advisor to the International Planned Parenthood Federation (IPPF), East & South East Asia and Oceania Region, specifically Sexual and Reproductive Health Program in Crisis and Post-Crisis Situations (SPRINT Initiative).

Chen Reis - Health Action in Crises, World Health Organization, involved in providing advice in prevention of and response to sexual violence in humanitarian settings.

Prof Louise Chappell - School of Social Science and International Studies, University of New South Wales; - gender, human rights and the International Criminal Court.

Sophie Read-Hamilton - Protection Advisor - Action Aid, Sydney.

Sarah Spencer Consultant - Humanitarian Aid and Protection, currently based in Democratic Republic of Congo, works in GBV and civilian protection issues.

Kavitha Suthanthirara - Advocacy and Gender Advisor.

Bernard Pearce - Ending Violence Against Women Adviser, AusAID.

1.7 Review questions and approach

The over-arching review question is:

What is the evidence of the impact of initiatives to reduce risk and incidence of sexual violence in conflict and post-conflict states and humanitarian crises in low and middle income countries?

Specific sub-questions are:

1. What evidence exists for implementation of interventions to reduce sexual violence?
2. What evidence exists for reduced *incidence* of sexual violence as a result of interventions?
3. What evidence exists for reduced *risk* of sexual violence as a result of interventions?
4. What evidence exists for the secondary prevention interventions to reduce the impact of sexual violence on survivors?
5. Do the effects vary in different settings and in different groups? Including:
 - Conflict vs humanitarian crisis
 - Type of sexual violence
 - Intervention type
 - Country
 - Country signatory to International Criminal Court?
 - Gender of sexual violence survivor
 - Level of community participation involved in decision making?
6. What are the underlying mechanisms by which these interventions operate?

It is anticipated that after the initial mapping a narrowed focus with a further set of criteria for the in-depth review will be adopted.

1.7.1 Interventions

The following types of interventions have been identified for which evidence of impact may be found.

Individual level strategies

- **Survivor responses:** Provision of care/medical/ forensic evidence collection and /or psycho-social responses. Includes livelihood programs to minimise dependence on others for survival and reduce risk of further abuse.
- **Livelihood interventions:** Programs which provide training and/or microfinance to women to reduce their vulnerability to SV and / or provide rehabilitation post sexual violence
- **Combatant focussed initiatives:** Disarmament, demobilization and reintegration (DDR) programs that target reduction of sexual violence or rehabilitation of women captured by combatants

Community level strategies

- **Peace building:** Incorporating sexual violence in ceasefire negotiations and monitoring; including women in negotiating bodies.

- **Community mobilization:** Promotion of reporting; education of rights in regard to sexual coercion; increasing opportunities for women to participate in political, economic and social activities; human rights education; engagement with men and boys on human rights, including gender rights.

Societal level strategies

- **Personnel:** (Military/peacekeepers / police / aid workers); use of codes of conduct, training on attitudes/ protocols/ responses; policies to reduce opportunity by personnel; deployment or increased recruitment of female officers;
- **Systems and security:** foot and vehicular patrols / security detail to vulnerable areas; establishment of safety protocols e.g. collection of firewood in details/ with escorts; systems for accessing food and other resources to reduce vulnerability;
- **Infrastructure:** Segregation of water/ sanitation facilities; construction of shelters/ schools;
- **Legal action:** Specialist prosecution units; specialist courts; initiatives targeting community or customary justice systems; indictments through the International Criminal Court.

Some interventions may comprise multiple simultaneous strategies, recognising the need to engage with more than one target group.

Given that that programs to reduce conflict and crisis related sexual violence are a relatively recent development and there is no emerging consensus on what is effective, all the listed types of intervention will be included in the mapping stage of the review.

1.7.2 Settings

The review includes interventions that are delivered the context of armed conflict or post-conflict, as identified by the authors of papers/ data. Armed conflict for the purposes of this review, does not include terrorism, riots or civil disorder. In addition, the review includes other types of emergencies, specifically natural disasters involving the displacement of populations, as refugees, or internally displaced people. This context is included as it shares similar risks for sexual violence as situations of conflict or post-conflict, and accordingly interventions in common. For example, similar codes of conduct on sexual abuse and exploitation have been introduced for both peace keeping military forces and humanitarian workers attending disasters.

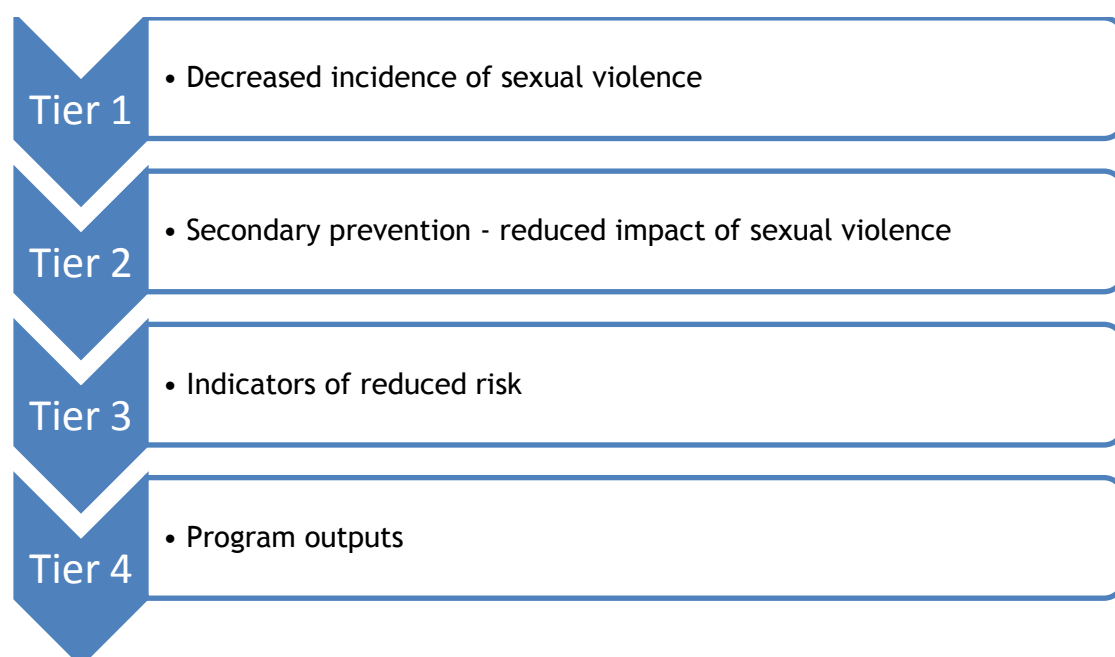
The review includes all low and middle income countries as defined by the World Bank in 2010 where the *context* is conflict or crisis, that is the interventions do not have to be conducted in *countries* which are in conflict or crisis. This scope allows inclusion of interventions that have been implemented with displaced populations who have sought refuge across the border from countries in conflict/ crisis. Such settings, which are usually more stable than countries themselves in crisis, are more likely to have fostered robust evaluations yielding outcome data. By limiting the scope to low and middle income countries, attention is focussed on less resourced settings, which have different risk factors and needs to high income countries.

1.7.3 Outcomes

As outlined in Section 1.4.3, robust evidence of reduced or changed incidence of violence as a result of interventions is unlikely to be available. This situation is well recognised in the field of research on gender-based violence, where evidence of increased reporting of sexual violence may be a positive sign, indicating increased confidence to disclose or make reports on the part of survivors.

For this reason and also given the relatively recent emergence of action to address this problem, it is appropriate to include a hierarchy of outcome measures (see Figure 1).

Figure 1: Hierarchy of outcomes



The first level of the hierarchy comprises program outputs such as risk assessments completed, prosecutions initiated. Given that analyses to date indicate that there is little evidence of program implementation on the ground, evidence of this in the form of program outputs is of value to the sector, as advised by our Advisory Group. It is not anticipated that studies including only this type of data will be included in the in-depth review.

Intermediate outcomes are indicators of reduced risk which include: increased sense of safety in the community/ the proportion of the community aware of services/ are willing to report unwanted sex/ report that those authority do not have the right to demand sex / who would assist a woman being beaten by her husband/ who agree that a woman has a right to refuse sex. These indicators have been recommended for monitoring and evaluating GBV initiatives (Bloom 2010) and signify at least, decreased risk of sexual violence. Further up the hierarchy are secondary prevention outcomes, according to the WHO schema (World Health Organization 2002), that is reduced harm from abuse. Evidence of actual decreased incidence of sexual violence is at the top of the hierarchy, though is least likely to be identified. The outputs, intermediate outcomes and mechanisms hypothesised for the different intervention types are mapped in Tables 1 to 7.

1.7.4 Conceptual framework

Our conceptual framework (Figure 2) assumes the four types of sexual violence outlined at 1.4.1 ie. i) militarised sexual violence; ii) opportunistic sexual violence; iii) sexual abuse and exploitation; and iv) sexual violence exacerbated by weakened familial/ community structures. All of these types of abuse occur in conflict situations and the last three also occur post-conflict and in other types of humanitarian crisis. As shown in Figure 2 there is a high degree of cross-over of interventions to each of these situations.

Figure 2: Conceptual framework for systematic review of evidence for prevention of sexual violence in conflict/ post-conflict / crisis

Population	People at risk of / have experienced sexual violence in conflict/ post conflict/ other humanitarian crisis in low and middle income countries			
Context	<- C O N F L I C T ->			
	<- P O S T - C O N F L I C T ->		<- O T H E R H U M A N I T A R I A N C R I S I S ->	
Type	Militarised sexual violence	Opportunistic sexual violence	Sexual exploitation and abuse by humanitarian staff and peace keepers (SEA)	Sexual violence exacerbated by weakened familial/ community structures
Interventions	A. Survivor responses B. Combatant /Livelihood initiatives	A. Survivor responses B. Combatant initiatives	A. Survivor responses	A. Survivor responses
INDIVIDUAL				
COMMUNITY	C. Peace building	C. Peace building D. Community mobilization		C. Peace building D. Community mobilization
SOCIETAL	E. Personnel F. Systems & security H. Legal action	E. Personnel F. Systems & security G. Infrastructure H. Legal action	E. Personnel F. Systems & security G. Infrastructure H. Legal action	G. Infrastructure H. Legal action
Outcomes / Indicators	A-C, E-F,H Reduced incidence/ increased sense safety in community	A-H Reduced incidence / increased sense safety in community	A, E-F, G-H Reduced incidence / increased sense safety in community	A, C, D,G-H Reduced incidence / increased sense safety in community
Evidence of.....	A.1 Provision / impact of care to survivors A.2 Provision / impact of reintegration / livelihood programs to survivors B. 1 Combat leaders engaged to halt SV C.1 Women in peace-building targeting SV C.2 Awareness of rights by community E.1 Implementation / impact of codes of conduct / training E.2 Gender specific recruitment E.3 Disciplinary action initiated F.1 Coordination mechanisms	A.1 /A.2/B.1 / C.1 / C.2/ E.1/E.2/F.1/F.2./ H.1/H.2 B.2 Disarmament, Demobilization and Reintegration (DDR) programs implemented targeting SV . B.3 DDR programs include safety /livelihood programs for women/ girls D.1 (C.2) D.2 Awareness of availability and acceptance of services F.3 Completion of situational analysis of risk of sexual violence G.1 Construction/ impact of infrastructure designed for risk reduction	A.1 / A.2 / E.1 / E.2 / E.3/ E.4 / F.1/ F.2 / G.1 / G.2/ H.1/ H.2 G.3 Systems for distribution of food/ other resources established for reduction of SEA.	A.1/A.2/C.1/C.2/D.1 / D.2 / G.1 / G.2/ H.1 /H.2 D.3 Increased awareness by men in community of equal rights and impact of abuse

	established F.2 Introduction /impact of patrols H.1 Legal action initiated / convictions H.2 Country action on ICC provisions	G.2 (C.2)		
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1.7.5 Context, mechanism and outcome configurations

In line with the realist approach adopted for this review, we assume that outcomes are achieved as a result of *mechanisms* being activated by the presence of contextual factors (Pawson 2006). This is the basis of the realist approach and further outlined in Section 2.1.1.

In mapping the hierarchy of outcomes, and consistent with this approach, our conceptual framework incorporates theorized contextual factors, and underlying mechanisms that we propose facilitate the outcomes of interest. “Context, mechanism and outcome” configurations have been hypothesized for each intervention type and are displayed in Tables 1-7. These configurations map the potential path of each intervention and the factors we propose impede or expedite the outcomes from occurring. They are based on the literature, our knowledge and experience in the field, drawing on broader ranging theories as relevant. The configurations are tentative at this stage and will be used to guide our analysis, which will test the configurations. At the same time we will remain alert to the existence of unanticipated contextual factors and mechanisms that are found to underpin the operation of interventions.

Understanding mechanisms as representing a *choice by an individual* (Pawson 2006), we suggest that the following mechanisms are required to effect reduced sexual violence in the context of conflict and crisis. Each mechanism is titled to reflect the decision being made by the actor to which it relates.

1. “Rape is risky”

We propose this as the dominant mechanism by which sexual violence is most commonly prevented. The actor making the decision to activate this mechanism is the offender or potential offender.

Sexual violence in general is a crime which is commonly committed with impunity, that is it remains under-prosecuted (Herman 2005). This is the case in all settings, but particularly in conflict/crisis. Impunity is a recognised factor in criminological theory by which the likelihood of committing a crime is dependent on the offender’s perceptions of the chance of detection (Ritchie 2011). Actions for which the offender believes there is a low chance of being detected or held to account are much more likely to be committed. Contrary to popular wisdom, this is found to be more influential than severity of punishment (Ritchie 2011). Fear of detection may relate not only the criminal justice system, but to detection by superiors at work, community leaders or others from who sanctions may arise. According to this mechanism, when sexual violence is made more “risky” through, for example, the presence of patrols or an increased likelihood of victims reporting and being taken seriously, sexual violence is less likely to occur.

Postulation of this mechanism draws on evidence that targets for sexual violence are those who are physically vulnerable and least likely to be believed, such as children, and those with a disability or mental illness (Conte, Wolf et al. 1989; Otto 2005; Murray and Powell 2011).

2. “I’ll go elsewhere”

A possible un-intended outcome of interventions is that rather than prevent sexual violence, the risks are displaced to other settings or populations. For example, if patrols are instituted, offenders are likely to target other settings where

surveillance has not been introduced. This is not a positive outcome but one that must be anticipated.

A number of intermediate mechanisms are also postulated as instrumental in reducing sexual violence.

3. *“We have rights”*

Links between gender inequality and women's experiences of sexual violence are well established (Heise 1998). Similarly, children in most cultures have fewer rights rendering them vulnerable to sexual abuse and exploitation (ECPAT International 2006). Unless individuals both have actual rights to refuse sex, to protest, to expect protection, to make decisions for themselves, and are at the same time aware of these rights, provision of protective or accountability measures will not be sufficient to prevent sexual violence (Ho and Pavlish 2011). We suggest that in the right contextual circumstances, this mechanism may be triggered through empowerment strategies directed at women, and possibly also children.

4. *“There is help for this problem”*

This mechanism relates to survivors of sexual violence who become aware of the availability of services or other responses to provide support, accountability or redress. It may also relate to family or community members who are encouraged to provide support to survivors, request intervention or sanction perpetrators. Recognition of the existence of services is the precursor to getting help and we propose, can also enable problems to be named and identified in a community.

5. *“It's safe to tell”*

Again, the actor in respect of this mechanism is the survivor of sexual violence. This mechanism recognises that survivors will not report sexual violence, either to services, or to authorities, if there is a likelihood of them being punished or stigmatized. In some countries victims of sexual violence themselves face punishment for committing adultery or homosexual intercourse, which makes reporting sexual violence unlikely. Other community or family sanctions which may include “honour killing”, or ostracism also mitigate against survivors, making reports. Unless survivors can safely report assaults and have their allegations taken seriously, insufficient risks are posed to offenders to be deterred.

6. *“Rape is unacceptable”*

A further intermediate mechanism that we postulate may be activated to influence reduction of sexual violence, is a change in attitudes by those who have previously been sexually abusive, or who are in a position to exploit their power. Examples may include recipients of DDR programs returning to villages post-conflict, or combatants operating under well monitored codes of conduct. Support for this comes from emerging evidence that insurgents and other combatants do not universally use militarized sexual violence, particularly if strong leadership is exercised by commanders (Wood 2009).

7. *“We can work together to solve this problem”*

This mechanism relates to decisions by community leaders or members to work collaboratively with other partners to prevent or address sexual violence. Actions may include sanctioning offenders through community mechanisms, deciding collectively to speak out, or through holding agencies accountable for responding. Strategies targeting empowerment are likely to result in this mechanism being activated, where genuine community participation is part of the context.

8. *“We take this seriously”*

This mechanism reflects a decision or decisions on the part of leaders to take seriously risks or reports of sexual violence. It is not assumed that the provision of legislation, codes of conduct or services, in themselves are sufficient to prevent or respond to sexual violence. Those with authority are also required to implement these measures effectively.

Our over-arching theory of change is that sexual violence is reduced when perpetrators perceive a high risk of detection, which is supported where vulnerable populations are aware of and have realizable rights and communities are engaged in participatory approaches which recognised their existing capacity to address this issue. Within this framework we assume that unequal gender relations are a key underlying contributor to sexual violence, but that contributors to sexual violence occur at the individual, familial and societal levels, as articulated in the ecological approach to understanding gender-based violence (Heise 1998).

As an analytical tool, the above mechanisms are mapped against the known intervention types which have been employed to address sexual violence. Each intervention, the ensuing outputs, intermediate and final outcomes and intermediate and final mechanisms are mapped in Tables 1-7. This forms the basis of our tentative theoretical model, to be tested in our analysis, which will also search for other un-anticipated mechanisms and contextual factors.

INTERVENTION: A. Survivor responses

CONTEXT	Preliminary Output	Intermediate mechanism	Output	Intermediate event/ outcome	Intermediate event/outcome	MECHANISM	OUTCOME
Survivors are not in fear / at risk from disclosing SV	Services equipped and have capacity to respond	“Its safe to tell”	Women attend clinics/ examinations and/or psycho-social interventions provided	Disease/ pregnancy prevention/ other medical care	SV seen as problem for which solutions exist	“There is help for this problem”	Harm from SV reduced (secondary prevention)
Services are respectful and do not cause further stigma/ re-traumatization.				Survivors report improved health/ wellbeing			
Legislative mechanisms exist/ prosecutions are initiated for SV			Forensic examination undertaken	Forensic evidence collected	Prosecution enabled	“It’s risky to rape”	SV potentially reduced
Structures exist in community/ program to ensure women retain control over resources earned			Survivors provided livelihood / micro-finance programs	Survivors become independent	More survivors come forward to report	“There is help for this problem”	Harm from SV reduced
				Survivors regain standing in community			
				Survivors are less at risk of further GBV			SV is reduced

INTERVENTION: B. Combatant initiatives (not including sovereign forces/ peacekeepers)

CONTEXT	Output	Intermediate event/ outcome	Intermediate event/ outcome	Intermediate mechanism	Intermediate event/outcome	MECHANISM	OUTCOME
Opportunities for direct negotiation SV is prioritised by negotiators	Commanders of combatants engaged to reduce SV by troops	Commanders accept risks or responsibility to direct cessation of SV	Combatants directed to desist SV	Combatants identify risks of sanction / disease from SV		“Rape is risky”	SV is reduced
SV is prioritised Culture accepts naming SV	DDR programs instituted that address SV prevention	Former combatants access programs	Former combatants educated / interventions to reduce re-offence	“Rape is unacceptable”	Issue has high visibility	“ Rape is risky”	SV reduced
Survivors are not in fear / at risk from disclosing SV SV is prioritised	DDR programs address rehabilitation for SV survivors o	Survivors provided livelihood / microfinance programs	Survivors regain standing in community Survivors become independent Survivors are less at risk of further GBV	“I have rights”		“Rape is risky”	Harm from SV reduced SV reduced
		Survivors provided health/psycho-social interventions	Survivors report improved health/wellbeing		SV seen as problem for which solutions exist	“There is help for this problem” / “Its safe to tell”	Harm from SV reduced (secondary prevention) SV made more visible/ legitimate

INTERVENTION: C. Women involved in peace building

CONTEXT	Output	Intermediate event/ outcome	Intermediate event/ outcome	Intermediate mechanism	Intermediate event/outcome	MECHANISM	OUTCOME
Gender representation is prioritised	Women are included in peace-building negotiations	Peace agreements reflect the concerns of women/ vulnerable groups	Resources deployed / strategies instituted that reflect concerns of women representatives	“We can work together to achieve safety”	Community members/ vulnerable groups report increased sense of safety	““Rape is risky”	SV is reduced
Women are given legitimate authority					Survivors more likely to report		
Resources are allocated				“Its safe to tell”			

INTERVENTION: D. Community mobilization

CONTEXT	Output	Intermediate event/ outcome	Intermediate event/ outcome	Intermediate mechanism	Intermediate event/outcome	MECHANISM	OUTCOME
Community consultations undertaken to identify existing capacity and concerns	Awareness raising initiatives conducted (vulnerable groups/ community)	Community members aware of rights to say no to sex/ services available/ would assist others abused	Community / community leaders support action and sanctions for SV	“Its safe to tell” AND “ I have rights”	Survivors get help for SV	“Rape is risky”	Harm from SV reduced
	Survivors report SV/ SEA				SV is reduced		
Community safe from immediate external threats	Participatory activities are undertaken with community			“We can work together to achieve safety”	Community assists and protects survivors	“Rape is risky”	SV is reduced
Resources are allocated	Rights documentation	Community sanction offenders					

INTERVENTION: E. Personnel measures

(recruitment of female personnel/ training in relation to responses & protocols / introduction of /training in codes of conduct)

CONTEXT	Output	Intermediate event/ outcome	Intermediate event/ outcome	Intermediate mechanism	Intermediate event/outcome	Intermediate event/outcome	MECHANISM	OUTCOME
Female personnel hold some authority	Female teams/ or personnel in peacekeeping/ humanitarian positions	Women are visible in positions of authority	Women feel safer when dealing with authorities	“ I have rights” AND “Its safe to tell”	Survivors report offenses or SEA to authorities			
No cultural barriers to female deployment/ recruitment								
Where training uptake is monitored	Personnel receive prevention / response training	Personnel are aware of SV risks and strategies	Personnel take preventive steps to reduce risk	“We take this seriously”	Risks of SV reduced eg infrastructure put in place			
Other accountability structures in place e.g. staff supported to implement			Personnel are more responsive to reports		Survivors report offenses / SEA to authorities			
Follow up to reports/ sanctions imposed	Code of conduct introduced	Personnel aware SV / SEA is a crime/ prohibited	Visible processes for reporting and accountability established	“We take this seriously”	Personnel report colleagues			
Whistle blower protection	Personnel receive code of conduct training				Survivors report breaches/ offences			
Survivors can report without reprisal/sanction		Communities informed about rights, and processes		“We can work together to achieve safety” AND				

				"Its safe to tell"				
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INTERVENTION: F. Security and systems
(patrols/ security details/ systems for distributing food,fuel/safety protocols)

CONTEXT	Output	Intermediate mechanism	Intermediate outcome	Intermediate event/outcome	MECHANISM	OUTCOME
Priority given to provide resources	Patrols are instituted	“We take this seriously”	Women/ community feels safer	Reduced opportunity for SV by offenders	“Rape is risky”	SV reduced
	Systems in place to reduce exposure					
Consultation with community prioritised	Community consultation re perceived risks	“I have rights”				
				Alternatively: Displacement of SV to other settings/ increased exposure to other GBV	“Ill go elsewhere”	SV is displaced
Risk assessment of opportunities	Food distribution by women instituted (SEA)	“We take this seriously”	Women visibly participate in and control food distribution	Reduced opportunity to exploit by humanitarian personnel	“Rape / SA is risky” (in that setting)	SV is reduced (or displaced)
Resources and accountability for actions	Coordination mechanisms including appropriate protection and reporting strategies instituted	“We take this seriously”	Community informed about rights and processes	Survivors report SV	“We can work together to achieve safety” AND “Its safe to tell”	SV is reduced
Monitoring of actions by agencies						

INTERVENTION: G. Infrastructure
(segregation of water/sanitation facilities/ construction of shelters/ schools)

CONTEXT	Output	Intermediate mechanism	Intermediate outcome	Intermediate event/outcome	MECHANISM	OUTCOME
Priority given to provide resources	Construction of segregated sanitation facilities / shelter/ safe spaces for women & children/ schools	“We take this seriously”	Infrastructure reflects concerns of community Women/ community feels safer	Reduced opportunity for SV by offenders	“Rape is risky”	SV reduced
Risk assessment of opportunities						
Resources and accountability for actions						
Monitoring of actions by agencies						
Consultation with community prioritised	Community consultation re perceived risks, preferences and existing capacity	“I have rights”				
				Alternatively: Displacement of SV to other settings/ increased exposure to other GBV	“Ill go elsewhere”	SV is displaced

INTERVENTION: H. Legal action

(prosecution initiated/ indictments in International Criminal Court/specialist courts & tribunals/ customary law)

CONTEXT	Output	Intermediate mechanism	Intermediate outcome	Intermediate event/outcome	MECHANISM	OUTCOME
Priority given to provide resources	Indictments in ICC	“We take this seriously”	ICC finalizes matter	ICC convicts SV is visible	“Rape is risky”	SV reduced
	Countries signatory to ICC					
Monitoring of actions by agencies	Signatory countries have amended local statutes in line with ICC					
Services for survivors provided	Specialist prosecution teams established	“I have rights” AND	Survivors report SV Prosecutions in instituted	Trials held		
	Tribunals established	“Its safe to tell”	Tribunals finalize matters	Tribunals convict		

2. Methods to be used in the review

2.1 Type of review

2.1.1 *Realist approach*

According to the realist approach to research understanding the impact of any social policy, requires acceptance that problems and therefore, of necessity, interventions to address them, will be complex (Pawson 2006). Pawson calls on researchers to be more sensitive to the context in which interventions are administered and the layered ways by which they operate. This philosophical approach has been applied both to primary research as well as to systematic reviews. Realist reviews address the fact that often the same interventions have different outcomes in different contexts. The approach also aims to understand underlying intervention mechanisms (Pawson, Greenhalgh T et al. 2005). Realist review methodology has been applied to the evidence for interventions as diverse as: school feeding programs (Greenhalgh, Kristjansson et al. 2007), retention of health workers in rural and remote areas (Dieleman, Kane et al. 2010) and implementation of routine screening of intimate partner violence (O'Campo, Kirst et al. 2011).

Sexual violence in conflict and crisis is a complex social and legal problem. Similarly the impact of interventions depends on the social and cultural context within which they are introduced. Complex interventions are not well suited for traditional evaluation, or review methods that determine solely whether or not an evaluation works (Pawson 2006). Traditional systematic reviews generally privilege evidence gathered by means of randomised control trials. However there is now greater recognition that a wide variety of study designs are required to evaluate public health interventions, with no single method able to answer all relevant questions about effectiveness (Jackson and Waters 2004). The same may be said to apply to systematic reviews. A realist review makes explicit the underlying program theory by unpacking mechanisms of change which are triggered by the interaction of the context and the intervention. These theories are then tested and refined in the synthesis process (Pawson, Greenhalgh T et al. 2005). This approach illuminates the possibilities for applying interventions in different contexts.

STAGES IN THE REVIEW

This will be a two stage review in which the full range of interventions undertaken to prevent or reduce sexual violence in conflict/ crisis settings will be initially mapped. Coding will be applied for the country in which the study was undertaken, intervention type, population, study design, outcome data, type of violence addressed and context (ie. conflict/ post conflict/ humanitarian crisis). The purpose of this stage is to create a descriptive map of the nature and extent of research conducted in this topic which is itself of value for policy and program purposes. In the second stage of the review, refined criteria will be applied and data extraction will undertaken in relation to quality of studies, details of findings, underlying mechanisms and contextual factors to obtain a more detailed view of a sub-group of studies. This will form the basis of our realist review.

The question is broad in scope, in part because of the diverse types of interventions introduced to address sexual violence. Because of the limited number of outcome studies we anticipate have been undertaken and the high likelihood of studies not being published in peer- reviewed journals, we will search widely across bibliographic databases, journals and relevant websites.

2.2 User involvement

2.2.1 Approach and rationale

We take an inclusive view to user involvement and are working with practitioners and program directors with in-depth knowledge in the field who are well-placed to inform the project and feed our results directly into policy processes and practice. Our Advisory Group includes consultants working on projects in a number of African countries as well as a representative from the International Planned Parenthood Foundation (IPPF) providing opportunities to connect with the IPPF leaders based in Kiribati, Burma, Nepal, Solomon Islands, Timor-Leste, Vanuatu, Philippines, Tonga and Indonesia, which are all states which are recently post-conflict or crisis. Our representative from WHO also ensures that the projects findings feed into work by that agency on conflict related sexual violence.

2.2.2 User Involvement in designing the review

The initial review question was:

What is the evidence of the impact of initiatives to reduce risk and incidence of sexual and gender-based violence of women and children in fragile conflict and post-conflict states and humanitarian crises?

Consultation with our Advisory Group indicated the need to revise the scope of the question in a number of dimensions.

Firstly, despite the diversity of disciplines, regions and interests represented, the Advisory Group was of the united view that the scope should be confined to sexual violence. Three reasons were put to support this view. Firstly, sexual violence, more than other forms of gender-based violence is of the greatest concern in the context of armed conflict. Secondly, the Advisory Group indicated that this was the area most likely to yield outcome data, given that the most programming has occurred in response to sexual violence. Thirdly, it was argued that given the breadth of types of gender-based violence, a more narrowed focus was of the most utility.

A second dimension of the question on which the Advisory Group argued for amended scope, was inclusion of men, given the high levels of sexual violence they experience in armed conflict and displacement.

In order to operationalize a search in relation to states affected by conflict/ post conflict, we originally aimed to include conflict and post-conflict affected “fragile states”, as defined by DFID and the World Bank. However our initial research and the advice of our Advisory Group was that this scope would exclude a number of conflict-affected countries where valuable programs had been implemented. This approach would also have excluded interventions implemented in countries hosting displaced populations from named conflict states. For this reason we made the decision to focus on interventions offered in the context of conflict/ post-conflict or other emergency in *low and middle income countries*. This scope enables interventions in refugee camps in states bordering those in conflict / crisis to be included.

2.2.3 User involvement in process of conducting the review

Our research team members are themselves actively involved in contributing to programs for gender based violence and humanitarian responses. Our Advisory

Group are also users of policy and research and their input will be an integral part of the review.

2.2.4 User involvement in interpreting the review results

Consultation will be undertaken with our Advisory Group and participants at the Sexual Violence Research Initiative Conference in Cape Town in October 2011. The conference theme will be conflict related sexual violence and attendees will be practitioners and researchers working on this issue internationally.

2.2.5 User involvement in communication and dissemination of review results

Given the strong research to policy interface represented by our advisory group, we anticipate their involvement in communicating the results to their services and networks. We will present the results of the findings at relevant network meetings and/or conferences. The results will also be published in a peer-reviewed journal with a profile in publishing this material such as Violence Against Women Journal, Security Dialogue or Reproductive Matters. Finally we will seek to promote the study and findings through the Sexual Violence Research Initiative website.

2.2.6 Any known plans for further interpretation and application

The work of Dr Garcia Moreno in developing a research agenda for the WHO on conflict related sexual violence and our opportunity to participate in this through Professor Zwi, will provide a valuable avenue for further application of these findings.

2.3 Identifying and describing studies

2.3.1 Defining relevant studies: inclusion and exclusion criteria

The following selection criteria will be applied to the initial mapping phase of the project. It is proposed that a narrower sub-group of studies will then be selected for systematic review, informed by identified data, consultation with stakeholders and our conceptual map including identified mechanisms. Refined selection criteria will be developed at that stage. In the analysis stage further searching outside these criteria may be required to identify background data and theory on program operation and impacts.

INITIAL CRITERIA

TOPIC

Sexual violence in the context of conflict or humanitarian crisis.

Exclusions:

Studies that do not address sexual violence of women, men or children. Studies that address female genital mutilation, trafficking, enforced sterilization, HIV prevention.

TYPES OF STUDIES/ DATA

Studies containing primary empirical data describing the implementation or impact of interventions including : cross-sectional surveys, retrospective single group or comparison group designs, formative evaluation, case studies, qualitative studies based on interview or focus group, policy analysis, field data.

Exclusions:

Studies published before 1990.

Studies that describe only the nature and extent of the problem, or barriers to implementation of or access to interventions generally, or interventions that are not specific to sexual violence, papers that mention interventions without any descriptive information e.g. DPKO Audit. No primary empirical data describing the implementation or impact of interventions

TYPES OF PARTICIPANTS

Survivors of sexual violence, combatants, peace-keepers, humanitarian workers, community members, camp residents, service providers.

Exclusions:

Commentators or actors not directly involved in implementation of interventions.

TYPES OF INTERVENTIONS

Interventions which are aimed at reducing the incidence of or risk of sexual violence, including secondary and tertiary prevention of sexual violence.

Exclusions:

Interventions that do not make reference to reduction of sexual violence as a specific aim or outcome, e.g. DDR programs/ peace building programs where this aim is not explicit, interventions aimed at HIV prevention.

SETTINGS

Context of conflict, post-conflict or other humanitarian emergency in low and middle income countries.

Exclusions:

Context of the intervention is not conflict/ post-conflict or humanitarian crisis as identified by the author/s in title/ abstract. Interventions not conducted in the specific context of conflict/ post-conflict or humanitarian crisis e.g. school interventions. Countries not included on the World Bank List of low/ middle income countries 2010.

TYPES OF OUTCOME MEASURES

Types of outcomes include a hierarchy of outcomes as identified in Section 1.7.3 These include outputs, (e.g. survivors receiving care/ / personnel trained) to evidence of reduced risk and proxy measures for reduced incidence, which cannot be readily distinguished (e.g. patrols instituted/ availability of services/ increased awareness of rights) to stronger indicators such as increased sense of safety by women or decreased reports/ incidence.

Exclusions:

Generalized recommendations or data for which sources are not clearly identified.

TYPES OF PUBLICATIONS

Research papers or research/ descriptive reports

Exclusions:

Letters, editorials, comment, periodicals, review, editorials, art works, news updates, speeches that have not been published in journals. Study titles and abstracts in a language other than English. Where study titles and abstracts are in English, but manuscripts are in a foreign language and meet other inclusion

criteria, translation will be considered. Papers which do not have an abstract and where the title and other contextual information indicates that it is out of scope.

2.3.2 Identification of potential studies: Search strategy

Our electronic search strategy relates to two concepts.

- A. Problem - Sexual violence
- B. Setting - Conflict / post-conflict / humanitarian crisis

These will be combined using the Boolean operators to conduct search strings appropriate to the thesaurus/ search terms used by each data base. Our initial testing found that narrowing the search to intervention studies and impact studies in particular was not feasible due to the range of intervention types included in scope. These will be identified in the screening stage.

The bibliographic data bases, web sites and journals to be hand searched, that will be used in the review are listed in Appendix 2.3.

In addition searching will include: citation searches of key authors/papers; personal contacts; direct requests to key informants.

Searches of these sources will be limited for the period 1990 to September 2011: as to identify studies conducted in a specific time period.

A series of data bases including specific Endnote libraries will be managed to keep track of and code studies found during the review. After de-duplication titles and abstracts will be imported into EPPI-Reviewer software for screening and mapping.

2.3.3 Screening studies: applying inclusion and exclusion criteria

Inclusion and exclusion criteria will be applied successively to (i) titles and abstracts and (ii) full reports. Full reports will be obtained for those studies that appear to meet the criteria or where we have insufficient information to be sure. These reports will be entered into a second database. The inclusion and exclusion criteria will be re-applied to the full reports and those that do not meet these initial criteria will be excluded.

2.3.4 Characterising included studies (if EPPI-Centre review: EPPI-Centre generic, discipline-specific and review-specific key wording)

The studies remaining after application of the criteria will be coded for country in which study was undertaken, intervention type, population, study design, outcomes /data, organization type ie. NGO, government body, type of violence addressed and context (ie. conflict/ post conflict/ humanitarian crisis) to create a systematic map.

2.3.5 Identifying and describing studies: quality assurance process

Screening of first title and abstracts and then full text with coding against the inclusion and exclusion criteria will be conducted independently by team members. Uncertain instances will be resolved using a consensus process with the team. For quality assurance purposes, a random sample of 5% of all titles will also be reviewed by an alternative member of the team.

2.4 In-depth review

2.4.1 Detailed description of studies in the in-depth review

Our analysis will be informed by our initial work documented in Section 1.7 .5 on context-mechanism and outcome configurations. Drawing on Greenhalgh, Kristjansson et al. (2007) our realist synthesis will involve collation of data on study design, sample size if relevant, and outcome data, nature of the interventions, process information including: changes made and reasons; contextual factors and theories of change or mechanisms postulated (or apparently assumed) by the study's authors to explain the success or failure of the programme. This process will be undertaken independently by two team members with results compared and differences resolved by consensus.

2.4.2 Assessing quality of studies and weight of evidence for the review question

Quality appraisal of included studies for rigor and relevance (Pawson, Greenhalgh T et al. 2005) will be undertaken jointly by two team members with a third resolving disagreement. Studies will not be excluded solely on the basis of quality, but weaker design will be taken account of in the synthesis (Mays, Pope et al. 2005).

Studies identified as meeting the inclusion criteria, will be analysed in-depth, using the EPPI-Centre's detailed data-extraction software, EPPI-Reviewer or NVIVO. Studies that provide contextual information may be used in the analysis where components of them are relevant to the theoretical analysis.

2.4.4 Synthesis of evidence

2.4.4.1 Overall approach to and process of synthesis

Our realist synthesis will involve identifying potential outcomes associated with interventions aimed at reducing sexual violence in humanitarian crises situations; and to understanding how, when and why these interventions (or aspects of them) are effective. Central to this analysis will be testing the posed mechanisms and contextual factors and searching for new mechanisms and contextual factors identified in the scoped studies.

Synthesis will involve considering the interaction between context, mechanism, and outcome, for each study and then across the studies to detect patterns. We will seek feedback from our Advisory Group and extended network on our preliminary conclusions.

2.3.4.2 Selection of studies for synthesis

The mapping exercise will determine the extent of the literature across all intervention types. In order to derive greatest value from the review we anticipate focussing in the synthesis stage on a narrowed aspect of sexual violence in emergencies which will be dependent on the results of the search, consultation with our Advisory Group and clustering of studies in relation to our theoretical framework. A refined set of criteria will then be applied to this subset of studies.

2.4.4.3 Selection of outcome data for synthesis

Priority will be given if the data support it to focussing on interventions for prevention of sexual violence in conflict zones. Consideration of comparability of outcome data will be a factor in determining studies to be included for synthesis.

2.4.4.4 Process used to combine/ synthesise data

Our realist synthesis will involve analysis of papers in relation to our postulated context, mechanism and outcome configurations. Refined configurations based on the findings in the selected studies will be built as an analytic tool and comparisons made across studies, to detect patterns and further test our theories. The process will be iterative and informed by key background literature, users and our Advisory Group.

2.4.5 Deriving conclusions and implications

In determining the key conclusions and implications of the review we will refer to middle range theory, in particular theory in relation to deterrence of sexual violence and the ecological framework for understanding sexual violence. Again, input will be sought from our Advisory Group and other informants from our networks.

Appendices

Appendix 1.1: Authorship of this report

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Conflict of Interest

The authors have no conflicts of interest to declare.

Appendix 2.2: Search strategy for electronic databases
 Sample String (PubMed -using Mesh headings and text words)

GROUP A
SEXUAL VIOLENCE

"abused women[tw] OR "abused woman"[tw] OR "forced sex"[tw] OR "enforced sex"[tw] OR gbv[tw] OR "gender based violence"[tw] OR rape[tw] OR raped[tw] OR rapist[tw] OR raping[tw] OR "sexual abuse"[tw] OR "sexual coercion"[tw] OR "sexual violence"[tw] OR "sexual assault "[tw] OR "sexual exploitation"[tw] OR "sexual slavery"[tw] OR "violence against women"[tw] OR "unwanted sex"[tw] OR "unlawful sex"[tw] OR "sexual exploitation and abuse"[tw] "militarised sexual violence"[tw] OR "forced pregnancy"[tw] OR "enforced pregnancy" [tw]

OR Sex Offenses[mh]

AND

GROUP B
CONFLICT/ CRISIS

"armed conflict"[tw] OR "armed incursion"[tw] OR "post conflict"[tw] OR "human security"[tw] OR "war zone"[tw] OR coup[tw] OR invasion[tw] OR insurrection[tw] OR "peace keeping"[tw] OR "peace building"[tw] OR "child soldiers"[tw] OR "boy soldiers"[tw] OR "internally displaced persons"[tw] OR "displaced populations"[tw] OR "displaced persons"[tw] OR "refugee camps"[tw] OR "humanitarian response"[tw] OR "humanitarian assistance"[tw] OR "humanitarian crisis"[tw] OR "humanitarian crises"[tw] OR "post-crisis" [tw] OR "post-crisis"[tw]

OR war[mh] OR Refugees [mh] OR Disasters [Mesh:noexp] OR Disaster Planning [mh] OR Mass Casualty Incidents[mh] OR Relief Work[mh] OR Rescue Work[mh] OR Avalanches[mh] OR Earthquakes[mh] OR Landslides[mh] OR Tidal Waves[mh] OR Tsunamis[mh] OR Volcanic Eruptions[mh] OR Fires[mh] OR Cyclonic Storms[mh] OR Floods[mh]

Appendix 2.3: Search sources**ELECTRONIC DATA-BASES**

EBM Reviews: Cochrane Database Of Systematic Reviews
 Johanna Briggs systematic reviews
 EPPI-Centre Systematic reviews data base
 Campbell Collaboration data base
 PubMed (on Ovid)
 CINAHL
 PsycInfo
 PAIS
 Global Health
 ASSIA
 Gender studies database
 Violence & Abuse Abstracts
 Wageningen University Disaster Studies Data base
 Proquest Dissertations & Abstracts (CA)
 Lexis- Nexis (LS)
 UNICEF Children in armed conflict database
<http://www.childreninarmedconflict.org/>
 GDN Knowledge Base
 African Journals Online <http://ajol.info/index.php/index/search>
 3ie database of impact evaluations (CA)
 Bibliomap (EPPI-Centre (CA)
 TRoPHI (trials of promoting health interventions) EPPI-C (CA)
 World Health Organization Library (WHOLIS) (CA)

Internet Resources

HRH Global Resource Center <http://www.hrhresourcecenter.org/>
 Sexual Violence Research Initiative web site
 UNWomen
 Endvaw
 UNFPA
 Gender and Disaster Network
 UNHCR
 Stoperapenow
 Women's Initiatives for Gender Justice
 GBV One response <http://gbv.oneresponse.info>
 Gender-based Violence Network: Essential Tools for GBV Prevention and Response
 in Emergencies (<http://www.gbvnetwork.org/>
 Bridge (<http://www.bridge.ids.ac.uk/>)
 JOLIS (World Bank and IMF library catalogue)
 USAID
 Overseas Development Institute
 ELDIS
 Governance and Social Development Resource Centre (<http://www.gsdrc.org/>)
 International Centre for Research on Women (<http://www.icrw.org/icrw-library>)
 International Development Research Centre
 (<http://publicwebsite.idrc.ca/EN/Pages/default.aspx>)
 Public Policy Pointers (<http://www.policypointers.org/>)
 British Library Development Studies catalogue
 Women's International League for Peace and Freedom International Rescue
 International Committee of the Red Cross
 UN Disarmament, Demobilisation and Reintegration Resource Centre

www.unddr.org/index.php etc. ALNAP

Reproductive Health Response in Crisis (RHRC) Consortium's GBV in conflict online bibliography (www.rhrc.org)

JOURNALS TO HAND SEARCH

Violence Against Women
Medicine, Conflict and Survival
Disasters

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