Systematic review

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?

by Jo Spangaro
Anthony Zwi
Chinelo Adogu
Geetha Ranmuthugala
Gawaine Powell Davies
Léa Steinacker

April 2013

Australian AID
THE UNIVERSITY OF NEW SOUTH WALES
ePPI CENTRE
IOE LONDON Leading education and social research Institute of Education University of London

This research was funded by the Australian Agency for International Development (AusAID). The research was commissioned as part of a joint call for systematic reviews with the Department for International Development (DFID) and the International Initiative for Impact Evaluation (3ie)

The authors are part of the University of New South Wales and were supported by the Evidence for Policy and Practice Information and Co-ordinating Centre (EPPI-Centre).

This report should be cited as:

Spangaro J, Zwi A, Adogu C, Ranmuthugala G, Davies GP, Steinacker L (2013) 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? A systematic review. London: EPPI-Centre, Social Science Research Unit, Institute of Education, University of London.

ISBN: 978-1-907345-53-1

Contents

List of abbreviations

AusAID	Australian Agency for International Development
CoC	Code of conduct
CSAG	Civil Society Advisory Group on Women, Peace, and Security
DDR	Disarmament, demobilisation and reintegration programs for combatants
DFID	Department for International Development (United Kingdom)
DRC	Democratic Republic of Congo
DV	Domestic violence
GBV	Gender-based violence
IASC	Inter-Agency Standing Committee
ICC	International Criminal Court
ICTC	International Criminal Tribunal of Rwanda
ICTY	International Criminal Tribunal of Yugoslavia
IDP	Internally displaced person
IFRC	International Federation of the Red Cross and Red Crescent Societies
IPPF	International Planned Parenthood Federation
IPV	Intimate partner violence
IRC	International Rescue Committee
MCI	Multiple component intervention
MISP	Minimum Initial Service Package for Reproductive Health
MSF	Médecins Sans Frontières
NGO	Non-government organisation
PTSD	Post-traumatic Stress Disorder
SEA	Sexual exploitation and abuse (by peacekeepers and humanitarian staff)
SGBV	Sexual and gender-based violence

SV	Sexual violence
UK	United Kingdom
UN	United Nations
UNFPA	United Nations Population Fund
UNICEF	United Nations International Children's Emergency Fund
UNIFEM	United Nations Development Fund for Women
UNHCR	United Nations High Commissioner for Refugees
UNOCHA	United Nations Office for Coordination of Humanitarian Affairs
UNSCR	United Nations Security Council Resolution
UNSW	University of New South Wales
WHO	World Health Organization
WOE	Weight of Evidence

Executive summary

The review question

What evidence exists for 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?

Who wants to know and why?

Sexual violence in the context of conflict and other humanitarian crises is widespread, with at least one in four women in conflict situations affected. Men and children are also at heightened risk. In these settings, sexual violence may be committed i) as a tactic of armed conflict, ii) opportunistically due to situational vulnerability, iii) as a form of sexual exploitation by peacekeepers or humanitarian staff, or iv) as a form of familial or community violence exacerbated by weakened social or legal structures. Since 2000, the United Nations (UN) Security Council has passed five resolutions that addressed this problem among others, prompting the issue of various guidelines and training packages. No previous systematic reviews of evidence for reducing risk and incidence of sexual violence in conflict or other crisis have been undertaken to date. There is now a need to gauge the impact of interventions undertaken to address this problem.

Methods of the review

A realist approach was adopted, suited to complex problems as it enables analysis of contextual factors and underlying program mechanisms. An extensive literature search employed 23 bibliographic databases, 26 websites, and a hand search of three journals. Included studies were those containing primary empirical data describing implementation or impact of interventions aimed at reducing risk or incidence, or addressing harm from sexual violence occurring in conflict, post-conflict or other humanitarian crisis settings in lower or middle-income countries. Studies included were published from 1 January 1990 to 1 September 2011.

Results

A total of 2,656 studies was identified, after removal of duplicates. Following the application of exclusion criteria, 49 studies were selected as being in scope for the review and were mapped. Nine studies which reported on overarching policy responses were excluded, leaving 40 studies in the full review. Although much of the broader literature refers to militarised sexual violence committed by combatants, the majority of studies found addressed sexual violence committed opportunistically or within the family/community. Twenty studies reported outcomes and the other twenty reported only on the implementation of interventions (see Appendix 3.1 for a map of the studies).

The majority of the studies identified in the review described interventions for sexual violence in post-conflict settings, with few addressing prevention or the conflict context. Most interventions were provided by multilateral agencies,

international non-government organisations (NGOs) or national governments, with a few provided by local NGOs or community groups.

Seven strategy types were identified: i) survivor care interventions (10 studies); ii) livelihood initiatives (2 studies); iii) community mobilisation initiatives (3 studies); iv) personnel initiatives, e.g. recruitment or training (3 studies); v) systems and security, predominantly firewood patrols or fuel alternatives (3 studies); vi) interventions using a combination of these strategies (13 studies); and vii) legal interventions (6 studies). Most interventions targeted women or were non-specific. Two interventions targeted young people specifically, both were disarmament, demobilisation and reintegration (DDR) interventions, but neither found reduced risk/incidence (Amone-P'Olak 2006; Denov 2006). No studies were found which targeted men specifically as victims.

Quality of evidence was measured using a tool rating studies on: i) soundness of method; ii) appropriateness of the study type to the review question; and iii) relevance of the study to the review question. Weight of evidence (WOE) ratings derived from this tool, ranging from low to high, were assigned to each study. Most studies were assessed as a low or medium-low WOE (14/20). No studies had a WOE greater than medium-high.

Despite extensive efforts at the policy level to develop guidelines and training courses, implementation of initiatives on the ground remains limited. This was a unifying finding of the three studies with the highest weight of evidence. The overarching finding is that at this point, there is an acute lack of evaluation of interventions, leading to insufficient evidence for the effectiveness of any interventions to address or prevent sexual violence in conflict or crisis. However, the importance of community engagement, recognition of existing capacity and other elements that deserve further attention have been identified, as has the need for larger-scale multi-strategy interventions which are carefully evaluated.

Key findings with respect to incidence

None of the studies found set out to systematically and prospectively assess the impact on the incidence of sexual violence as a result of interventions. Three studies provided some evidence of this in the form of reduced reports of sexual violence in association with firewood distribution (CASA Consulting 2001, WOE: Medium-High), firewood/alternative fuels (Bizarri 2010, WOE: Medium), and policies to prevent sexual exploitation and abuse (SEA) by peacekeepers (Jennings 2008, WOE: Medium-Low). In respect of SEA policies, the apparent decline in incidence was reported only in one of the two sites studied and followed widespread publicity of action on prominent cases (Jennings 2008).

Key findings with respect to risk

On the basis of our indicators (Appendix 1.4), the single livelihood program which reported outcomes appeared to *increase* risk for women (Denov 2006, WOE: Medium-Low). In respect of personnel strategies, efforts to address SEA by peacekeepers/humanitarian workers by the United Nations and NGOs since 2003,

have on the whole not reduced risk for this form of abuse. This may result from poor community engagement, insecure reporting mechanisms and inadequate follow-up to complaints (Jennings 2008, WOE: Medium-Low) and Lattu (2008, WOE: Medium-High). There is some evidence that firewood provision, patrols and alternative fuels have reduced risk to women during firewood collection. It is also possible that in such situations, sexual violence has been displaced from sites of firewood collection to other locations. Integrated comprehensive initiatives are indicated in order to address this (CASA Consulting 2001, WOE: Medium-High; Women's Commission for Refugee Women and Children 2006b, WOE: Medium-Low; Bizarri 2010, WOE: Medium).

Although the weight of evidence was mostly low, there is support for multi-strategy interventions, with four of the five outcome studies in this category demonstrating reduced risk in the form of evidence of willingness to use services, assured access to fuel and/or increased community awareness of rights (UNHCR 1997, 1998, both WOE: Low; Blogg et al. 2004, WOE: Medium-High; Women's Commission for Refugee Women and Children 2009b, WOE: Low).

Legal interventions were not associated with reduced risk. Low rates of prosecution (Human Rights Watch 1996; Nowrojee 2005, both WOE: Medium-Low), barriers to being granted leave to appear before the International Criminal Court (Women's Initiatives for Gender Justice 2010, WOE: Medium-Low) and evidence that survivors find testifying increases their exposure to retaliation, ostracism and/or stigma (Nowrojee 2005; Brouneus 2008, both WOE: Medium- Low), were identified. These acted as serious deterrents to giving evidence, which could be argued to potentially *increase* risk as a result of participating in legal action because impunity remains or grows.

Key findings with respect to secondary prevention

In terms of reduced harm, there is some evidence that providing medical care and two sessions of post-trauma counselling improves functioning for women that was sustained 1-2 years later, and that opportunities to participate in groups and build networks with other women who have experienced trauma may reduce distress. This was found even where sexual violence was not the explicit focus as significant cultural and economic obstacles often prevent many survivors from reporting experiences of sexual violence.

Survivors find testifying in legal proceedings for conflict-related sexual violence traumatic, (Nowrojee 2005; Denov 2006; Brouneus 2008, all WOE: Medium-Low; Mischkowski and Mlinarevic 2009, WOE: Medium) and stigmatising (Human Rights Watch 1996; Brouneus 2008, both WOE: Medium-Low).

Key finding with respect to underlying mechanisms

We hypothesised, and then tested, key mechanisms associated with positive outcomes. Mechanisms are a concept associated with realist methods which aim to make explicit underlying program theory, that is, how programs achieve the desired outcomes. Analysis of underlying mechanisms (labelled from the point of view of the actors triggering the mechanism) associated with beneficial outcomes

points to the following. For survivors to make use of services and report assaults, the mechanisms entitled, 'There is help for this problem' and 'It's safe to tell,' are both required to be operating. Contextual factors which support their operation appear to be consultation with the community and anonymity of service use. A new mechanism identified in the analysis was 'We already have ways to address this problem,' which operates when pre-existing capacity in communities is recognised and strengthened, as opposed to imposed Western models, which at times may not be well received. Although 'Rape is risky' should be a central mechanism in deterring perpetrators from sexual violence, the evidence suggests that on the whole this mechanism is failing to be triggered in interventions being deployed. As a result there is low deterrence for sexual violence in conflict and crisis situations through interventions identified in this review.

Key findings: the role of context

Community engagement in the design and delivery of interventions appeared to contribute to the success of programs. Eight of the ten studies reporting reduced risk or incidence targeted the community as a whole, or discrete groups within the community; four of these employed community mobilisation strategies. Active community engagement was evident at the sites in four of the ten studies in which risk or incidence was reduced (UNHCR 1997, 1998, both WOE: Low; Blogg et al. 2004, WOE: Medium-High; Women's Commission for Refugee Women and Children 2009b, WOE: Low). These studies also employed multiple strategies however, and it is not possible to determine the relative impact of the various aspects of the intervention.

In respect of survivor care programs, anonymity of access appears to contribute to higher service uptake by survivors (UNHCR 1998, WOE: Low ; Blogg et al. 2004; WOE: Medium-High; Hustache et al. 2009, WOE: Medium; Manneschmidt and Griese 2009, WOE: Low). However significant cultural and economic obstacles prevent many women from reporting or seeking help following experiences of sexual violence. This may explain why preventive strategies that do not rely on reports by victims to be activated, such as patrols or firewood alternatives, seem to have better outcomes.

In relation to other contextual factors that we initially postulated might contribute to outcomes, no patterns were identified with respect to the influence on outcomes of: conflict versus crisis setting; country; signatory status to the Rome Statute (the treaty which established the International Criminal Court); or sex of the survivor. The lack of patterns may reflect insufficient evidence and cannot be considered to indicate a lack of relevance of these factors. There was some indication that opportunistic sexual violence may be more readily addressed than the other three forms of violence described.

Implementation of interventions

The unifying finding of the three studies with the highest weight of evidence was that there are significant problems with implementation of programs at some or all

sites (CASA Consulting 2001, WOE: Medium-High; Blogg et al. 2004, WOE: Medium-High; Lattu 2008, WOE: Medium-High).

Studies that reported only on implementation of interventions without measuring outcomes indicate that:

- despite the development of a range of guidelines and training courses, their implementation remains limited (Doedens et al. 2004; Chynoweth 2008);
- the use of gender equality as an overt basis for interventions may be creating tensions in communities which contribute to divisions, possibly undermining the advancement of women's independence and access to services (UNHCR 2001a; Kavira and Biruru 2004; UNFPA 2006; Alvarado and Paul 2007; Horn 2010);
- broadening intervention target groups to include survivors of other types of war trauma may reduce stigma (Skjelsbæk 2006), and the need for survivors to disclose sexual violence in order to receive a service (Schei and Dahl 1999); and
- incorporation of local forms of traditional healing may be relevant and valued by many survivors (Bracken et al. 1992; Schei and Dahl 1999; Amone-P'Olak 2006).[1]

Limitations of the review

Study limitations include: i) the possibility that relevant studies were not captured; ii) the strength of conclusions able to be drawn given the limited rigour and quality of most of the published studies (there was an absence of studies which prospectively measured changes to the incidence or risk of sexual violence and thus could more conclusively offer insights into what works to reduce risk); and iii) the limited realist analysis possible due to the wide range of strategy types but low number of studies of any one type, which restricted synthesis. Furthermore most studies provided insufficient contextual data for in-depth analysis.

Implications

Policy implications include the importance of recognising that there is a critical need for funded interventions to be robustly and independent evaluated. Interventions need to be integrated and multifaceted and should include as a minimum: responses to the needs of survivors; community engagement (including identification of local risk factors); and preventive systems, which may include security, personnel and infrastructure measures. Attention must also be paid to preventive measures that do not rely solely on the reporting of incidents, given that barriers to survivors reporting their experiences will remain.

[1] Note that for studies which reported only on the implementation of interventions, no weight of evidence scaling was applied.

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?

In light of the lack of studies evaluating the use of better designed infrastructure (e.g. segregation of water/sanitation facilities) as a means of reducing risk of sexual violence, further attention to employing and evaluating the impact of such strategies is warranted. This may include assessing alternative models in given settings. Data limitations mean that no firm conclusions can be drawn in relation to the appropriateness of different interventions for specific groups, including men, women and children.

Practice implications include the need for interventions to incorporate stratified community consultation (by age and gender), to build on pre-existing capacity and relevant local traditional approaches. Confidentiality and anonymity should be at the forefront in providing survivor care services.

Research implications include recognition of the need for prospective evaluations, including consideration of cohort studies and repeat cross-sectional baseline with follow-up. The research agenda in this field should include: well-designed and peer-review published studies on the impact of and contextual factors relevant to interventions aimed at reducing risk of conflict and crisis-related sexual violence; use of traditional healing and strategies; and interventions aimed at the prevention of sexual violence, including individual and other risk factors.

1. Background

Outline of the chapter

This chapter defines the key concepts and outlines the policy and practice background and nature of the problem; the review questions and approach taken; the proposed conceptual framework; and the mechanisms hypothesised to underpin interventions.

1.1 Aims and rationale for the review

Although the collection of prevalence data of sexual violence in the context of conflict and other humanitarian crises is increasing, it is still limited and incomplete (Steinburg 2010).

Since 2000, five United Nations (UN) Security Council resolutions have targeted women's role in peacekeeping and vulnerability. In particular in the last three years, since the issue of Security Council Resolution (SCR) 1820, sexual violence in conflict has become a focus. There is now a need to gauge the impact of work in this area. Given the considerable difficulties in measuring the reduction in incidence and the gross under-reporting of sexual violence by survivors, this review considers the evidence for reduced *risk* of sexual violence as well as reduced *incidence*. It also includes evidence derived from post-assault interventions which have provided secondary prevention or reduction of harm through the provision of services to survivors.

A realist approach was chosen for this review as it affords opportunities for understanding how context impacts on interventions and their outcomes, as well as for identifying the mechanisms that underpin interventions and help to explain the outcomes. The first stage of the review involved theorising possible underpinning mechanisms by which interventions operate. The second stage involved mapping the range of interventions reported for preventing sexual violence in conflict zones/humanitarian crises. The third stage focused on a subset of interventions. In this way, the review explored types of interventions, the implementation of strategies, evidence for their impact and factors that determined or shaped those impacts.

The review was undertaken to inform decisions on programming for prevention of sexual violence in conflict and crisis situations. The majority of assistance to refugees and internally displaced people comes from the international community (Steinburg 2010), which also bears responsibility for the phenomenon of sexual exploitation and abuse by international peacekeeping and humanitarian workforces. In light of this, it is appropriate for the international community to take some responsibility for mitigation of the impact of sexual violence. 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.

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?

This review provides 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 also provides a picture of the impact of contextual factors, critical to the success of interventions, and identifies areas requiring more research.

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 (1998).

The advantage of this definition compared to most is that it focuses on the actions of the assailant, rather than the consent of the survivor. It includes sexual slavery, enforced prostitution and enforced pregnancy, and is used by a number of key organisations.

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 Nations Secretary General 2003). In the context of emergencies, sexual exploitation and abuse (SEA) is the umbrella term used for sexual abuse by peacekeeping forces, non-hostile combatants and humanitarian workers.

Conflict

This term refers to armed conflict between states or other militias, excluding civil disorder and terrorism.

Humanitarian crisis/emergency

As well as addressing conflict as a context, this review includes the impact of interventions provided in other humanitarian crises. 'Humanitarian crises' or 'emergencies' include armed conflicts as well as natural disasters, both often involving the displacement of populations, as refugees or 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 measures and responses for both situations may be similar.

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, although 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

Gender-based violence (GBV) refers to harmful acts perpetrated against a person's will, based on socially ascribed gender roles and on power differentials determined by the low status granted to women and girls in society. GBV includes acts of sexual violence such as rape and sexual exploitation (Garcia-Moreno et al. 2005). A number of programs addressing sexual violence in conflict or humanitarian crises address GBV more broadly. GBV also includes sexual violence towards 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 World Report on Violence and Health* (Krug et al. 2002), prevention of violence is understood to operate as follows:

- *Primary prevention*: Interventions that aim to prevent violence before it occurs.
- *Secondary prevention*: Interventions that focus on the more immediate responses to violence, such as pre-hospital care, emergency services or treatment for sexually transmitted infections.
- *Tertiary prevention*: Interventions that focus 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 et al. 2002), to prevent or reduce the impact of sexual violence.

This review includes primary, secondary and tertiary prevention interventions. Services for survivors are required in order to begin the work of assessing and monitoring sexual violence in emergencies, because it is unethical to ask about experiences of sexual violence without the availability of support (World Health Organization 2007). For this reason secondary and tertiary prevention measures are included in this review. In addition, responding to survivors makes sexual violence more visible, acting as a hub of action on the issue, and so potentially reduces risk. We include criminal sanctions within primary prevention strategies, given that they are designed to deter and therefore prevent offences from occurring or recurring.

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?

Survivors

Throughout the text of this report, we refer to people who have experienced sexual violence as 'survivors.' This term is adopted in preference to the term 'victim' as it recognises that those who experience sexual violence are not without agency and resilience. We recognise that both terms risk totalising the identity of people who experience sexual violence, but adopt the single word, 'survivor,' rather than 'people who have experienced sexual violence,' for simplicity of reading in this lengthy and complex document.

Risk

Risk is defined here in broad terms to include the likelihood of occurrence, with the concept of decreased risk incorporating the risk of re-assault of the same victim. Thus, a definition of reduced risk may include an increased sense of safety in the community or the proportion of the community who agree that a woman has a right to refuse sex. Changes to the risk of sexual violence are measured through a non-exhaustive list of intermediate or proxy measures identified in the conceptual framework in Table 1.2 and also listed in Appendix 1.4.

1.3 Policy and practice background

1.3.1 Identification of the issue

Rape in the context of armed conflict has occurred throughout history and is well documented in numerous cases, including in Japan during World War II and the liberation war of Bangladesh in 1971, when an estimated 200,000 women and girls were raped (Saikia 2004).

The problem of sexual violence in conflict gained new attention in the 1990s, when extensive, deliberate acts of sexual violence towards the women in Rwanda and the former Yugoslavia were documented. In response to pressure from women's groups, the UN was prompted to address protection of unarmed civilians (UNIFEM and United Nations 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. It reaffirmed the importance of their equal participation in the prevention and resolution of conflicts, peace negotiations, peace building, peacekeeping, humanitarian response and post-conflict reconstruction.

Four additional resolutions followed (See Box 1.1). The related issue of sexual exploitation and abuse by humanitarian workers was addressed through the UN Secretary General's Bulletin *Special Measures for Protection from Sexual Exploitation and Abuse* (United Nations Secretary General 2003), following 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 behaviour as grounds for disciplinary action and requiring referral to national authorities for criminal prosecution (United Nations Secretary General 2003).

Box 1.1: United Nations Security Council resolutions (UNSCR) on sexual violence

2000 - Resolution 1325 recognises the impact of conflict on women and girls, their increased vulnerability to sexual violence during conflict, and their key role in peace and security.

2008 - Resolution 1820 calls for an end to widespread conflict-related sexual violence, recognising it as a tactic of war and for accountability to end impunity.

2009 - Resolution 1888 calls for strengthened leadership and institutional capacities within the UN and member states to end conflict-related sexual violence through a Special Representative to monitor and report the issue.

2009 - Resolution 1889 calls for the establishment of global indicators to measure progress on implementation of UNSCR 1888.

2010 – Resolution 1960 calls for the involvement of women and civil society organisations in implementing UNSCR 1325 and establishes tools for action, monitoring and reporting.

Further resolutions recognise the particular vulnerabilities of children in armed conflict (UNSCRs 1261, 1379, 1460, 1612, 1882), against which progress is reported annually by the UN Special Representative for Children and Armed Conflict.

More recently, awareness has grown that men are also targets of sexual violence in conflict (Rosenblatt 2007; Russell 2007; Sivakumaran 2010; IRIN News 2011), and that conflict and crisis exacerbate underlying sexual violence within communities and families, especially where familial and social structures are compromised (Interagency Standing Committee 2005; van Dijkhorst and Vonhof 2005). Recognition has also grown that for many women, sexual violence, often at high levels, pre-dated the conflict or crisis situation.

Finally, the humanitarian field has recognised that the vulnerabilities to sexual violence documented in conflict also apply to other forms of humanitarian crisis, particularly where there is displacement of populations such as in disasters. 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). Interventions that are effective in addressing sexual violence in either setting may hold potential for cross-application.

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 (UNHCR 1995), which have continued to be updated (Norwegian Refugee Council 2008, UNHCR 2008). A key document that also operationalises the UN Security Council resolutions is the *Guidelines for Gender-based Violence Interventions in Humanitarian Settings:*

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?

Focusing on Prevention of and Response to Sexual Violence in Emergencies (Interagency Standing Committee 2005), which provides direction on co-ordination of the crisis response, and assessment and monitoring of the prevention of sexual violence, 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 mainstream humanitarian responses are now also being amended to recognise the need to address sexual violence across all types of activities conducted in emergency responses: for example, the SPHERE handbook *Humanitarian Charter and Minimum Standards in Humanitarian Response*[2] now explicitly addresses this issue. Others include the Minimum Initial Service Package (MISP) for Reproductive Health (Women's Commission for Refugee Women and Children 2006a), first developed by the Interagency Working Group on Reproductive Health in Refugee Settings, 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), and the *Gender-Based Violence Tools Manual* (Reproductive Health Response in Crises Consortium 2004).

In addressing sexual exploitation by peacekeepers, the UN further issued the *Statement of Commitment on Eliminating Sexual Exploitation and Abuse by UN and Non-UN Personnel* (United Nations 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 the investigation of reports, disciplinary action, responses to survivors, strategies to inform communities about the measures being taken and updated training modules (United Nations Department of Peacekeeping Operations 2011). Guidelines specific to children have also been developed (ECPAT International 2006).

In secondary prevention, the need for 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 UNHCR 2004). More recently, the e-learning course *Clinical Management of Rape Survivors* (World Health Organization et al. 2009) and the *Caring for Survivors of Sexual Violence in Emergencies Training Pack* (2010) were developed. The former, sponsored by the World Health Organization (WHO), the United Nations High Commission for Refugees (UNHCR) and the United Nations Population Fund

[2] http://www.sphereproject.org/resources/download-publications/?search=1&keywords=&language=English&category=22

(UNFPA), was developed to help in the implementation of MISP and update the WHO/UNHCR clinical management guidelines from 2004.

Numerous training programs have been developed to support the implementation of these guidelines. Examples include: the *Gender and Peacekeeping Training Course*, developed by the Canadian Department of Foreign Affairs and International Trade and the DFID in 2002, which is a three-day on-line course on incorporating gender concerns into Peace and Support Operations[3]) and the *MISP Distance Learning Module* (Women's Commission for Refugee Women and Children 2006a). 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.[4] Ghent University in Belgium, in collaboration with the 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*.[5] More recent additions include *Managing Gender-based Violence Programs in Emergencies*, launched by the UNFPA as an on-line resource in 2011 (UNFPA 2011), and *Training of Trainers in Gender-Based Violence: Focusing on Sexual Exploitation and Abuse* (UNICEF 2011).

As will be described, 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. The overwhelming majority of participants indicated that they would not complain about sexual exploitation because of lack of confidentiality and fear of reprisal (Lattu 2008). On the positive side, a third of consultation participants at two of three 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 was often to a high standard, but that in the field, knowledge of guidelines was incomplete and implementation was weak (Steinburg 2010). The CSAG suggested that efforts were further hampered by:

---

[3] http://www.genderandpeacekeeping.org/

[4] http://clinicalcare.rhrc.org/

[5] See, for example, http://www.icrh.org/files/2011%20GBV%20Coordination%20Course%20Announcement%20and%20Application.pdf

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?

1. uncertain co-ordination and division of responsibilities on the ground;

2. a lack of data on the prevalence and nature of sexual violence in displacement; and

3. the need for comprehensive interventions for women who have experienced violence (Steinburg 2010).

The Department of Peacekeeping Operations and the former United Nations Development Fund for Women (UNIFEM) also concluded that implementation was lacking. Their inventory of efforts to address sexual violence by peacekeepers documented major gaps in the analysis and overall lack of implementation of strategies by uniformed peacekeepers to address sexual violence (UNIFEM and United Nations Department of Peacekeeping Operations 2010).

1.3.4 Legal interventions

A key development in addressing sexual violence in conflict 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 criminalising any form of sexual violence, including sexual slavery, forced prostitution and enforced pregnancy, under international humanitarian law for the first time. This has been perceived as controversial by some states in which cultural and traditional values tend to subordinate women's rights (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 has been uncertain (Dallman 2009).

However, the ICC's impact is strengthened through countries becoming signatories to the Rome Statute, which commits them to amending national legislation to align with its provisions. This potentially extends the response to conflict-related sexual violence beyond the remit of the ICC, to national codes which are the vehicle for prosecuting junior-ranking combatants and civilians.

Other jurisdictions have also undertaken measures, including specialist tribunals and commissions, such as the Gacaca community courts expanded by the Rwandan government to prosecute individuals for cases of genocide, including rape, following the atrocities of 1994 (Brouneus 2008).

1.4 Nature and extent of the problem

1.4.1 Nature of the problem

In conflict and crisis, there is a continuum of sexual violence, from extreme assaults that may include murder, torture, impregnation or injury, to enforced prostitution, sexual coercion, indecent assault and inappropriate strip searching, then voyeuristic behaviour and unwanted sexual comments. Violence may be prolonged, repeated or a single episode. Offenders may be hostile combatants,

state military, civilian or military members of a multinational peacekeeping operation, 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, with early stages marked by more incidents involving sexual violence by combatants, and intimate partner violence increasingly reported as communities stabilise (Interagency Standing Committee 2005). Although the risks of conflict or crisis bring new vulnerabilities, sexual violence precedes 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 situations are identified here in which conflict or crisis-related sexual violence occurs. We note that there is considerable overlap within this typology, and acknowledge that these distinctions may not always be discernible or relevant from the survivor's perspective.

Militarised sexual violence

Investigations of sexual violence during the wars in the former Yugoslavia, Rwanda, Sri Lanka, Democratic Republic of Congo, Sierra Leone and Darfur established that rape was used in those conflicts as a systematic strategy of war to terrorise and humiliate communities, as well as a tool of genocide (Marsh et al. 2006). Sexual violence was viewed as a deliberate and usually systematic strategy rather than a by-product of war (United Nations Secretary General 2006). The purposes of militarised sexual violence include: to punish civilian populations; to incite revenge in the opposing troops; to destabilise or disperse whole communities (Kivlahan and Ewigman 2010); to humiliate rival armies; to show control over women deemed to belong to the enemy; and to reward or motivate combatants (Aafjes 1998). This form of violence may include forced prostitution or marriage and forced pregnancy to deepen the humiliation of survivors, or as a form of 'ethnic cleansing' (Aafjes 1998). Militarised sexual violence generally falls under the remit of international tribunals.

Opportunistic sexual violence

Opportunistic sexual violence occurs both in conflict and other forms of humanitarian crises taking advantage of the new vulnerabilities which exist (Marsh 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, or are in overcrowded houses. This type of violence may be more likely following cessation of hostilities (Chapman and Vaillant 2010). During the 2004 tsunami, reports were made of women and girls experiencing sexual violence during unsupervised rescues and in temporary shelters (Asia Pacific Forum on Women 2005; Pittaway et al. 2007). This type of violence falls under the remit of state or local justice systems, which may not be operating during insecurity or which may fail to treat sexual violence as a crime (Marsh et al. 2006).

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?

Sexual exploitation and abuse (SEA)
A third type of sexual violence comprises acts committed by state forces, peacekeepers and/or humanitarian staff. These may involve sexual violence or sexual exploitation (United Nations Secretary General 2003). We identify this as a separate type of sexual violence for the purposes of this review given the particular status of perpetrators, which creates specific access. It may also be committed opportunistically and as a result of poor supervision (Lattu 2008). Like opportunistic violence, this occurs most commonly during displacement. It is also acknowledged that exploitative relationships can also occur in other contexts and relationships, such as with community members holding positions of authority, though these are not included as SEA for the purposes of this review.

Sexual violence exacerbated by 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, weakened social and legal structures, heightened gender inequalities (UNFPA 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). This also includes the exacerbation of pre-existing intimate partner sexual violence (Horn 2010). Absolute measurement of any increase is usually not feasible due to lack of baseline data in most communities. There is also evidence that sexual violence which occurs during conflict can become normalised in the community, for example a 17-fold increase in civilian rape was found in one area of the Democratic Republic of Congo (DRC) post-conflict (Harvard Humanitarian Initiative and Oxfam 2010). In disasters, other factors contribute to this, including mass anxiety, social disintegration and danger, which can reinforce traditional patterns of behaviour and gender stereotypes (Pittaway et al. 2007).

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

1.4.2 Extent of the problem

The widespread nature of sexual violence apart from situations of conflict and crisis should also be considered. A WHO study on the prevalence of gender-based violence with a sample of over 24,000 women in 10 industrialised and non-industrialised countries, found a global reported lifetime prevalence of *partner* sexual violence of 6-47 percent (Garcia-Moreno et al. 2005). The largest population study to include men, which was conducted in the USA, found a lifetime prevalence rate of sexual violence of 18 percent for women and 3 percent for men (Tjaden Thoennes 2006).

Despite the magnitude of these figures, 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 et al. 2006). The barriers to disclosing and reporting violence are exacerbated in conflict and crisis. Fear of retribution, by the perpetrators or others, punishment, shame, disruption to community and family support, instability, and the break down in law and social services, coupled with a lack of confidence in systems, opportunities, and 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 et al. 2006; Steinburg 2010; UNIFEM and United Nations Department of Peacekeeping Operations 2010).

Despite these difficulties, a number of prevalence studies have been undertaken. A recent systematic review of sexual violence in complex emergencies suggests a prevalence rate of 4.3 percent-22 percent of women (Stark and Ager 2011), with most studies we identified finding that one in three to one in four women experience sexual violence in conflict settings. For example, among 813 women in two internally displaced persons' camps in Northern Uganda, 29 percent reported at least one form of war-related sexual violence (Kinyanda et al. 2010). Out of 288 women interviewed in East Timor about assaults during and after the 1999 crisis, 23 percent reported sexual violence by a perpetrator outside the family during the crisis, which fell to 10 percent post-crisis (UNIFEM 2010). In the eastern Democratic Republic of Congo, out of 998 adults interviewed, 40 percent of women reported sexual violence (Johnson et al. 2010).

In relation to men, the same study found that 24 percent of men reported sexual violence, with 20 percent of the males experiencing sexual slavery (Johnson et al. 2010). It has been estimated that in the former Yugoslavia, more than 4,000 men were sexually assaulted (Zawati 2007) and 21 percent of Sri Lankan Tamil males attending a torture treatment centre 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 that they had been raped, 61 percent were between 10 and 19 years old and 13 percent were aged 0-9 years (United Nations Mission for Liberia 2008).

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

SEA by humanitarian and peacekeeping troops is also far from uncommon, though less systematically researched. One study examining SEA among children found that more than half of the 341 study participants, who included 129 girls and 121 boys aged between 10 and 17 years, identified incidents of sexual touching and coerced sex towards children in the same age group in their communities (Csáky 2008). " These findings are limited by the fact there is no way to determine the actual number of incidents from this study"

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?

Some commentators have proposed that there is an increasing trend of sexual violence in conflict (Chapman and Vaillant 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 United Nations Department of Peacekeeping Operations 2010). Any increase is difficult to establish with certainty due to the difficulties of documenting sexual violence in crises as already outlined, but the possibility highlights the need for effective intervention. Research is also emerging identifying conflicts in which sexual violence appears not to have been widespread, suggesting that it is not inevitable during conflict (Wood 2009), which points to the importance of working to eliminate or reduce it.

1.4.3 Impact of sexual violence in conflict and crisis

The *World Report on Violence and Health* 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,' maiming, stigmatisation, and ostracism by families and communities (Krug et al. 2002). These effects also occur in conflict and crisis settings, with additional 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 exacerbated stigma when the assailant is a hostile combatant (Thomas 2007). When sexual violence is conducted with the aim of maximising the distress and humiliation of the survivor, for example by 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, demoralise 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, boys and men are vulnerable to sexual violence in detention (Russell 2007). Service responses for male survivors are even less developed than those for women (Sivakumaran 2010).

1.4.4 Research evidence on prevention or reduction of abuse

Quite apart from the context of conflict and crisis, there is little evidence for the effectiveness of interventions for violence against women in the wider context and further, a lack of consensus regarding standard indicators to monitor and evaluate programs aimed at prevention and response (Feder et al. 2009; Ramsay et al. 2009; Bloom 2010). Evidence for prevention of sexual violence was recently canvassed in the WHO report on the prevention of intimate partner and sexual violence (World Health Organization and London School of Hygiene and Tropical Medicine 2010), which supported these conclusions. A key finding from that, and earlier WHO reports, was that prevention in all settings requires promotion of economic and gender equality.

Searches of Medline, and databases of systematic review registration bodies including the Cochrane Collaboration, the Campbell Collaboration, the Johanna Briggs Institute and the EPPI-Centre, identified no previous reviews specifically on the prevention of sexual violence in conflict/post-conflict and humanitarian crises.

Most of the available material is found in the grey literature. The challenge of locating impact data is compounded by:

1. the volume of descriptive and policy documentation;
2. the lack of alignment of key concepts related to this topic (particularly relating to settings and interventions), with standard database search terms; and
3. the 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 therefore a critical need to identify whether any of the ranges 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 an unlikely outcome for research. This points to the value of examining evidence for *reduced risk* of sexual violence, an intermediate indicator for increased safety.

1.5 Authors, funders and other users of the review

1.5.1 Users of the review

Users of this review will include policy and program planners as well as frontline NGOs which deliver services for this population. The findings will assist planning for new interventions and policies directly addressing sexual violence. Our clear disaggregation of mechanisms can inform the programmatic decisions of implementing agencies to maximise their impact and to strengthen and refine advocacy. Our international Advisory Group, which reflects multiple users across agencies, countries and sectors, including donors, researchers, funders and UN agencies, assisted in identifying key literature and trends and in interpreting the findings.

1.5.2 Authors

This review was undertaken by an academic team from the University of New South Wales (UNSW), predominantly from the School of Social Science and formerly from the School of Public Health and Community Medicine – Anthony Zwi (AZ), Jo Spangaro (JS) and Chinelo Adogu (CA) – as well as the Centre for Primary Health Care and Equity – Gawaine Powell-Davies (GPD) – and the Centre for Clinical

Governance Research in Health – Geetha Ranmuthugala (GR). A postgraduate research fellow Léa Steinacker (LS) completed the team. The team has 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, LS), equity and the social determinants of health (AZ, GPD), systematic reviews, including realist reviews (GPD, AZ, GR) and the research to policy/practice interface (AZ, GR, JS, GPD).

1.5.3 Funding

The review was funded through a competitive grant from the Australian Agency for International Development (AusAID), the United Kingdom Department for International Development (DFID) and the International Initiative for Impact Evaluation (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 the Evidence for Policy and Practice Information and Co-ordinating Centre (EPPI-Centre), a London-based research centre that supports many systematic reviews on interventions in low- to middle-income countries.

1.6 Review questions and approach

The overarching review question is:

> *What evidence exists for 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?*

Sub-questions are:

1. What evidence exists for the 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 secondary prevention interventions to reduce the impact of sexual violence on survivors?
5. What evidence exists for secondary/tertiary prevention?
6. What are the underlying mechanisms by which these interventions operate?

The questions are broad in scope, in part because of the diverse types of interventions introduced to address sexual violence. Because we anticipated that a limited number of outcome studies would have been undertaken, and that there was a high likelihood of studies not being published in peer-reviewed journals, we searched widely across bibliographic databases, journals and relevant websites.

While the focus is on studies which report outcomes, we also included studies that described program implementation. This was done because studies describing only the implementation of programs may provide valuable learning in a relatively new field in which interventions are conducted under difficult circumstances. In addition, quality evaluation in these settings is difficult to conduct, and according to our Advisory Group, inclusion has merit due to the limited information available on what is being implemented across the many conflict- and crisis-affected regions.

1.6.1 Conceptual framework

The review was underpinned by a conceptual framework developed for the project that was based on the literature and discussions with key informants. It identifies the contexts in which sexual violence occurs, the types of sexual violence in conflict and crisis settings, the strategies which have been applied to the problem, and the outcomes anticipated from these strategy types within the different contexts. These dimensions are outlined below and summarised in Table 1.2.

1.6.2 Different contexts for sexual violence

The review addresses interventions in armed conflict or post-conflict situations, as identified by the authors of studies, excluding terrorism, riots and civil disorder. It also includes other types of emergencies, specifically natural disasters involving the displacement of populations as refugees or internally displaced people. These emergency situations share similar risks for sexual violence as conflict or post-conflict settings and the same types of interventions: for example, similar codes of conduct on sexual abuse and exploitation for both peacekeeping military forces and humanitarian workers attending disasters.

The review includes all low- and middle-income countries (as defined by the World Bank in 2010[6]) where the sexual violence occurred in the context of conflict, post-conflict or other humanitarian crisis. Interventions themselves were not required to have been conducted in countries which were in conflict or crisis, allowing the inclusion of interventions implemented with displaced populations who seek refuge across the border. We reasoned that such settings, which are usually more stable than countries that are themselves in crisis, are more likely to have fostered robust evaluations yielding outcome data. By the same reasoning, interventions delivered in regions or contexts not in conflict/post-conflict or crisis are excluded. For example a school-based intervention in Uganda, which does not relate to the conflict context or time period, was not in scope for the review. Limiting the scope to lower- and middle-income countries, focuses attention on less-resourced settings, with different risk factors, needs and resources compared to high-income countries.

[6] http://data.worldbank.org/about/country-classifications/country-and-lending-groups

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?

1.6.3 Typology of sexual violence in conflict and crisis

Our typology for understanding types of sexual violence in conflict and crisis is outlined in Section 1.4.1 and comprises militarised sexual violence, opportunistic sexual violence, sexual abuse and exploitation, and sexual violence exacerbated by weakened familial/community structures. All four types of violence occur in conflict situations and the last three also occur post-conflict and in other types of humanitarian crisis. As shown in Table 1.2 there is a high degree of cross-over of interventions between these situations.

1.6.4 Strategy types identified as relevant

A structured approach to thinking about the strategies employed in respect of sexual violence resulted in identification of a range of types of strategy for addressing sexual violence in conflict and crisis. These were built into our conceptual framework, and were grouped into individual, community and societal strategies which correspond to the causal contributors and levels of intervention identified in the widely used ecological model for understanding gender-based violence (Heise 1998). Our initial planning identified the following types of strategies employed in interventions.

Individual-level strategies

- **Survivor responses**: Provision of medical and/or psychosocial care, forensic assessment of survivors and advocacy;
- **Livelihood interventions:** Provision of training and/or support (e.g. microfinance) to women to increase their economic independence and reduce their vulnerability to sexual violence and/or provide rehabilitation after sexual violence; and
- **Combatant focused initiatives**: Disarmament, demobilisation and reintegration (DDR) programs that target reduction of sexual violence or rehabilitation of survivors assaulted during capture by combatants.

Community-level strategies

- **Peace building:** Incorporation of sexual violence prevention measures in ceasefire negotiations and monitoring; also inclusion of women in negotiating bodies; and
- **Community mobilisation:** 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; and engagement with men and boys on human rights, including gender rights.

Societal-level strategies

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

Some interventions comprised multiple simultaneous strategies. Given 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 were included in the search and mapping stages of the review.

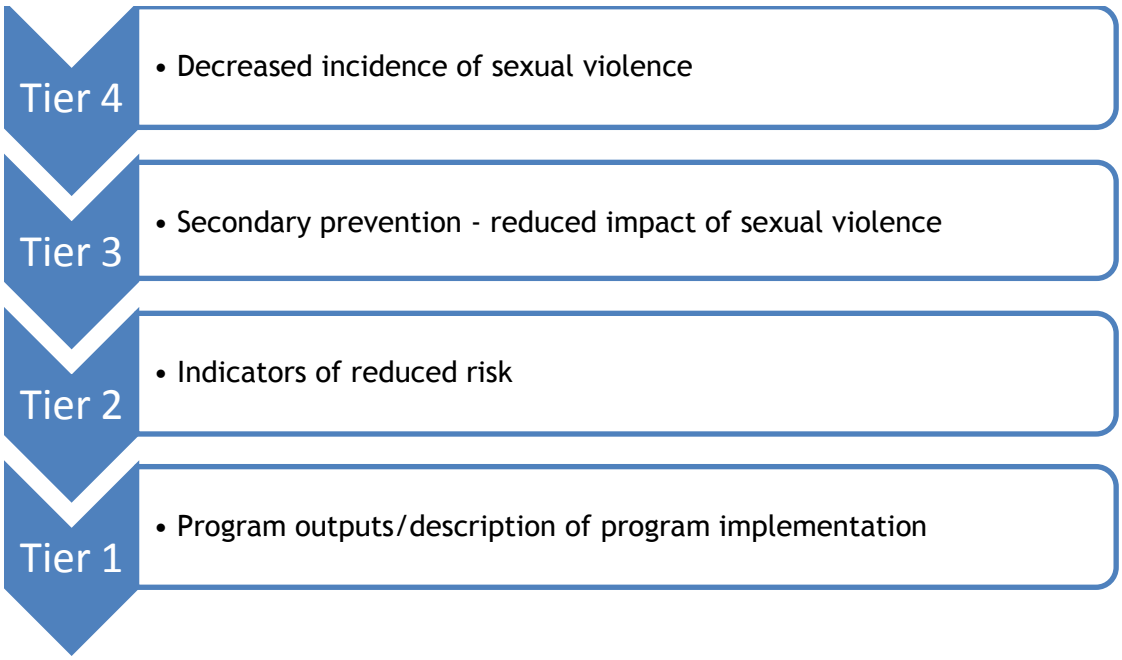
1.6.5 Outcomes and indicators of impact

As outlined in Section 1.4.2, we recognised that robust evidence of reduced or changed incidence of sexual violence as a result of interventions was unlikely to be available. This situation is well-recognised in the field of research on gender-based violence, where evidence of increased reporting may be a positive sign, rather than an indicator of increased prevalence, as it likely indicates increased confidence to report on the part of survivors.

For this reason, it was appropriate to include a hierarchy of outcome measures (see Figure 1.1).

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?

Figure 1.1: Hierarchy of outcomes



At the bottom of the hierarchy, Tier 1 comprises program outputs such as risk assessments completed and/or prosecutions initiated. Given that analyses to date indicate that there is little evidence of program implementation on the ground, our Advisory Group indicates that evidence of this in the form of program outputs will be of value to the sector.

Tier 2 comprises indicators of reduced risk. We identified a non-exhaustive list of indicators based on recommendations for monitoring and evaluating GBV initiatives (Bloom 2010), which we contend may be markers of decreased risk of sexual violence. Based on the understanding that sexual violence is a very hidden crime with high levels of impunity, indicators of a shift in this situation may include an increased sense of safety in the community or the proportion of the community: who are aware of services; who are willing to report unwanted sex; who are willing to report that those in authority do not have the right to demand sex; who would assist a woman being beaten by her husband; or who agree that a woman has a right to refuse sex. These indicators, organised by context and intervention type in Table 1.2 (and listed in full in Appendix 1.4) were used to assess evidence of reduced risk in our analysis.

Tier 3 involves secondary prevention outcomes according to the WHO schema (World Health Organization 2002), which comprises reduced longstanding consequences from abuse, such as rates of post-traumatic stress disorder among victims.

Tier 4 is evidence of actual decreased incidence of sexual violence.

Table 1.2: Conceptual framework for review

Population	**People at risk of/having experienced sexual violence in conflict/post conflict/other humanitarian crisis**			
Context	**Conflict**	**Post-conflict or other humanitarian crisis**		
Type	**Militarised SV**	**Opportunistic sexual violence**	**Sexual exploitation/abuse by humanitarian staff/peacekeepers**	**Sexual violence exacerbated by weakened structures**
STRATEGIES Individual	**A.** Survivor responses **B**. Combatant/Livelihood initiatives	**A.** Survivor responses **B**. Combatant initiatives	**A.** Survivor responses	**A.** Survivor responses
Community	**C.** Peace building	**C.** Peace building **D.** Community mobilisation		**C.** Peace building **D.** Community mobilisation
Societal	**E.** Personnel **F.** Systems and security **H.** Legal action	**E.** Personnel **F.** Systems and security **G.** Infrastructure **H.** Legal action	**E.** Personnel **F**. Systems and security **G.** Infrastructure **H.** Legal action	**G.** Infrastructure **H.** Legal action
Outcomes/ indicators	**A-C, E-F, H** Reduced incidence/increased sense safety	**A-H** Reduced incidence/ increased sense of safety in	**A, E-H** Reduced incidence/ increased sense of safety in	**A, C, D, G-H** Reduced incidence increased sense of safety in

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?

Population	**People at risk of/having experienced sexual violence in conflict/post conflict/other humanitarian crisis**			
Context	**Conflict**	**Post-conflict or other humanitarian crisis**		
Type	**Militarised SV**	**Opportunistic sexual violence**	**Sexual exploitation/abuse by humanitarian staff/peacekeepers**	**Sexual violence exacerbated by weakened structures**
Evidence of...	in community **A.1** Provision/impact of care to survivors **A.2** Provision/impact of reintegration/livelihood programs **B.1** Combat leaders engaged to halt SV **C.1** Women in peace building for SV **C.2** Awareness of rights by community **E.1** Implementation/impact code of conduct/training **E.2** Gender-specific recruitment **E.3** Disciplinary action initiated **F.1** Co-ordination mechanisms	community A.1/A.2/B.1/C.1/C.2/E.1/E.2/F.1/F.2/H.1/H.2: see previous column **B.2** DDR programs implemented targeting SV. **B.3** DDR programs include safety/livelihood for women/girls **D.1** (see C.2) **D.2** Awareness of availability and acceptance of services **D.3** Willingness to take up services and use reporting mechanisms **F.3** Completion of situational analysis of risk of	community A.1/A.2/E.1/E.2/E.3/E.4/F.1/F.2/G.1/G.2/H.1/H.2 : see previous columns **G.3** Systems for distribution of food/other resources established for reduction of SEA.	community A.1/A.2/C.1/C.2/D.1/D.2/G.1/G.2/H.1/H.2: see previous columns **D.4** Increased awareness by men in the community of equal rights and the impact of abuse

Population	**People at risk of/having experienced sexual violence in conflict/post conflict/other humanitarian crisis**			
Context	**Conflict**	**Post-conflict or other humanitarian crisis**		
Type	**Militarised SV**	**Opportunistic sexual violence**	**Sexual exploitation/abuse by humanitarian staff/peacekeepers**	**Sexual violence exacerbated by weakened structures**
	established **F.2** Introduction/impact of fuel patrols/alternatives **H.1 L**egal action initiated/ convictions **H.2** Country action on ICC provisions	SV **G.1** Construction/impact of infrastructure to reduce risk G.2 (see C.2)		

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?

1.6.6 Context, mechanism and outcome configurations

In line with the realist approach adopted for this review, we assumed that outcomes are achieved as a result of *mechanisms* which underpin interventions and which are activated by the presence of key contextual factors (Pawson 2006). The approach is further outlined in Section 2.1.1.

In mapping the hierarchy of outcomes, and consistent with this approach, our conceptual framework incorporates theorised contextual factors and underlying mechanisms that we propose facilitated the outcomes of interest. The 'context, mechanism and outcome' configurations hypothesised for each strategy type are displayed in Appendix 1.3. These configurations map the potential path of each strategy type and the factors that we propose as enabling or impeding the outcomes. They are based on the literature, our knowledge and experience in the field, having drawn on broader-ranging theories as relevant. The configurations, though tentative at the preliminary stage, support the analysis. At the same time, we have remained alert to the existence of unanticipated contextual factors and mechanisms that could be found to underpin the operation of interventions.

Understanding mechanisms as representing *choices by an individual* triggered by specific contexts and resulting in particular outcomes (Pawson 2006), we propose the following mechanisms as underpinning interventions effecting reduced risk, incidence or secondary prevention of sexual violence in conflict and crisis. Each mechanism is labelled to reflect the decision being made by the actor to which it related.

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. The person makes a decision not to commit the offence because of the risk of detection and being held accountable. This may include criminal justice sanctions as well as those imposed by employers or formal/informal community structures.

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 to the criminal justice system, but also to detection by superiors at work, community leaders or others from whom 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 survivors reporting and being taken seriously, sexual violence is less likely to occur. In the context of militarised sexual conflict, where rape is directed by commanders, the

risk of detection may need to be more threatening than the risks associated with disobeying orders.

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 et al. 1989; Otto 2005; Murray and Powell 2011).

A number of intermediate mechanisms were also theorised by the team as instrumental in reducing sexual violence. These are listed below.

2. 'We have rights'
Potential victims act on the basis that they have rights to safety, protection or redress and are empowered to take action in speaking out against threatened or actual sexual violence. 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 SEA (ECPAT International 2006). Unless individuals have actual rights to refuse sex, protest, expect protection and 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.

3. 'There is help for this problem'
Survivors of sexual violence become aware of the availability of services or other responses to provide support, accountability or redress. This mechanism relates to survivors of sexual violence who become aware of the availability of services or other responses that 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.

4. 'It's safe to tell'
Survivors of sexual violence determine that they can safely report assaults or receive help for the problem, without risk of punishment or sanction. 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 stigmatised. In some countries, survivors 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.

5.'Rape is unacceptable'

A further intermediate mechanism that we postulate may be activated to influence a 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. Offenders or potential offenders refrain from sexual violence because of becoming aware through training, leadership of others or community awareness activities that sexual violence or abuse is unacceptable. 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 militarised sexual violence, particularly if strong leadership is exercised by commanders (Wood 2009).

6.'We can work together to address 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 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.

7.'We take this seriously'

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

Our overarching theory of change is that sexual violence is reduced when perpetrators perceive a high risk of detection; this is supported when vulnerable populations are aware of and have realisable rights, and communities are engaged in participatory approaches which recognise their existing capacity to address this issue. Heise (1998) has applied the ecological framework to gender-based violence, identifying causal factors at the individual, familial and societal levels. We draw on this framework and assume that unequal gender relations are a key underlying causal factor in sexual violence (Mechanic 2004; Marsh et al. 2006; Smits and Cruz 2011), along with other contributors at each of these three levels.

2. Methods used in the review

Outline of the chapter

This chapter describes the type of review undertaken and how it was undertaken, including the approach to analysis, the involvement of users and the criteria for the search.

2.1 Type of review

2.1.1 Realist approach

The realist approach to research on social policies is based on recognition that social problems, and therefore of necessity interventions to address them, are complex (Pawson 2006). It highlights the importance of the context in which interventions are implemented and the different levels at which they operate, with the result that the same interventions can have different outcomes in different contexts. The realist approach also aims to understand underlying intervention mechanisms (Pawson et al. 2005). Realist review methodology has been applied to primary research as well as systematic reviews that include the evidence for interventions as diverse as: school feeding programs (Greenhalgh et al. 2007), retention of health workers in rural and remote areas (Dieleman et al. 2010) and implementation of routine screening of intimate partner violence (O'Campo 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 for review methods that determine solely whether or not an evaluation works (Pawson 2006). Traditional systematic reviews generally privilege evidence gathered by means of randomised controlled 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 developing a theory about 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 et al. 2005). This approach illuminates the possibilities for applying interventions in different contexts.

2.1.2 Stages in the review

This was a three-stage review involving: i) proposal of theory, ii) mapping of studies which met the criteria, and iii) a broad-ranging review of a subset of mapped studies in relation to our research questions.

1. **Proposal of theory.** The purpose of this stage was to develop a working list of theories that underpin the implementation of sexual violence interventions in conflict and crisis; it resulted in our proposed context-mechanism and outcome

configurations as described in Section 1.6.6 and summarised in Appendix 1.3. This theorising was undertaken by the research team (or if you prefer "authors" in series of workshops, and also included two members of the Advisory Group (Chen Reis and Sophie Read-Hamilton) and other key advisors. This stage also involved the identification of middle-range theory from the broader field, in particular in relation to deterrence theory from criminology, which provided support for these mechanisms.

2. **Mapping of studies.** The purpose of this stage was to create a descriptive map of the nature and extent of research conducted on this topic, which is itself of value for policy and program purposes. This step was initially proposed as preliminary to selecting a much narrower aspect to focus on in depth. In this stage coding was applied for: the country in which the studies were undertaken, intervention type, population, study design, outcome data, type of violence addressed and context (i.e. conflict/post-conflict/humanitarian crisis) and study type.

3. **Review and realist analysis.** We had initially intended to undertake a narrowed stage in the review, focusing on a single type of strategy or underpinning mechanism which would be explored in detail and for which the proposed context, mechanism and outcome configurations would be tested.

   Based on the quality and type of studies identified and their distribution across different types of strategy, this plan was revised. The only type of intervention which yielded sufficient number of studies for full review was survivor care interventions; however, this strategy type is of least relevance to preventing sexual violence. Following consultation with our Advisory Group, funder and review body, it was determined that a more broad-ranging review would be of greater utility to the field. Accordingly, our 'in-depth review' covers interventions across the range of strategy types currently being deployed to address sexual violence in conflict and crisis.

   This wider scope involved broad-ranging application of our proposed context, mechanism and outcome configurations. In-depth testing of the mechanisms and relating them back to other interventions which may have employed the same mechanisms, was not undertaken in this review. This was due firstly to the number of different intervention types explored and the resultant diversity of mechanisms involved. A second reason was the limited data available from the studies. In a realist review, comprehensive data about interventions enables the testing of theories about how programs work – our proposed mechanism configurations - taking into account the role of contextual factors (Pawson et al., 2005). As a result, the project may be considered by some to be a 'realist-informed' review. It is aimed at gaining insights into what interventions are being implemented, evidence for their impact singly and in combination, limited testing of proposed mechanisms and contexts, and the documentation of emerging alternate mechanisms.

2.2 User involvement

2.2.1 Approach and rationale

We took an inclusive view to user involvement and worked with consultants and program directors with in-depth knowledge in the field who were well-placed to inform the project and feed our results directly into policy processes and practice. Our Advisory Group, which included consultants working on projects in a number of African countries as well as a representative from the International Planned Parenthood Foundation (IPPF), provided opportunities to connect with the IPPF leaders based in Kiribati, Burma, Nepal, Solomon Islands, Timor-Leste, Vanuatu, Philippines, Tonga and Indonesia, states which have recently experienced crisis or conflict. Our representative from WHO also provided a link to work by that agency on the research agenda for 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 on a number of dimensions.

Firstly, despite the diversity of disciplines, regions and interests represented, the Advisory Group was of the unanimous view that the scope should be confined to sexual violence as the area of greatest concern and most program activity in the context of armed conflict. Additionally, it was argued that a narrower focus was of the most utility in light of the breadth of forms of gender-based violence.

The Advisory Group also argued for the inclusion of men, given the high levels of sexual violence they experience in armed conflict and displacement.

We originally aimed to focus only on ‘fragile states’ experiencing conflict and post-conflict, as defined by the DFID and the World Bank. However our initial research and the advice of our Advisory Group was that this scope excluded a number of conflict-affected countries where programs had been implemented. Also excluded would have been interventions implemented in countries hosting displaced populations from the listed fragile 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 the process of conducting the review

Our research team members are themselves actively involved in contributing to programs for gender-based violence and humanitarian responses as consultants, researchers and practitioners. Our Advisory Group members are also users of policy and research.

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?

2.2.4 User involvement in interpreting the review results

The findings were tested with the Advisory Group at a number of points through the analysis stage. Consultation also occurred with participants at the *Sexual Violence Research Initiative Conference* in Cape Town, South Africa, in October 2011. The conference theme was conflict-related sexual violence, and attendees were practitioners and researchers working on this issue internationally.

2.2.5 User involvement in the communication and dissemination of the review results

Consultation on dissemination strategies was undertaken with our Advisory Group. Given the strong research to policy interface they represent, we anticipated their involvement in communicating the results to their services and networks. The conceptual map was presented and received support after presentation at the above-mentioned *Sexual Violence Research Initiative Conference*. The results are being written up for publication in the peer-reviewed literature. The findings will also be promoted through relevant international meetings, the *Sexual Violence Research Initiative* website and through UN action against sexual conflict, which brings together 13 agencies across the humanitarian, peacekeeping and security sectors.

2.2.6 Plans for further interpretation and application

The work of Dr Garcia Moreno, Coordinator of Gender, Reproductive Rights, Sexual Health and Adolescence, WHO, in developing a research agenda for the WHO and UN Action on conflict-related sexual violence and our opportunity to participate in this through Professor Zwi, University of New South Wales, 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

Selection criteria as outlined in Table 2.1 were applied to the searching and screening phases of the project.

Table 2.1: Inclusion criteria

Included	Exclusions
Topic: Sexual violence in the context of conflict or humanitarian crisis.	Studies that did not address sexual violence of women, men or children. Studies that addressed female genital mutilation, trafficking, enforced sterilisation and/or HIV prevention.
Types of studies/data: Studies that contained primary empirical data describing the implementation or impact of interventions, including:	Studies that described only: the nature and extent of the problem; or barriers to implementation of, or access to, interventions generally; or interventions

cross-sectional surveys, prospective or retrospective single group or comparison group designs, evaluations including formative evaluation, case studies, qualitative studies based on interviews or focus groups, policy analysis, field data.	that were not specific to sexual violence. Papers that mentioned interventions without any descriptive information (e.g. Department of Peacekeeping Operation Audit) or contained no primary empirical data that described the implementation or impact of interventions.
Types of participants: Survivors of sexual violence, combatants, peacekeepers, humanitarian workers, community members, camp residents, service providers.	Commentators or actors not directly involved in implementation of interventions.
Types of interventions: Interventions which aimed at reducing the incidence or risk of sexual violence, including secondary and tertiary prevention of sexual violence.	Interventions that did not make reference to reduction of sexual violence as a specific aim or outcome (e.g. DDR programs/peace building programs where this aim was not explicit), or interventions aimed at HIV prevention.
Settings: Context of conflict, post-conflict or other humanitarian emergency in lower and middle-income countries.	Context of the sexual violence was not conflict/post-conflict or humanitarian crisis as identified by the author(s) in the 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 in 2010.
Types of outcome measures: Hierarchy of outcomes as identified in Section 1.6.5.	Generalised recommendations, assertions or data for which sources were not clearly identified.
Types of publications: Research papers or research/descriptive reports.	Letters, editorials, comments, periodicals, reviews, editorials, art works, news updates, speeches that were not published in journals. Study titles and abstracts in a language other than English. Where study titles and abstracts were in English, but the manuscripts were in a foreign language and met other inclusion criteria, translation was considered. Papers which did not have abstracts and where the title and other contextual information indicated that they were out of scope.

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?

Time period: January 1990-August 2011.	Studies published before 1990.

2.3.2 Identification of potential studies: search strategy

After extensive testing of a range of search concepts, terms and strings, our final electronic search strategy employed only two concepts:

1. *Problem* - Sexual violence; and

2. *Setting* – Conflict/post-conflict/humanitarian crisis.

These relatively broad concepts were employed because of the wide range of possible interventions and the risk of missing studies when searching by intervention types, populations and settings, including country settings. The two concepts were combined using the Boolean operators (AND/OR) to create search strings appropriate to the thesaurus/search terms used by each database (an example is provided in Appendix 2.1). 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 the scope. These were identified at the screening stage. The bibliographic databases, websites and hand searched journals used in the review are listed in Appendix 1.2.

Additional searching included: citation searches of key authors/papers; personal contacts; and direct requests to key informants. Searches of these sources were limited to the period January 1990 to August 2011. Despite the widespread occurrence of sexual violence during preceding conflicts, 1990 was chosen as a start date since the issue garnered only very scarce attention and even fewer studies dedicated to it prior to the atrocities in Rwanda and the former Yugoslavia at the beginning of the decade.

A series of specific Endnote libraries were managed to keep track of and keyword studies found during the review. After de-duplication, titles and abstracts were exported into EPPI-Reviewer software for full-text screening and coding for the descriptive map.

2.3.3 Screening studies: applying inclusion and exclusion criteria

Inclusion and exclusion criteria were applied successively to: titles and abstracts and then full reports by two team members (Jo Spangaro and Chinelo Adogu). Full reports were obtained for those studies that met the criteria or where insufficient information was provided to be certain. The inclusion and exclusion criteria were then re-applied to the full reports and those that did not meet the criteria were excluded. Titles were excluded where there was no abstract and the title and other provided information indicated that the paper was out of scope. Where there was any doubt, full text was retrieved.

2.3.4 Characterising included studies

Included studies were coded for country in which study was undertaken, intervention type, population, study design, outcomes/data, organisation type (e.g. NGO, government body), type of sexual violence addressed (according to our typology) and prevailing situation (i.e. conflict/post-conflict/humanitarian crisis) to create a systematic map. A further dimension was whether studies reported outcomes of interventions or comprised description of implementation only. Implementation studies included those that provided primary empirical data according to our definition in Table 2.1. Outcome studies included those which described the impact of interventions, which included perceptions of service users about their experience of the intervention, where these were relevant to increased risk or incidence.

2.3.5 Identifying and describing studies: quality assurance process

Because titles were not double screened by the team members, a sample of the same 50 titles was blindly screened by both team members. Uncertain instances were resolved using a consensus process with the whole team.

2.4 In-depth review

2.4.1 Detailed description of studies in the review

Our analysis was informed by our initial work documented in Section 1.6.6 and Appendix 1.3 on context-mechanism and outcome configurations. Drawing on Greenhalgh et al. (2007), our synthesis involved collation of data on study design, sample size where relevant, outcome data, nature of the interventions, and process information, including changes made and reasons and contextual factors. Data on theories of change or mechanisms postulated (or apparently assumed) by the study's authors to explain the success or failure of the program were also extracted for those studies which provided material in this regard. In line with our conceptual framework, data were also extracted regarding any reported changes to the incidence of sexual violence and other indicators of reduced risk. This process was undertaken jointly by two team members (JS and CA). Data were recorded with, and analysis assisted by, the EPPI-Centre software EPPI-Reviewer.

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

Quality appraisal of the included studies for weight of evidence and lucid description was undertaken jointly by two team members. The weight of evidence assessment applied ratings of high, medium or low in respect of:

A: Soundness of method (i.e. the extent to which a study was carried out according to good practice within the terms of that method);

B: Appropriateness of study type to answer the review question (i.e. appropriateness of methods to the review question);

C: Relevance of the topic focus for the review question; and

D: Overall weight of evidence that can be attributed to the results of the study.

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?

The weighting schema was determined in line with Penn et al. (2004) and Lloyd et al. (2005), that is:

- High – only if A, B and C are all rated as high;
- Medium – only if A, B and C are all rated as either medium or high, with subcategories of medium-high if one or two are rated as high, or medium-low if one is rated as low;
- Low – where two or more are rated as low.

In applying this schema, soundness of method for qualitative studies was guided by the *Consolidated Criteria for Reporting Qualitative Research Guidelines* (COREQ) for assessing reporting of qualitative research (Tong et al. 2007).

Recognising that richness of data also provides valuable insights, as a separate assessment, studies were also ranked according to the qualitative yardstick of 'thick' or 'thin' descriptions of programs (Mays et al. 2005; O'Campo et al. 2011). Studies were classified as comprising 'thick' description if lucid information on program components was provided, such as staffing and resources, and factors were described that affected program implementation and/or outcomes. 'Thin' descriptions were those in which these components were lacking or weak. Studies were not excluded on the basis of quality, but those with lower weight of evidence and thin description were noted in the analysis (Mays et al. 2005).

2.4.3 Synthesis of evidence

2.4.3.1 Overall approach to and process of synthesis

The focus of the analysis was on evidence for reduced risk and reduced incidence as reported by authors. Realist synthesis involved identifying potential outcomes associated with interventions that were aimed at reducing sexual violence in humanitarian crises situations; and understanding how, when and why these interventions (or aspects of them) were effective. This included testing the posited mechanisms and contextual factors and searching for new mechanisms and contextual factors in the scoped studies for which data were available. Unanticipated negative effects and some of the countervailing mechanisms which underpinned these were also identified. Feedback from our Advisory Group and extended network was provided on preliminary conclusions.

2.4.3.2 Selection of studies for synthesis

The mapping exercise determined the extent of the literature across all intervention types. After consultation with our funder, Advisory Group and the EPPI-Centre, we determined that the scope with most utility to the field, at this relatively early stage of its development was a broad-based review which included the range of types of strategies being employed to address and prevent sexual violence in the context of conflict and crisis.

Of the 49 studies identified as being in scope, we excluded those which reported on overarching policies. This was justified because unlike strategies applied in the

field, which was the focus of the review, overarching policies operate at a different level and through different channels.

2.4.3.3 Selection of outcome data for synthesis

Data were extracted from the studies in relation to country, nature of crisis, type of sexual violence (proposed typology), strategy type, (strategy) activities, target population (including age and sex of survivors of sexual violence), study methods, study group, whether the study included outcomes or described implementation only, outcome measures, results, evidence of reduced risk (based on indicators identified in the conceptual framework) and evidence of reduced incidence.

2.4.3.4 Process used to combine/synthesise data

Because of key differences in purpose and setting, the analysis considered the seven strategy types separately. Each strategy type was analysed and described against four of the review sub-questions. These were:

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 secondary prevention interventions to reduce the impact of sexual violence on survivors?

Following analysis by strategy, we consider the remaining two review questions across all strategy types:

5. What are the underlying mechanisms by which these interventions appear to operate?
6. Do the effects vary in different settings and in different groups?

Both implementation and outcomes studies were included in the responses to the first review question. The remaining questions (2-6) were addressed only to those studies which reported *outcomes*. Evidence of reduced incidence and risk was analysed using our indicators identified in the conceptual framework outlined in Appendix 1.4. Our conceptual framework (Table 1.2) proposed a list of potential indicators for reduced risk of sexual violence, which were: evidence of increased sense of safety in the community; awareness in the community of the availability of services and reporting mechanisms; willingness to use services and/or report assault to authorities; increased awareness by men of women's rights and the impact of sexual violence; provision of reintegration programs to reduce exposure to sexual violence; implementation of codes of conduct; introduction of systems for food distribution; introduction of patrols; and initiation of legal action. This list acted as a non-exhaustive basis for identifying means by which the intervention reduced the risk of sexual violence. The outcomes summarised in Appendix 4.2 and explored in more detail in Chapter 4, were reported as increase, decrease or no

change (NC) to the risk or incidence of sexual violence. Studies which did not provide information on these parameters were indicated as 'not reported' (NR) while implementation studies, mainly overarching guidelines and policies, were denoted as 'not applicable' (NA).

Working mechanism by mechanism, the studies as a whole were then closely read and analysed for evidence of the operation of our postulated mechanisms and for new mechanisms not proposed. This analysis included searching for contextual factors relevant to successful outcomes. A series of matrices containing the data extracted were constructed and analysed in order to identify common elements and patterns in the data. Finally, we considered whether there was any evidence for a number of possible contextual factors considered relevant at the outset of the study, including sex, country and whether or not countries were signatories to the Rome Statute.

2.4 4 Deriving conclusions and implications

In reaching the conclusions of the review, we referred to theory in relation to deterrence of sexual violence and the ecological framework for understanding sexual violence. Conclusions and tentative implications were determined by the team as a whole through a series of discussions. The implications were formulated in consultation with our Advisory Group. Resource limitations did not, however, permit an extensive review of related literature in order to further inform theory, as proposed by realist methodology.

3. Identifying and describing studies: results

Outline of the chapter

This chapter describes the results of the searching and screening of studies and the types of studies identified as being in scope for the review and mapped in Appendix 3.1.

3.1 Studies included from searching and screening

The search strategy yielded 2,656 citations (after de-duplication) from 23 bibliographic databases. In addition, studies were identified from: 26 websites (56), hand search of three journals (1), review of citations lists (0) and key informants (5). Figure 3.1 provides the details of the screening process.

As well as the studies in scope for the review, 272 additional studies were identified, key worded and saved in a separate database as potential explanatory sources for use in further analysis.

After screening the titles and abstracts of those records identified through bibliographic databases, 168 reports were retained. This reduced to 142 after de-duplicating a second time when combined with studies identified from web searching. Titles were excluded where there was no abstract and the title and other provided information indicated that the paper was out of scope. Where there was any doubt, full text was retrieved.

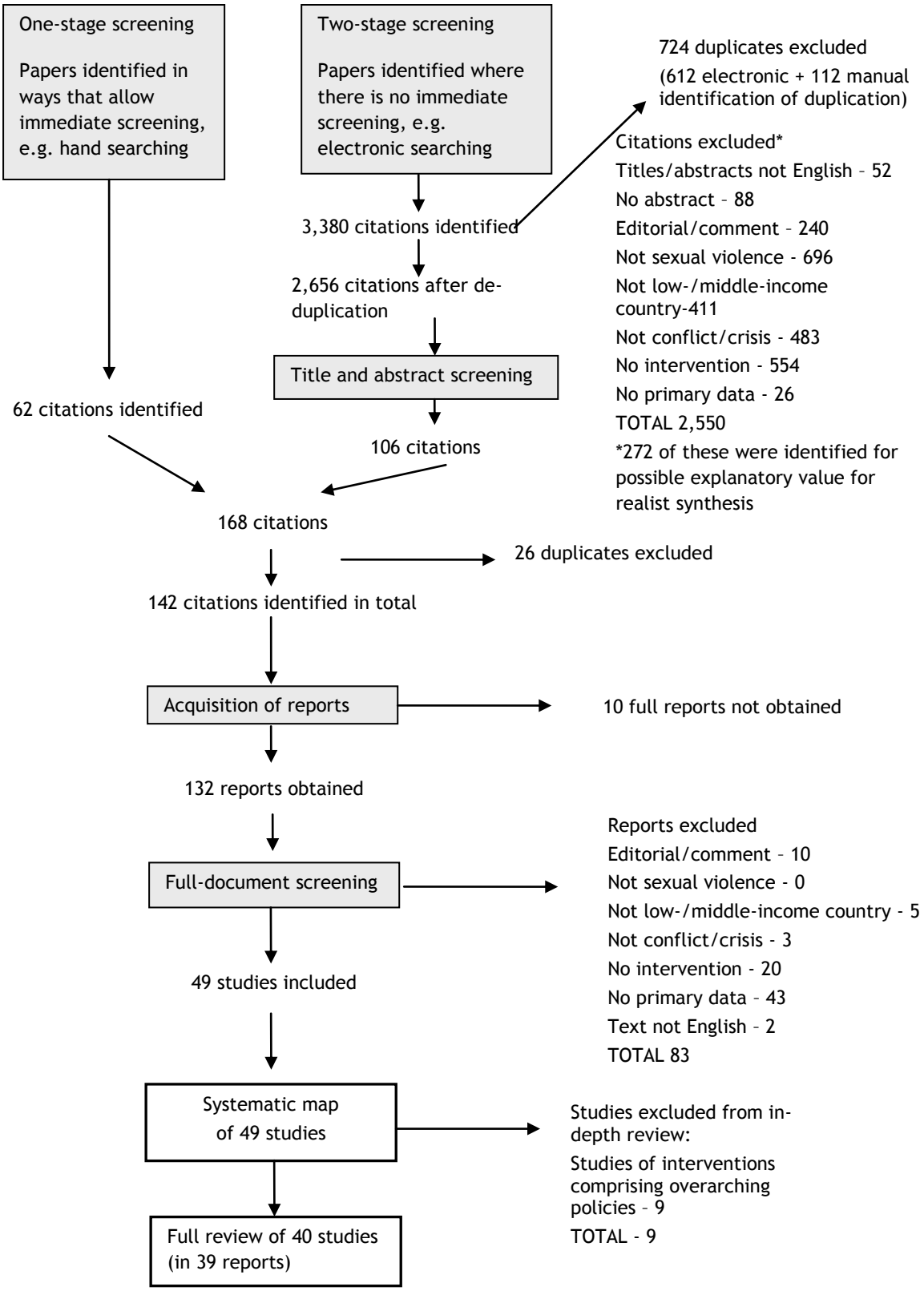
Screening of full text was then applied to 132 records, excluding ten reports which could not be obtained. Forty-nine studies[7] remained after assessing the full texts against our inclusion and exclusion criteria, which were included in the systematic map.

Of the 49 final studies included in the map, 26 were identified from websites, one from a key informant and the remaining 22 through bibliographic databases.

[7] For the sake of simplicity, the term 'studies' is used to denote all reports and papers identified in the review, although a number of the documents included are reports or other data summaries that are not 'studies' in the sense of reporting on research or systematic evaluation.

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?

Figure 3.1: Filtering of papers from searching to map to synthesis

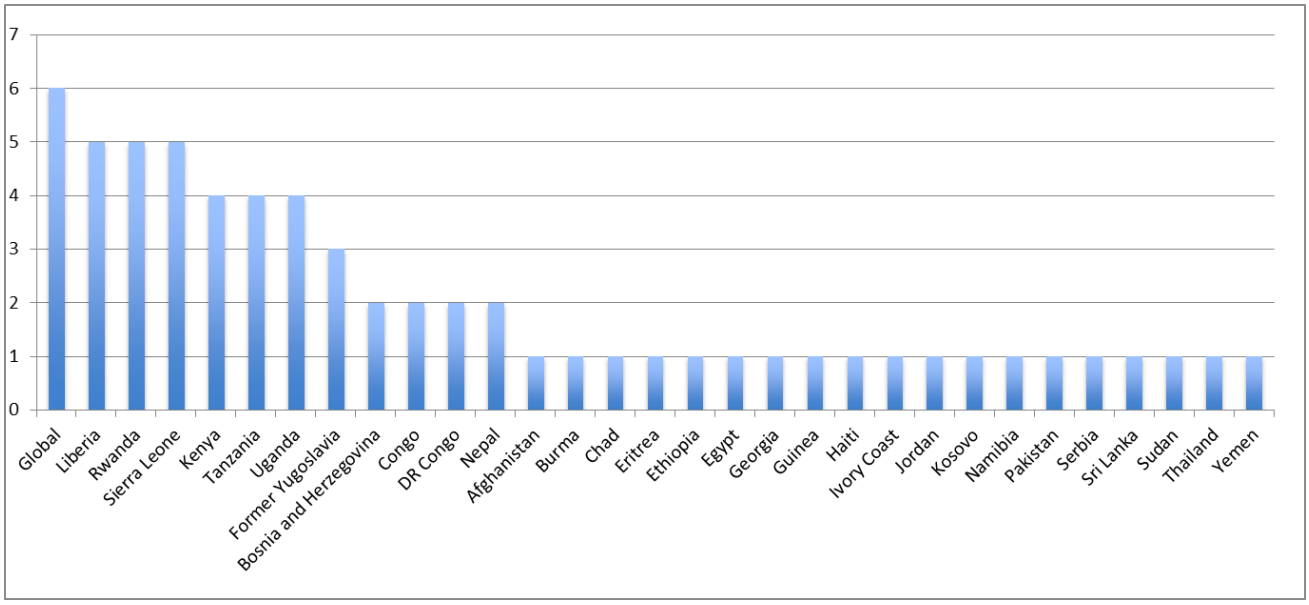


3.2 Characteristics of the mapped studies

3.2.1 Geographical and temporal range of mapped studies

As indicated in the map in Appendix 3.1, the 49 studies reported on interventions undertaken in 32 countries, predominantly African countries and the former Yugoslavia. Seven studies reported on interventions in multiple countries (with a maximum of five). Of these, two were undertaken in two different countries, four covered three countries, and one covered five countries. Another six studies were undertaken on global implementation of initiatives (i.e. in more than five countries). The numbers of studies identified for each country are reported in Table 3.1. All 49 studies are displayed, totalling 30 countries, not including global studies.

Figure 3.2: Number of mapped studies by country of intervention



Notes: 1: 'Former Yugoslavia' is used for interventions that were directed at all countries that comprised the former Yugoslavia, predominantly relating to the International Criminal Tribunal for Yugoslavia.

Table 3.1: Countries in which mapped studies were undertaken

Country	Studies
Global – i.e. more than five countries (6)	Women's Commission for Refugee Women and Children, 2002; Amnesty International 2004; Common and Doedens, 2004; Bell and O'Rourke, 2010; Sivakumaran, 2010; Women's Initiative for Gender Justice, 2010
Liberia (5)	UNHCR 2001b;; Hyder and MacVeigh 2007; UNDP and UNIFEM 2007; Moloney et al. 2007; Jennings 2008
Rwanda (5)	Human Rights Watch 1996; Nowrojee 2005; Brouneus 2008; UN Department of Peacekeeping Operations 2009; Zraly

	and Nyirazinyoye 2010
Sierra Leone (5)	Denov 2006; UNFPA 2006; Hyder and MacVeigh 2007; UNDP and UNIFEM 2007; UN Department of Peacekeeping Operations 2009
Kenya (4)	CASA Consulting 20010; Lattu 2008; Bizarri 2010; Horn 2010
Tanzania (4)	UNHCR 1997; UNHCR 1998; Mabuwa 2000; Rothkegel et al. 2008
Uganda (4)	Bracken et al. 1992; Blogg et al. 2004; Amone- P'Olak, 2006; Henttonen et al., 2008
Democratic Republic of Congo (3)	Amnesty International 2004; Kavira and Biruru 2004; Rothkegel et al. 2008
Former Yugoslavia (3)	Mischkowski and Mlinarevic 2009; UN Department of Peacekeeping Operations 2009; Amnesty International 2010
Bosnia-Herzegovina (2)	Schei and Dahl 1999; Skjelsbaek 2006
Congo (2)	Blogg et al. 2004; Hustache et al. 2009
Democratic Republic of Congo (2)	Kavira and Biruru2004; Rothkegel et al. 2008
Nepal (2)	Human Rights Watch 2003; Rothkegel et al. 2008
Afghanistan (1)	Manneschmidt and Griese 2009
Burma (1)	Alvarado and Paul 2007
Chad (1)	Doedens et al. 2004
Egypt (1)	Women's Commission for Refugee Women and Children 2009a
Eritrea (1)	Gruber 2005
Ethiopia (1)	Women's Commission for Refugee Women and Children 2009b
Georgia (1)	Rothkegel et al. 2008
Guinea (1)	UNHCR 2001a
Haiti (1)	Jennings 2008
Ivory Coast (1)	Hyder and MacVeigh 2007

Jordan (1)	Chynoweth 2008
Kosovo (1)	UNDP and UNIFEM, 2007
Namibia (1)	Lattu 2008
Pakistan (1)	Women's Commission for Refugee Women and Children 2003
Serbia (1)	Mrsevic and Hughes 1997
Sri Lanka (1)	Rees et al. 2005
Sudan (1)	Women's Refugee Commission for Refugee Women and Children, 2006
Thailand (1)	Lattu 2008
Yemen (1)	Rothkegel et al. 2008;

Note: Thirteen studies were undertaken in multiple countries giving a total > 49

The recent emergence of this field is reflected in the publication dates of the studies. Of the 49 mapped studies, the majority (28) were published since 2005, with 15 published between 2000 and 2005 and six published before 2000.

3.2.2 Conflict, post-conflict and other humanitarian crisis setting

Only one study of those included in the map reported on an intervention delivered in a disaster setting (Rees et al. 2005). Another study reported on implementation of the *Minimum Initial Service Package for Reproductive Health* (MISP) in emergencies which included other humanitarian settings, but did not identify these or analyse the data separately (Common and Doedens 2004).

Over 55 percent (27/49) of the mapped studies described interventions applied to sexual violence that occurred only in post-conflict contexts. Nineteen studies addressed interventions for sexual violence in conflict settings and three addressed sexual violence occurring in more than one setting (Amnesty International 2004; Common and Doedens 2004, Hyder and MacVeigh 2007). This count should be treated with caution, because we found that authors rarely described the setting in detail, and in any case, the distinction between periods of conflict and post-conflict is often blurred.

3.2.3 Sexual violence typology

As outlined, we distinguished four different types of sexual violence which occurs in the context of conflict and crisis: i) militarised sexual violence; ii) opportunistic sexual violence; iii) sexual exploitation and abuse by peacekeepers/humanitarian and other workers (SEA); and iv) sexual violence by family or community members exacerbated by weakened structures. Although the settings and in some instances the timing of these forms of violence differ, we found considerable overlap in the types of violence being addressed by interventions. In particular, 43 percent of

mapped studies (21/49) reported on interventions which targeted more than one of the four types of sexual violence in a wide range of configurations. Opportunistic sexual violence and SEA were the most common combined targets, accounting for nine studies. Of those that addressed a single type, 37 percent of studies (18/49) addressed militarised sexual violence, 8 percent (4/49) addressed SEA, and 6 percent (three studies each) addressed sexual violence that is opportunistic or exacerbated by weakened structures.

3.2.4 Strategy types

Our conceptual map for the review identified nine strategy types (Section 1.6.4). Two were not featured in any studies. These were combatant-focused initiatives and peace building incorporating a response to sexual violence. In addition, infrastructure initiatives were identified only as a small components of two larger programs (Doedens et al. 2004; Kavira and Biruru 2004).

The number of different strategy types identified in the map is reported in Table 3.2. The largest group were those combining multiple strategy types (27 percent; 13/49), followed by survivor care strategies (20 percent; 10/49). Apart from those we predicted, an additional strategy type was identified: overarching policies aimed at addressing or preventing conflict/crisis-related sexual violence. We defined these as high-level or broad context enabling policy responses at the national or multilateral agency level.

Table 3.2: Number of studies in the map according to strategy type

Strategy type	**Number of studies**	**As a percentage of mapped studies**
Survivor care	10	20%
Livelihood	2	4%
Community mobilisation	3	6%
Personnel	3	6%
Systems and security	3	6%
Multiple components	13	27%
Legal	6	12%
Overarching policies	9	18%
Total studies in map	49	100%

3.2.5 Types of organisation delivering interventions

Almost half of the studies (24/49) reported on interventions which were delivered as partnerships between types of organisations, as listed in Table 3.3. Because of the high proportion of partnerships involved, the data are presented as a proportion of organisations, rather than studies in the map. Eighty-seven organisations were involved with delivering the interventions described in the 49 studies, although there was considerable overlap between them. UNHCR was listed in a number of studies as an intervention partner. In addition some studies did not name all the partner agencies involved. Of all the organisation types involved, national government agencies were the largest group: 28 percent of all the agencies (24/87), followed by international NGOs (25 percent; 22/87).

Seventeen of the studies were undertaken by multilateral agencies (e.g. the UN) or monitoring organisations such as Amnesty International or the Women's Commission for Refugee Women and Children. These reports were usually based on data compiled during field visits to sites that were often remote, temporary and under-resourced (e.g. Blogg et al. 2004; Women's Commission for Refugee Women and Children 2009a) and have value as sources of data in that light. The quality of data in the studies is further reported in Chapter 4.

Table 3.3: Number of types of agencies delivering interventions

Organisation type providing intervention	Number of organisations	As a percentage of organisation types
National government agency	24	28%
International NGO	22	25%
Multilateral agency (e.g. UN)	17	20%
International court/tribunal	13	15%
Local NGO	4	5%
National/state court	5	6%
Community groups	2	2%
Total organisations	87	100%

3.2.6 Methods employed by mapped studies

As anticipated, given the inclusion of the grey literature and implementation studies within the scope of the map, research designs were at the lower end of the traditional evidence hierarchy in quantitative research terms. None of the studies used randomised samples. The study designs employed in part reflect the difficulties of undertaking research in conflict and crisis settings, where

populations are highly mobile and difficult to contact, vulnerability is high and resources are prioritised towards emergency relief.

Table 3.4 lists the type and number of data collection methods used in the mapped studies. The total is greater than 49, as some studies used multiple methods to gather data. Use of implementation data was the most common method (34 percent; 19/56). This includes, for example, details on the number of survivors seen, staff deployed or other services offered. Field visits were the second most common data collection strategy (29 percent; 16/56).

Table 3.4: Number of types of methods used in the mapped studies

Method	Number of types of methods	As a percentage of methods used
Implementation description data	19	34%
Field visits	16	29%
Qualitative interviews	11	20%
Qualitative focus group	5	9%
Multiple data case studies	4	7%
Total	56	100%

Note: Method listed describes primary form of data collection as described by authors. In some cases, additional methods were used.

In line with the aim of the review to be inclusive of a wide range of sources and types of publication, the 49 studies include 26 descriptive studies of programs. An additional 23 are based on actual research and report on outcomes of interventions relevant to this review. Although implementation studies do not permit conclusions to be drawn about the effectiveness of interventions, again these provide valuable insights about the nature of the initiatives being implemented. Those studies that do report on outcomes include some unlikely sources, for example, a series of publications issued by the UNHCR as 'How to guides,' which report on the outcomes of programs introduced to address sexual violence that are not reported elsewhere (UNHCR 1997, 1998, 2001a, 2001b).

3.3 Identifying and describing studies: quality assurance results

The screening of a sample of 50 records by both team members who screened the studies initially identified for possible inclusion found 96 percent agreement (Kappa analysis 0.65) which is considered good strength of agreement (Altman 1991). In resolving decisions regarding studies where the two team members conferred and were not in agreement, no studies were included that one team member screened out. In the coding phase, the two team members worked together to apply keywording and allocate analytic categories to the 49 studies.

Discussions on the relevant categories and their application were held with the rest of the team through this process.

3.4 Summary of the results of the map

The studies included in scope for the review and reported on in the map in Appendix 3.1 were undertaken in a large number of countries, but clustered in African countries and the former Yugoslavia. The majority of studies were published since 2005 and predominantly reported on interventions for violence that occurred in the post-conflict setting, with very few studies reporting on interventions for sexual violence in other types of humanitarian crisis. The interventions reported, for the most part appear to target multiple types of sexual violence, according to our typology of conflict and crisis sexual violence. This may reflect the fact that agencies introducing interventions are recognising the multiple vulnerabilities for sexual violence and are developing interventions that address these risk contexts. Similarly, most interventions involved multiple types of strategies, with the most common single strategy being care of survivors.

4. In-depth review: results

Outline of the chapter

This chapter includes the results from the full review which comprised an in-depth ranging analysis of 40 of the 49 studies against the review questions. It discusses the studies selected for the review and their respective weight of evidence then presents evidence from the studies by type of strategy (e.g. survivor responses, livelihood strategies, and/or community mobilisation). For each strategy type, studies that report *only* on the implementation of interventions are discussed, followed by studies that report *outcomes*, which are analysed in respect of evidence for reduced incidence, reduced risk and secondary prevention. Following this, the mechanisms underlying each type of strategy and the relevant contextual factors are described. The chapter concludes with a synthesis of all the results.

4.1 Selecting studies for the in-depth review

Forty studies are included in the in-depth review. Excluded from this review but included in the map of studies described in Chapter 3, were nine studies that described overarching policies for addressing or preventing conflict/crisis-related sexual violence. The 40 included studies reported on seven different strategy types, defined in Box 4.1.

Box 4.1: Strategy types identified in the review

Survivor responses: Provision of medical and/or psychosocial care, forensic assessment of survivors and advocacy

Livelihood strategies: Provision of training and/or support (e.g. microfinance) to women to increase their economic independence and reduce their vulnerability to sexual violence and/or provide rehabilitation after sexual violence

Community mobilisation: 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 equality

Personnel: Use of codes of conduct, training on attitudes/protocols/responses with military/peacekeepers/police/aid workers; policies to reduce opportunities of personnel for sexual exploitation and abuse; deployment or increased recruitment of female officers

Systems and security: Provision of foot and vehicle patrols/security details to vulnerable areas; establishment of safety protocols e.g. firewood patrols or distribution to reduce vulnerability

Infrastructure: Segregation of water/sanitation facilities; construction of shelters/schools

Multiple strategy interventions: Inclusion of two or more strategy types as part of an integrated sexual violence response – most, though not all, include survivor responses and community mobilisation

Legal action: Specialist prosecution units/tribunals; initiatives involving community or customary justice systems; and indictments through the International Criminal Court.

A second distinction among the studies and in the analysis was between those which described only the implementation of an intervention, and those which reported outcomes of relevance to the review. Of the 40 studies in the in-depth review; 20 reported *outcomes* of interventions and 20 described only the *implementation* of interventions, as shown in Table 4.1.

Table 4.1: Number of studies by strategy type

Strategy type	Implementation studies	Outcome studies	Total
Survivor care	6	4	10
Livelihood	1	1	2
Community mobilisation	3	0	3
Personnel	1	2	3
Systems and security	0	3	3
Multiple strategies	8	5	13
Legal	1	5	6
Total studies in review	20	20	40

4.2 Further details of the studies included in the review

Only one study addressed sexual violence in a context apart from conflict/post-conflict. This study described an intervention following the tsunami in Sri Lanka in 2004 (Rees et al. 2005). Only one intervention identified specifically focused on children (Amone-P'Olak 2006). No interventions were intended specifically for men as survivors of sexual violence, although two included prevention strategies for men as community members. Two of the interventions were presented in more than one study – Blogg et al. (2004) and Hustache et al. (2009) both reported on a Médecins Sans Frontières medical and counselling program in Brazzaville Congo. In addition, two studies reported on the same firewood project in Dadaab Kenya (Casa Consulting 2001; Bizarri 2010). In each case, both studies reported on the same intervention, but were distinct studies undertaken at least five years apart.

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?

4.3 Weight of evidence allocated to studies in scope

Studies that reported on outcomes were ranked along a weight of evidence continuum as described in Section 2.4.2, with reference to study quality, rigor and relevance to the study questions. As indicated in Table 4.2, the weight of evidence was low or medium-low in most of the outcome studies (14/20) and no studies had a weight of evidence greater than medium-high.

Table 4.2: Weight of evidence ratings for all outcomes studies

Study	Weight of evidence rating
CASA Consulting (2001) Blogg et al. (2004) **Lattu (2008)**	Medium-High
Hustache et al. (2009) **Mischkowski and Mlinarevic (2009)** **Bizarri (2010)**	Medium
Human Rights Watch (1996) **Gruber (2005)** **Nowrojee (2005)** Denov (2006) Women's Commission for Refugee Women and Children (2006b) **Brouneus (2008)** **Jennings (2008)** **Women's Initiatives for Gender Justice (2010)** Zraly and Nyirazinyoye (2010)	Medium-Low
UNHCR (1997) **UNHCR (1998)** Schei and Dahl (1999) **Manneschmidt and Griese (2009)** Women's Commission Refugee for Women and Children (2009b)	Low

Note: Studies in **bold** were considered 'thick', those not emboldened were 'thin' in description.

In recognition of the value of detailed description, studies were also rated for whether they provided thick or thin description. Twelve studies were rated as constituting 'thick' description, and eight 'thin' description, in line with the schema described in Section 2.4.2.

Details about the quality assessment for each outcome study and how weightings were determined are reported in Appendix 4.1.

4.4 Synthesis of evidence

In synthesising the results, our findings remain tentative, given the relatively small number of studies in each strategy type, and the limited quality of the available evidence. Accordingly, the conclusions are expressed with a degree of caution. For each strategy type, we first describe experience of implementation and the factors associated with effective implementation. We then describe, in each section of these results, the evidence for reduced incidence and reduced risk and for secondary prevention. In each section, we also present a table describing the relevant features of the studies associated with the intervention strategy being discussed.

4.4.1 Survivor care strategies

4.4.1.1 Survivor care strategies: implementation of interventions

Ten studies reported on survivor care strategies. Four reported on outcomes; the remaining six described only implementation.

The interventions described in the ten studies were highly diverse and comprised: medical and counselling assistance for survivors of rape (N=2) (Gruber 2005; Hustache et al. 2009); support groups (N=2) (Manneschmidt and Griese 2009; Zraly and Nyirazinyoye 2010); implementation of the MISP for Reproductive Health in Crisis, which has a strategy for prevention and medical management of sexual violence (N=2) (Common and Doedens 2004; Chynoweth 2008), follow-up psychotherapy (N=1) (Skjelsbæk 2006); a telephone hotline (N=1) (Mrsevic and Hughes 1997); traditional rituals delivered by community elders in rehabilitation services (N=1) (Amone-P'Olak 2006); and a range of support, shelter and advocacy services provided by local groups, international NGOs and the UNCHR (N=1)(Horn 2010) (see Appendix 3.1 for a summary).

Four interventions were provided in partnership between international and local NGOs and/or state agencies with multilateral agencies (Common and Doedens 2004; Amone-P'Olak 2006; Chynoweth 2008; Horn 2010). Stand-alone interventions were also provided by international NGOs (2) (Manneschmidt and Griese 2009), local NGOs (2) (Gruber 2005; Skjelsbæk 2006), and community associations (one study reporting on two community associations) (Zraly and Nyirazinyoye 2010).

Five of the interventions described were offered specifically to women (Common and Doedens 2004; Chynoweth 2008; Hustache et al. 2009; Manneschmidt and Griese 2009; Zraly and Nyirazinyoye 2010). Three were focused on women and children (Mrsevic and Hughes 1997; Gruber 2005; Horn 2010), and one was provided to boys and girls aged 12-19 years old (Amone-P'Olak 2006). One study did not specify the sex or age of the population (Skjelsbæk 2006).

Despite the lack of outcome measures, the six studies describing implementation of programs, provided some insights relevant to prevention regarding uptake of guidelines, accessibility of services, and the use of traditional responses.

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?

The MISP for Reproductive Health is a widely promoted tool for responding to sexual and reproductive health needs in emergencies (Women's Commission for Refugee Women and Children 2006b; UNFPA 2011). One study of the use of the MISP was based on self-report by UNFPA, WHO, UNICEF, IRC and IFRC field offices in 39 countries. It found that 90 percent of agencies which had managed emergencies reported implementing the sexual violence component (Common and Doedens 2004). This contrasts with a second study, albeit of a single country based on field visits, which evaluated MISP implementation in Jordan and found that the sexual violence component was the weakest of the three reproductive health elements contained in the MISP (Chynoweth 2008). In particular, prevention activities, co-ordination and adequacy of medical assessment were found to be inadequate. This points to the likelihood that implementation is weaker than might be expected from the extensive number of guidelines which have been issued to address sexual violence in conflict and crisis and to the importance of independent auditing and evaluation.

Two implementation studies described interventions in the former Yugoslavia, providing a telephone hotline and psychotherapy for survivors. The telephone hotline based in Belgrade provided counselling by volunteers every evening, responding to calls from women and children who had experienced violence by men (Mrsevic and Hughes 1997). This structure provided an accessible avenue for support for survivors because of the anonymity it offered and appears to have been well used, responding to 3,000 calls in the first three years of its operation. Although the service was established to respond to the effects of sexual violence in the war, 94 percent of the callers sought help for assaults by family members or partners, highlighting the extent of this form of sexual violence, some of which is likely to relate to earlier experiences of conflict.

The second study was a qualitative analysis of health workers' experiences providing therapy to sexual violence survivors. The study provided little data on the nature of the intervention; however a notable development by the service providers was the decision to extend coverage to those who had experienced other types of war trauma, such as torture and loss. This sought to counter the stigma accorded to sexual violence survivors (Skjelsbæk 2006).

Another study described the use of traditional rituals delivered as a component of rehabilitation programs for Ugandan adolescents who were both survivors and perpetrators of atrocities in the Lord's Resistance Army (Amone-P'Olak 2006). Ninety on percent (68/75) of the girls and none of the boys in this group reported experiences of sexual violence in the course of their capture. The healing rituals were performed by traditional leaders from the Acholi Council of Elders and involved traditional music and dance, as well as cleansing rituals, including, in the case of sexual violence experiences, slaughtering a goat. The rituals were aimed at exonerating individuals and creating a break with the past. High levels of psychological distress among the young people were documented and the rituals were seen by the local people to be both appropriate and important in removing the shame and culpability of the young people involved. The authors unfortunately

did not attempt to measure the impact of the rituals, but the study is relevant, given the forcible recruitment of so many young people and their involvement as both survivors and perpetrators of sexual violence in conflicts around the globe. Involvement of community members in the intervention may also play an important role in promoting community acceptance of former combatants and sexual violence survivors.

Outcomes of relevance to the review were reported in four of the ten survivor care intervention studies as indicated in Table 4.3.

Table 4.3: Outcomes from interventions employing survivor care strategies

Study	Country	Activities	Results	Impact on risk*	Impact on incidence	Weight of evidence
Gruber (2005)	Eritrea	Medical and counselling clinic for SV survivors of Muslim Saho community in Zula refugee camp	Despite request for intervention by community elders intervention failed due to lack of uptake of service. Opposition to service by survivors partners and other males in the community Risks to women of stigma in identification as survivors including divorce/loss of bride price	NR	NR	Medium-Low
Hustache et al. (2009)	Congo	MSF service providing post-rape psychological support (median 2 sessions) as part of an integrated hospital response following initial medical care	Improved functioning in 39% of 178 survivors followed up 1-2 years post intervention 89% extreme or medium impairment in functioning (baseline) 71% mild to low impairment (follow-up) decrease in impairment is significant (p=0.04)	NR	NR	Medium
Manneschmidt and Griese (2009)	Afghanistan	Psychosocial group counselling (weekly for average 8 months duration) for Afghani women affected by war and domestic violence in Kabul	Focus group discussion with 137 participants from 12 groups immediately post–intervention Self-report: • 36% reduced distress • 55% positive effects on family relations/	NR	NR	Low

Study	Country	Activities	Results	Impact on risk*	Impact on incidence	Weight of evidence
			stress management/ communication • 46% learned social skills • 27% learned problem-solving skills			
Zraly and Nyirazinyoye (2010)	Rwanda	Mutual support through ABASA (Association of genocide/rape survivors) and AVEGA (Association of genocide widows)	Post-conflict women's support groups organised around SV or other issues can form informal networks. Both groups showed signs of resilience based on traditional ways of coping.	NR	NR	Medium-low

Note: Reduced risk based in survivor care programs is based on willingness/uptake of services as outlined Section 4.4.1.3.

Key: NR – Not Reported; ↓- Decrease, ↑- Increase

4.4.1.2 Survivor care strategies: evidence for reduced incidence

Survivor care strategies can potentially reduce sexual violence through raising awareness, providing reporting points, empowering survivors and facilitating the prosecution of assaults, thereby reducing impunity. Although there is no clear evidence for this link, these programs were included in the review for this reason and because these interventions act as focus points for sexual violence action. However, they are unlikely to demonstrate any impact on reducing sexual violence in the short or medium term and demonstrating a causal relationship would be challenging. This is particularly so given that introduction of survivor programs is often accompanied by other system-wide changes, including criminal justice responses, which may also deter sexual violence. None of the studies reported here set out to measure reduced incidence however, and it was not a reported outcome.

4.4.1.3 Survivor care strategies: evidence for reduced risk

Although the evidence is insufficient to absolutely rate a definite reduction two of the four studies provided information pointing to victim willingness to use services, which is one of our listed indicators. Willingness to use services requires recognition that sexual violence is not normative as well as being harmful. Uptake of service use is also a direct means to support reports to police, through medical/forensic assessment and provision of information and advocacy, which may address impunity for sexual violence. We propose that willingness to use services may be indicated by service uptake figures for the Congo intervention, which reported treating 1,115 women for sexual violence over four years (Hustache et al. 2009) and the support groups in Afghanistan, which were used by 137 women in a 17-month period (Manneschmidt and Griese 2009). This rate of uptake may have been promoted by strategies that enabled anonymity, making it safe for women to attend the services. The Congo interventions seem to have achieved this by use of well-trained specialist providers and locating the services in hospitals (rather than stand-alone identifiable services) and operating them as drop-in centres (Hustache et al. 2009). The success of this strategy in maintaining confidentiality seems supported by the finding that 1-2 years later, 34 percent of the survivors had not told their family members about the sexual violence. This suggests that users of the services were not identified in the community, which can occur where attention to confidentiality and anonymity are not closely safeguarded by service providers. The Afghani intervention maintained anonymity by promoting the support groups by word of mouth among women and not requiring survivors to identify themselves other than as having experienced 'war trauma' (Manneschmidt and Griese 2009). There is potential tension between, on the one hand, engaging community support for survivor care services and, on the other hand, offering it confidentially, but it appears that both requirements need to be met.

4.4.1.4 Survivor care strategies: evidence for secondary prevention

Only one of the studies on medical/counselling services reported its impact in reducing harm (Hustache et al. 2009). The integrated hospital response provided in Brazzaville, Congo, was offered to women who had experienced militarised sexual violence. Following medical assessment, a median of two sessions of counselling provided by a psychologist aimed to improve coping by survivors. The study

reported on 178 women treated in 2002/03. As reported in Table 4.3, of survivors able to be followed up 1-2 years post-intervention, functioning was assessed to have improved for the majority from extreme or medium impairment, at the time of the intervention, to mild or moderate impairment (Hustache et al. 2009). The weight of evidence for the Congo study was medium, which is the highest rating awarded to any study in the review, indicating some strength to these findings. However, no supporting numerical data were provided, and the before and after study design does not permit the improvements in functioning reported to be attributed to the intervention, as they may have occurred naturally over time.

Results from two studies on the impact of support groups indicate that opportunities for women who have experienced sexual violence to come together to build networks of support are valued by women, and may reduce distress, even when sexual violence is not the overt rationale for forming the groups (Manneschmidt and Griese 2009; Zraly and Nyirazinyoye 2010).

4.4.2 Livelihood strategies

4.4.2.1 Livelihood strategies: implementation of interventions

Livelihood strategies are assumed to help prevent violence against women through increasing their decision making in the home and their financial independence (Women's Commission for Refugee Women and Children 2009a). Two studies reported on the provision of means of livelihood. One outcomes study reported on a DDR program for former boy and girl soldiers in Sierra Leone (Denov 2006), and the other, which reported only on implementation, was provided to refugee women in Cairo, Egypt (Women's Commission for Refugee Women and Children 2009a). Both programs were provided through partnerships between international NGOs, local and state government agencies and multilateral agencies.

The Cairo program involved vocational training, job placement and monitoring of the security of women in their workplace. The program was criticised by the study authors for failing to directly address gender-based violence in terms of awareness-raising activities or referral (Women's Commission for Refugee Women and Children 2009a). The program was under-utilised and the authors proposed that the reason may have been women's access to money and other resources from other sources (Women's Commission for Refugee Women and Children 2009a).

The results and intervention details from the livelihood intervention reported in Denov (2006) are detailed in Table 4.4. (The same study is reported in the Section 4.4.7 on legal interventions.)

Table 4.4: Outcomes from interventions employing livelihood strategies

Study	Country	Activities	Results	Impact on risk	Impact on incidence	Weight of evidence
Denov (2006)	Sierra Leone	Livelihood for boys and girls (through DDR)	DDR led to some education/skill acquisitions but camps increased risk of SV Sex of potential participants was not considered prior and during program provision	↑	Not reported (NR)	Medium-Low

4.4.2.2 Livelihood strategies: evidence for reduced incidence

The Denov (2006) study, did not report on whether any changes occurred in relation to incidence of sexual violence.

4.4.2.3 Livelihood strategies: evidence for reduced risk

According to Denov (2006), the implementation of the DDR program in Sierra Leone was perceived by the three girls who were interviewed as having been chaotic, disorganised and out of the control of camp officers. This increased the vulnerability of female participants to sexual violence and harassment and prompted the departure of one of the interviewees from the camps and the program. There were also indications that the program was not designed to adequately accommodate former girl soldiers. Despite recognition that sexual violence was a common experience for girl soldiers, this was not specifically addressed. Vulnerability was exacerbated by overcrowding and weak application of rules. The small sample on which the study is based and the medium-low weight of evidence are not compelling, but the study does illustrate the risks that can arise unless safeguards for girls' vulnerability is attended to in combined sex programs.

4.4.2.4 Livelihood strategies: evidence for secondary prevention

There would be a low likelihood of secondary prevention anticipated from a program of this nature and no evidence was reported by the authors.

4.4.3 Community mobilisation strategies

4.4.3.1 Community mobilisation strategies: implementation of interventions

Three studies mobilised communities to address sexual violence: Alvarado and Paul (2007), reported on gender-based violence awareness groups provided to men in Burmese refugee camps. Molony et al. (2007) reported on a prevention project in Liberia that engaged different groups in the community in making and screening a

short film about gender-based violence. UNHCR (2001b) reported on another Liberian project aimed at strengthening local leadership to respond to and prevent sexual and gender-based violence. All three studies offered descriptions of implementation, and did not report on outcomes.

Although studies by Alvarado and Paul (2007) and Molony et al. (2007) lacked detailed information on how the community was engaged, like (UNHCR 2001b) they demonstrated involvement with men and local leaders via GBV training and awareness. They also reported building local capacity to deliver the intervention locally (Molony et al. 2007).

The study by Alvarado and Paul (2007) was the only one of the three which described an activity aimed specifically at men to prevent sexual violence. Like the Molony et al. (2007) and UNHCR (2001b) studies, there is some indication that successful community mobilisation is achieved if community groups are specifically involved in activities to address sexual violence, and implementing bodies recognise that survivors of sexual violence include not only direct survivors but also their husbands and children. In the Alvarado and Paul (2007) study, the Men Involved in Peace-building program worked with men to facilitate communication with their peers about GBV. Group discussions were facilitated by male staff resident in the camp, addressing awareness of GBV, its consequences and unacceptability, providing opportunities for participants to demonstrate interest in addressing GBV in their community.

Evidence of reduced risk, incidence and secondary harm were not reported in these three implementation studies.

4.4.4 Personnel strategies

4.4.4.1 Personnel strategies: implementation of interventions

Three studies reported personnel strategies addressing sexual exploitation and abuse by peacekeepers/humanitarian workers. Two were outcome studies addressing interventions for peacekeeping forces (Jennings 2008) or humanitarian workers (Lattu 2008). The third was an implementation study describing gender-specific police reform in Kosovo, Liberia and Sierra Leone delivered through a partnership between national government agencies and multilateral agencies (UNDP and UNIFEM 2007). Gender-specific police reform is supported by the UN as a means to enhance community security aiming to reduce sexual and other forms of GBV (UNDP and UNIFEM 2007). The logic appears to be that female officers will both support women's confidence in making reports, and potentially reducing threats from male officers, though this is not made explicit in the report. Strategies included setting a quota for female recruitment (Sierra Leone set at 30 percent), training and appointment into leadership roles (Liberia, Kosovo) and establishment of a safe environment for women, as well as the implementation of zero-tolerance and child-support policies (Kosovo) (UNDP and UNIFEM 2007).

The results and intervention details from personnel interventions reported in the two outcome studies are detailed in Table 4.5. One investigated the impact of the UN zero-tolerance policy SEA in Haiti and Liberia (Jennings 2008). This policy was

based on the UN Secretary General's special measures for protection from SEA (15/10/2003) (United Nations Secretary General 2003). The same SEA prevention framework applied to humanitarian workers was the subject of a study undertaken in Kenya, Namibia and Thailand (Lattu 2008). Both interventions were undertaken by multilateral agencies.

Table 4.5: Outcomes from interventions employing personnel strategies

Study	Country	Activities	Results	Impact on risk	Impact on incidence	Weight of evidence
Jennings (2008)	Liberia Haiti	Zero-tolerance policy **LIBERIA** As above PLUS intensive and comprehensive outreach strategy re policy and recourses **HAITI** (minimal) Training, curfews, uniforms at all times Discouragement of fraternising Hotline for reporting	Policy initiative 2003 Increased reports across all UN of SEA violations in 2005 and 2006, then significant reduction in 2007 'seems to indicate reforms effective …but under-reporting and lax enforcement' (p.55) Unintentional outcomes: reinforced racial and gender stereotypes; women seen near peacekeepers viewed as prostitutes **LIBERIA** Increased reporting following high-profile cases in 2005 followed by apparent decreased incidence **HAITI** No promotion of confidential hotline to community Alternative mechanism not confidential	↓ Liberia NR Haiti	↓ Liberia NR Haiti	Medium-Low

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?

Study	Country	Activities	Results	Impact on risk	Impact on incidence	Weight of evidence
Lattu (2008)	Kenya Namibia Thailand	**NAMIBIA** Resource provision: Sanitary materials and food basket **KENYA** Staff training on roles and obligations under code of conduct (CoC) Raised awareness amongst staff, police and community members Development of educational programs Complaint boxes Community participation in producing a film	All 3 countries: very low reporting, no community consultation or info on SEA, low awareness of reporting mechanisms **NAMIBIA** Lack of awareness of SEA and of medical assistance available Varied perception on how SEA should be reported and fear of stigma if reported Limited confidentiality Unclear whether SV increasing or decreasing; 2 cases of SEA, 1 person dismissed **KENYA** Providing sexual services in exchange for resources perceived as survival strategy by community Some improved awareness of SEA and SEA reporting	No change (NC)	NC	Medium-High

Study	Country	Activities	Results	Impact on risk	Impact on incidence	Weight of evidence
		THAILAND Early phase of initiative Strengthened CoC Staff training Complaint boxes	No awareness of services Increased stigma and discrimination against complainants Complaints and investigation rare **THAILAND** Some who used the complaint boxes received no response Reporting preferred to local women's group			

Key: NR – Not Reported; ↓- Decrease, ↑- Increase

4.4.4.2 Personnel strategies: evidence for reduced incidence

The Jennings (2008) study on the zero-tolerance policy among peacekeepers showed limited and ambiguous evidence for decreased incidence of sexual violence in Liberia, but even less impact appears evident in Haiti. The authors thought it likely that public awareness about cases of SEA in 2005 in Liberia stimulated increased reporting in the year that followed and subsequently resulted in a decrease of incidence. However the weight of evidence for the study is medium-low and conclusions should be tentative.

A failure to reduce the incidence of SEA by humanitarian workers in all three countries as reported by Lattu (2008), might be expected, given apparent poor implementation as summarised in Table 4.5. The intervention in these locations was characterised by poor reporting systems, lack of confidentiality and lack of awareness of available services.

4.4.4.3 Personnel strategies: evidence for reduced risk

Although the weight of evidence for this study was medium-low, the Jennings (2008) study was the only one indicating a reduced risk of sexual violence, in Liberia only, where the implementation was more extensive than in Haiti. Again, this could be linked to the publicity given to SEA cases in Liberia, which subsequently instigated fear of being caught. Relevant indicators were: an increased sense of safety in the community; awareness of the availability of services and reporting mechanisms; and willingness to use these. As reported in Table 4.5, based on these indicators, it would appear that poor-quality implementation had not reduced risk in most of the countries studied. In one country, it appears that there was some risk reduction, possibly through media coverage. The poor level of implementation is most clearly reported in the Lattu (2008) study, which had medium-high WOE.

4.4.4.4 Personnel strategies: evidence for secondary prevention

None of the outcome studies for personnel strategies reported on reduced harm as a result of interventions.

4.4.5 Systems and security strategies

4.4.5.1 Systems and security strategies: implementation of interventions

Three papers reported on employing systems and security strategies (CASA Consulting 2001; Women's Commission for Refugee Women and Children 2006b; Bizarri 2010). All three reported outcomes of interventions.

The three studies all described firewood distribution, patrols and alternative fuels, aimed at preventing opportunistic sexual violence in refugee camps post-conflict by reducing women's need to leave camps to gather firewood where they would face high risks of opportunistic sexual violence. Two of the studies describe the firewood distribution project in Dadaab, Kenya, (Bizarri 2010, CASA Consulting 2001), though the studies were undertaken almost ten years apart. The Bizarri (2010) study also included details of firewood distribution in the Kakuma refugee camp in North West Kenya. Based on the available information, in 2001, the Dadaab project involved only distribution of firewood (CASA Consulting 2001). By

the time of the Bizarri (2010) study, distribution of portable fuel-efficient (timber burning) stoves was an additional activity at Dadaab and Kakuma. The study addressed a refugee camp response in Darfur, which as well as employing the strategies described for the sites above, also provided alternative fuels using local materials, firewood patrols and support for the construction of solar cookers (Women's Commission for Refugee Women and Children 2006b).

The Kenyan intervention was provided jointly by a multilateral agency and an international NGO. The Sudanese initiative similarly was implemented by these types of organisations working with the national government and a local NGO.

In general, the population focus for firewood and/or fuel interventions are women, who typically are those responsible for fuel collection and therefore are at increased risk of sexual assault in this context. In some instances, strategies may include male community members, for example encouraging them to accompany women or take on the task of firewood collection. In the case of the three interventions described above, it appears that the interventions addressed women's safety specifically, although fuel/firewood was delivered on a household basis.

Outcomes of relevance and details of the intervention in the three studies are summarised in Table 4.6.

Table 4.6: Outcomes from interventions employing systems/security strategies

Study	Country	Activities	Results	Impact on risk	Impact on incidence	Weight of evidence
CASA Consulting (2001)	Kenya	Distribution of firewood in Dadaab refugee camp	45% decrease in rapes during firewood collection, possibly due to employment opportunities for local and refugee men Simultaneous increase of 78-113% in other contexts and locations, possibly due to displacement of violence into the camps or women collecting other items in the bush Firewood provision alone was not sufficient for rape prevention; frequent attacks on refugees' homes continued	↓ (firewood collection only)	↓ (firewood collection in area of intervention) ↑ (in other areas)	Medium-High
Bizarri (2010)	Kenya	Dadaab and Kakuma refugee camps: • Provision of firewood, fuel-efficient stoves • Estimate of incidence reporting mechanism	Organisations (Danish and Norwegian Refugee Councils) reported a decline in GBV as a result of firewood provision, awareness raising in schools and improved reporting and support mechanisms Women remained fearful of SV Under-reporting occurred because women were not supposed to leave camp, fear of stigma and retaliation, and lack of trust in the justice system	↓	↓	Medium

Women's Commission for Refugee Women and Children (2006b)	Sudan	Provision of fuel efficient stoves and alternative fuels using local materials Firewood patrols Provision of firewood Support for construction of solar cookers	After training $^1/_3$ of women were capable of making fuel-efficient mud stove Reduced frequency of firewood collection (from 4 times to once a week) Efficient stoves still require some wood Women still collect firewood for sale Women fear 'men in uniform,' including soldier patrols Patrols not reliable Initially, few attacks during patrols Need to consult community prior and during intervention Need range of simultaneous interventions (e.g. stoves, co-ordination, patrols, income opportunities)	↓	NR	Medium-Low

Key: NR – Not Reported; ↓- Decrease, ↑- Increase

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?

4.4.5.2 Systems and security strategies: evidence for reduced incidence

The Dadaab firewood and stoves distribution project showed some evidence of reducing incidence of sexual violence, but only in the context of risks incurred during firewood collection. The 2001 evaluation had a weight of evidence of medium-high. Analysis of 162 rapes reported to the UNHCR indicated a 45 percent decrease in rapes during firewood distribution, but a simultaneous increase of 78-113 percent in reported rapes elsewhere (CASA Consulting 2001). The authors were unable to ascertain the circumstances and settings in which these assaults occurred: whether they were outside the camps when, with the additional time at their disposal, women went to gather other materials such as poles or grass for hut construction; or whether they were assaults within the camps; or a combination of these. This finding led the authors to conclude that there is a need for interventions to be better targeted to address sexual violence across the range of contexts in which refugee women live and work.

The later study by Bizarri (2010) supported the conclusion that sexual violence had reduced, based on interviews with local agencies and reports from the international NGO operating in the camps, though no primary data were provided and weight of evidence was medium. In addition to the firewood distribution, other actions were also credited with contributing to this decrease, including: men began to collect wood with donkey carts because the distances became too great for women on foot; an awareness-raising program was introduced in schools; and adequate reporting and support mechanisms were established. It appears that, on balance the firewood distribution had contributed to a decline in sexual violence related to firewood collection, although other interventions provided in the camps may also have contributed to this apparent decline.

No data from the Darfur study was put forward to indicate a decline in incidence (WOE: Medium-low). The lack of centralised systems for reporting incidents was cited as a barrier to both addressing the problem and gaining funds for action (Women's Commission for Refugee Women and Children 2006b).

4.4.5.3 Systems and security strategies: evidence for reduced risk

Evidence of patrols, fuel and stove alternatives having been introduced are indicators of reduced risk according to our conceptual framework and align with what was undertaken in these three interventions. The possible displacement of sexual violence described in the Dadaab project, however, suggests that risk reduction may be specific to firewood collection activities. In our analysis, this applied also to the Darfur project, where the introduction of fuel-efficient stoves reduced the need for women to collect firewood from four times to once a week (Women's Commission for Refugee Women and Children 2006b). An additional aspect of the Darfur intervention identified by the authors as contributing to trust building and problem solving was the introduction of 'firewood committees,' consisting of refugee women and girls, police and NGOs. This again suggests the importance of community mobilisation as a key to successful implementation of interventions.

In Darfur, the reduction in risk was undermined by the fact that some firewood collection was still required, that women still collected wood for sale and reported being in fear of the soldiers providing the patrols (Women's Commission for Refugee Women and Children 2006b). The authors of both this and the first Dadaab report (CASA Consulting 2001) noted further, that in light of the likelihood of displacing sexual violence to other sites, there is a need for co-ordinated and integrated interventions to be undertaken simultaneously to address the range of risk situations, women's need for livelihood, and barriers to reporting.

All three interventions were provided in post-conflict settings to address opportunistic sexual violence. This form of violence is possibly easier to address than the three other forms of sexual violence, as it is situation-specific.

4.4.5.4 Systems and security strategies interventions: secondary prevention

No evidence for secondary prevention, that is, reduced medium- and long-term harm from sexual violence, was provided by the three studies.

4.4.6 Multiple strategy interventions

4.4.6.1 Multiple strategy interventions: implementation

Thirteen papers reported on the use of multiple strategies. Five studies reported on outcomes; the remaining eight described only the implementation of interventions. The clustering of the strategies deployed by different studies is indicated in Table 4.7.

Table 4.7: Elements included in the multiple-strategy interventions

Study	Survivor care (SC)	Livelihood (Li)	Community Mobilisation (CM)	Personnel (P)	Systems and security (SS)	Infrastructure (I)	Legal strategies (L)
Blogg et al. (2004)	✔		✔				
Bracken et al. (1992)	✔			✔			
Doedens et al. (2004)	✔			✔	✔	✔	
Human Rights Watch (2003)	✔		✔	✔	✔		
Kavira and Biruru (2004)	✔		✔			✔	✔

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?

Study	Survivor care (SC)	Livelihood (Li)	Community Mobilisation (CM)	Personnel (P)	Systems and security (SS)	Infrastructure (I)	Legal strategies (L)
Mabuwa (2000)	✔		✔	✔	✔		✔
Rees et al. (2005)	✔		✔				
Schei and Dahl (1999)	✔			✔			
UNFPA (2006)	✔	✔					✔
UNHCR (1997)	✔		✔		✔		
UNHCR (1998)	✔		✔	✔			
UNHCR (2001a)	✔		✔				
Women's Commission for Refugee Women and Children (2009b)		✔	✔		✔		

Note: Shaded rows contain studies which report outcomes. Those without shading describe implementation of interventions

Survivor care was the mo7st common element of all the interventions, being provided in all except one intervention. Eight interventions included community mobilisation in combination with survivor care. Personnel initiatives and systems and security initiatives were also commonly combined with these first two strategy types.

The services provided were similar in profile to those described in the preceding sections. Survivor care responses included medical/counselling responses (7 studies) (Bracken et al. 1992; UNHCR 1997, 1998; Human Rights Watch 2003; Blogg et al. 2004; Doedens et al. 2004; Kavira and Biruru 2004); support groups (3 studies) (Schei and Dahl 1999; Doedens et al. 2004; Rees et al. 2005;), or counselling (3 studies) (Mabuwa 2000; UNHCR 2001a; UNFPA 2006).

Most interventions included one or more activities employing community mobilisation, most commonly: awareness-raising workshops among women and sometimes male community members, as well as engagement of community leaders. Other activities included community problem solving for sexual violence prevention and training of community volunteers (UNHCR 2001a), and the introduction of a community-wide alcohol ban and local night patrols (Blogg et al. 2004).

Personnel strategies included: training of local health workers (Bracken et al. 1992; UNHCR 1998; Schei and Dahl 1999); introduction of codes of conduct (Human Rights Watch 2003; Doedens et al. 2004); and police training (Mabuwa 2000).

Systems and security strategies included: distribution of stoves to reduce risks (Women's Commission for Refugee Women and Children 2009b); firewood patrols (UNHCR 1997); and an increased police presence (Mabuwa 2000; Human Rights Watch 2003).

Only two interventions provided infrastructure as a strategy for prevention of sexual violence among the multiple-strategy interventions, and in fact across all the mapped studies. The first involved the design and location of latrines and water points (Doedens et al. 2004). In the second, a women's organisation in North Kivu province of the DRC provided housing and building materials to women made homeless as a result of violence (Kavira and Biruru 2004). As such, the strategy was not employed to prevent sexual violence in the first instance, but to support women survivors and potentially prevent re-abuse. It is unclear whether the lack of studies describing the use of infrastructure strategies reflects their lack of deployment, lack of documentation of their use, or lack of integration with programming for sexual violence prevention.

Three interventions provided legal advice or support to prosecution as part of multi-strategy interventions (Mabuwa 2000; Kavira and Biruru 2004; UNFPA 2006). None of these studies reported outcomes. However, Mabuwa (2000), who described employing lawyers to support prosecution, indicated that in the 19 months since the first field visit to the project, fifteen rape cases had been reported for prosecution, with three convictions and a further eight awaiting trial. This may point to some value in integrating this strategy with survivor care interventions, although insufficient information is provided to determine the influence of providing legal advice on these legal outcomes.

Not surprisingly, most interventions employing multiple strategies were delivered through partnerships between agencies. Multilateral agencies and international NGOs were the most common partners in these interventions, being involved each in eight of the thirteen interventions. Further details of the elements of each of strategy in the 13 multiple-strategy intervention studies are included the full map of studies at Appendix 3.1.

Some valuable insights are derived from the implementation studies regarding the extent of implementation of sexual violence measures, as well as on factors which appear to promote service uptake. One of the implementation studies was a field-

based evaluation of MISP implementation in refugee camps in eastern Chad. It found low capacity to implement the guidelines with respect to sexual violence, as well as unwillingness on the part of humanitarian agencies to clinically manage rape survivors (Doedens et al. 2004). This field research echoes the findings from the Jordan MISP evaluation reported in Section 4.4.1 (Chynoweth 2008), suggesting that implementation of the guidelines on the ground may be considerably less than that reported by agencies (Common and Doedens 2004). Further support to the finding emerged from the report on Bhutanese refugee women in Nepal, which suggested that some providers of aid failed to take reports of sexual violence seriously, or were slow to intervene (Human Rights Watch 2003). High staff turnover deterred reporting, due to the need for survivors to repeat their accounts to numerous providers (Human Rights Watch 2003).

Adoption of a strong focus on community participation appeared to promote service uptake. An example was the Guinean program which recruited community members for a two tiered response to sexual and gender-based violence (UNHCR 2001a). Initially 'community trainers' were trained and deployed in refugee camps to raise awareness to the point where the residents would request a 'community worker' position. These workers received more extensive training and took on more complex tasks of establishing local committees, constructing safe spaces and providing counselling. The same initiative also addressed community tensions about imposing a 'gender equality' lens by ensuring that men and women were equally represented in the planning stage (UNHCR 2001a). Another approach to preventing resentment by male community members towards programs focusing specifically on women and promoting women's rights, was taken by a program in Sierra Leone for women and girls abducted by combatants. The program, which aimed to empower women through providing support, awareness raising and livelihood initiatives, extended its services to children and partners of the women (UNFPA 2006). Children received free medical care, education and childcare while their mothers participated in training. The women's husbands received health checks, health awareness and GBV awareness.

One implementation study described an unsuccessful intervention for survivors in Uganda, which was remodelled to provide a mobile outreach service incorporating capacity building for local health workers. The original intervention provided specialist care by a Ugandan social worker and two expatriate doctors (gynaecologist and psychiatrist) located in Kampala, the capital of Uganda. The scale of the problem and lack of access to the capital by most survivors, along with recognition of the importance of traditional healing to most African people, prompted the service providers (the authors of the paper) to propose and establish an alternative intervention. This comprised the introduction of a mobile clinic, which visited villages for several weeks at a time to provide both medical and counselling care to survivors, as well as a training program to skill local health workers to respond (Bracken et al. 1992). The authors pointed to the risks of undermining local initiatives by introducing imported Western models of care, noting that these are not universally applicable. The training for health workers

included a component on the role of traditional healers in addressing spiritual dimensions of trauma (Bracken et al. 1992).

Only one study in the review specifically reported on an intervention in a humanitarian crisis other than conflict. This was a survivor care and community capacity building initiative delivered to women affected by the 2004 tsunami in Sri Lanka (Rees et al. 2005). A train-the-trainer course was conducted with women community workers in Colombo and another district, who were expected to train women in their own communities. The 'training' addressed both domestic violence and sexual violence and was intended to have a therapeutic impact on participants through sharing and normalising their experiences, as well as gaining mutual support. The article suggests that the program also mobilised organisations to protect other women, but does not describe what actions the participants were expected to take in their own communities (Rees et al. 2005).

The actual outcomes of relevance to the review were reported in five of the thirteen multiple-strategy studies. These are summarised in Table 4.8.

Table 4.8: Outcomes from interventions employing multiple strategy types

Study	Country	Activities	Results	Impact on risk	Impact on incidence	Weight of evidence
Blogg et al. (2004) SC + CM	Uganda Congo	**UGANDA** Medical/counselling for survivors Community awareness included schools Engaged community leaders Community alcohol ban, curfew and night patrols **CONGO Betou** Drop in centre and MSF care Psychological support and legal info Community leader training **CONGO Brazzaville** As for Betou + 'highly visible' anti-rape campaign	**UGANDA** Medical staff not attentive or too busy to attend adequately Under-reporting of rape Increased awareness of GBV through sensitisation, leading to a perceived decrease in cases **CONGO Betou** Extensive GBV community leader training program (270 attended 4 sessions) Drop in centre - 20% cases for rape, which a decline of cases has been noted since height of crisis **CONGO Brazzaville** Evidence of strong uptake of clinic	↓Uganda ↓ Congo	NR Uganda NR Congo	Medium-High

Study	Country	Activities	Results	Impact on risk	Impact on incidence	Weight of evidence
Schei and Dahl (1999) SC + P	Bosnia	Groups for women refugees at 2 'psychosocial centres': • Both sites had counselling training for workers • Zenica - handicrafts/recreational activities • Tusla - weekly psychotherapy group (3-4 months)	Zenica – Of a total of 209 visitors at the Centre on the date of survey, 53% of regular users had at least 6 symptoms of PTSD compared to 68% of non-users. Groups were otherwise similar in profile (No statistical analysis/denominators provided) Tusla – Of women with children who attended weekly psycho-educational group over 3-4 months,69% of those who completed the group had 6 or more symptoms of PTSD compared to 81% of non-completers). Results for women without children were similar. Total n=158- No denominator/statistical analysis provided.	NR	NR	Low
UNHCR (1997) SC + CM + SS	Tanzania	Community consultation led to trained and supported refugee teams providing first response Community newsletter/discussion groups and consultation to identify and address risks	- Increased reporting of rapes (4-7 per month) - Increased community awareness of SV and available responses - Increased community engagement and introduction of community identified risk reduction strategies	↓	NR	Low

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?

Study	Country	Activities	Results	Impact on risk	Impact on incidence	Weight of evidence
Women's Commission for Refugee Women and Children (2009b) Li + CM + SS	Ethiopia	Livelihood strategies for refugee women at Kebri Beyah, Aw Barre and Shimelba camps, including sewing/seed money for small businesses Community involvement in weekly GBV discussions facilitated by IRC Distribution of ethanol stoves	Livelihood programs did not significantly increase women's income nor deter violence due to: i) increased exposure to partner abuse to hand over earnings ii) firewood gathering for sale iii) exposure to risks as domestic workers in towns An unspecified number of group participants reported 'feeling more informed and empowered' as a result of discussions 60% of group participants at Shimelba were men Provision of stoves to 90% of households reduced the need to collect firewood at Kebri Beyah SV previously reported as 'rampant' at Kebri Beyah	↓ (firewood collection only)	NR	Low

Study	Country	Activities	Results	Impact on risk	Impact on incidence	Weight of evidence
UNHCR (1998) SC + CM+ P	Tanzania	Medical treatment, advice and support Community awareness raising, problem solving Community and health workers trained on SV Increased police presence and communication	**KIBONDO** High uptake survivor service (1000 users in 1997); 'Drop-in centre' model with dedicated staff and budget **KASULU** Low uptake (23 users during January 1997-March 1998) Opposition by men to strategies to reduce women's exposure	↓ Kibondo Kasulu NC	NR	Low

Key: NR – Not Reported; NC – No Change ▫- Decrease, ▫- Increase; SC – survivor care; LI – Livelihood; CM – Community mobilisation; P – Personnel; SS – Systems and security

4.4.6.2 Multiple strategy interventions: evidence for reduced incidence

Of the five studies which reported on outcomes employing multiple strategies, none reported evidence of decreased incidence of sexual violence; however, one study found some evidence of *increased* violence to women through livelihood measures provided in Ethiopian refugee camps (Women's Commission for Refugee Women and Children 2009b). The report found that contrary to the prevailing wisdom that livelihood programs are protective for women through providing economic independence, this is not always the case. Assessing the link between livelihood measures and sexual violence, the field research found that sexual violence may *increase* when women earn incomes, in association with: coercion by partners to hand over their earnings; unprotected firewood collection outside camps, to sell; and insecure employment as domestic labourers in townships, where lack of regulation exacerbates vulnerability (Women's Commission for Refugee Women and Children 2009a).

4.4.6.3 Multiple strategy interventions: evidence for reduced risk

As indicated in Table 4.8, four multiple strategy studies showed some evidence of reduced risk based on the indicators identified in our conceptual framework (Figure 1.2). The indicators were: i) evidence of service uptake; ii) introduction of firewood alternatives; and iii) increased community awareness of rights. Each of these is discussed separately below.

REDUCED RISK THROUGH SERVICE UPTAKE

Three studies provided data indicating willingness in the community to use services for survivors of sexual violence (UNHCR 1997, 1998; Blogg et al. 2004). Two of three services included in the review by Blogg et al. (2004, WOE: Medium-High) had high uptake by survivors. These sites operated a 'drop-in' model of intervention with dedicated staff. One of the sites (Brazzaville) was the same Médecins Sans Frontières (MSF) service as reported by Hustache et al. (2009), described in Section 4.4.1. It is included as a multi-strategy intervention due to the description of the community mobilisation described, which is not referenced in the later Hustache et al. (2009) study. It is not clear whether the community mobilisation was discontinued by the time of this later study. Despite strong uptake of the Congo services, the report's authors suggested that the program was compromised by the lack of prosecution, despite MSF providing legal support and advocacy.

Comparative data from another intervention where medical treatment and counselling was a component, seems to support the value of the 'drop in' model of care in encouraging service uptake, although the weight of evidence for this study was low (UNHCR 1998). Data from one site, the Kibondo camp, found high uptake of the service for survivors based on a 'drop in centre' model with a dedicated centre, staff and budget. The Kasulu site in contrast, which lacked these elements, had lower service uptake (UNHCR 1998).

Increased reporting of rapes also followed the introduction of crisis intervention teams in the Ngara refugee camp in Tanzania (UNHCR 1997), which may also point to the value of visible and accessible services, although this study also had low weight of evidence.

REDUCED RISK THROUGH INTRODUCTION OF FIREWOOD ALTERNATIVES
There is some evidence of reduced risk of violence experienced by women refugees in the course of firewood collection as a result of distribution of ethanol stoves (Women's Commission for Refugee Women and Children 2009b). At Kebri Beyah, one of the three camps reported on in this field research, it was noted that prior to the distribution of ethanol stoves, rape and physical abuse of women and children by locals during the collection of firewood was 'rampant.' At the time of the report, 90 percent of households had received stoves, reducing women's need to collect firewood and therefore their risk of sexual violence in that particular context. The attacks were committed by local people who were not camp residents and significant tensions over competition for resources, including firewood, appeared to be motivating the violence. However, no data were provided about sexual violence risks or incidence within the camp and the weight of evidence of the study was low.

REDUCED RISK THROUGH INCREASING COMMUNITY AWARENESS OF RIGHTS
Limited evidence of decreased risk through improving community awareness of sexual violence and women's rights was provided by four studies (UNHCR 1997, 1998; Blogg et al. 2004; Women's Commission for Refugee Women and Children 2009b), as outlined in Table 4.8. Lack of details provided in the studies precludes any insights about the nature of the community awareness activities or specific impacts in terms of reducing risk. Relevant learning however is seen in UNHCR (1998) in respect of the Kasulu camp, where an attempt to reduce sexual violence by engaging men to accompany the women in collecting firewood was categorically rejected by male Congolese refugees, based on cultural beliefs about women's roles. Burundian refugees in the same camp did not hold the same views, highlighting the need to attend to culture and religion in engaging with communities and their differences even in the same settings. These data also confirm the findings from other studies described previously about the need to engage with both men and women, to accommodate their different concerns.

No patterns were identified in relation to reduced risk in the different configurations of types of interventions. All except one outcomes study had low weight of evidence, the exception being Blogg et al. (2004) which was medium-high. This unfortunately limits the strength of the conclusions and the identification of patterns among the multi-strategy interventions.

4.4.6.4 Multiple strategy interventions: evidence for secondary prevention

Only one study reported on outcomes relevant to secondary prevention for sexual violence (Schei and Dahl 1999). This study compared two different types of groups for Bosnian women refugees who had experienced war trauma, predominantly sexual violence. One group offered occupational activities, such as handcrafts. A second was a psycho-educational group in which traumatic experiences were recounted and reframed and anxiety reduction strategies were taught. The authors concluded that both groups of women derived clear benefits, but particularly those with children who received group psychotherapy; however, this was not clearly supported by the data provided and the weight of evidence for the study was low (see Table 4.8).

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?

4.4.7 Legal strategies

4.4.7.1 Legal strategies: implementation of interventions

Six studies reported on provision of legal initiatives. An additional paper which was reported in Section 4.4.2 (Denov 2006), is included here with respect to the legal initiatives relevant to the case studies. Six of the studies reported on the outcomes of interventions; the remaining one described only their implementation. Details of the studies appear in the map in Appendix 3.1.

The legal initiatives cluster around Rwanda and countries within the former Yugoslavia, which have both been sites of specialist legal tribunals for sexual violence in conflict. Nine different legal initiatives are referenced in the seven studies: the Truth and Reconciliation Commission of Sierra Leone; the Special Court for Sierra Leone (Denov 2006); the Gacaca courts of Rwanda (a traditional conflict-management mechanism operating at the village level) (Brouneus 2008); the International Criminal Tribunal of Rwanda (ICTR) (2 studies: Human Rights Watch 1996; Nowrojee 2005); prosecution under national laws in Rwanda (Human Rights Watch 1996) and Croatia (Amnesty International 2010); the International Criminal Tribunal of Yugoslavia (ICTY) (Mischkowski and Mlinarevic 2009), the War Crimes Chamber of Bosnia and Herzegovina (Mischkowski and Mlinarevic 2009) and the International Criminal Court (Women's Initiatives for Gender Justice 2010).

As is evident from this list, initiators of these interventions included both global entities, such as the International Criminal Court, and national entities, and in the case of the Gacaca courts, local jurisdictions. It is beyond the scope of this review to describe each of these interventions in detail, as they are for the most part, large, complex entities based on considerable history and precedent. The purpose of including them in the review was to ascertain any emerging evidence for their impact on reducing risk or incidence, given their salience in reducing impunity for sexual violence. In fact, we identified no studies that explicitly set out to use primary data to measure the impact of legal strategies for sexual violence to reduce risk or incidence. The analysis is predominantly confined to measures of risk as identified in qualitative studies.

There was only one study which solely provided a description of an implementation (Amnesty International 2010). The report described the progress and failures in prosecution of militarised sexual violence under the criminal code in Croatia, which complements the work of the ICTY. The authors suggested that the legal framework in Croatia remained inadequate, as it did not explicitly define crimes against humanity, the principle of command responsibility, or war crimes of sexual violence. They went on to suggest that these shortcomings had arisen because the Croatian authorities were not committed to deal with their past, leading to impunity for members of the Croatian Army and police forces who were alleged to be responsible for sexual violence against Croatian Serbs (Amnesty International 2010).

Outcomes of relevance to the review as reported in these six studies are summarised in Table 4.9.

Table 4.9: Outcomes from interventions employing legal strategies

Study	Country	Initiatives	Results	Impact on risk	Impact on incidence	Weight of evidence
Brouneus (2008)	Rwanda	Gacaca courts (local weekly village tribunals with 9 judges) tasked by government in 2002 to deal with sexual violence other than by leaders	Based on interviews with 16 women from 3 provinces who had testified: • All experienced attacks, threats or destruction of property after testifying • Gacaca officers as members of the village may be related to offenders • There was a lack of protection for witnesses during and after the process • Testifying retraumatised witnesses and had negative psychological impacts	↑	Not reported (NR)	Medium-Low
Human Rights Watch (1996)	Rwanda	International Criminal Tribunal for Rwanda (ICTR) and prosecution under national laws in Rwanda	21 indictments by ICTR at the date of publishing and 80,000 cases awaiting trial Witnesses and survivors still at risk at home and abroad Barriers to prosecution include: lack of resources, lack of priority given to SV, uninformed investigators lacking interview skills, low awareness by women of the tribunal Under-reporting due to lack of confidence in the system, lack of female personnel, lack of protection, and fear of stigma and	NR	NR	Medium-Low

			retaliation Reluctance on the part of prosecution teams to engage with local women's organisations			
Nowrojee (2005)	Rwanda	ICTR	Of 21 cases completed, 30% included rape charges and 10% resulted in convictions for rape (numbers not provided) Based on interviews with 'numerous' survivors, including 9 who had or were to testify: • The proceedings exacerbated trauma, there was a lack of preparation, follow-up protection and confidentiality • The court proceedings were perceived as too long and hostile The author concludes that there was a lack of political will to integrate rape into prosecutions Rape charges were often added belatedly	NR	NR	Medium-Low
Denov (2006)	Sierra Leone	Truth and Reconciliation Commission (SLTRC) and Special Court (SCSL)	Case studies of 3 girls: • SLTRC not seen as beneficial – witnesses were unwilling to testify • Prospect of appearance before SCSL induced fear of reprisal	NR	NR	Medium-Low
Mischkowski and Mlinarevic (2009)	Yugoslavia	ICTY and War Crimes Chamber - Bosnia and Herzegovina	Interviews with 49 survivor witnesses in either court: • They were highly motivated to give evidence despite finding testifying traumatic • They experienced dismissive treatment by investigators and	NR	NR	Medium

			prosecutors (both) • There was a lack of confidentiality during and after trials (both) • There was a lack of preparation at the War Crimes Chamber • There was an assumed decrease of perceived risk through signalling that rape is wrong			
Women's Initiatives for Gender Justice (2010)	Global	International Criminal Court	Slow progress against gender parity in recruitment Women comprised 58% of judges and professionals Men comprised 82% of legal counsel, 77% of field staff and 53% overall SV charges included in 6/10 cases before the court Only 27% of survivor applicants to participate had been granted leave since the outset	🡻	NR	Medium-Low

Key: NR – Not Reported; ▫- Decrease, ▫- Increase

4.4.7.2 Legal strategies: evidence for reduced incidence

Of the six studies which reported on the outcomes of legal initiatives, none presented evidence of reduced incidence of sexual violence. This is not surprising, as all the interventions were applied to militarised sexual violence in the post-conflict context. Long-term and broad-ranging studies would be required to gauge the impact of legal strategies for sexual violence in this context, as perpetrators are not consistent across different conflicts.

4.4.7.3 Legal strategies: evidence for reduced risk

Low rates of prosecution for sexual violence reported for the ICTR (Human Rights Watch 1996; Nowrojee 2005) and barriers to survivors being granted leave to appear before the ICC (Women's Initiatives for Gender Justice 2010), as summarised in Table 4.9, both indicate that a clear message of an end to impunity for militarised sexual violence has not been compellingly conveyed by the criminal justice system.

Of the six studies, only one showed evidence for reduced risk of sexual violence, through evidence of progress towards gender parity in recruitment and inclusion of sexual violence in indictments at the ICC (Women's Initiatives for Gender Justice 2010). One study showed evidence of *increased risk (*Brouneus 2008) as a result of attacks, threats or destruction of property after testifying. In respect of the remaining four studies, it could be argued that risk is increased if survivors are deterred from giving evidence, because impunity remains or grows. Caution is required in light of the fact that the weight of evidence on balance for the legal studies was at the low end of the ratings scale.

Of relevance to legal initiatives are the brief reports in some studies on local (community) tribunals (e.g. UNHCR 1998), which were found to have shortcomings, although there was also some evidence that community members were at least sometimes satisfied with the outcomes, making this a viable avenue for some.

4.4.7.4 Legal strategies: evidence for secondary prevention

Similarly, four of the studies provided some evidence of an *increase* in secondary harm (Nowrojee 2005; Denov 2006; Brouneus 2008; Mischkowski and Mlinarevic 2009). Testifying at the Gacaca courts appeared to increase women's risk of physical harm (Brouneus 2008), as a result of retribution for testifying. The other three studies included data indicating that survivor witnesses who had appeared at ICTR, the ICTY, the Sierra Leone courts or the War Crimes chamber experienced retraumatisation, which may have been exacerbated by a lack of support and inadequate preparation of witnesses, apparent across all the courts described.

4.4.8 Mechanisms underlying the operation of interventions

In line with the realist approach adopted for the review, hypothetical 'context-mechanism–outcome' configurations for each strategy type were developed as analytical tools, at the outset of the project (Appendix 2.1). The next section provides an overview analysis of the support provided in the studies for each mechanism, including a review of the contextual factors that appear to enable the mechanisms to operate and lead to outcomes of interest. The analysis draws only

on those studies for which outcomes are reported, which provide the possibility of considering how and whether the mechanisms operated.

4.4.8.1 Mechanisms relevant to perpetrators/potential perpetrators

EVIDENCE FOR MECHANISM 'RAPE IS RISKY'

'Rape is risky'

This is the proposed key mechanism for the prevention of sexual violence. It operates through the offender or potential offender, who decides not to commit the offence because of the risk of detection and being held accountable. This may include criminal justice sanctions as well as those imposed by employers or formal/informal community structures.

Instead of 'Rape is risky,' alternative pathways may be triggered when risks in one particular setting are addressed, which may result in displacement of sexual violence, with offenders instead targeting other settings or populations. In the case of sexual exploitation and abuse by peacekeepers and humanitarian workers, offenders may also become more discreet in their actions, working to ensure that survivors believe they benefit from sexual transactions and refrain from reporting.

As we viewed deterrence as the most likely means for prevention of sexual violence, our proposed theory was that 'Rape is risky' could be relevant to the full range of strategy types, including survivor care, community mobilisation, personnel, systems and security, and legal interventions. Reduced incidence or other signs of deterrence were taken to be evidence of the operation of this mechanism.

A link between the provision of survivor care and deterring sexual violence is, however, challenging to establish methodologically and none of the survivor care studies either sought to or did bring about this connection. Systems and security strategies were the only ones for which this mechanism appeared to operate. There was some evidence in both personnel and legal interventions, that the mechanism was not operating.

Firstly, in terms of the systems and security initiatives, the results of studies provided some evidence that firewood and fuel initiatives provided support for the concept of the 'Rape is risky' mechanism, and also for its operation being linked to our outcomes of relevance, in the form of reduced reports of sexual violence associated with these activities (UNHCR 1997; CASA Consulting 2001; Women's Commission for Refugee Women and Children 2006b; Bizarri 2010). This mechanism was found to operate in both stand-alone firewood strategies and one provided as part of multi-strategy interventions (UNHCR 1997; Women's Commission for Refugee Women and Children 2009b). However, it appears that these were most successful when provided along with sound reporting mechanisms, and in consultation with community members.

As predicted, interventions involving fuel provision and alternatives also showed evidence of sexual violence being displaced to other settings (CASA Consulting

2001). This seemed most likely where responses focused only on one risk situation, rather than aiming to comprehensively address the range of risk situations for women.

Personnel initiatives targeting sexual exploitation and abuse were also anticipated to operate on the basis of 'Rape is risky.' The importance of this mechanism is confirmed by the fact that, on the whole, its failure to be triggered in interventions targeting both peacekeepers and humanitarian staff appeared to be associated with an outcome of nil reduction in risk or incidence of sexual violence. Results suggested a disconnect between systems put in place to address SEA, and ensuring that communities were aware of them and their safe use by survivors (Jennings 2008; Lattu 2008).

An exception occurred at one site (Liberia), at which action was taken on high-profile cases of SEA (Jennings 2008); there, it appeared that the message that SEA offenders might be reported and disciplinary measures taken was sufficiently conveyed for SEA to become risky, resulting in at least an initial increase in reporting. The study indicated that this was not maintained, with a reduction in reports four years after the policy was implemented (Jennings 2008). We suggest four possibilities: i) an actual decrease in incidents; ii) follow-up on reported cases was less stringent; iii) survivors saw no point in reporting; or iv) the perpetrators shifted their acts elsewhere. In any case, this scenario points to the need for the mechanisms 'We take this seriously,' and 'It's safe to tell' to operate simultaneously with 'Rape is risky,' in order for community confidence in systems to be sufficient for reports to be made. This suggests the value of multi-level interventions.

An outcome which was not predicted in our proposed work on mechanisms was offenders becoming more discreet in acts of sexual exploitation and abuse, persuading community members that they could benefit from sexual transactions, and so avoiding apprehension and punishment. Evidence for this mechanism was manifest in the Kenyan site, where community members reported sexual exploitation as a means of survival (Lattu 2008).

Legal initiatives were also seen to be underpinned by the mechanism 'Rape is risky,' postulated on the basis that trying and ideally convicting perpetrators makes detection and punishment likely, and deters future conflict-related sexual violence. Although it was unlikely that direct evidence of this nature would be found, we found no material that indicated this outcome. The low rate of convictions and prosecutions for sexual violence in the courts identified in these studies suggests that this mechanism is not operating, for either sexual violence that occurred during conflict periods or those in the post-conflict context.

Based on the material available, it appears that enablers of this mechanism are the provision of integrated responses which address the range of risks, community consultation, and responsiveness to reports to enable simultaneous operation of the mechanisms 'We take this seriously' and 'It's safe to tell.' Contextual factors which are required in order that the alternative pathways are not triggered, which

may drive abuse underground or displace it, are attention to the full range of risk situations, and protecting potential victims from economic and other forms of vulnerability.

Although based on criminology principles, 'Rape is risky' should be a central mechanism in deterring sexual violence, the evidence suggests that apart from opportunistic assaults prevented in the limited contexts of firewood and alternative fuels, this mechanism is failing to be triggered in interventions being deployed. As a result, there is a low deterrence for sexual violence in conflict and crisis situations resulting from interventions identified in this review.

Our finding that this mechanism is failing to be triggered in the context of conflict appears consistent with other literature. For example, Human Rights Watch has concluded that despite extensive training on sexual violence, prosecutions are likely only to be effective as a deterrent to combat sexual violence when high-ranking commanders are held to account, an outcome considered unlikely given perceptions of them as untouchable. Apart from commanders, brigade commanders were reported to receive minimal supervision leaving them with free rein to themselves commit abuses or to allow their troops to do so (Human Rights Watch 2009, p.48).

This is also congruent with one analysis that concluded that, given that military forces are accountable to civilian authorities, sexual violence in conflict is dependent on civilian norms (Wood, 2009). Civilian norms appear to provide relatively low deterrence for sexual violence, given the high prevalence and lack of evidence pointing to effective prevention, as outlined in Chapter 1.

EVIDENCE FOR MECHANISM 'RAPE IS UNACCEPTABLE'

'Rape is unacceptable' Offenders or potential offenders refrain from sexual violence because of becoming aware through training, leadership of others or community awareness activities that sexual violence or abuse is unacceptable.

No outcome studies were identified which provided evidence of this mechanism operating. Although a number of the personnel initiatives may have in part relied on this mechanism, a research design which included potential offenders or recipients of training would have been required to establish whether the mechanism was operating. One implementation study (Alvarado and Paul 2007) described an intervention targeting changing community men's attitudes although the lack of evaluation of its impact excludes its consideration in terms of operation of mechanisms.

4.4.8.2 Mechanisms relevant to survivors

EVIDENCE FOR MECHANISMS 'THERE IS HELP FOR THIS PROBLEM' AND 'IT'S SAFE TO TELL'

'There is help for this problem'

Survivors of sexual violence become aware of the availability of services or other responses to provide support, accountability or redress. Recognition of the existence of services is the precursor to getting help, and can also enable problems to be named and identified in a community.

'It's safe to tell'

Survivors of sexual violence determine that they can safely report assaults or receive help for the problem, without risk of punishment or sanction.

From the strategies identified in the literature, we hypothesised that the 'There's help for this problem' mechanism would operate with respect to survivor care, livelihood and personnel strategies. Similarly 'It's safe to tell' was theorised to operate through survivor care, personnel and legal strategies.

In terms of the analysis, we understood that evidence of strong service uptake by survivors in both stand-alone interventions and those offered as part of multi-strategy interventions confirmed operation of the mechanism 'There's help for this problem.' The basis for this was that it indicated that survivors were aware of local services. As outlined in Sections 4.4.1.3 and 4.4.6.3, strong uptake was apparent in six studies in relation to survivor care initiatives (UNHCR 1997, 1998; Blogg et al. 2004; Hustache et al. 2009; Manneschmidt and Griese 2009; Schei and Dahl 1999). This response indicated awareness of the availability of support services, that potentially allowed the problem to be named and identified in a community.

However, strong service uptake also requires services to be safe to use by survivors in order for the mechanism 'It's safe to tell' to operate. In practice, establishing separate evidence for these two mechanisms is challenging, although we contend that they are distinct. The separate character and combined importance of both mechanisms, was given weight by a failed survivor care intervention that attempted to provide medical care and counselling to Eritrean women and children assaulted during military occupation (Gruber 2005). Access to this intervention, which was reported by the authors to have been instigated in response to a request by elders from the community, was blocked by men in the community, who were husbands and fathers of potential service users. The study reported that the stigma, and loss of marriage-price/risk of divorce for women who had been 'dishonoured,' posed insurmountable obstacles to women in identifying themselves as survivors of sexual violence and using the service. Although the community was aware of the availability of the intervention, that is, 'help for the problem' existed, the 'It's safe to tell' mechanism did not operate, that is, survivors were unable to use the service without punitive consequences.

To address this distinction, we assumed evidence of 'It's safe to tell' in studies in which high service uptake appeared to occur in the context of specific measures to

ensure confidentiality or anonymity. Five studies provided this evidence, with strategies comprising: adoption of a drop in centre model located within a hospital setting (UNHCR 1998; Blogg et al. 2004; Hustache et al. 2009); promotion of services by word of mouth (Manneschmidt and Griese 2009); and provision of services for 'war trauma,' rather than sexual violence specifically (Schei and Dahl 1999; Manneschmidt and Griese 2009). It seems likely that the anonymity these models provided reduces stigma and promoted uptake of the service.

Although livelihood strategies were also hypothesised to require the mechanism 'There's help for this problem,' the only livelihood study did not provide sufficient data to indicate whether this mechanism operated (Denov 2006). It may have been that the deficiencies of that program with respect to confidentiality and security may have deterred its utilisation by girls other than those in the case studies. This points to the possibility that 'It's safe to tell' may be required for livelihood as well as survivor care strategies. Similarly, personnel interventions appeared to require both these mechanisms, with evidence that the lack of awareness by community members of reporting measures for SEA, along with lack of confidential and responsive reporting mechanisms (Jennings 2008; Lattu 2008) led to low participation in interventions.

Looking to contextual factors that supported or inhibited the operation of these two mechanisms, it appears firstly, that both mechanisms are required to operate concurrently for survivors to use services and/or report assaults. Enablers of these mechanisms appear to include anonymity and consultation with communities, comprising separate engagement with different interest groups. This strategy seems important, both to inform communities about their availability, as well as to ensure that services are designed and implemented appropriately. Potential disablers of the mechanisms in achieving beneficial outcomes are cultural norms prohibiting women's sexual behaviour outside marriage.

Existence of support for both mechanisms is found in the wider literature. In a report on provision of medical care for survivors in conflict zones, Médecins Sans Frontières (2009) noted that 84 percent of victims interviewed had been prevented from seeking health care due to fears for their safety and doubts about confidentiality (p. 24) and also that ensuring that survivors are aware of services is a crucial element of any project (p.16). Similarly, Freedman (2011) reported that many women in the DRC were deterred from discussing or reporting sexual violence through fear of retaliation by the offender, stigmatisation by the community, or rejection by their husband (p.173).

4.4.8.3 Mechanisms relevant to community members

EVIDENCE FOR MECHANISMS 'WE HAVE RIGHTS' AND 'WE CAN WORK TOGETHER TO ADDRESS THIS PROBLEM'

'We have rights'

Potential victims act on the basis that they have rights to safety, protection or redress and are empowered to take action in speaking out against threatened or actual sexual violence. This mechanism may be triggered through empowerment strategies directed at women, and possibly also children.

'We can work together to address this problem'

Decisions by community leaders or members to work collaboratively with other partners to prevent or address sexual violence.

According to our proposed context-mechanism-outcome configuration, the mechanism 'We have rights' was an intermediate mechanism for community mobilisation, systems and security and legal strategies. Insufficient data were provided in any of the studies identified for the operation of this strategy.

The mechanism 'We can work together to address this problem' was proposed to operate for the strategy types of community mobilisation, personnel, and systems and security. Evidence of this mechanism being activated was taken as results indicating successful engagement of communities or sections of communities in addressing sexual violence.

No outcome studies were identified which employed community mobilisation stand-alone strategies; however, a number of multiple-strategy interventions reporting outcomes employed community mobilisation as one of a number of activities. This mechanism appeared to underpin two of these interventions. The first study contained weak evidence that discussions in the community raised awareness and reporting of sexual violence (Women's Commission for Refugee Women and Children 2009b). The second described the establishment of crisis intervention teams, including engagement of different groups with the community, that is, adolescents, women and men, by use of separate consultation activities (UNHCR 1997). Community engagement extended to employing refugee community members in the teams, recognising the advantages to the community in terms of increased access to those who lived within the camps.

There was no evidence of 'We can work together to address this problem' being activated in the personnel interventions, which in fact demonstrated a lack of this mechanism, suggested by the lack of awareness and confidence among community members in reporting mechanisms. Two of programs employing systems and security interventions provided evidence of this mechanism (Women's Commission for Refugee Women and Children 2006b; Bizarri 2010). The firewood committees described in the first of these studies indicated decisions by community leaders or

members to work collaboratively with others; canlead to improved trust and problem solving. In the second study provision of awareness raising activities simultaneously with firewood provision and improved response systems were reported by local organizations to have reduced sexual violence (Bizarri 2010). The limited available data suggest that an enabler of 'We can work together to address this problem' is use of multiple strategies, attributed as the major reason for the success of the community intervention teams program by the authors of the UNHCR (1997) report.

Despite the community engagement achieved in the firewood committees, a disabler of the mechanism suggested by the study authors was high turnover of staff in all agencies (UN, INGOs and local staff), which led to a lack of communication between agencies and a loss of institutional memory (Women's Commission for Refugee Women and Children 2006b).

The need for consultation with the community has been previously recognised in the literature. The UNIFEM inventory of peacekeeping practice directed at addressing sexual violence identified consultation with all segments of the community for 'intelligence gathering, confidence building and to inform protection activities' (p. 40) has been identified as a key element for effective responses (UNIFEM and United Nations Department of Peacekeeping Operations 2010). The International Crisis Group, an NGO which aims to resolve armed conflict, noted further that, without consultation, programs will be ill-adapted to local traditional, cultural, and economic realities, and are at risk of rejection by the women they are designed to assist (International Crisis Group 2010).

EVIDENCE FOR MECHANISM 'WE ALREADY HAVE WAYS TO ADDRESS THIS PROBLEM'

'We already have ways to address this problem' Recognition by the community and/or those providing intervention(s), of pre-existing capacity within the community or culture to address sexual violence.

A mechanism we had not hypothesised, but that was identified in the course of the analysis, was 'We already have ways to address this problem.' We suggest that the outcome of this mechanism is that these existing capacities are applied, extended, strengthened, or modified by outside agencies coming in to work at the site, or by community members themselves, to create responses that are acceptable and used by the community, and in keeping with cultural practice.

Amongst survivor care studies, this mechanism was evident in the mutual support groups provided by ABASA, an association of genocide/rape survivors, and AVEGA, an association of genocide widows in Rwanda (Zraly and Nyirazinyoye 2010). In both groups, women drew on traditional concepts of *kwihanga* (withstanding), *kwongera kubaho* (living again), and *gukomeza ubuzima* (continuing life/health) to make meaning from their experiences and foster resilience.

Two implementation studies provide data which further supports the existence of this mechanism. The traditional rituals for adolescents provided by community

elders (Amone-P'Olak 2006) provided a means for dealing with both trauma and complicity in committing offences, which Western interventions may not be able to provide. In Horn (2010), survivors used a hierarchy of responses to deal with gender-based violence, attempting firstly to resolve it themselves or with family, then through elders, with agency interventions being a last resort. Despite the limitations of some of the traditional responses, the author found that this was of value given the significant community resistance to the 'gender equality lens' of service provision by some international NGOs (Horn 2010). This position was reported by men in the community as harming the family and community. The 'We already have ways to address this problem' mechanism recognises that existing strategies may be useful in addressing sexual violence in ways that are acceptable to the community and therefore embraced, as opposed to interventions reflecting prevailing Western ideas, which in some instances have been rejected or seen as divisive.

The central idea of this mechanism is not new. In 2007, a UNIFEM report advocated recognition that women are already engaging in community-based initiatives relevant to Security Council Resolution 1325, which need to be supported (UNIFEM 2007).

4.4.8.4 Mechanisms relevant to agencies and community leaders

EVIDENCE FOR MECHANISM 'WE TAKE THIS SERIOUSLY'

'We take this seriously' Decisions on the part of agencies or community leaders to take seriously risks or reports of sexual violence.

This mechanism was originally proposed as an intermediate mechanism underpinning personnel, security and systems, and legal strategies. It was understood to be manifested by indications of concerted efforts on the part of agencies to introduce initiatives comprehensively. In terms of our analysis it was of relevance to both the systems and security interventions and one of the multi-strategy interventions.

There was evidence of a *lack* of operation of this mechanism with respect to the personnel measures at all except one of the five sites described in the two studies. The intervention at the Liberian site described in Jennings (2008) was accompanied by an intensive and comprehensive outreach campaign. This was in contrast to efforts at the Haiti site described in the same study, where promotion of reporting mechanisms to the community was not undertaken and confidentiality was poor. Similarly, the interventions at the three sites described in Lattu (2008) were characterised by a lack of consultation, confidentiality and active promotion. One of the multi-strategy interventions also demonstrated some evidence of this mechanism, specifically the Tanzanian crisis intervention team intervention (UNHCR 1997), which appeared to work intensively on community engagement and inter-sectoral co-operation, with resulting increased reporting of rape. Insufficient data are available to draw conclusions about the enablers and disablers of this mechanism.

A summary of the evidence for the mechanisms proposed and their outcomes is provided in Table 4.10.

Table 4.10: Summary of underpinning mechanisms

Mechanism	**Contextual factors which contribute to triggering mechanism**	**Outcome**
'Rape is risky'	Responsive reporting mechanisms Consultation with community members High rates of arrest and prosecution	Sexual violence is deterred because of increased likelihood of detection and accountability
'Rape is unacceptable'	No studies identified	No studies identified
'There is help for this problem'	Responses which survivors are aware of and can readily and safely access Simultaneous operation of 'It's safe to tell' mechanism	Strong uptake of services by survivors
'It's safe to tell'	Services and responses to be provided in conditions of anonymity and confidentiality Cultures that do not punish women who experience sexual violence	Strong uptake of services by survivors
'We have rights'	Insufficient data in any study available to confirm operation of mechanism	Insufficient data
'We can work together to address this problem'	Use of multiple simultaneous strategies Continuity of staffing	Successful engagement of community in collaborating to identify risks, and counter inaction/ acceptance of SV
'We already have ways to address this problem'	Recognition, acceptance and promotion of traditional systems and capacity to address or prevent sexual	Culturally acceptable solutions to sexual violence owned by the community and

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?

Mechanism	Contextual factors which contribute to triggering mechanism	Outcome
	violence	potentially more sustainable
'We take this seriously'	Insufficient data to identify enablers and disablers of this mechanism	Communities and survivors recognise concerted dedication on the part of agencies and leaders to respond to incidents safely

4.4.9 Relevance of additional contextual factors

Our research question aimed to consider the impact of key contextual factors proposed as likely to be relevant to the outcomes. Consideration has already been given to the impact of different strategy types. Other key contextual factors are considered below.

Conflict verses other humanitarian crisis

As only one study was identified which specifically reported on a humanitarian crisis which was not specifically complicated by conflict but took place in a conflict-affected country, no comparison is possible.

Type of sexual violence

Most of the sexual violence which the interventions targeted occurred in post-conflict settings. Of the nine studies which indicated either reduced risk or incidence, the types of sexual violence being addressed were: opportunistic sexual violence (6 studies); SEA (5 studies); and exacerbated community violence (3 studies)[8]. This suggests that opportunistic sexual violence may be easier to address than other forms of sexual violence. This may relate to the fact that opportunistic sexual violence is more likely to be committed by strangers, for whom there are fewer barriers to reporting than, for example, family members or those with greater power, such as militias or other military personnel.

Country

Three studies reported comparative data across multiple countries, affording the possibility of considering this as a relevant contextual factor. The findings from the three countries studied in Lattu (2008) were similar suggesting that differences

[8] Five studies described interventions addressing more than one type of sexual violence which is why the total is greater than nine.

may have related to the standard of implementation rather than cultural differences. Country differences were identified, on the other hand, between Haiti and Liberia (Jennings 2008), as well as Congo and Uganda (Blogg et al. 2004); however, it is not possible to establish whether different results were associated with cultural or other differences between countries. Alternatively, differences may have resulted from disparities in the extent to which the intervention was implemented; both the studies listed above demonstrated clear differences in this regard.

Signatory status to the Rome Statute of the International Criminal Court
Because countries that are signatory to this statute have committed to strengthen national criminal codes with respect to sexual violence in the context of conflict, we had proposed that this might influence responsiveness at a national level.

Of the 14 countries in which interventions with outcomes were undertaken, half were signatories to the Rome statute (Afghanistan, Congo, Kenya, Liberia, Namibia, Sierra Leone and Uganda). The remaining half were not (Eritrea, Haiti, Rwanda, Sudan, Tanzania, Thailand and Ethiopia[9]).

The nine studies which showed any evidence of reduced risk or incidence are considered as a group, were undertaken in eight countries: Afghanistan, Congo, Ethiopia, Kenya (2 studies), Liberia, Sudan, Tanzania (2 studies) and Uganda, as well as one study which was global in its cover. Of these five were signatories and two were not. In addition, one study undertaken in two countries in which one was a signatory and the other was not, found better implementation of the program in the signatory country (Liberia). These findings are not clear enough to be considered evidence for the impact of the Rome statute, even if a causal relationship could be imputed. In addition the Statute was introduced just over ten years ago and signing up has taken place at different points since, so further analysis would be required of studies undertaken since.

Sex of survivor
No studies were found which explicitly targeted men and/or boys as survivors.

Level of community participation in decision making
Although few programs in the studies were provided by community groups or local NGOs, community engagement in the design and delivery of interventions appeared to be a relevant contextual factor in the success of programs. Eight of the nine studies reporting reduced risk or incidence targeted the community as a whole, or discrete groups within the community; four of these employed community mobilisation strategies. Active community engagement was evident at the sites in four of the nine studies in which risk or incidence was reduced (UNHCR 1997, 1998;

[9] Note that the former Yugoslavia, which was the subject of the International Criminal Tribunal for Yugoslavia, no longer exists and is not counted. In terms of current status of former states, Bosnia and Herzegovina and Macedonia are signatories, whereas Kosovo is not.

Blogg et al. 2004; Women's Commission for Refugee Women and Children 2009b). Generally, engagement with the community, particularly with the men, increased uptake of services, improved community security and reduced the risk of sexual violence. One notable difference was an instance in which an agency proposed that men collect firewood instead of women, which was declined by the community as it contradicted culture and tradition (UNHCR 1998).

4.5 In-depth review: quality assurance results

Initial analysis was undertaken jointly by two team members (Jo Spangaro and Chinelo Adogu). This was further tested and refined through a series of meetings and decision rules involving the whole team. The Advisory Group confirmed that the categorisations and tentative conclusions reflecting identified patterns were plausible, based on their experience in the field.

4.6 Summary of the results of the synthesis

Studies identified and their quality

No studies were identified in the review which addressed: i) interventions for men as perpetrators or survivors of sexual violence; ii) prevention programs targeting combatants; or iii) women in peace building directed at preventing sexual violence.

The majority of studies addressed interventions for sexual violence experienced by survivors in post-conflict settings.

The studies in the review described seven strategy types which were implemented to address conflict and crisis-related sexual violence: i) survivor care interventions (10 studies); ii) livelihood initiatives (2); iii) community mobilisation initiatives (3); iv) personnel initiatives (3); v) systems and security (3); vi) interventions using a combination of these strategies (13); and vii) legal interventions (6).

The weight of evidence according to our applied schema (Appendix 4.1) was low or medium-low in most of the outcome studies (14/20) and no studies had a weight of evidence greater than medium-high.

Key findings with respect to incidence

None of the studies in the review set out to systematically and prospectively measure reduced incidence of sexual violence as a result of interventions. Three studies did provide some evidence of this in the form of reduced victim reports of sexual violence in association with firewood distribution (CASA Consulting 2001, WOE: Medium-High), firewood/alternative fuels (Bizarri 2010, WOE: Medium), and a policy of zero tolerance of SEA by peacekeepers (Jennings 2008, WOE: Medium-Low). In respect of the last of these the apparent decline in incidence was reported at only one of the two sites studied.

Key findings with respect to risk

Nine studies found some evidence of reduced risk based on our proposed indicators (Appendix 1.4). No evidence was identified to support reduced risk as a result of

survivor care interventions. The single livelihood program which reported outcomes appeared to *increase* risk (Denov 2006, WOE: Medium-Low). No outcome studies were identified which reported on community mobilisation interventions.

In respect of personnel strategies, apart from some apparent reduced risk and incidence in Liberia following widespread publicity of action on prominent cases, it appears that policies to address sexual exploitation and abuse by peacekeepers/humanitarian workers, issued by the United Nations and NGOs since 2003, have on the whole not reduced risk of this form of abuse. This appears to be likely to result from poor community engagement, insecure reporting mechanisms and inadequate follow-up of complaints (Jennings 2008, WOE: Medium-Low; Lattu 2008, WOE: Medium-High).

In respect of systems and security responses, there is some evidence that firewood provision/patrols and alternative fuels have reduced risk during firewood collection, but that sexual violence may be displaced from firewood collection to other locations and other integrated comprehensive initiatives are indicated (CASA Consulting 2001, WOE: Medium-High; Bizarri 2010, WOE: Medium; Women's Commission for Refugee Women and Children 2006b, WOE: Medium-Low).

Although the weight of evidence was mostly low, there is support for multi-strategy interventions, with four of the five outcome studies in this category demonstrating evidence for reduced risk in the form of willingness to use services, access to firewood alternatives or evidence of increased community awareness of rights (UNHCR 1997, 1998 both WOE: Low; Blogg et al. 2004, WOE: Medium-High; Women's Commission for Refugee Women and Children 2009b, WOE: Low).

In respect of legal interventions, low rates of prosecution (Human Rights Watch 1996; Nowrojee 2005, both WOE: Medium-Low), barriers to being granted leave to appear before the International Criminal Court (Women's Initiatives for Gender Justice 2010, WOE: Medium-Low) and evidence that survivors find that testifying increases their exposure to retaliation, ostracism or stigma (Nowrojee 2005; Brouneus 2008, both WOE: Medium-Low), point to a lack of risk reduction and *increased* risk as a result of participating in legal action.

Key findings in respect of secondary prevention

In terms of secondary prevention, there is some evidence that provision of a medical response and two sessions of post-trauma counselling improves functioning that is sustained 1-2 years later (Hustache et al. 2009, WOE: Medium) and that opportunities to participate in groups and build networks with other women who have experienced trauma are valued by women and may reduce distress even where sexual violence is not the explicit focus (Zraly and Nyirazinyoye 2010, WOE: Medium-Low).

Evidence was identified that survivors find testifying in legal proceedings for conflict-related sexual violence traumatic, (Nowrojee 2005; Denov 2006; Brouneus 2008, WOE all: Medium-Low; Mischkowski and Mlinarevic 2009, WOE: Medium) and stigmatising (Human Rights Watch 1996, Brouneus 2008, both WOE: Medium-Low). Survivors also reported they received insufficient preparation by court staff for

testifying (Human Rights Watch 1996; Nowrojee 2005; Mischkowski and Mlinarevic 2009).

Key finding in respect to underlying mechanisms

Analysis of underlying mechanisms associated with beneficial outcomes points to the following:

- For survivors to make use of services and report assaults, the mechanisms 'There is help for this problem' and 'It's safe to tell' are both required. Contextual factors which support their operation appear to be consultation with the community and anonymity of service use.

- A new mechanism identified in the analysis was 'We already have ways to address this problem,' which operates when pre-existing capacity in communities is recognised and strengthened, as opposed to imposition of Western models, which may not be well received.

- Although 'Rape is risky' should be a central mechanism in deterring sexual violence, the evidence suggests that apart from the limited contexts of firewood and alternative fuels, this mechanism is failing to be triggered in interventions being deployed, with the result that there is low deterrence for sexual violence in conflict and crisis situations resulting from interventions identified in this review.

Key findings in respect of contextual factors

Community engagement in the design and delivery of interventions appears to be a relevant contextual factor in the success of programs. Eight of the nine studies reporting reduced risk or incidence targeted the community as a whole, or discrete groups within the community; four of these employed community mobilisation strategies. Active community engagement was evident at the sites in four of the nine studies in which risk or incidence was reduced (UNHCR 1997, 1998, both WOE: Low; Blogg et al. 2004, WOE: Medium-High; Women's Commission for Refugee Women and Children 2009b, WOE: Low). These are also studies which employed multi-strategy components, however, and it is not possible to determine the relative impact of these two aspects of the intervention, i.e. community mobilisation and multiple strategies.

In respect of survivor care programs, anonymity of access appears to lead to good service uptake by survivors (UNHCR 1998, WOE: Low; Blogg et al. 2004, WOE: Medium-High; Hustache et al. 2009, WOE: Medium; Manneschmidt and Griese 2009, WOE: Low). However, significant cultural and economic obstacles prevent many women from reporting or seeking help for sexual violence. This may explain why preventive strategies that do not rely on reports by victims to be activated, such as patrols or firewood alternatives, seem to have better outcomes.

Implementation of interventions

The unifying finding of the three studies with the highest weight of evidence was that there are significant problems with the implementation of programs at some or all sites (CASA Consulting 2001, WOE: Medium-High; Blogg et al. 2004, WOE: Medium-High; Lattu 2008, WOE: Medium-High).

Implementation studies indicate that:

1. Despite the extensive work undertaken in developing guidelines and training courses, their implementation remains limited (Doedens et al. 2004; Chynoweth 2008).

2. While gender equality is an important underpinning principle, its use as an overt organising basis for interventions may be creating tensions in communities, which may contribute to divisions and undermine the advancement of women's independence or access to services (UNHCR 2001a; Kavira and Biruru 2004; UNFPA 2006; Alvarado and Paul 2007; Horn 2010).

3. Broadening the target group for interventions to include those who have experienced other types of war trauma may be of value as a means of reducing the stigma of survivors (Skjelsbæk 2006), as may preventing women having to disclose sexual violence to receive a service and avoiding the creation of distinctions between highly traumatised populations (Schei and Dahl 1999).

4. Incorporation of traditional healing may be relevant and acceptable to many survivors of sexual violence (Bracken et al. 1992; Schei and Dahl 1999; Amone-P'Olak 2006).

Overall

Evaluations of interventions aiming to prevent sexual violence in humanitarian crises need significant strengthening. An overarching finding from the review is the acute lack of rigorous impact evaluations of interventions, leading to an insufficiency of clear evidence for effective interventions to address or prevent sexual violence. However, the importance of community engagement, recognition of existing capacity and other elements that deserve further attention have been identified, as has the need for larger scale multi-strategy interventions which are carefully evaluated.

4.7 Discussion

This review set out to examine a number of key issues in relation to the prevention of sexual violence in humanitarian crises, conflict and post-conflict settings. The rationale for this focus is recognition of the importance of sexual violence as a key human rights and security issue, and recognition of the need for efforts to prevent such crimes.

The findings on the limited nature of evidence for reduced incidence and risk reiterate those of Ward and Marsh (2006) whose narrative account of responses to sexual violence against women and girls in war and its aftermath concluded that very few assessments on the nature and efficacy of interventions existed. Similarly

our findings on the lack of interventions for men and boys supports the United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA) report on sexual violence against men and boys in conflict, which found little information, particularly on prevention (2008). The limitations found in this review in terms of the quality of evidence have also been noted previously, including by Stark and Ager (2011), whose review of the prevalence of GBV in complex emergencies encountered a similarly limited data set. As those authors pointed out, conducting a valid and reliable study of GBV is difficult in any setting, but compounded in humanitarian settings where fear, stigma, secrecy and displacement create additional barriers (Stark and Ager, 2011). Consideration about the limitations of evidence gathered need to be tempered by considering not only the feasibility, but also the value of conducting research in conflict zones. Some authors have questioned the ethics of conducting research in such settings, suggesting that attention must be paid to the necessity of research in conflict settings, and the harm-benefit ratio for potential research participants (Ford et al., 2009).

The findings in relation to the barriers to reporting sexual violence and the lack of support experienced by survivors who choose to testify is supported by the findings of Aas (2010), who mapped good practice in the international response to sexual violence in conflict and found that progress against impunity was slow. This supports our conclusion that efforts to date have had little success in making rape a risky endeavour in conflict and crisis.

Despite the limitations of the data, the findings underscore the barriers to reporting sexual violence. Our key hypothesised underpinning mechanism for effective interventions, 'Rape is risky,' is supported by criminological deterrence research, which consistently finds that increases in the *certainty* of apprehension and punishment demonstrate a significant deterrent effect (Ritchie 2011). Furthermore the WHO review of evidence for the prevention of intimate partner and sexual violence found weak legal and social sanctions to be risk factors for such violence (World Health Organization and London School of Hygiene and Tropical Medicine 2010). Without apprehension and punishment of offenders associated with sexual violence in conflict and crisis, few gains in prevention can be expected.

We did not find any studies that coincided with our described mechanisms 'It's safe to tell' or 'We already have ways to address this.' However, in considering efforts to address GBV in refugee camps, Ho and Pavlish (2011) pointed to the critical role of empowerment of women, suggesting that states and organisations should examine power structures with a view to removing systemic barriers that impede women from recognising and demanding their rights.

A key contextual factor identified in this review as important to the success of interventions, which was the need for community engagement has, not surprisingly, been noted elsewhere. Reporting on lessons from their multi-stakeholder program, the Interagency Task Force on Violence Against Women found that building and nurturing trust with civil society organisations was essential for programming to end GBV (Interagency Task Force on Violence Against Women 2011). Similarly, Ho and Pavlish (2011) pointed to the value of collaborative

programs that engage workers and residents in shared problem solving around human rights abuses.

In considering the adequacy of evidence for interventions for sexual violence in conflict and crisis, it must be remembered that the evidence-based prevention of intimate partner and sexual violence is still in its early days in *all* settings, not only those affected by crisis (World Health Organization and London School of Hygiene and Tropical Medicine 2010). That review of this evidence base did not find *any* interventions with proven effectiveness for sexual violence, noting that 'many strategies appear to have potential, either on theoretical grounds or because they target known risk factors, but most of these have never been systematically implemented – let alone evaluated' (World Health Organization and London School of Hygiene and Tropical Medicine 2010, p.1).

This project contributes a number of insights relevant to further development of the field. First, the review catalogues the types of strategies that have been used to address sexual violence in emergencies. Second, building on a key element of realist approaches, the review conceptualises a number of key mechanisms and proposes how they are likely to operate for prevention initiatives to be effective. The mechanisms are framed and labelled in such a way as to convey a message about how they operate. While the wide scope of intervention types and limited data quality precluded fully testing these mechanisms, they are described for future testing against more detailed data sets.

Third, this review highlights what is known about how and in what way different types of strategies have an effect. The evidence is sobering: despite development of different types of strategies and a wide range of engagement by different actors and stakeholders, there is very limited evidence available to document clearly and rigorously that such interventions reduce the risk of sexual violence in conflict, post-conflict and crisis settings. On their own, individual strategy types are unlikely to achieve the desired outcomes. Multi-strategy interventions, however, seem to reveal a greater chance of producing the outcomes desired. Four of the five studies which drew on multiple-strategy interventions, demonstrated evidence of reduced risk of sexual violence, a higher association than in relation to any of the single-strategy types. However, it remains unclear whether this was a result of inclusion of community engagement, which was an aspect of each, or of the co-existence of multiple components in the interventions. Of the single-strategy types, those focused on protection of women and girls when sourcing firewood appeared to be most effective at reducing risk. Victim-support and care initiatives are of value not only in relation to secondary prevention and reducing the harms associated with the occurrence of violence, but also in demonstrating practically that there is concern to respond to the problem. Such services need to operate in an environment in which 'It's safe to tell' and which emphasises at a community and societal level that 'Rape is unacceptable,' and that the community can expect a safer environment ('We have rights').

Also important, and unexpected, was the emerging picture that building on local measures to address sexual violence, 'We have ways of addressing this problem,'

were important. Such strategies build on the positive aspects of indigenous and local approaches to dealing with the problem of lack of safety and/or violence. This should not be read as assuming that traditional and indigenous means of addressing violence are necessarily beneficial, but that they deserve exploration in all settings; the positive dimensions to them need to be identified and where relevant built upon or incorporated, given the widespread acceptance which they often have. Related to this is the importance of community engagement, which appears to be necessary for almost all mechanisms to be triggered.

A fourth contribution of this review is the identification of types of outcomes that may be associated with these interventions. One of the impediments to establishing whether or not different strategies were effective was the lack of reporting on relevant outcomes data. This emphasises the need for such data and the development of indicators, examples of which, along with associated measures, were identified in our conceptual framework. The ecological framework, which identifies where risk arises (individual, family, community, society), also helped identify where interventions might best take place (individual, family, community, and society – to which can be added services, systems, and processes), although at this stage, the evidence is insufficient to determine where influence on outcomes might best be exerted.

Taking a step back and asking what has been learned is a sobering exercise. Identifying a narrow focus within the realm of prevention of sexual violence in emergencies has revealed the limitations of our knowledge of what works, how and in what ways, to prevent and address sexual violence in crises. This may result from a number of factors, including that some of these interventions do not work or are not as effective as we would hope them to be; or secondly, that collection and presentation of the evidence upon which a more confident assessment of outcome has not occurred. This means more careful work is necessary to demonstrate the impact and outcomes associated with the intervention types most likely to succeed.

This review contributes to the debates through careful analysis of documented experience to date, along with intelligent engagement with the story behind these stories. This has highlighted, not surprisingly, the importance of appreciating context, and of ensuring that if effective outcomes are to be achieved, then multiple activities and strategies should be offered as part of key interventions, because they are mutually reinforcing and enabling, and together offer some hope that prevention of sexual violence in conflict is possible.

5. Implications

Outline of the chapter

This chapter summarises the strengths and limitations of the review and describes the implications for policy, research and practice.

5.1 Strengths and limitations of this systematic review

5.1.1 Strengths of the review

As far as we can determine, this is the first systematic review undertaken of efforts to reduce the incidence and risk of sexual violence in the context of conflict and crisis. Strengths of the review include the systematic and broad-ranging approach taken, which enables an overview of the field in a context which is difficult to research. The broad-based approach taken includes our approach to defining prevention, to include indicators of reduced risk. It also applies to our definition of crisis, to include conflict, post-conflict and other humanitarian crises, which allows for the identification of initiatives that cut across these similar contexts. Additionally, by including a wide range of intervention types and sources of literature (including grey literature and diverse multidisciplinary databases), the review provides a comprehensive view of the state of the field. The realist approach taken also allows conceptualisation of the ways in which strategies work and prevention may operate in the field, which is an important contribution in this challenging field.

5.1.2 Limitations of the review

In terms of searching for studies, the review was limited by the scope of databases sourced. Although 23 bibliographic databases and 26 websites were searched, the cross-disciplinary nature of the field means that even within this reach, some references may have been missed. In particular, no suitable bibliographic database for literature on military interventions could be identified. Similarly studies about interventions that did not specifically refer to addressing sexual violence as an aim, but which nonetheless had an impact on prevention or response to sexual violence, would not have been identified in our search.

In relation to the screening of studies, reliance on authors to identify the context as conflict, post-conflict or crisis may have resulted in relevant studies being missed, although we contend that this remained the most reliable method for identifying these contexts. We also automatically defined refugee camps as 'post-conflict' contexts, in order to ensure that this type of setting was included, regardless of being labelled by authors as crisis situations. Shared screening by team members may have also resulted in diverse application of the criteria, without cross-checking on each title.

Co-location of team members allowed for constant discussion to maintain a consistent approach. The extent of the realist analysis was limited by the nature of the studies identified and the extent of the data reported. The cross-disciplinary nature of the interventions conducted with divergent practices, expectations and

standards for evaluation of impact, limited both the synthesis of data and comparisons, as did the disparate target groups for interventions and lack of high-level study designs. Even in the small number of studies where the same intervention was introduced at multiple sites, comparative data were generally not available (e.g. Lattu 2008), limiting conclusions.

Inclusion of grey literature resulted, in some instances, in reliance on reporting by agencies themselves, which can be unreliable in terms of selective reporting.

Because none of the studies were established to prospectively measure reduced incidence of sexual violence, analysis often relied on case reports, where available. Additionally limited data were available on the implications for specific groups, such as women, men and children, as well as changes to risk, despite our adoption of a series of indicators. Many of these limitations arose because of the methodological problems of conducting research in the context of crisis, which will continue to remain a challenge.

5.2 Implications

The interpretation and application of the results of this review requires further consideration by different users of research, in relation to agency and context-specific ramifications, but initial implications include the following.

5.2.1 Policy implications

1. All funded programs for preventing and addressing conflict- and crisis-related sexual violence should be required to incorporate robust outcome evaluation to the highest standard possible, taking into accounts the circumstances of the intervention. Such evaluations should prioritise the inclusion of community member perspectives, including those of survivors. We emphasise this because in some cases, interventions have done harm by placing people at risk.

2. Interventions should be multifaceted, incorporating as relevant: survivor care, community engagement, systems and security, personnel and infrastructure measures. Community consultation on needs, preferences and risk factors should be undertaken before and during implementation.

3. Survivor care responses need to be offered in ways which ensure anonymity and confidentiality, such as through integration or location with other services, but it must be recognised that barriers to reporting will remain. Attention should also be paid to preventive measures that do not rely on reporting of incidents.

4. Initiatives should strengthen local capacity, rather than assume ongoing provision by international NGOs and multilateral agencies. Development of initiatives should be culturally sensitive and seek to incorporate, and/or build on, pre-existing systems and traditions within communities where possible.

5. Programs targeting women that promote gender equality need to recognise the tensions that can arise and also seek to include men as appropriate. The

associated dangers and avenues to avoid them deserve attention by programmers.

6. Programming should recognise that men are also victims of sexual violence with a need for adequate services.

7. Interventions should build strategies that foster equality without creating divisions within families and communities.

8. Consideration should be given to trialling initiatives in which leaders of non-state militias are engaged to adopt zero-tolerance cultures, based on evidence that conflict-related sexual violence is not inevitable, but reliant on leadership, among other key factors (Wood 2009).

9. In light of the paucity of studies reporting on the use of infrastructure (e.g. segregation of water and sanitation facilities) as a means to prevent sexual violence, further attention to employing and evaluating the impact of such strategies is warranted.

10. Systems for holding offenders accountable that require survivor participation, through reporting/giving evidence, need to be designed to privilege survivors' needs for protection and avoidance of retraumatisation.

11. Planning of policy and program initiatives should involve other stakeholders, including practitioners and community representatives.

5.2.2 Practice implications

1. Separate consultation with different groups within communities (by age, sex, and cultural background) during the design and implementation of interventions is required, so that existing capacity and local risks and concerns are addressed.

2. Interventions should seek to build local capacity and actively work to identify pre-existing systems, capacity and traditions which can be further strengthened and enhanced.

3. In establishing reporting points and survivor services, confidentiality and anonymity must be closely safeguarded.

4. Donors funding interventions should routinely build in costings for evaluation as part of program funding.

5. Longer-term funding is required if multi-sector, multi-strategy, multi-year and multi-outcome studies are to be developed.

5.2.3 Research

1. Recognising the constraints of conflict, post-conflict and crisis settings, implementation of interventions should include planning for prospective evaluation, with consideration of a variety of research designs, including cohort studies and cross-sectional baseline and follow-up surveys.

2. In considering the research agenda in this field, priority should be given to well-designed studies on the impact of and contextual factors influencing interventions to prevent conflict and crisis-related sexual violence which employ designs incorporating robust comparative measures.

3. Studies should provide clear data and definitions, in particular on: settings for interventions, the extent and nature of interventions, the nature of violence and the sex/age groups of populations.

4. Independently conducted studies are required to reduce reliance on consultants and agency reports.

5. Further research is needed on how traditional healing and associated culturally sensitive strategies can be best harnessed to reduce and address sexual violence.

6. Efforts should be made to publish reports in the peer-reviewed literature, to ensure accessibility in a succinct and rigorous format of both descriptive reports and carefully undertaken research.

7. Research and evaluation initiatives should include representation from practitioners and community groups in the design and implementation phase so that research questions and methods reflect the needs and concerns of those on the ground.

8. Studies aimed at understanding perpetration, including individual and risk factors, (e.g. role of alcohol, command structure, motivation) are critical for prevention.

9. A mapping exercise aimed at comprehensively gathering data on the small-scale activities being undertaken by women's and community organisations to reduce sexual violence in conflict, which have not been documented or evaluated, would be a helpful addition to the evidence base in this field.

10. Establishment of a Gender-based Violence in Conflict Research Advisory Group would be helpful in guiding and shaping future activities.

6. References

References with an asterisk (*) denote studies included in the in-depth review.

Aafjes A (1998) *Gender violence: the hidden war crime*. Washington, DC: Women, Law and Development International.

Aas SE (2010) *'Nothing about us without us': sexual violence in conflict: how to end impunity?* Oslo: Norwegian Peacebuilding Centre.

Altman DG (1991) *Practice statistics for medical research*. London: Chapman and Hall.

*Alvarado M, Paul B (2007) Involving men on the Thai-Burma border. *Forced Migration Review* 27: 56-57. http://www.fmreview.org/sites/fmr/files/FMRdownloads/en/FMRpdfs/FMR27/38.pdf (accessed 25 January 2013).

*Amnesty International (2004) *Women, peace and security: fourth anniversary of Security Council Resolution 1325*. London: Amnesty International.

*Amnesty International (2010) *Behind a wall of silence: prosecution of war crimes in Croatia*. London: Amnesty International.

Amnesty International (2011) *Aftershocks: women speak out against sexual violence In Haiti's camps*. London: Amnesty International.

*Amone-P'Olak K (2006) Mental states of adolescents exposed to war in Uganda: finding appropriate methods of rehabilitation. *Torture* 16: 93-107.

Asia Pacific Forum on Women, Labour and Development (2005) *Why are women more vulnerable during disasters? Women's human rights in the tsunami aftermath*. Bangkok: Asia Pacific Forum on Women, Labour and Development.

Bell, C, O'Rourke C (2010) Peace agreements or pieces of paper? The impact of UNSCR Resolution 1325 on peace processes and their agreements. *International and Comparative Law Quarterly* 59: 941-980.

*Bizarri M (2010) *Safe access to firewood and alternative energy in Kenya: an appraisal report*. New York: Women's Commission for Refugee Women and Children. http://womensrefugeecommission.org/resources/cat_view/68-reports/79-fuel-firewood (accessed 25 January 2013).

*Blogg J, Hickling C, Marceau-Pitts L, Raphael D, Whelan A, Zwi A (2004) *Inter-agency global evaluation of reproductive health services for refugees and internally displaced persons: section 3: evaluation of quality, access to, and use of reproductive health services for refugees and internally displaced persons*. Geneva: IAWG Steering Committee. http://www.unhcr.org/cgi-bin/texis/vtx/home/opendocPDFViewer.html?docid=41c847b52&query=%28evaluation%29%20+%22sexual%20+violence%22 (accessed 25 January 2013).

Bloom S (2010) *Violence against women and girls: a compendium of monitoring and evaluation indicators*. Chapel Hill, NC: MEASURE Evaluation, Carolina Population Center.

*Bracken PJ, Giller JE, Kabaganda S (1992) Helping victims of violence in Uganda. *Medicine and War* 8(3): 155-163.

*Brouneus K (2008) Truth-telling as talking cure? Insecurity and retraumatization in the Rwandan Gacaca courts. *Security Dialogue* 39: 55-76.

*CASA Consulting (2001) *Evaluation of the Dadaab firewood project, Kenya*. Montreal: United Nations High Commission for Refugees, Evaluation and Policy Analysis Unit.

Chapman C, Vaillant C (2010) *Synthesis of country programme evaluations conducted in fragile states*. EVSUM EV709. London: Department for International Development. http://www.dfid.gov.uk/Documents/publications1/evaluation/syn-cnty-prog-evals-frag-sts.pdf (accessed 25 January 2013).

*Chynoweth SK (2008) The need for priority reproductive health services for displaced Iraqi women and girls. *Reproductive Health Matters* 16: 93-102.

Common N, Doedens W (2004) Inter-agency global evaluation of reproductive health services for refugees and internally displaced persons: section 4 Part A: evaluation of the use of the Minimum Initial Service Package (MISP) and RH kits in post emergency situations*. Geneva: IAWG Steering Committee. http://www.unhcr.org/cgi-bin/texis/vtx/home/opendocPDFViewer.html?docid=41c848020&query=%28evaluation%29%20+%22sexual%20+violence%22 (accessed 25 January 2013).

Conte JR, Wolf S, Smith T (1989) What sexual offenders tell us about prevention strategies. *Child Abuse and Neglect* 13(2): 293-301.

Csáky C (2008) *No one to turn to: the under-reporting of child sexual exploitation and abuse by aid workers and peacekeepers*. London: Save the Children Fund.

Dallman A (2009) *Prosecuting conflict-related sexual violence at the international criminal court*. SIPRI Insights on Peace and Security 1. Solna: SIPRI. http://books.sipri.org/files/insight/SIPRIInsight0901.pdf (accessed 25 January 2013).

*Denov M (2006) Wartime sexual violence: assessing a human security response to war-affected girls in Sierra Leone. *Security Dialogue* 37: 319-342.

Dieleman M, Kane S, Zwanikken P, Gerretsen B (2010) *Realist review and synthesis of retention studies for health workers in rural and remote areas: technical report 1*. The Netherlands: Royal Tropical Institute. http://whqlibdoc.who.int/publications/2011/9789241501262_eng.pdf (accessed 25 January 2013).

*Doedens W, Krause S, Matthews J (2004) *Inter-agency global evaluation of reproductive health services for refugees and internally displaced persons: section 4 part B: assessment of the Minimum Initial Service Package (MISP) of reproductive health for Sudanese refugees in Chad*. Geneva: UNHCR http://www.iawg.net/resources/2004_global_eval/documents/REPORT/report-sec-4B.pdf (accessed 25 January 2013).

ECPAT International (2006) *Protecting children from sexual exploitation and sexual violence in disaster and emergency situations: a guide for local and community-based organisations*. Bangkok: ECPAT International. http://www.preventionweb.net/files/2709_protectingchildren.pdf (accessed 28 January 2013).

Enarson E (2006) *Violence against women in disasters fact sheet*. http://www.gdnonline.org/resources/VAW in Disasters Fact Sheet 2006.doc (accessed 4 September 2011).

Feder G, Ramsay J, Dunne D, Rose M, Arsene C, Norman R, Kuntze S, Spencer A, Bacchus L, Hague G, Taket A, Warburton A (2009) How far does screening women for domestic (partner) violence in different health-care settings meet criteria for a screening programme? Systematic reviews of nine UK National Screening Committee criteria. *Health Technology Assessment* 13(16): 1-136.

Ford N, Mills EJ, Zachariah R, Upshur R (2009) Ethics of conducting research in conflict settings. *Conflict and Health 3*: 7: http://www.conflictandhealth.com/content/3/1/7 (accessed 28 January 2013).

Freedman, J (2011) Explaining sexual violence and gender inequalities in the DRC. *Peace Review: A Journal of Social Justice* 23(2): 170-175.

Garcia-Moreno C, Jansen HAFM, Ellsberg M, Heise L, Watts CH (2005) Prevalence of intimate partner violence: findings from the WHO multi-country study on women's health and domestic violence. *The Lancet* 368: 1260-1269.

Greenhalgh T, Kristjansson E, Robinson V (2007) Realist review to understand the efficacy of school feeding programmes. *British Medical Journal* 335: 858-861.

*Gruber J (2005) Silent survivors of sexual violence in conflict and the implications for HIV mitigation: experiences from Eritrea. *African Journal of AIDS Research* 4: 69-73.

Harvard Humanitarian Initiative, Oxfam International (2010) *'Now, the world is without me': an investigation of sexual violence in eastern Democratic Republic of Congo*. Cambridge, MA: Harvard Humanitarian Initiative.

Heise L (1998) Violence against women: an integrated, ecological framework. *Violence Against Women* 4: 262-290.

Henttonen M, Watts C, Roberts B, Kaducu F, Borchert M (2008) Health services for survivors of gender-based violence in northern Uganda: a qualitative study. *Reproductive Health Matters* 16(31): 122-131.

Herman J (2005) Justice from the victim's perspective. *Violence Against Women* 11: 571-602.

Ho A, Pavlish C (2011) Indivisibility of accountability and empowerment in tackling gender-based violence: lessons from a refugee camp in Rwanda. *Journal of Refugee Studies* 24: 88-109.

*Horn R (2010) Responses to intimate partner violence in Kakuma refugee camp: refugee interactions with agency systems. *Social Science and Medicine* 70: 160-168.

*Human Rights Watch (1996) Shattered lives: sexual violence during the Rwandan genocide and its aftermath. Washington, DC: Human Rights Watch.

*Human Rights Watch (2003) *Trapped by inequality: Bhutanese refugee women in Nepal*. Washington, DC: Human Rights Watch.

Human Rights Watch (2009) *Soldiers Who Rape, Commanders Who Condone: Sexual Violence and Military Reform in the Democratic Republic of Congo*. New York, Human Rights Watch. http://www.hrw.org/sites/default/files/reports/drc0709web.pdf (accessed 10 February 20

*Hustache S, Moro M-R, Roptin J, Souza R, Gansou GM, Mbemba A, Roederer T, Grais RF, Gaboulaud VR, Baubet T (2009) Evaluation of psychological support for victims of sexual violence in a conflict setting: results from Brazzaville, Congo. *International Journal of Mental Health Systems* 3: 1-10.

Hyder T, MacVeigh J (2007) Gender-based violence against children in emergencies: Save the Children UK's response. *Gender and Development* 15: 81-93.

Interagency Standing Committee (2005) *Guidelines for gender-based violence interventions in humanitarian settings*. Geneva: Interagency Standing Committee.

Interagency Standing Committee (2006) *Gender handbook in humanitarian action*. http://www.humanitarianinfo.org/iasc/documents/subsidi/tf_gender/IASC%20Gender%20Handbook%20(Feb%202007)pdf (accessed 28 January 2013).

Interagency Task Force on Violence Against Women (2011) *Initiating the Multi-Stakeholder Joint Programme on Violence Against Women: a review of the processes and some key interim lessons learned*. New York: UNFPA and UNIFEM.

Interagency Working Group on Reproductive Health in Crises (2010) *Inter-agency field manual on reproductive health in humanitarian crises*. http://www.iawg.net/IAFM%202010.pdf (accessed 28 January 2013).

International Crisis Group (2010) *Working paper on preventing and responding to sexual violence against women displaced by conflict*. Brussels: International Crisis Group.

IRIN News (2011) *DRC-Uganda: male sexual abuse survivors living on the margins*. http://www.irinnews.org/report.aspx?reportid=93399 (accessed 11 August 2011).

Jackson N, Waters E (2004) The challenges of systematically reviewing public health interventions. *Journal of Public Health* 26: 303-307.

*Jennings K (2008) *Protecting whom? Approaches to sexual exploitation and abuse in UN peacekeeping operations*. Oslo: FAFO. http://www.gsdrc.org/go/display&type=Document&id=3419 (accessed 28 January 2013).

Johnson K, Scott J, Rughita B, Kisielewski M, Asher J (2010) Association of sexual violence and human rights violations with physical and mental health in territories of the eastern Democratic Republic of the Congo. *Journal of the American Medical Association* 304: 553-562.

*Kavira N, Biruru S (2004) Giving hope to Congolese women: the situation in eastern DRC. *Women's World* 38: 3-7. http://www.aletta.nu/ezines/email/WomensWorld/2004/No38.pdf (accessed 28 January 2013).

Kinyanda E, Musisi S, Biryabarema C, Ezati I, Oboke H, Ojiambo-Ochieng R, Were-Oguttu J, Levin J, Grosskurth H, Walugembe J (2010) War related sexual violence and it's medical and psychological consequences as seen in Kitgum, Northern Uganda: A cross-sectional study. *BMC International Health and Human Rights* 10: 28. http://www.biomedcentral.com/1472-698X/10/28 (accessed 28 January 2013).

Kivlahan C, Ewigman N (2010) Rape as a weapon of war in modern conflicts. *British Medical Journal* 341: 468.

Krug E, Dahlberg L, Mercy J, Zwi A, Lozano R (2002) *World report on violence and health*. Geneva: World Health Organization. http://www.who.int/violence_injury_prevention/violence/world_report/en/ (accessed 28 January 2013).

*Lattu K (2008) *To complain or not to complain: consultations with humanitarian aid beneficiaries on their perceptions of efforts to prevent and respond to sexual exploitation and abuse*. Geneva: Humanitarian Accountability Partnership. http://www.hapinternational.org/pool/files/bbc-report-lowres.pdf (accessed 28 January 2013).

Lloyd E, Penn H, Barreau S, Burton V, Davis R, Potter S, Sayeed R (2005) *How effective are measures taken to mitigate the impact of direct experiences of armed conflict on the psycho-social and cognitive development of children aged 0-8?* London: EPPI-Centre, Social Science Research Unit, Institute of Education, University of London.

*Mabuwa R (2000) *Seeking protection: addressing sexual and domestic violence in Tanzania's refugee camps*. Washington, DC: Human Rights Watch.

*Manneschmidt S, Griese K (2009) Evaluating psychosocial group counselling with Afghan women: is this a useful intervention? *Torture* 19: 41-50.

Marsh M, Purdin S, Navani S (2006) Addressing sexual violence in humanitarian emergencies. *Global Public Health* 1: 133-146.

Mays N, Pope C, Popay J (2005) Systematically reviewing qualitative and quantitative evidence to inform management and policy-making in the health field. *Journal of Health Services Research and Policy* 10(Suppl. 1): 6-20.

Mechanic E (2004) *Why gender still matters: sexual violence and the need to confront militarized masculinity: a case study of the conflict in the Democratic Republic of the Congo*. Ottawa: Partnership Africa Canada. http://dspace.cigilibrary.org/jspui/bitstream/123456789/14787/1/Why%20Gender%20Still%20Matters.pdf?1 (accessed 28 January 2013).

Médecins Sans Frontières (2009) *Shattered lives: immediate medical care vital for sexual violence victims*. Brussels: Médecins Sans Frontières.

Medica Mondiale (ed.) (2005) *Violence against women in war: handbook for professionals working with traumatised women*. Frankfurt am Main: Mabuse Verlag.

*Mischkowski G, Mlinarevic G (2009) *'… And that it does not happen to anyone anywhere in the world': the trouble with rape trials: views of witnesses, prosecutors and judges on prosecuting sexualised violence during the war in the former Yogoslavia*. Cologne: Medica Mondiale. http://www.medicamondiale.org/fileadmin/content/07_Infothek/Gerechtigkeit/medica_mondiale_Zeuginnenstudie_englisch_december_2009.pdf (accessed 28 January 2013).

*Molony T, Konie Z, Goodsmith L (2007) Through our eyes: participatory video in West Africa. *Forced Migration Review* 27: 37-38. http://www.fmreview.org/sites/fmr/files/FMRdownloads/en/FMRpdfs/FMR27/24.pdf (accessed 28 January 2013).

*Mrsevic Z, Hughes DM (1997) Violence against women in Belgrade, Serbia: SOS Hotline 1990-1993. *Violence Against Women* 3: 101-128.

Murray S, Powell A (2011) Sexual assault and adults with a disability: enabling recognition, disclosure and a just response. *Issues* 9: 1-19.

Norwegian Refugee Council (2008) *Camp management toolkit*. http://www.nrc.no/arch/_img/9295458.pdf (accessed 28 January 2013).

*Nowrojee B (2005) *Your justice is too slow: will the ICTR fail Rwanda's rape victims?* Geneva: United Nations Research Institute for Social Development.

O'Campo P, Kirst M, Tsamis C, Chambers C, Ahmad F (2011) Implementing successful intimate partner violence screening programs in health care settings: evidence generated from a realist informed systematic review. *Social Science and Medicine* 72: 855-866.

Otto JM (ed.) (2005) *Abuse and neglect of vulnerable adult populations*. Kingston, NJ: Civic Research Institute.

Pawson R (2006) *Evidence-based policy: a realist perspective*. London: Sage Publications.

Pawson R, Greenhalgh T, Harvey G, Walshe K (2005) Realist review: a new method of systematic review designed for complex policy interventions. *Journal of Health Services Research and Policy* 10(Suppl. 1): 21-34.

Penn H, Barreau S, Butterworth L, Lloyd E, Moyles J, Potter S, Sayeed R (2004) *What is the impact of out-of-home integrated care and education settings on children aged 0-6 and their parents?* London: EPPI-Centre, Social Science Research Unit, Institute of Education, University of London.

Pinel A, Kemunto Bosire L (2007) Traumatic fistula: the case for reparations. *Forced Migration Review* 27: 18-20. http://fmreview.nonuniv.ox.ac.uk/FMRpdfs/FMR27/10.pdf (accessed 28 January 2013).

Pittaway E, Bartolomei L, Rees S (2007) Gendered dimensions of the 2004 tsunami and a potential social work response in post-disaster situations. *International Social Work* 50: 307-319.

Ramsay J, Carter Y, Davidson L, Dunne D, Eldridge S, Feder G, Hegarty K, Rivas C, Taft A, Warburton A (2009) Advocacy interventions to reduce or eliminate violence and promote the physical and psychosocial well-being of women who experience intimate partner abuse. *Cochrane Database of Systematic Reviews* 3: CD005043.

*Rees S, Pittaway E, Bartolomei L (2005) Waves of violence: women in post-tsunami Sri Lanka. *The Australasian Journal of Disaster and Trauma Studies* 2: 1-6.

Reproductive Health Response in Crises Consortium (2004) *Gender-based violence tools manual*. http://www.rhrc.org/resources/gbv/gbv_tools/manual_toc.html (accessed 28 January 2013).

Ritchie D (2011) *Does imprisonment deter? A review of the evidence*. Melbourne: Sentencing Advisory Council. http://sentencingcouncil.vic.gov.au/content/publications/does-imprisonment-deter-review-evidence (accessed 28 January 2013).

Rosenblatt S (2007) *The forgotten men: an examination of sexual violence committed against males during wartime and conflict*. Washington, DC: George Washington University.

Rothkegel S, Poluda J, Wonani C, Papy J, Engelhardt-Wendt E, Weyermann B, Hennig R (2008) *Evaluation of UNHCR's efforts to prevent and respond to sexual and gender-based violence in situations of displacement*. Geneva: United Nations High Commission for Refugees, Policy Development and Evaluation Services.

Russell W (2007) Sexual violence against men and boys. *Forced Migration Review* 27: 22-23.

Saikia Y (2004) Beyond the archive of silence: narratives of violence of the 1971 liberation war of Bangladesh. *History Workshop Journal* 58: 275-287.

*Schei B, Dahl S (1999) The burden left my heart: psycho-social services among refugee women in Zenica and Tuzla, Bosnia-Herzegovina during the war. *Women and Therapy* 22: 139-151.

Sivakumaran S (2010) Lost in translation: UN responses to sexual violence against men and boys in situations of armed conflict. *International Review of the Red Cross* 92: 259-277.

*Skjelsbæk I (2006) Therapeutic work with victims of sexual violence in war and postwar: a discourse analysis of Bosnian experiences. *Peace and Conflict: Journal of Peace Psychology* 12: 93-118.

Smits R, Cruz S (2011) *Increasing security in DR Congo: gender-responsive strategies for combating sexual violence*. The Hague: Clingendael Conflict Research Unit. http://www.cd.undp.org/mediafile/20110531_cru_Policybrief_rsmits.pdf (accessed 28 January 2013).

Stark L, Ager A (2011) A systematic review of prevalence studies of gender based violence in complex emergencies *Trauma, Violence, and Abuse* 12: 127-134.

Steinburg D (2010) *Working paper on preventing and responding to sexual violence against women displaced by conflict*. http://www.crisisgroup.org/en/publication-type/commentary/working-paper-on-preventing-and-responding-to-sexual-violence-against-women-displaced-by-conflict.aspx#4 (accessed 29 January 2013).

Stemple L (2009) Male rape and human rights. *Hastings Law Journal* 60: 605-647.

Thomas K (2007) Sexual violence: weapon of war. *Forced Migration Review* 27: 15-17.

Tjaden P, Thoennes N (2006) *Extent, nature, and consequences of rape victimization: findings from the National Violence Against Women Survey*. Washington, DC: Department of Justice. https://www.ncjrs.gov/pdffiles1/nij/210346.pdf (accessed 29 January 2013).

Tong A, Sainsbury P, Craig J (2007) Consolidated criteria for reporting qualitative research (COREQ): a 32-item checklist for interviews and focus groups. *International Journal of Qualitative Health Care* 19: 349-357.

*UNDP, UNIFEM (2007) *Policy briefing paper: gender sensitive police reform in post conflict societies*. Geneva: UNIFEM/UNDP. http://www.undp.org/cpr/documents/gender/Gender_Sensitive_Police_Reform_Policy_Brief_2007.pdf.

*UNFPA (2006) *Programming to end violence against women: 10 case studies*. New York: UNFPA.

UNFPA (2011) *Managing gender-based violence programs in emergencies: e-learning course*. https://extranet.unfpa.org/Apps/GBVinEmergencies/index.html (accessed 5 August 2011).

UNHCR (1995) *Sexual violence against refugees: guidelines on prevention and response*. Geneva: UNHCR. http://www.unhcr.org/cgi-bin/texis/vtx/home/opendocPDFViewer.html?docid=3b9cc26c4&query=%28evaluation%29%20+%22sexual%20+violence%22 (accessed 29 January 2013).

*UNHCR (1997) *How to guide: reproductive health in refugee situations: a community-based response on sexual violence against women crisis intervention teams: Ngara, Tanzania*. Geneva: UNHCR. http://www.unhcr.org/cgi-bin/texis/vtx/home/opendocPDFViewer.html?docid=3bc6bd476&query=%28evaluation%29%20+%22sexual%20+violence%22 (accessed 29 January 2013).

*UNHCR (1998) *How to guide: building a team approach to the prevention and response to sexual violence: report of a technical mission, Kigoma, Tanzania*. Geneva: UNHCR. http://www.unhcr.org/cgi-bin/texis/vtx/home/opendocPDFViewer.html?docid=3c4840554&query=Kigoma (accessed 29 January 2013).

*UNHCR (2001a) *How to guide: sexual and gender-based programme in Guinea*. Geneva: UNHCR. http://www.unhcr.org/cgi-bin/texis/vtx/home/opendocPDFViewer.html?docid=3bc6e36ca&query=%28evaluation%29%20+%22sexual%20+violence%22 (accessed 29 January 2013).

*UNHCR (2001b) *How to guide: sexual and GBV program in Liberia*. Geneva: UNHCR.http://www.unhcr.org/cgi-bin/texis/vtx/home/opendocPDFViewer.html?docid=3c4d6af24&query=%28evaluation%29%20+%22sexual%20+violence%22 (accessed 29 January 2013).

UNHCR (2008) *UNHCR handbook for the protection of women and girls*. Geneva: UNHCR.

UNICEF (2011) *Training of trainers in gender-based violence: focusing on sexual exploitation and abuse: participants' manual*. http://www.un.org/en/pseataskforce/docs/unicef_training_of_trainers_on_sea_participant_manual.pdf (accessed 4 May 2011).

UNIFEM (2007) *Women building peace and preventing sexual violence*. New York: UNIFEM.

UNIFEM, United Nations Department of Peacekeeping Operations (2010) *Addressing conflict-related sexual violence: an analytical inventory of peacekeeping practice*. New York: United Nations.

UNIFEM (2010) *Virtual knowledge centre to end violence against women and girls*. http://www.endvawnow.org/?start-here-programming-essentials-me&menusub=198&id=1224&conflictpost-conflictemergency (accessed 6 July 2011).

United Nations Department of Peacekeeping Operations (UNDPKO)(2009) *Review of the sexual violence elements of the judgments of the International Criminal Tribunal for the Former Yugoslavia, the International Criminal Tribunal for Rwanda, and the Special Court for Sierra Leone in the light of Security Council Resolution 1820*. New York: United Nations.

United Nations Department of Peacekeeping Operations (2011) Preface: specialized training materials on protection of civilians and prevention and response to conflict-related sexual violence. http://www.peacekeepingbestpractices.unlb.org/PBPS/Pages/Public/viewdocument.aspx?id=2&docid=1125 (accessed 29 February 2012).

United Nations General Assembly (1998) *Rome Statute of the International Criminal Court (last amended January 2002), 17 July 1998.* http://www.unhcr.org/refworld/docid/3ae6b3a84.html (accessed 2 April 2011).

United Nations Inter-agency Working Group on Disarmament (2010) *Operational guide to the integrated disarmament, demobilization and reintegration standards*. New York: United Nations.

United Nations International Strategy for Disaster Risk Reduction (2009) *UNISDR Terminology on Disaster Risk Reduction*. http://www.unisdr.org/files/7817_UNISDRTerminologyEnglish.pdf (accessed 29 January 2013).

United Nations Mission for Liberia (2008) *Research on prevalence and attitudes to rape in Liberia.* http://www.stoprapenow.org/uploads/advocacyresources/1282163297.pdf (accessed 29 January 2013).

United Nations Secretary General (2003) *Special measures for protection from sexual exploitation and sexual abuse*. ST/SGB/2003/13. New York: United Nations.

United Nations Secretary General (2006) *Statement of commitment on eliminating sexual exploitation and abuse by UN and non-UN personnel*. New York: United Nations. http://www.un.org/en/pseataskforce/docs/statement_of_commitment_on_eliminating_sexual%20_exploitation.doc (accessed 25 January 2013).

UNOCHA (2008) *The nature, scope and motivation for sexual violence against men and boys in armed conflict*. Unpublished research meeting discussion paper.

van Dijkhorst H, Vonhof S (2005) *Gender and humanitarian aid: a literature review of policy and practice*. Wageningen: Wageningen University.

Ward J, Marsh W (2006) *Sexual violence against women and girls in war and its aftermath: realities, responses, and requires resources.* http://www.unfpa.org/emergencies/symposium06/docs/finalbrusselsbriefingpaper.pdf (accessed 29 January 2013).

Women's Commission for Refugee Women and Children (2002) *UNHCR policy on refugee women and guidelines on their protection: an assessment of ten years of implementation*. New York: Women's Commission for Refugee Women and Children.

Women's Commission for Refugee Women and Children (2003) *Still in need: reproductive health care for Afghan refugees in Pakistan*. New York: Women's Commission for Refugee Women and Children.

Women's Commission for Refugee Women and Children (2006a) *Minimum initial service package for reproductive health in crisis situations: distance learning module*. New York: Women's Commission for Refugee Women and Children. http://gbvaor.net/wp-content/uploads/2012/10/Minimum-Initial-Service-Package-MISP-for-Reproductive-Health-in-Crisis-Situations-A-Distance-Learning-Module.pdf (accessed 29 January 2013).

*Women's Commission for Refugee Women and Children (2006b) *Finding trees in the desert: firewood collection and alternatives in Darfur*. New York: Women's Commission for Refugee Women and Children. http://womensrefugeecommission.org/resources [select Fuel and Firewood] (accessed 29 January 2013).

*Women's Commission for Refugee Women and Children (2009a) *Earning money/staying safe: the links between making a living and sexual violence for refugee women in Cairo* New York: Women's Commission for Refugee Women and Children. http://womensrefugeecommission.org/resources [select Livelihoods] (accessed 29 January 2013).

*Women's Commission for Refugee Women and Children (2009b) *Working women at risk: the links between making a living and sexual violence for refugees in Ethiopia*. New York: Women's Commission for Refugee Women and Children. http://womensrefugeecommission.org/resources [select Livelihoods] (accessed 29 January 2013).

*Women's Initiatives for Gender Justice (2010) *Gender report card 2010 on the International Criminal Court*. http://www.iccwomen.org/news/docs/GRC10-WEB-11-10-v4_Final-version-Dec.pdf (accessed 29 January 2013).

Women's Wellness Center and The Reproductive Health Response in Conflict Consortium (2006) *Prevalence of gender-based violence: preliminary findings from a field assessment in nine villages in the Peja Region, Kosovo*. Peje, Kosovo: Women's Wellness Center. http://www.rhrc.org/resources/Kosovo_report__FINAL_RHRC_6-11-08.pdf (accessed 29 January 2013).

Wood E (2009) Armed groups and sexual violence: when is wartime rape rare? *Politics and Society* 37: 131-162.

World Health Organization (2002) Sexual violence. In: WHO: *World report on health*. Geneva: World Health Organization, chapter 6. http://whqlibdoc.who.int/publications/2002/9241545615_chap6_eng.pdf (accessed 29 January 2013).

World Health Organization (2007) *WHO ethical and safety recommendations for researching, documenting and monitoring sexual violence in emergencies*. Geneva: World Health Organization. http://www.who.int/gender/documents/OMS_Ethics&Safety10Aug07.pdf (accessed 29 January 2013).

World Health Organization, London School of Hygiene and Tropical Medicine (2010) *Preventing intimate partner and sexual violence against women: taking action and generating evidence*. Geneva: World Health Organization.

World Health Organization, UNFPA, UNHCR (2009) *Clinical management of rape survivors*. http://iawg.net/cmor/ (accessed 28 February 2012).

Zawati H (2007) Impunity or immunity: wartime male rape and sexual torture as a crime against humanity. *Torture* 17: 27-47.

*Zraly M, Nyirazinyoye L (2010) Don't let the suffering make you fade away: an ethnographic study of resilience among survivors of genocide-rape in southern Rwanda. *Social Science and Medicine* 70: 1656-1664.

Appendices

Appendix 1.1: Authorship of this report

Authors

Dr Jo Spangaro, University of New South Wales

Professor Anthony Zwi, University of New South Wales

Chinelo Adogu, University of New South Wales

Dr Geetha Ranmuthugala, University of New South Wales

Associate Professor Gawaine Powell Davies, University of New South Wales

Léa Steinacker, Labouisse Fellow, Princeton University

Review team

Dr Jo Spangaro, University of New South Wales

Professor Anthony Zwi, University of New South Wales

Chinelo Adogu, University of New South Wales

Dr Geetha Ranmuthugala, University of New South Wales

Associate Professor Gawaine Powell Davies, University of New South Wales

Léa Steinacker, Princeton University

Advisory group

Dr Claudia Garcia-Moreno, Coordinator, Gender, Reproductive Rights, Sexual Health and Adolescence, World Health Organization

Associate Professor Anna Whelan, Regional Director of the International Planned Parenthood Federation

Sarah Chynoweth, Consultant, Sexual and Reproductive Health in Emergencies

Barbara O'Dwyer, Consultant, Gender in Conflict and Humanitarian Crisis

Chen Reis, Josef Korbel School of International Studies, University of Denver

Professor Louise Chappell, School of Social Science and International Studies, University of New South Wales

Sophie Read-Hamilton, Consultant, Gender-based Violence

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?

Sarah Spencer, Consultant, Humanitarian Aid and Protection

Kavitha Suthanthiraraj, Consultant, Gender and Human Rights

Contact details

School of Social Sciences
Faculty of Arts and Social Sciences
University of New South Wales
Sydney NSW 2052

j.spangaro@unsw.edu.au

Acknowledgements

We would like to acknowledge our Advisory Group for their patient and thoughtful contributions over the life of the project: Dr Claudia Garcia-Moreno, Coordinator, Gender, Reproductive Rights, Sexual Health and Adolescence, World Health Organization Associate Professor Anna Whelan, Regional Director of the International Planned Parenthood Federation Sarah Chynoweth, Consultant, Sexual and Reproductive Health in Emergencies Barbara O'Dwyer, Consultant, Gender in Conflict and Humanitarian Crisis Chen Reis, Josef Korbel School of International Studies, University of Denver Professor Louise Chappell, School of Social Science, University of New South Wales Sophie Read-Hamilton, Consultant, Gender-based Violence, Sarah Spencer, Consultant, Humanitarian Aid and Protection, Kavitha Suthanthiraraj, Consultant, Gender and Human Rights. In addition we are indebted to Sandy Oliver, Mukdarat Bangpan, Carol Vigurs and Claire Stansfield from the EPPI Centre for ongoing advice and support, Gil Westhorp, realist methods advisor, Chen Reis and Karen Hobday, for contributing to the conceptual framework, and Tymon Kennedy, AusAID.

Conflict of interest

The authors have no conflicts of interest to declare.

Appendix 1.2: Search sources

Electronic databases

3ie database of impact evaluations

African Journals Online

ASSIA

Bibliomap (EPPI-Centre)

Campbell Collaboration database

CINAHL

EBM Reviews: Cochrane Database of Systematic Reviews

EPPI-Centre Systematic reviews database

GDNet Knowledge Base

Gender studies database

Global Health

Johanna Briggs systematic reviews

Lexis-Nexis

PAIS

Proquest Dissertations and Abstracts

PsycInfo

PubMed (on Ovid)

TRoPHI (Trials of Promoting Health Interventions) EPPI-Centre

UNICEF Children in armed conflict database
(http://www.childreninarmedconflict.org/)

Violence and Abuse Abstracts

Wageningen University Disaster Studies Database

World Health Organization Library (WHOLIS)

Internet resources

ALNAP http://www.alnap.org/

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?

Bridge http://www.bridge.ids.ac.uk/

British Library Development Studies catalogue http://bldscat.ids.ac.uk/

ELDIS http://www.eldis.org/

Endvaw (End violence against women) http://www.endviolenceagainstwomen.org.uk/

GBV One response
http://www.humanitarianresponse.info/themes/genderhttp://gbv.oneresponse.info

Gender and Disaster Network http://www.gdnonline.org/

Gender-based Violence Network: Essential Tools for GBV Prevention and Response in Emergencies http://www.gbvnetwork.org/ Note: Replaced by Gender-based Violence Network Africa http://www.preventgbvafrica.org/

Governance and Social Development Resource Centre http://www.gsdrc.org/

HRH Global Resource Center http://www.hrhresourcecenter.org/

International Centre for Research on Women http://www.icrw.org/icrw-library

International Committee of the Red Cross http://www.icrc.org/eng/

International Development Research Centre
http://www.idrc.ca/EN/Pages/default.aspxhttp://publicwebsite.idrc.ca/EN/Pages/default/aspx

JOLIS (World Bank and IMF library catalogue) http://jolis.worldbankimflib.org/e-nljolis.htm

Overseas Development Institute http://www.odi.org.uk/resources/

Public Policy Pointers http://www.policypointers.org/

Reproductive Health Response in Crisis (RHRC) Consortium's GBV in conflict online bibliography http://www.rhrc.org/resources/gbv/bib/index.cfm?category=prev

Sexual Violence Research Initiative web site http://www.svri.org/

Stoperapenow http://www.stoprapenow.org/advocacy-resources/index/?t=10&p=1

UN Disarmament, Demobilisation and Reintegration Resource Centre
www.unddr.org/index.php

UNFPA (United Nations Population Fund) http://www.unfpa.org/public/

UNHCR http://www.unhcr.org/cgi-bin/texis/vtx/home

UNWomen http://www.unwomen.org/

USAID http://www.usaid.gov/

Women's Initiatives for Gender Justice http://www.iccwomen.org/

Women's International League for Peace and Freedom International Rescue http://womenpeacesecurity.org/members/wilpf/

Hand searched journals

Disasters

Medicine, Conflict and Survival

Violence Against Women

Appendix 1.3: Proposed context-mechanism-outcome configurations

Table 1: Survivor responses (including livelihood 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	'It's safe to tell'	Women attend clinics/examinations and/or psychosocial interventions provided	Disease/ pregnancy prevention/ other medical care	SV seen as problem for which solutions exist	'There is help for this problem' 'It's safe to tell'	Harm from SV reduced (secondary prevention)
Services are respectful and do not cause further stigma/ retraumatisation				Survivors report improved health/wellbeing			SV made more visible/legitimate
Legislative mechanisms exist/prosecutions are initiated for SV			Forensic examination undertaken	Forensic evidence collected	Prosecution enabled	'Rape is risky'	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

Table 2: 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 Sexual violence is prioritised by negotiators	Commanders of combatants engaged to reduce SV by troops	Commanders accept risks or responsibility for direct cessation of SV	Combatants directed to desist SV	Combatants identify risks of sanction/disease from SV		'Rape is risky'	SV is reduced
Sexual violence is prioritised Culture accepts naming sexual violence	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 Sexual violence is prioritised	DDR programs address rehabilitation for SV survivors	Survivors provided with livelihood/ microfinance programs	Survivors regain standing in community	'I have rights'			Harm from SV reduced
			Survivors become independent			'Rape is risky'	SV reduced
			Survivors are less at risk of further				

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?

Context	Output	Intermediate event/ outcome	Intermediate event/outcome	Intermediate mechanism	Intermediate event/outcome	Mechanism	Outcome
			GBV				
		Survivors provided with health services psychosocial interventions	Survivors report improved health/wellbeing		SV seen as problem for which solutions exist	'There is help for this problem'/ 'It's safe to tell'	Harm from SV reduced (secondary prevention) SV made more visible/legitimate

Table 3: 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				'It's safe to tell'	Survivors more likely to report		
Resources are allocated							

Table 4: Community mobilisation

<table>
<tr><th>Context</th><th>Output</th><th>Intermediate event/ outcome</th><th>Intermediate event/outcome</th><th>Intermediate mechanism</th><th>Intermediate event/outcome</th><th>Mechanism</th><th>Outcome</th></tr>
<tr><td rowspan="2">Community consultations undertaken to identify existing capacity and concerns</td><td rowspan="2">Awareness-raising initiatives conducted (vulnerable groups/community)</td><td rowspan="4">Community members aware of rights to say no to sex/ services are available/ would assist others abused</td><td rowspan="4">Community/ community leaders support action and sanctions for SV</td><td rowspan="2">‘It’s safe to tell’ AND
‘I have rights’</td><td>Survivors get help for SV</td><td></td><td>Harm from SV reduced</td></tr>
<tr><td>Survivors report SV/SEA</td><td>‘Rape is risky’</td><td>SV is reduced</td></tr>
<tr><td rowspan="2">Community safe from immediate external threats</td><td rowspan="2">Participatory activities are undertaken with community</td><td rowspan="2">‘We can work together to achieve safety’</td><td rowspan="2">Community assists and protects survivors
Community sanctions offenders</td><td rowspan="2">‘Rape is risky’</td><td rowspan="2">SV is reduced</td></tr>
<tr><td>Resources are allocated</td><td>Rights documentation</td></tr>
</table>

Table 5: Personnel measures

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 'It's safe to tell'	Survivors report offenses or SEA to authorities	'There is help for this problem'/ Issue has high visibility	'SEA/Rape is risky'	SV reduced
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 e.g. infrastructure put in place			
Other accountability structures in place e.g. staff supported to implement program			Personnel are more responsive to reports		Survivors report offenses/SEA to authorities			
Follow-up to reports/sanctions imposed	Code of conduct (CoC) introduced	Personnel aware SV/SEA is a crime/ prohibited	Visible processes for reporting and accountability established	'We take this seriously'	Personnel report colleagues			
	Personnel receive CoC training							
Whistle blower protection								

Context	Output	Intermediate event/ outcome	Intermediate event/ outcome	Intermediate mechanism	Intermediate event/ outcome	Intermediate event/ outcome	Mechanism	Outcome
Survivors can report without reprisal/sanction		Communities informed about rights, and processes		'We can work together to achieve safety' AND 'It's safe to tell'	Survivors report breaches/ offences			

Table 6: Systems and security

Context	Output	Intermediate mechanism	Intermediate outcome	Intermediate event/outcome	Mechanism	Outcome
Priority given to provide resources	Patrols are instituted Systems in place to reduce exposure	'We take this seriously'	Women/ community feels safer	Reduced opportunity for SV by offenders	'Rape is risky'	SV reduced
Consultation with community prioritised	Community consultation re perceived risks	'I have rights'				
				Alternatively: Displacement of SV to other settings/ increased exposure to other GBV	'I'll go elsewhere'	SV is displaced

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?

Context	Output	Intermediate mechanism	Intermediate outcome	Intermediate event/outcome	Mechanism	Outcome
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/SEA is risky' (in that setting)	SV is reduced (or displaced)
Resources and accountability for actions Monitoring of actions by agencies	Co-ordination 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 'It's safe to tell'	SV is reduced

Table 7: Infrastructure

Context	Output	Intermediate mechanism	Intermediate outcome	Intermediate event/outcome	Mechanism	Outcome
Priority given to provide resources Risk assessment of opportunities Resources and accountability for actions	Construction of segregated sanitation facilities/shelter/safe spaces for women and children/schools	'We take this seriously'	Infrastructure reflects concerns of community Women/ community feel safer	Reduced opportunity for SV by offenders	'Rape is risky'	SV reduced

Context	Output	Intermediate mechanism	Intermediate outcome	Intermediate event/outcome	Mechanism	Outcome
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	'I'll go elsewhere'	SV is displaced

Table 8: Legal initiatives

Context	Output	Intermediate mechanism	Intermediate outcome	Intermediate event/outcome	Mechanism	Outcome
Priority given to provide resources	Indictments in ICC	'We take this seriously'	ICC finalises 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					

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?

Context	Output	Intermediate mechanism	Intermediate outcome	Intermediate event/outcome	Mechanism	Outcome
Services for survivors provided	Specialist prosecution teams established	'I have rights' AND 'It's safe to tell'	Survivors report SV Prosecutions in instituted	Trials held		
	Tribunals established		Tribunals finalise matters	Tribunals convict		

Appendix 1.4: Indicators for reduced risk

A-C, E-F,H Reduced incidence/Increased sense of safety in the community

A.1 Care to survivors results in improved wellbeing (secondary prevention)

A.2 Reintegration/livelihood programs to survivors reduces exposure to SV

B.1 Combat leaders engaged to halt SV

B.2 Disarmament, Demobilisation and Reintegration (DDR) programs implemented targeting SV

B.3 DDR programs include safety/livelihood programs for women/girls

C.1 Women in peace building targeting SV

C.2/D.1/G.2 Awareness of rights by community

D.2 Awareness of availability of services/reporting mechanisms

D.3 Willingness/uptake of services/reporting mechanisms

D.4 Increased awareness by men in community of equal rights and impact of abuse

E.1 Implementation/impact of codes of conduct/training

E.2 Gender-specific (i.e. female) recruitment implemented

E.3 Disciplinary action initiated

F.1 Co-ordination mechanisms established

F.2 Impact of patrols/firewood alternatives

F.3 Completion of situational analysis of risk of sexual violence

G.1 Impact of infrastructure designed for risk reduction

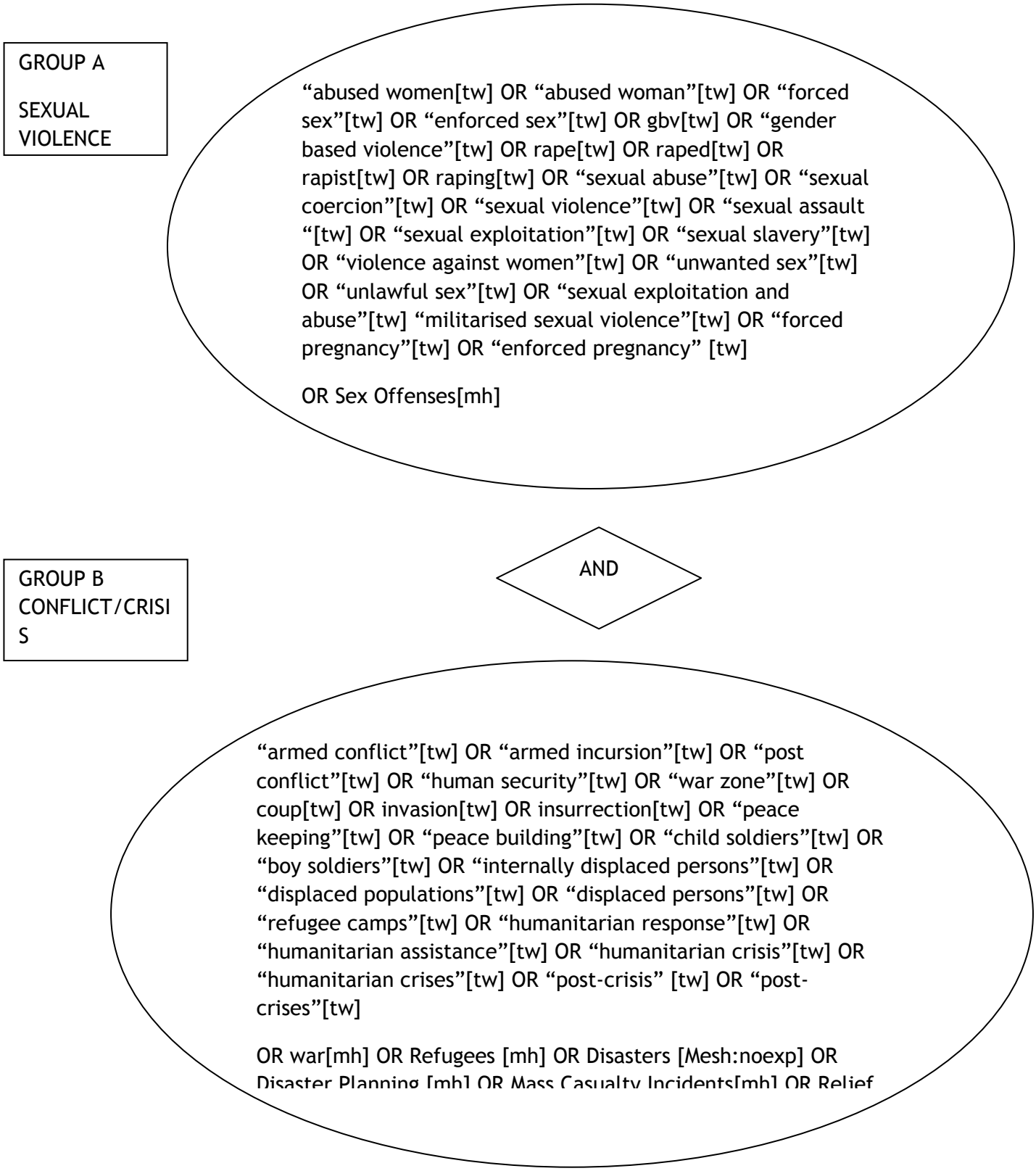
G.3 Systems for distribution of food/other resources established for reduction of SEA

H.1 Legal action initiated/convictions

H.2 Country action on ICC provisions

Appendix 2.1: Search strategy for electronic databases

Sample string (PubMed – using Mesh headings and text words)



Appendix 3.1: Map of 49 identified studies

Study	Country	Crisis type	SV typology	Activities	Target population	Methodology (study group)	Organisation type
SURVIVOR CARE							
Gruber (2005)	Eritrea	Conflict	Militarised SV	Medical and counselling assistance to SV survivors (asserted as being requested by the community elders)	Survivors of SV	Qualitative interviews (Survivors of SV - Women - Health workers)	Local NGO
Hustache et al. (2009)	Congo	Conflict	Militarised SV	Post-rape psychological support (median 2 sessions) as part of integrated response at hospital following initial medical assessment/treatment	Survivors of SV	Before and after; cohort (Survivors of SV - Women)	INGO
Manneschmidt and Griese (2009)	Afghanistan	Post-conflict	Militarised SV Exacerbated SV	Psychosocial group counselling for Afghan women affected by war and domestic violence	Survivors of SV	Qualitative focus group (Survivors of SV - not specified)	INGO
Zraly and Nyirazinyoye (2010)	Rwanda	Post-conflict	Militarised SV	Mutual support through: ABASA - Association of genocide/rape survivors OR AVEGA - Association of genocide widows	Survivors of SV	Qualitative interviews (Survivors of SV - Women)	Community groups

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?

Study	Country	Crisis type	SV typology	Activities	Target population	Methodology (study group)	Organisation type
Amone-P'Olak (2006)	Uganda	Conflict	Militarised SV	Acholi rituals including dance, song, cleansing rituals for shame and guilt those who experienced and/or enacted atrocities in Lord's Resistance Army	Survivors of SV Combatants	Implementation description/data	INGO Local NGO
Chynoweth (2008)	Jordan	Post-conflict	Militarised SV Opportunistic SV SEA Exacerbated SV	Extent of implementation of Minimum Initial Service Package (MISP)	Survivors of SV	Field visits	INGO Local NGO Multilateral agency
Common and Doedens (2004)	Global	Conflict Post-conflict Other crisis	Militarised SV	Provision of MISP Distribution and use of reproductive health kits	Survivors of SV	Cross-sectional survey of field offices/ users of RH kits (Personnel)	INGO National/state government agency
Horn (2010)	Kenya	Post-conflict	Exacerbated SV	UNHCR and community responses to intimate partner violence (IPV)	Community members: women	Qualitative focus group (Community members: Women and men)	Multilateral agency Local NGOs INGO

Study	Country	Crisis type	SV typology	Activities	Target population	Methodology (study group)	Organisation type
Skjelsbæk (2006)	Bosnia and Herzegovina	Conflict	Militarised SV	Individual psychotherapy with war rape survivors	Survivors of SV	Qualitative interviews (Personnel)	Local NGO
Mrsevic and Hughes (1997)	Serbia	Post-conflict	Exacerbated SV	Survivor assistance and counselling provided via phone	Survivors of SV Women and children	Implementation description/data (Survivors of SV - women)	Local NGO
LIVELIHOOD							
Denov (2006)[1]	Sierra Leone	Conflict	Militarised SV	Disarmament, demobilisation and reintegration (DDR)	Survivors of SV/combatants	Field visits (Service users)	INGO National/state government agency
Women's Commission for Refugee Women and Children (2009a)	Egypt	Post-Conflict	Opportunistic SV SEA	Livelihood program for refugee women	Community members: Women Survivors of SV	Field visits (Women community members)	Multilateral agency National/state government agency
COMMUNITY MOBILISATION							
Alvarado and Paul (2007)	Burma	Post-Conflict	Exacerbated SV	Groups engaging men in attitude change around GBV	Community members: men	Implementation description/data	INGO

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?

Study	Country	Crisis type	SV typology	Activities	Target population	Methodology (study group)	Organisation type
Molony et al. (2007)	Liberia	Conflict	Militarised SV Opportunistic SV SEA Exacerbated SV	Community engagement strategy involving community training and production of a local video to promote prevention of GBV and reporting to services	Whole community[2]	Implementation description/data	INGO
UNHCR (2001b)	Liberia	Post-conflict	SEA Exacerbated SV	System, structure and capacity building of UNHCR, , government, law enforcement and judiciary Strengthen refugee-based community leadership systems and structures to respond to and prevent sexual and gender-based violence (SGBV) Building of awareness of all participants in the programme Awareness of SGBV issues Community engagement: women and men	Whole community	Implementation description/data	Multilateral agency Local NGO
PERSONNEL							
Jennings (2008)	Haiti Liberia	Post-conflict	SEA	Zero-tolerance policy for SEA **HAITI** (minimal) Training, curfews, staff to	Whole community Survivors of SV	Field visits (Community members: men and women; survivors of	Multilateral agency

Study	Country	Crisis type	SV typology	Activities	Target population	Methodology (study group)	Organisation type
				wear uniforms at all times, discouragement of fraternisation Hotline for reporting **LIBERIA** As above PLUS intensive and comprehensive outreach strategy re policy and recourses Made prominent in speeches	Personnel	SV - not specified; personnel)	
Lattu (2008)	Kenya Namibia Thailand	Post-conflict	SEA	Preventing and responding to SEA: **KENYA** Staff training on obligations under CoC Raising SEA awareness amongst staff, police and the community Community education to promote reports Complaint boxes Community participation in	Whole community Personnel	Qualitative interviews (Community members: men, women and children)	Multilateral agency

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?

Study	Country	Crisis type	SV typology	Activities	Target population	Methodology (study group)	Organisation type
				producing a film about SEA **THAILAND** (Early phase of zero tolerance initiative) -Strengthening CoC -Staff training -Complaint boxes			
UNDP and UNIFEM (2007)	Kosovo Liberia Sierra Leone	Post-conflict	Opportunistic SV SEA	Gender-specific police reform **KOSOVO** Targeting female recruitment Deploying in all units and in senior positions Consulting with women's organisations Family work policies **LIBERIA** Targeting recruitment and training, deploying in pairs/groups, and leadership position **SIERRA LEONE** Quota of 30% female officers	Personnel	Implementation description/data	Multilateral agency National/state government agency

Study	Country	Crisis type	SV typology	Activities	Target population	Methodology (study group)	Organisation type
SYSTEMS AND SECURITY							
CASA Consulting (2001)	Kenya	Post-conflict	Opportunistic SV	Distribution of firewood in Dadaab refugee camp	Community members: Women	Cross-sectional survey Field visits (Survivors of SV - women; personnel)	Multilateral agency INGO
Women's Commission for Refugee Women and Children (2006b)	Sudan	Post-conflict	Opportunistic SV SEA	Provision of fuel efficient stoves and alternative fuels using local materials Firewood patrols Provision of firewood Support for construction of solar cookers	Community members: men, women and children	Implementation description/data Qualitative interviews and focus group (Community members: women; personnel) Field visits	Multilateral agency INGO National/state government agency Local NGO
Bizarri (2010)	Kenya	Post-conflict	Opportunistic SV	Dadaab and Kakuma refugee camps: Provision of firewood, fuel-efficient stoves Establishment of incidence reporting mechanism	Community members: women	Multiple data case studies (Community members: men and women; personnel)	Multilateral agency INGO

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?

Study	Country	Crisis type	SV typology	Activities	Target population	Methodology (study group)	Organisation type
MULTIPLE COMPONENTS							
Survivor + Community Mobilisation							
Blogg et al. (2004)	Uganda Congo	Post-conflict	SEA Exacerbated SV	**UGANDA** Medical/counselling for survivors Community awareness included schools Engaged community leaders Community alcohol ban, curfew and local night patrols **CONGO, Betou** Confidential drop-in centre and MSF care, Psychological support and legal information Community leader training **CONGO, Brazzaville** MSF care at hospital, psychological support, plus advice/support on reporting to police 'Highly visible' anti-rape campaign	Community. members: women	Field visits (Community members: men and women)	INGO Local NGO

Study	Country	Crisis type	SV typology	Activities	Target population	Methodology (study group)	Organisation type
Rees et al. (2005)	Sri Lanka	Disaster	Opportunistic SV Exacerbated SV	Support group program for women to address trauma impacts and engage women to act as GBV community advocates to protect others from abuse	Community members: women	Implementation description/data	Multilateral agency INGO Community groups
UNHCR (2001a)	Guinea	Post-conflict	Opportunistic SV SEA Exacerbated SV	Co-ordination and advocacy Deployed community trainers to conduct initial awareness raising, followed by community workers (CW) CW established local committees, formed women's groups, set up safe spaces for temporary refuge and provided counselling Local committees supported in problem solving for prevention of SGBV by identifying risks and requesting security Equal representation of men and women in planning Implemented in refugee camp then extended to local community	Whole community Survivors of SV Personnel	Implementation description/data	Multilateral agency National/state government agency Local NGO

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?

Study	Country	Crisis type	SV typology	Activities	Target population	Methodology (study group)	Organisation type
Survivor + Personnel							
Bracken et al. (1992)	Uganda	Conflict	Militarised SV Opportunistic SV	Survivor counselling and medical services Training local health workers Developing support groups Program recognising role of traditional healers to deal with symptoms	Survivors of SV Personnel	Implementation description/data	INGO Local NGO
Schei and Dahl (1999)	Bosnia and Herzegovina	Conflict	Militarised SV	Groups for women refugees at 2 'psycho-social centres' Both sites: Counselling training for workers **ZENICA** Hand crafts/recreational activities **TUSLA** Weekly psychotherapy group (3-4 months) - recount and reframe histories/anxiety reduction	Survivors of SV	Before and after; Comparison (Community members: women)	INGO

Study	Country	Crisis type	SV typology	Activities	Target population	Methodology (study group)	Organisation type
Survivor + Livelihood and Legal							
UNFPA (2006)	Sierra Leone	Post-conflict	Militarised SV SEA	Service for women and girls abducted by combatants Sexual and reproductive health services Counselling, legal advice, shelter Sensitisation and health services also provided to partners and children Vocational training	Community members: women, men and children Survivors of SV	Implementation description/data	Multilateral agency National/state government agency Local NGO
Survivor + System and Security + Personnel							
Doedens et al. (2004)	Chad	Post-conflict	Opportunistic SV SEA	MISP components in refugee camps in Eastern Chad Staff training on code of conduct Limited attention to latrine and water point design and food distribution to reduce SV	Personnel	Field visits (Whole community; personnel)	Multilateral agency INGO Local NGO

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?

Study	Country	Crisis type	SV typology	Activities	Target population	Methodology (study group)	Organisation type
Livelihood + Community + System and Security							
Women's Commission Refugee for Women and Children (2009b)	Ethiopia	Post-conflict	Opportunistic SV Exacerbated SV	Livelihood strategies for refugee women including sewing, start-up money for small businesses Community involvement in GBV discussions Distribution of ethanol stoves	Community members: men and women	Qualitative interviews (Community members: women; personnel)	Multilateral agency INGO
Survivor Care + Community Mobilisation + System and Security + Personnel							
UNHCR (1998)	Tanzania	Post-conflict	Opportunistic SV SEA Exacerbated SV	Refugee camps at Kibondo and Kasulu: Medical treatment, advice and support Community awareness raising and problem solving Community and health workers trained on SV Increased police presence and communication	Whole community Survivors of SV Personnel	Implementation description/data	Multilateral agency National/state government agency Local NGO
Human Rights Watch (2003)	Nepal	Post-conflict	SEA	Reporting and referral system; security; increase in field	Whole community	Field visits (Community	Multilateral agency

Study	Country	Crisis type	SV typology	Activities	Target population	Methodology (study group)	Organisation type
				staff; amend CoC Livelihood/income- generating activates Community awareness raising on GBV Improved medical protocol and services for survivors		members: women; survivors of SV: women; personnel)	National/state government agency
Survivor Care + Community Mobilisation + Livelihood + Infrastructure + Legal							
Kavira and Biruru (2004)	DRC	Post-conflict	Militarised SV	Providing medical, psychosocial care and legal assistance to women survivors and children born as a result of rape Organising women's groups including traders, teachers and rape survivors and holding 'interactive' sessions with rape survivors Health personnel training in management of rape Community awareness raising on rape, along with education on other rights Training of 24 women group leaders on role of women in sustaining peace	Community members: women Survivors of SV	Implementation description/data	Two women's human rights organisations

Study	Country	Crisis type	SV typology	Activities	Target population	Methodology (study group)	Organisation type
				-Proving microfinance for livelihood -Providing housing and building materials			
Survivor Care + Community Mobilisation + Systems and Security							
UNHCR (1997)	Tanzania	Post-conflict	Opportunistic SV SEA	Consulting community to lead to establishment of crisis intervention teams comprising trained volunteer refugees for first response Providing health information, options for action, counselling, mediation Support by NGOs and health services Community awareness raising through camp newsletter and discussion groups Consulting community to identify and address risk situations Providing limited patrols for firewood collection and distribution to vulnerable groups	Whole community Survivors of SV	Implementation description/data	INGO

Study	Country	Crisis type	SV typology	Activities	Target population	Methodology (study group)	Organisation type
Survivor Care + Community Mobilisation + Personnel + Systems and Security + Infrastructure + Legal							
Mabuwa (2000)	Tanzania	Post-conflict	Opportunistic SV Exacerbated SV	UNHCR responses to SV and IPV in Tanzanian refugee camps included: • Increasing co-ordination • Recruiting of lawyers to support prosecution • Police deployment • Providing limited patrols by young men • Providing alternative accommodation for women at risk	Whole community Personnel Perpetrators/potential perpetrators Witnesses/ survivors involved in legal action	Qualitative interviews Multiple data case studies	Multilateral agency INGO Community groups
LEGAL							
Brouneus (2008)	Rwanda	Conflict	Militarised SV Opportunistic SV	Rwanda Gacaca courts (local village tribunals adapted to address war crimes)	Survivors of SV	Qualitative interviews (16 witnesses/ survivors involved in legal action)	Other state-based court
Human Rights Watch (1996)	Rwanda	Conflict	Militarised SV	International Criminal Tribunal for Rwanda and prosecution under national laws in Rwanda Training of judicial and police personnel	Perpetrators/ potential perpetrators	Implementation description/data	International court/tribunal

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?

Study	Country	Crisis type	SV typology	Activities	Target population	Methodology (study group)	Organisation type
Mischkowski and Mlinarevic (2009)	Yugoslavia	Conflict	Militarised SV	International Criminal Tribunal Yugoslavia (ICTY) War Crimes Chamber - Bosnia and Herzegovina	Perpetrators/potential perpetrators	Qualitative interviews (Legal stakeholders: 7 judges (5M; 2F); 7 prosecutors (4M; 3F); 2 judges (1M; 1F) 49 witnesses/ survivors involved in legal action)	Local NGO
Nowrojee (2005)	Rwanda	Conflict	Militarised SV	International Criminal Tribunal Rwanda (ICTR)	Perpetrators/potential perpetrators	Qualitative interviews (Witnesses/survivors involved in legal action)	International court/tribunal
Denov (2006)[1]	Sierra Leone	Conflict	Militarised SV	Truth and Reconcile Commission (SLTRC) Special Court for Sierra Leone (SCSL)	Survivors of SV/combatants	Field visits and interviews (Service users)	INGO National/state government agency
Amnesty International (2010)	Yugoslavia	Conflict	Militarised SV	Progress and failures in prosecuting militarised SV under criminal code in Croatia complementing ICTY	Survivors of SV	Multiple data case studies Field visits	National/state government agency
Women's Initiatives for Gender Justice (2010)	Global	Conflict	Militarised SV	International Criminal Court	Perpetrators/potential perpetrators	Implementation description/data	International court/ tribunal

Study	Country	Crisis type	SV typology	Activities	Target population	Methodology (study group)	Organisation type
OVERARCHING GUIDELINES/POLICIES							
Bell and O'Rourke (2010)	Global	Conflict	Militarised SV	Implementation of UNSC Resolution 1325	Whole community	Implementation description/data	Multilateral agency
United Nations Department of Peacekeeping Operations (2009)	Rwanda Sierra Leone Yugoslavia	Conflict	Militarised SV	Legal intervention: ICTY, ICTR, SCSL	Perpetrators/potential perpetrators	Expert opinion (legal)	International court/tribunal
Amnesty International 2004	Global (Afghanistan Columbia DRC Kosovo Liberia SudanTimor Leste)	Conflict Post-conflict	Militarised SV Opportunistic SV	Implementation of UNSCR 1325 Range of intervention types	Whole community Survivors of SV Personnel Perpetrators/potential perpetrators Witnesses legal action	Multiple data case studies	Multilateral agency National/state government agency International court/tribunal

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?

Study	Country	Crisis type	SV typology	Activities	Target population	Methodology (study group)	Organisation type
Henttonen et al. (2008)	Uganda	Conflict	Militarised SV Opportunistic SV	Implementation of IASC Guidelines for GBV in humanitarian settings	Survivors of SV	Qualitative interviews Field visits	National/state government agency Local NGO
Hyder and MacVeigh (2007)	Ivory Coast Liberia Sierra Leone	Conflict Other crisis		Global policy initiative including programs that include staff training, livelihood, establishment of referral pathways	Personnel	Implementation description/data	INGO
Rothkegel et al. (2008)	DRC Georgia Nepal Tanzania Yemen	Post-conflict	Opportunistic SV SEA Exacerbated SV	UNHCR responses in policy, management of human resources, staff development, program design and monitoring mechanisms and survivor services	Whole community Survivors of SV Personnel	Implementation description/data Field visits	Multilateral agency
Sivakumaran (2010)	Global	Conflict	Militarised SV	UNSCR 1820, ICTY, ITTR, Special Court Sierra Leone	Survivors of SV	Implementation description/data	Multilateral agency
Women's Commission for Refugee Women and children (2003)	Pakistan	Post-conflict	Opportunistic SV SEA Exacerbated SV	MISP package for reproductive health	Survivors of SV Personnel	Field visits	Multilateral agency Local NGO

Study	Country	Crisis type	SV typology	Activities	Target population	Methodology (study group)	Organisation type
Women's Commission for Refugee Women and Children (2002)	Global	Post-conflict	Opportunistic SV SEA Exacerbated SV	Implementation of *Guidelines on the Protection of Refugee Women*	Whole community	Implementation description/data	Multilateral agency

Notes: Shaded rows indicate outcome studies. Unshaded rows indicate implementation studies
1. Denov (2006) appears twice in this overview, as it reported on two separate but not related strategies i.e. Livelihood as well as Legal
2. Indicates that specific strategies were applied to these groups as members of the community.

Appendix 4.1: Data extraction summary: quality assessment for outcome studies

Authors and country	Study description	A: Soundness of method	B: Appropriateness of study type to answer the review question	C: Relevance of the topic focus for the review question	D: Overall weight of evidence	Thick or thin description
1. Gruber (2005) Eritrea	Descriptive study based on interviews with Saho elders, men, women and girls and traditional birth assistants 'in late 2001 and 2003' in setting where intervention failed	Low No information on: interviewer identity or characteristics, number interviewed, sample selection, refusals Limited description of sample No information about interview guide used, recording of interviews or analysis of data	Medium Descriptive study including some qualitative data. No data on reduction of incidence but data on secondary prevention (i.e. harm to survivors of SV)	High Relevant to issue of secondary prevention and potentially to reduced risk. Reasons for lack of uptake of service specifically targeting conflict-related SV	Medium-Low	Thick
2. Hustache et al. (2009) Congo	Cohort study assessing women who received post-rape psychological support (median 2 sessions) followed up 1-2 years later. Baseline and follow-up assessment used 3 psychometrically validated tools i.e. Trauma Screening Questionnaire, a scale to address medico-psychological care in emergencies	Medium Reporting included: sample characteristics and inclusion criteria, number approached and included in initial and follow-up sample, instruments used. Numerical data are incomplete, (i.e. totals and denominators not reported). Authors claim 'significant improvement' but no statistical results	High Cohort study Capacity to provide robust data on impact of secondary prevention initiatives	High Sample are specifically survivors of conflict-related SV and intervention same for all	Medium	Thin

Authors and country	Study description	A: Soundness of method	B: Appropriateness of study type to answer the review question	C: Relevance of the topic focus for the review question	D: Overall weight of evidence	Thick or thin description
	(EUMP), and the Global Assessment of Functioning scale					
3. Manneschmidt and Griese (2009) Afghanistan	Study employed open- ended survey comprising 4 questions measuring impact of psychosocial group counselling on the lives of 109 Afghani women affected by war and domestic violence.	Low Group interviews with women were conducted by an independent evaluator, but lack of confidentiality may have biased respondents towards reporting favourably on the intervention	Low Post-intervention group was surveyed immediately - not strong for measuring impact of intervention	Medium Sample and target of intervention not restricted to SV but included other 'war traumas'	Low	Thick
4. Zraly and Nyirazinyoye (2010) Rwanda	Qualitative interviews and observation of women's resilience in relation to experiences in support groups	High Reporting included information on sampling, settings, sample size and characteristics, research team, duration and time of data collection, translation, means of data recording, theoretical premise, analytical methods, attribution of participant quotations and basis for findings	Low Ethnographic study	Medium Support provided by women's groups post-conflict is relevant to secondary prevention but study focus was 'resilience' rather than the impact of group membership specifically	Medium-Low	Thin

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?

Authors and country	Study description	A: Soundness of method	B: Appropriateness of study type to answer the review question	C: Relevance of the topic focus for the review question	D: Overall weight of evidence	Thick or thin description
5. Denov (2006) Sierra Leone	Study describing 3 case studies based on interviews assessing human security response to girls who had experienced sexual violence in conflict	Medium Reporting included: sample characteristics and inclusion criteria, participant selection, number approached and included in initial sample, research team credentials	Low Case studies/life histories do not enable conclusions to be drawn about reduced risk/incidence or secondary prevention	High All study participants had experienced conflict-related sexual violence and participated in one or more interventions to address this issue	Medium-Low	Thin
6.Jennings (2008) Haiti Liberia	Policy brief based on qualitative interviews, focus groups and observations undertaken during field visits aimed at evaluating the impact of the zero tolerance policy for SEA	Medium Reporting included: sampling, timing, nature and number of participants, research team, length of interviews Findings from interviews are not clearly differentiated from other sources and background material	Low Field assessment does not enable measurement of reduction of incidence, but findings on barriers to reporting abuse and limits to implementation provide material re impact on risk	High Intervention directly addresses conflict-related SV	Medium-Low	Thick
7. Lattu (2008) Kenya Namibia Thailand	Consultant appraisal using interviews and group discussions with humanitarian aid beneficiaries on their perceptions of efforts to prevent and	High Reporting included sampling, settings, sample size and characteristics of sample, number, duration and settings for consultation, translations, interview guide, participant	Medium Field assessment does not enable measurement of reduction of incidence, but findings on barriers to reporting abuse and	High Intervention specific to conflict-related SEA	Medium-High	Thick

Authors and country	Study description	A: Soundness of method	B: Appropriateness of study type to answer the review question	C: Relevance of the topic focus for the review question	D: Overall weight of evidence	Thick or thin description
	respond to sexual exploitation and abuse	checking, data quality issues, divergent cases and support from quotations	limits to implementation provide material relating to impact on risk			
8. CASA Consulting (2001) Kenya	Consultant evaluation of firewood project based on data analysis, document review and field visit interviews	Medium Multiple source evaluation including analysis of incidence data gathered throughout the project, and of data quality issues and conflicting data from different sources, but data are incomplete i.e. do not cover all time periods and not systematically collected	High Field assessment including incident report data about incidence allows some measurement of reduced incidence	High Intervention is specific to prevention of conflict-related SV but data are limited in respect of SV apart from firewood collection	Medium-High	Thick
9. Women's Commission for Refugee Women and Children (2006b) Sudan	Report on impact of firewood and fuel alternatives based on field visits employing interviews and focus groups	Low Reporting includes incomplete information on the number of participants, settings, sample selection, groups represented, timing and duration of interviews and group discussions, translations, recording and analysis	Medium Field assessment does not measure incidence, but findings on barriers to reporting abuse and limits to implementation of policy provide material relating to risk	High Intervention is specific to prevention of conflict-related SV	Medium-Low	Thin
10. Bizarri (2010) Kenya	Consultant appraisal of firewood program based on document review, and field research interviews	Medium Reporting describes team, settings and attributes sources. Incomplete information on	Medium Field assessment does not measure incidence, but findings on implementation and	Medium Focus is on firewood project broadly, with SV only one aspect reported	Medium	Thick

Authors and country	Study description	A: Soundness of method	B: Appropriateness of study type to answer the review question	C: Relevance of the topic focus for the review question	D: Overall weight of evidence	Thick or thin description
		number, sampling, timing, nature and number of participants, length of interviews	related initiatives provide material relating to risk			
11. Blogg et al. (2004) Uganda Congo	University evaluation of access to reproductive health services for IDPs based on briefings, focus groups and facility reviews undertaken during field visits	High Reporting describes country selection, tools used, set up of focus group discussions, sample selection, size and characteristics, translations, recording of data	Medium Field assessment does not measure incidence, but findings on implementation of policy and anecdotal data provide material relating to risk	Low Intervention and study are not specific to SV, but predominantly on access and quality of services	Medium-High	Thin
12. Schei and Dahl (1999) Bosnia-Herzegovina	Study using post-intervention surveys of participants at psychotherapy or social groups for women refugees	Low Reporting on sample, sample selection, number approached and included instruments used Numerical data for impact measures is not provided i.e. totals and denominators not reported, nor results of statistical analysis Authors claim differences between 2 group types without identifying supporting data	Medium Post-intervention measure and comparison between two interventions using validated instruments. Relevant to secondary prevention only	Low Intervention not specific to conflict-related SV in focus, target group, or study participants	Low	Thin

Authors and country	Study description	A: Soundness of method	B: Appropriateness of study type to answer the review question	C: Relevance of the topic focus for the review question	D: Overall weight of evidence	Thick or thin description
13. Women's Commission Refugee for Women and Children (2009b) Ethiopia	Appraisal by monitoring NGO comprising meetings and focus groups during field visits undertaken to assess value of economic opportunities for protecting women from GBV	Low Reported on timing, location and number of participants in focus groups No reporting on team, tools used, set-up of focus group discussions, sample selection, size and characteristics, translations, recording of data	Medium Field assessment does not measure incidence, but findings on women's situations and experiences of services provide material relating to risk	Low Interventions not specific to SV and study focuses on issue of access to livelihood opportunities more broadly than provision of program	Low	Thin
14. UNHCR (1998) Tanzania	Description of implementation and lessons learnt from delivering intervention	Low Written as a guide for other agencies, does not include explicit evaluative data but gives rich description of lessons learnt	Low Field assessment. Predominantly descriptive data on implementation but findings on barriers are relevant to risk	High Intervention specific to preventing conflict-related SV	Low	Thick
15. UNHCR (1997) Tanzania	Description of implementation and lessons learnt from delivering intervention	Low Written as a guide for other agencies, does not include explicit evaluative data but gives rich description of lessons learnt	Low Field assessment and report. Predominantly descriptive data on implementation but findings on how intervention was conceived and implemented are relevant to risk	High Intervention specific to preventing conflict-related SV	Low	Thick

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?

Authors and country	Study description	A: Soundness of method	B: Appropriateness of study type to answer the review question	C: Relevance of the topic focus for the review question	D: Overall weight of evidence	Thick or thin description
16. Brouneus (2008) Rwanda	Qualitative research using interviews with 16 women about experiences of testifying in local tribunal	Medium Reporting on: setting, sample selection, characteristics and number interviewed, duration and recording of interviews, analysis of data; themes identified are supported by quotations No information about interview guide used, interviewer identity or characteristics, refusals; limited description of sample	Medium Qualitative study does not measure incidence, but findings on women's experiences of testifying provide material relevant to the impact of the intervention on secondary prevention	Low Intervention not specific to sexual violence, and study group includes other types of war trauma Study addresses impact of testifying on safety and psychological wellbeing	Medium-Low	Thick
17. Human Rights Watch (1996) Rwanda	Appraisal by monitoring NGO of legal remedies for sexual violence implemented in Rwanda based on document review and interviews with survivors of rape and other key informants	Low Reporting on timing of interviews, sample selection and quotations used to support findings No information on number or characteristics of participants or interviewer/tools	Medium Field assessment and report. Predominantly descriptive data on implementation but findings on barriers to implementation are of relevance to risk	Medium Interventions not specific to sexual violence and multiple types described only briefly	Medium-Low	Thin
18. Mischkowski and Mlinarevic (2009) Yugoslavia	Appraisal by monitoring NGO describing two tribunals in the former Yugoslavia	Medium Reporting on team, tools; brief summary of sample characteristics No reporting on sample	Medium Field assessment and report Predominantly descriptive data on implementation but	Medium Interventions not specific to sexual violence and impact on primary	Medium	Thick

Authors and country	Study description	A: Soundness of method	B: Appropriateness of study type to answer the review question	C: Relevance of the topic focus for the review question	D: Overall weight of evidence	Thick or thin description
	including document review and interviews with 49 survivor witnesses from either court	selection Numerical data on cases heard presented, but not analysed in terms of implications.	findings on experience are of relevance to secondary prevention	prevention not addressed. Some material relevant to risk and secondary prevention		
19. Nowrojee (2005) Rwanda	Appraisal by a UN agency of the ICT Rwanda, based on document review and interviews with survivors who had testified or were to testify	Low Some relevant quantitative data on indictments and convictions, but percentages only; no numerical data provided For interview data: no information provided on team, tools, sample characteristics or selection, timing or settings of interviews, translations, recording of data or analysis	Medium Field assessment and report. Predominantly descriptive data on implementation but findings on experience are of relevance to secondary prevention	Medium Interventions not specific to sexual violence and impact on primary prevention not addressed. Some material relevant to risk and secondary prevention	Medium-Low	Thick
20. Women's Initiatives for Gender Justice (2010) Global	Appraisal by monitoring NGO of implementation by the ICC of legislation, rules and gender mandate	High Data reporting includes sources and numerical/ percentage breakdown on all fields of relevance	Low Snapshot data on court composition and process only indirectly applicable to outcomes	Low Interventions not specific to sexual violence but of indirect relevance to reduced risk	Medium-Low	Thick

The authors of this report were supported by the Evidence for Policy and Practice Information and Co-ordinating Centre (EPPI-Centre) and the Australian Agency for International Development.

The Evidence for Policy and Practice Information and Co-ordinating Centre (EPPI-Centre) is part of the Social Science Research Unit (SSRU), Institute of Education, University of London.

Since 1993, we have been at the forefront of carrying out systematic reviews and developing review methods in social science and public policy. We are dedicated to making reliable research findings accessible to the people who need them, whether they are making policy, practice or personal decisions. We engage health and education policy makers, practitioners and service users in discussions about how researchers can make their work more relevant and how to use research findings.

Founded in 1990, the Social Science Research Unit (SSRU) is based at the Institute of Education, University of London. Our mission is to engage in and otherwise promote rigorous, ethical and participative social research as well as to support evidence-informed public policy and practice across a range of domains including education, health and welfare, guided by a concern for human rights, social justice and the development of human potential.

This research was funded by the Australian Agency for International Development (AusAID). The research was commissioned as part of a joint call for systematic reviews with the Department for International Development (DFID) and the International Initiative for Impact Evaluation (3ie). The views expressed are those of the authors and not necessarily those of the Commonwealth of Australia. The Commonwealth of Australia accepts no responsibility for any loss, damage or injury resulting from reliance on any of the information or views contained in this publication. The report was first published in 2013 by:

Evidence for Policy and Practice Information and Co-ordinating Centre (EPPI-Centre)
Social Science Research Unit
Institute of Education, University of London
18 Woburn Square
London WC1H 0NR
Tel: +44 (0)20 7612 6397 http://eppi.ioe.ac.uk http://www.ioe.ac.uk/ssru
ISBN: 978-1-907345-53-1
Cover image from internally displaced person's camp in Dili, Timor-Leste, 2006 -

This document is available in a range of accessible formats including large print.
Please contact the Institute of Education for assistance:
telephone: +44 (0)20 7947 9556 email: info@ioe.ac.uk