



Reaching women and girls most at risk of VAWG

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Query: What is the evidence on how to reach women and girls particularly at risk of VAWG in VAWG interventions in LMICs?

- 1) What are the barriers to reaching these groups in VAWG interventions?
- 2) What lessons can be learned from VAWG interventions that have sought to reach these groups?

Enquirer: VAWG Team, DFID

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Overview

There is limited evidence on how to reach women and girls who are most at risk of VAWG in low- and middle-income countries (LMICs).¹ Whilst there has been progress in disaggregating data in VAWG prevalence studies in recent years, and a handful of VAWG evaluations that disaggregate outcome data, this is still an emerging area of practice and evidence. Although there are small-scale projects targeting specific at-risk groups, there are few mainstream VAWG interventions aiming to be inclusive or targeting specific groups. This rapid review examines the data on prevalence amongst key groups of women and girls at risk of VAWG², before summarising the evidence on interventions, barriers and lessons learned. The report builds on previous DFID-funded research and evidence synthesis by the VAWG Helpdesk³ and What Works to Prevent VAWG⁴ and summarises the latest evidence in this area.

The available data and evidence show that several groups of women and girls, including adolescent girls and women and girls with disabilities are more likely to experience violence. This includes the most common forms of VAWG such as intimate partner violence (IPV) but also forms of VAWG specific to some groups. For example, child marriage largely affects adolescent girls, “corrective rape” has been well-documented against lesbian women in South Africa and forced sterilisation and removal of assistive devices and medication for women with disabilities. The literature is fragmented, tending to focus on gender and one other risk-related factor, such as sexuality or disability, and data is still not routinely disaggregated by key factors associated with higher VAWG risk. There are also methodological challenges in collecting VAWG data amongst some groups, for example serious ethical challenges associated with collecting data on LBTQI+⁵ status in many contexts.

The existing evidence on reaching women and girls most at risk suggests that:

- Adolescent girls may be falling through the cracks in VAWG and Violence Against Children (VAC) interventions. Adolescent girls programming tends to include VAWG components rather than as standalone programmes.
- There is limited understanding of the experiences of violence against LBTQI+ groups and limited donor engagement.
- Although there are strong linkages between HIV and VAWG, programmes tend to focus on reducing risky behaviour in order to reduce HIV incidence rather than addressing violence faced by women with HIV. This is also the case for female sex workers.

¹ It focuses on development rather than humanitarian settings. You can find GBV AoR Helpdesk resources on VAWG in humanitarian settings, including against women and girls with disabilities and LGBTIQ+ women and girls on the [GBV AoR website](#).

² This query uses the terms “women and girls most at risk of VAWG” and “high-risk groups”, although we acknowledge that “vulnerable groups” and “marginalised groups” are also common. The terminology to describe women and girls most at risk of VAWG is contested; for example the use of the terms “vulnerable” and “marginalised” are often criticised as overlooking women and girls’ agency and control over their lives, that women and girls often do not describe themselves as vulnerable and therefore this label may act as a barrier to reaching specific groups. In addition, in relation to VAWG, the use of the term “vulnerability” has been critiqued as focusing on the characteristics of the individual rather than the factors at the interpersonal, community and societal levels that contribute to VAWG risk.

³ Including Fraser et al., 2018 on VAWG and intersectionality, McAslan Fraser et al., 2015 on VAWG against older women, McAslan Fraser et al., 2016 on harmful cultural practices against widows, McAslan Fraser, 2015 on violence against LGBT people.

⁴ Including Dunkle et al., 2018 on VAWG against women and girls with disabilities & Kerr-Wilson et al., 2020 on effectiveness of VAWG interventions.

⁵ There is no universally accepted umbrella term that encompass the full diversity of lived realities of sexual orientation and gender identity and expression (SOGIE). When referring to examples of programming or research, this report will use the terminology as used in the source, to not alter how the author(s)/ source of information described a programme or a group in that context. When describing or discussing the findings in a general sense, we will use the term LBTQI+ (lesbian, bisexual, transgender, queer/ questioning, intersex, +) to be as inclusive as possible of women and trans people who are marginalised by patriarchal, homophobic and transphobic systems of oppression.

- There do not appear to be any global initiatives working with older women or widows to prevent and respond to VAWG.
- It is not known if and how racial, ethnic, religious and indigenous minorities are included in mainstream VAWG programming in LMICs.

The literature highlights many barriers to reaching women and girls most at risk of VAWG, including attitudinal, environmental and institutional barriers. Attitudinal barriers include negative attitudes and reluctance to engage on the part of government officials and service providers, the invisibility of high-risk women and girls and their exclusion from women’s rights movements, as well as lack of trust in government and service providers. Environmental barriers include lack of accessible infrastructure and information and high costs of participation. Institutional barriers include lack of data and evidence, limited budget and lack of institutional capacity.

Key lessons learned from programmes that have tried to reach women and girls at most risk of VAWG include:

- The importance of contextual analysis of who is at most risk, and contextually appropriate approaches to effectively reach these groups and do no harm.
- The importance of involving and partnering with civil society organisations representing at risk groups such as disabled women’s groups and LBTQI+ groups as those are best placed to understand the needs and priorities of these groups, and to identify barriers to their participation and how to overcome these.
- The importance of expanding the evidence base through collecting disaggregated VAWG prevalence data as well as monitoring who VAWG programmes reach, including women and girls who experience multiple and intersecting forms of discrimination and violence, in order to contribute to further learning of how to reach those at most risk of VAWG.
- The potential of intersectional and inclusive movement building to address violence against women and girls at high risk of VAWG.
- The potential of flexible funding and reporting when working with civil society organisations representing at risk groups, especially in restrictive environments where much of the organising may take place underground due to legislative and safety concerns.
- How to transform commitments to intersectional approaches into practice in VAWG programming is still largely a learning frontier with limited evidence. It requires developing approaches and methods for collecting disaggregated data on women and girls’ multiple identities and social markers in monitoring, and disaggregating evaluation findings along the same lines.

2. Availability of data and evidence

The literature in this area is limited and fragmented in LMICs. Studies tend to focus on gender and one other factor, rather than multiple factors. Despite some progress in data disaggregation and analysis in recent years, the available evidence on what works to prevent VAWG for “high risk groups” is very limited (Kerr-Wilson et al., 2020). This rapid evidence review identified no evidence syntheses which examined interventions targeting women and girls at high risk of violence.

Data on VAWG and intersectionality is still limited in LMICs and there are several challenges to collecting and analysing this data. These challenges include lack of data and evidence from LMICs, limited data disaggregation, particularly studies that examine multiple identities, exclusion of some women such as older women (aged over 49) who are not included in Demographic and Health Surveys (DHS), and underreporting amongst high-risk groups (McAslan Fraser et al., 2015). Multiple oppressions are likely to combine to influence underreporting such as gendered norms which

discourage reporting, stigma and discrimination against people living with HIV/AIDS or lesbian, bisexual and trans (LBT) women and girls, and dependence on partners amongst women with disabilities (Fraser et al., 2018). In addition, there are serious ethical challenges around collecting data on some types of identity such as sexual orientation in contexts where same sex relationships are criminalised (Humanitarian Advisory Group, 2018).

Although there is evidence demonstrating the greater risks faced by some groups of women and girls, evidence from VAWG programmes which target high-risk groups is extremely limited. Evaluation evidence tends to be small-scale and focuses on programmes which target one group, such as women and girls with disabilities or adolescent girls, rather than examining multiple intersecting identities. However, this rapid evidence review has identified a small number of programmes reaching multiple high-risk groups, which provide some emerging lessons learned in the absence of systematically evaluated approaches to reaching these groups. Programmes which have targeted a particular group have also tended to overlook collecting disaggregated data within the targeted group, such as age and other identities/ categories.

There is limited evidence on how to adapt VAWG programming which has previously targeted the general population so that it reaches the women and girls most at risk. There has been some progress in recent years, including through the DFID-funded What Works to Prevent VAWG programme, which collected data on women with disabilities and adolescent girls. From a rapid review of the publicly available literature, there appears to be more evidence available from high income countries (HICs), particularly on programming targeting migrants and refugees, racial and ethnic minorities and indigenous women.

Key data and evidence gaps include:

- Limited high-quality evaluative evidence on how VAWG interventions target and reach high-risk groups; and lack of evidence reviews.
- Data on the prevalence of VAWG against LBTQI+ individuals. Despite data showing that LBT women and girls are more likely to experience violence, there is limited evidence on what works to reach LBT women and girls in VAWG programming (Ligiero et al., 2019).⁶
- Data on the prevalence of VAWG against older women and widows.
- VAWG prevalence studies and evaluations of VAWG interventions disaggregating data by impairment type to assess the extent to which women with different impairment types and severity of disability are included and benefit from the intervention.
- Evaluations of inclusive VAWG prevention and response programmes and their impact on high-risk groups.
- Evaluations of VAWG programmes which analyse and publish data disaggregated by multiple factors, such as age, gender and disability.
- Evaluations of VAWG prevention interventions targeting women and girls most at risk of VAWG.

⁶ This review focuses on sexual violence against children.

3. Which groups face disproportionate risks to VAWG?

There are several different factors which can increase the risks of violence against women and girls at the individual, interpersonal, community and society level (the socio-ecological framework).⁷ The available data and evidence, though fragmented, demonstrates that women and girls are likely to face different levels of risk depending on how these risk factors combine in different contexts to increase the likelihood of a woman or girl experiencing violence. Factors such as sexuality and disability are associated with increased risk of the most common forms of VAWG such as IPV, in addition to different and specific types of violence, for example child marriage amongst adolescent girls, “corrective rape” against lesbian women is well-documented in South Africa, whilst forced sterilisation, removing assistive devices, over- and under-medication and neglect of women and girls with disabilities have also been reported (VAWG Helpdesk, 2020; Human Rights Watch, 2011; ActionAid, 2009; Lee, 2019; Van Der Heijden, 2014).

Globally, the evidence suggests that there are several factors that can increase an individual’s risk of experiencing intimate partner violence. These include aspects of identity such as age, gender and disability, as well as factors associated with individual experience or household characteristics such as low education, childhood experience of violence, low social support and attitudes that accept violence as a way to resolve conflict. Risk factors for these groups are multiple and compounding depending on the multiple identities of an individual with additional risk factors for some groups when compared with the general population. For example, gender inequality and stigma and discrimination against people with disabilities combine to result in an increased risk of VAWG for women and girls with disabilities. It is important to highlight that the risk factors associated with aspects of an individual’s identity operate at all levels of the ecological framework (see box 1 for an example related to disability). The limited available evidence suggests these multiple and compounding risk factors may act as barriers to help-seeking or participation in VAWG programmes, to exacerbate the increased risks of violence, limit some women and girls’ participation in VAWG interventions and may result in poorer outcomes.

Box 1: Risk factors for women and girls with disabilities (adapted from Van Der Heijden, 2014 & Dunkle et al., 2018; Fraser et al., 2019).

In LMICs, women with disabilities are two to four times more likely to experience IPV than women without disabilities. Disability is also associated with higher risk of non-partner sexual violence. Risk factors at different levels of the socio-ecological framework include:

Individual: internalised stigma and shame, lack of awareness of rights and VAWG, reluctance to seek help due to several reasons including fear of institutionalisation, strong links between disability and poor mental health which is then associated with experience of VAWG, specific impairment types are associated with higher VAWG risk including intellectual impairments and impairments which affect communication, such as hearing impairments.

Interpersonal: physical, economic and social dependence on carers, family members and intimate partners.

Community: negative attitudes, stigma and discrimination, inaccessible services, lack of transport, lack of sign language interpreters in services.

Societal: devaluing of women with disabilities, pervasive stereotyping of women with disabilities as asexual, combined with patriarchal norms, lack of data, legislation, limited training of service providers, lack of engagement with disabled people’s organisations (DPOs) and communication and coordination between agencies.

⁷ See the UN’s RESPECT framework on preventing violence against women published in 2019. Page 6 provides a summary of the risk and protective factors at different levels of the framework: <https://www.who.int/reproductivehealth/publications/preventing-vaw-framework-policy-makers/en/>

Risk and protective factors for women and girls most at risk of VAWG are highly contextual.

For example, recent analysis of health survey data from 46 LMICs confirms that women living in poverty, with low levels of empowerment⁸, younger women and women living in rural areas or in households with multiple wives are more likely to experience IPV (analysis of disability, sexuality or other factors were not included). Despite adolescent girls being more likely to experience IPV overall, in some countries including Afghanistan and Kyrgyzstan, adolescent girls were less likely than women aged 20 to 49 to report experiencing IPV (Coll et al., 2020).

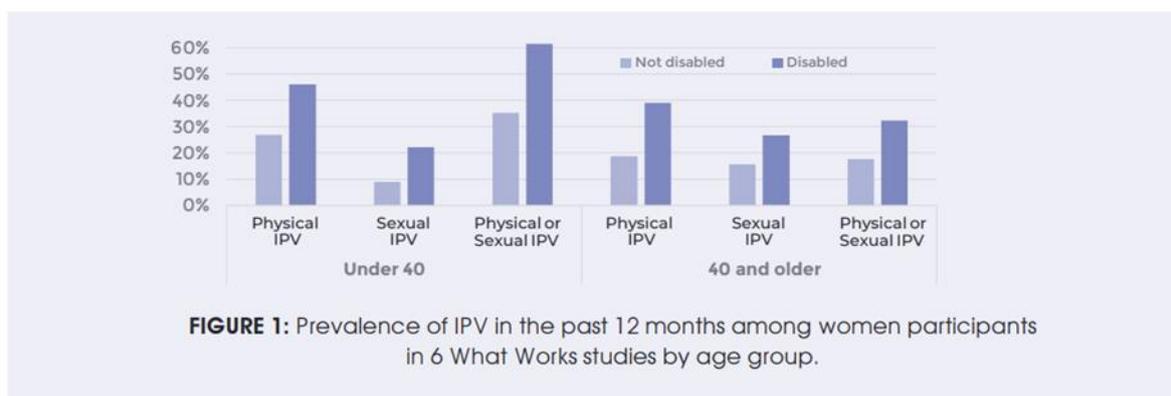
We have summarised the evidence on women and girls who are particularly at risk of violence below. It is important to note that individuals often face multiple, overlapping forms of discrimination or disadvantage; however, the evidence is currently limited on how these different types of discrimination reinforce each other in different contexts:

Adolescent girls: A 2018 systematic review found that IPV affects an estimated 29.4% of ever-partnered girls ages 15–19 globally (Haberland et al., 2018). Analysis from the DFID-funded What Works to Prevent VAWG confirms that IPV prevalence was usually higher amongst younger women (aged 18-25) than women over 25 in studies in five countries, but this was not always the case (Corboz et al., 2020). Adolescence is a time of unique opportunity and risk, with intersecting forms of violence, including types of violence commonly perpetrated against children and adults, as well as new forms of violence such as child marriage (VAWG Helpdesk, 2020).

Older women: Data is particularly limited in LMICs on abuse of older women. A 2014 survey of 133 countries found only 17% countries reported collecting data on elder abuse, including no countries in South East Asia (WHO, 2014). A 2019 meta-analysis of 50 prevalence studies, including those in HICs, estimated that 1 in 6, or 68 million older women experience abuse worldwide (Yon et al., 2019). In LMICs, small-scale research shows rates may be high – a 2013 survey in three countries found 83% of the women who took part in the survey in Peru, 75% in Mozambique and 39% in Kyrgyzstan reported experiencing at least one form of violence or abuse since the age of 50 (Vizard, 2013).

Women and girls with disabilities: DFID’s flagship What Works to Prevent VAWG programme used the Washington Group Questions to disaggregate VAWG prevalence data across six studies in six countries. This data shows that women with disabilities are between two and four times as likely as those without disabilities to experience IPV and that women and girls with disabilities are also more likely to experience non-partner sexual violence (NPSV) (Dunkle et al., 2018). The risk of VAWG increases with severity of disability (ibid;). Previously, a systematic review (Hughes et al., 2012) on violence against adults with disabilities was not able to provide pooled prevalence rates disaggregated by sex because of the lack of sex-disaggregated data in available studies at the time. Existing studies either tend not to disaggregate data by type of impairment or focus on one impairment type (often intellectual or psychosocial), so it is not possible to say whether women and girls with some types of impairment are more likely to experience violence. However, there is data suggesting significantly high rates of violence perpetrated against some impairments, for example a study of women with intellectual disabilities in Kenya found 51% lifetime prevalence of violence (Coalition on Violence Against Women, 2013). Mental health conditions and psychosocial disabilities are strongly associated with experience of VAWG, both as a result of experiencing violence whilst having a mental health condition is also associated with greater VAWG risk (Ryan et al., 2020). Anecdotal evidence suggests women and girls with communication, visual and hearing impairments may be at greater risk (Fraser et al., 2019).

⁸ Defined as attitudes to violence.



* The analysis is based on adjusted odds ratios and has been age-adjusted to take into account the fact that reported occurrence of IPV is highest at younger ages, while reports of disability are highest in the oldest age categories.

Figure 1: Prevalence of IPV in the past 12 months amongst women with and without disabilities across six What Works to Prevent VAWG studies (Dunkle et al., 2018)

LBTQI+ people: Quantitative data is limited from LMICs, however, a study in the United States found high rates of lifetime prevalence of rape, physical violence and/or stalking by an intimate partner: 61% for bisexual women and 44% for lesbian women compared with 35% for heterosexual women (Walters et al., 2013). In a 2012 survey with 475 lesbian women in Nepal, 72% reported having experienced any kind of violence, of which over half was in the past year (CREA, 2012). Lifetime emotional violence was 47%, lifetime physical violence 23% and lifetime sexual violence 38% (ibid.). Studies with smaller samples and qualitative studies suggest high levels of violence against LBTQI+ people. A qualitative study in five countries in Asia found that between 25% and 50% of the 233 LBT respondents had experienced sexual violence (IGLHRC, 2014).⁹ Recent studies highlight how sexual and gender minority women often face similar violence as other women, as well as specific and targeted forms of violence related to their sexual orientation, gender identity and expression (SOGIE), such as “corrective rapes” and forced marriages to heterosexual men (World Bank, 2015; IGLHRC, 2014). The perpetration of “corrective rape” against LBT women is well-documented in South Africa (see e.g. Human Rights Watch, 2011; ActionAid, 2009) and increasingly documented in other countries including Uganda, Nepal, Indonesia, Thailand and India (Womankind 2019; IGLHRC, 2010; World Bank, 2015).

Refugee and migrant women and girls: This rapid evidence review did not explicitly search for data and evidence on VAWG in humanitarian settings. The literature identified in this query related to refugees and migrants either came from HICs¹⁰ or humanitarian settings, suggesting a key evidence gap may be how to reach refugees and migrants in stable settings in LMICs, including self-settled refugees. Spotlight, a collaboration between the UN and EU on VAW, launched the “Safe and Fair” programme in 2017 focusing on the rights of female migrant workers in South-East Asia; a baseline was planned for 2019 but was not available online during this query.

Minority racial, religious, ethnic and indigenous women and girls: Data is very limited on this issue; however, recent studies have pointed to an increased risk of VAWG amongst these women and girls. For example, a 2013 UNICEF systematic review presenting disaggregated DHS data found indigenous women and girls in Bolivia and India, where 47% women aged 15-49 belonging to

⁹ The research also included transmen. The countries were Philippines, Japan, Malaysia, Pakistan and Sri Lanka.

¹⁰ A 2016 systematic review only identified studies in America and Europe: <https://refugeeresearch.net/wp-content/uploads/2017/05/Gon%C2%BAalves-and-Matos-2016-Prevalence-of-violence-against-immigrant-women.-A-literature-review.pdf>

Scheduled Tribes had experienced at least one type of IPV in their lifetime compared with 40% general population (UNICEF, 2013). A recent study of sexual and gender-based violence (SGBV) in Myanmar notes that SGBV disproportionately affected minority women (Davies & True, 2017).

Women and girls with HIV/AIDS: Data from 12 DHS surveys in 10 countries in Africa found strong correlations between HIV status and experience of violence, including physical and emotional violence and male controlling behaviour (Durevall and Lindskog, 2015).

Female sex workers: Quantitative studies in a number of countries have found extremely high levels of violence against female sex workers. A 2012 survey with 381 female sex workers in Bangladesh found that 95% reported experiencing violence perpetrated by clients, and 71,2% reported at last one act of emotional abuse, or physical or sexual violence perpetrated by the police (CREA, 2012). Violence and abuse by intimate partners were also reported at extremely high levels; among the ever-partnered sex workers (311), 94% reported ever experiencing at least one act of physical, sexual, or emotional abuse by an intimate partner (ibid.). A recent systematic review of violence against women in Sub-Saharan Africa (the majority focusing on IPV) identified five studies that examined violence against sex workers (Muluneh et al., 2020). The study found that the highest levels of past year IPV among women aged 15-49 (among 58 eligible studies identified for the review) were among women engaged in sex work; with the highest prevalence in Kenya (789%) followed by Nigeria (53%) (ibid.). It should be noted that the study in Kenya measured female sex workers experience in the past 30 days, indicating extremely high levels of IPV against this group (Pack et al, 2013). A 2014 survey with 1467 female sex workers in Uganda found that 82% had ever experienced violence by a client, and 49% had been raped at least once in their lifetime (Schwitter et al., 2014). A 2019 survey with 1,978 female sex workers in Rwanda found that 43% of women had experienced repeated physical violence in their life, and 24% of respondents had experienced physical violence in the past month preceding the survey. The most common perpetrators were clients followed by members of the law enforcement (Mutagoma et al., 2019).

Widows: Prevalence data is almost non-existent, however there are reports in many countries of different types of violence against widows including economic violence such as property grabbing and “widow cleansing” (Fraser and Nwadinobi, 2018).

4. Reaching high risk women and girls in VAWG interventions

According to a 2020 rigorous evidence review on what works to prevent VAWG, **there continues to be a lack of evaluations of “well-designed and well-implemented interventions targeting high-risk populations**, including women and girls with disabilities, adolescent girls in out-of-school-settings¹¹, conflict-affected populations, female sex workers and LGBTQI+ persons” (Kerr-Wilson et al., 2020: 61). A 2018 review of intersectionality in VAWG programming found that where targeted programming for high-risk groups exist, they tend to focus on reducing stigma and awareness raising, with violence prevention as a secondary outcome, or one among several goals (Fraser et al., 2018). Overall, **there is almost no evidence on what works to prevent VAWG amongst women who experience multiple and intersecting forms of discrimination**, largely as VAWG evaluations do not tend to disaggregate and analyse data on this basis (Kerr-Wilson et al., 2020; Fraser et al., 2018).

This rapid review did not identify any systematic reviews of how VAWG interventions reach the most women and girls most at risk. In the absence of systematic evidence, this review highlights some examples of VAWG interventions (presented as case studies under each at-risk group) that

¹¹ Existing evaluations are of school-based interventions, despite adolescent girls being largely at greater risk of VAWG outside school.

provide insight into a small but emerging evidence-base of how VAWG interventions intend to reach women and girls at high risk of violence.

The evidence reviewed for this query reveals a VAWG intervention landscape characterised by:

- **Mainstream versus targeted VAWG interventions:** There is scarce evidence of how mainstream VAWG intervention (those targeting the “general population” of women and/ or girls) reach at-risk women and girls as data is rarely disaggregated beyond sex and age (and in some rare cases, disability). Most evidence of programming that reaches at-risk women and girls to date comes from VAWG interventions that specifically target selected groups.
- **There is some emerging evidence of interventions that target multiple groups of women and girls at high risk of VAWG**, including ethnic minority women, women with disabilities and LBT women. However, these tend to be relatively small scale and the quality of evaluative evidence varies. These programme’s outreach and mobilisation strategies are not well documented, but it appears that the implementing organisations focus on one or several of these groups, and preassembly utilises existing networks and structures to reach women and girls.
- **Prevention versus response:** The limited evidence on how to reach different groups at high risk of VAWG, and the examples of targeted programmes (highlighted as case studies), suggest that most programmes to date that operate in this space focus on response rather than prevention of violence against these groups, mainly through improving service provision for survivors.
- **Broader, often multi-sectoral or empowerment interventions that include VAWG components**, for example, adolescent girls’ empowerment programmes often include VAWG components and aim to prevent violence as one among several objectives or as a secondary outcome.
- **Interventions targeting women and girls at most risk of violence tend to be implemented by organisations representing these groups.** For example, programmes targeting women and girls with disabilities tend to be implemented by disability-focused organisations. These interventions often pay attention to the specific forms of violence faced by women and girls with disabilities, for example forced sterilisation. Similarly, interventions targeting LBTQI+ individuals tend to be led and implemented by LBTQI+ focused organisation.
- **Interventions targeting high risk groups tend to focus on IPV** rather than other forms of violence such as sexual harassment in the workplace or in public spaces, non-partner sexual violence or online violence.

Box 2: Global initiatives to tackle VAWG and 'leave no one behind'

Intersectionality in VAWG programming is a growing priority, driven by the 'leave no one behind' (LNB) agenda. Examples of bilateral and multilateral commitments include:

- ICAI's 2016 review of DFID's efforts to eliminate violence against women and girls describes intersectionality as a "learning frontier", and notes that the LNB commitment calls for a focus on intersectionality in VAWG programming (ICAI, 2016). Women and girls most at risk of VAWG are a key focus for DFID's forthcoming *What Works to Prevent VAWG: Impact at Scale* global research programme (DFID, 2020)
- The UN Trust Fund to End Violence against Women (UNTF) has an explicit focus on 'leave no one behind' in their grant making to organisations working to end violence, which has resulted in a number of evaluated programmes that target different high-risk groups of women and girls (UNTF, 2018).
- The *Spotlight Initiative*, a global, multi-year partnership between the European Union and the UN to end all forms of violence against women and girls, has adopted 'leave no one behind' as a central principle and has a pronounced focus on including the most at risk women and girls in design and delivery of projects (European Union and the UN, 2018). The initiative was launched in 2017, and it is still early to say if this has translated into inclusive programming.

The following sections give an overview of the state of evidence of how to reach women and girls at high risk of violence in VAWG interventions. Each section includes a case study of an evaluated intervention that intended to reach one or several groups at high risk of violence with violence prevention and/or response interventions.

Women and girls with disabilities

Although there is now data from multiple contexts showing the disproportionate risk of VAWG that women and girls with disabilities face alongside several calls to include them in programmes, disability-inclusive VAWG programming is extremely limited. VAWG interventions reaching women and girls with disabilities tend to be small-scale targeted initiatives run by disability-focused NGOs and DPOs rather than mainstream programmes targeting the general population of women and girls. Guidelines exist on response services (UNFPA, 2018a) however there is more limited information on how to reach women and girls with disabilities in prevention programming. Data from evaluations of 15 VAWG prevention interventions in 13 LMICs in Africa and Asia funded by DFID's flagship *What Works to Prevent VAWG* programme found a disability prevalence rate¹² of 17% amongst women respondents, ranging from 5% in Nepal to 32% in Rwanda.

It has been noted that women with certain types of impairment and the most severe impairments are sometimes excluded from research and programming, despite the fact that they may be most at risk. *What Works* researchers have suggested that women with the most severe impairments are likely to have been excluded from the studies.¹³ ADD International, a disability-focused organisation who run a VAWG project in Cambodia with women with disabilities, found that

¹² The studies used the Washington Group Questions short set and assessed 4-6 domains of functioning, including visual, hearing, cognitive, mobility, communication and self-care. The studies did not include questions on mental health such as anxiety and depression; it is likely that prevalence rates would have been higher if these had been included.

¹³ Data from slides presented by Kristin Dunkle at the 2019 London School of Hygiene and Tropical Medicine conference on disability inclusive development: <https://www.lshtm.ac.uk/sites/default/files/2019-11/Dunkle%20ICED%202019%20FINAL%20for%20sharing.pdf>

those with intellectual and psychosocial disabilities were not included in the programme (ADD International, undated).

Little is known about the inclusion of women and girls with disabilities in VAWG programming.

An exception is the DFID-funded What Works to Prevent VAWG programme which made a significant contribution to the global evidence base by disaggregating impact evaluation data by disability status. Four What Works interventions were assessed on their effectiveness for women and girls with disabilities compared to those without; this shows a mixed picture deserving of further exploration.¹⁴ For example, CETA Zambia, a counselling intervention for families with a history of alcohol abuse and/or violence, was more effective in reducing IPV for women with disabilities than those without. The *Indashyikirwa* project, providing couples training and community-based work in Rwanda was effective in reducing IPV and there was no difference between women with and without disabilities in the study. Stepping Stones Creating Futures working with youth in informal settlements in South Africa found depressive symptoms were more significantly reduced for women with disabilities than those without, whilst alcohol consumption increased for women with disabilities whilst it reduced for those without. In this case there was no statistically significant reduction in IPV across the sample.

Existing guidance and qualitative data from recent programmes suggest the following ways are effective in reaching women and girls with disabilities:

- A 2018 UNFPA flagship report on young people with disabilities and GBV noted that established best practice in reaching people with disabilities is to **adopt a twin-track approach** to mainstreaming inclusion and providing targeted support. It calls for a **‘coordinated, rights-based, and victim-centred approach’** including communication between stakeholders. **Key components include comprehensive legal frameworks, governance and accountability, resources and financing, training and development of the workforce, monitoring and evaluation and gender-sensitive policies and practices.** Promising strategies identified include partnering with DPOs, raising awareness of rights amongst young people but also service providers, families and communities, developing skills to claim their rights, ensuring access and inclusion in GBV programmes, and implementing laws and policies, including the prosecution of perpetrators (UNFPA, 2018). Given the intersecting discrimination faced by young women with disabilities as a result of gender and disability discrimination, interventions which aim to reach this group should seek to address both these forms of exclusion (UNFPA, 2018).
- Supporting the **leadership of women with disabilities** is crucial in disability-inclusive VAWG programming as women with disabilities are uniquely able to identify barriers to participation (Dunkle et al., 2018).
- A qualitative study across four countries under What Works found **recruitment and monitoring strategies aimed at people with disabilities, partnering with local DPOs, training staff on disability inclusion and raising awareness of disability rights** as enablers of the participation of people with disabilities in VAWG prevention programming (Stern et al., 2020). Where people with disabilities are included, the data suggested that programmes can prevent IPV, promote wellbeing and economic empowerment and challenge stigma and discrimination around disability.
- **Accessibility** should be at the forefront of disability considerations, including the delivery of Information in accessible formats and meetings held in accessible environments both for those with physical and sensory impairments; economic accessibility should also be considered given that women and girls with disabilities are more likely to be poor and that disability often equates to an increased cost of living (ADD International, undated; UNFPA, 2018a).

¹⁴ Dunkle (2019) Ibid.

Case study: Working to prevent and respond to VAWG against women with disabilities in Cambodia

ADD International partnered with Cambodia Women's Crisis Centre to embed disability inclusive practice in a district based multi-sectoral network approach to improve prevention and response services. The project aimed to strengthen capacity amongst DPOs and self-help groups to prevent, identify and refer survivors of violence to services. Key learning points included that referral systems are sometimes hard to navigate for people with disabilities; in these cases training to use referral mechanisms can be helpful but referral mechanisms themselves need to be made more accessible. In addition, supporting partnerships between DPOs and local government can mean that issues affecting women with disabilities are made visible and inform local government priorities.

Adolescent girls and young women

A 2020 global rigorous evidence review found 'major gaps' in evaluations of interventions reaching the women and girls most at risk, including adolescent girls (Kerr-Wilson et al., 2020). It has been noted elsewhere that adolescent girls risk 'falling through the cracks' between mainstream VAWG programming (if they are not explicitly focusing on child, early and forced marriage and/or FGM/C) and violence against children (VAC) programming (VAWG Helpdesk, 2020). While there is **little evidence of how mainstream VAWG programmes reach adolescent girls**, there is more evidence emerging on from multi-sectoral and multi-layered programmes targeting adolescent girls where reducing violence and harmful practices is typically one of several objectives, or secondary outcomes. The 2020 global rigorous evidence review notes that:

- There is evidence that **economic transfer programmes** can reduce adolescent girls' experiences of physical IPV and that **combined economic- and social empowerment interventions** for adolescent girls can reduce sexual violence (e.g. the *Multi-Faceted Women's Empowerment programme* in Uganda) and delay marriage among adolescent girls (e.g. The *Adolescent Girls Initiative-Kenya* programme) (Kerr-Wilson et al., 2020). These programmes had in common that they were multi-component and had longer programming timeframes. Evidence suggests that programmes taking this approach, as opposed to relatively short and less intensive interventions with a single or two components are more effective in reducing adolescent girls' experiences of violence (ibid).
- Another area with evidence of reducing violence against adolescent girls is **school-based programming** that addresses peer-violence and includes a gender component – evaluations of such programmes in Africa and Central and South Asia show good evidence of being effective (ibid.). For example, an RCT of the *Positive Child and Youth Development Programme* in Pakistan found that girls' experiences of peer violence reduced by 59% (33% among boys) (ibid.)

Although the evidence base of effective interventions targeting adolescent girls is growing (the global review identified 40 RCTs/ quasi-experimental studies evaluating effectiveness), the majority of these focus on girls in school or college settings, while there is a **significant evidence gaps in how to reach the most at-risk adolescent girls, including out-of-school girls, LGBTQI+ adolescents, adolescent girls with disabilities, and married adolescent and young girls** (ibid.; GAGE 2017; Young Lives, 2018). A 2019 systematic review of reviews that synthesised evidence on the impact of interventions to prevent violence against adolescent girls and young women (10-24 years) highlighted a particular **lack of evidence of VAWG prevention efforts targeting married, urban, out-of-school, and displaced adolescent girls** (Yount et al. 2019). Furthermore, most intervention research and evaluations do not disaggregate programme impact for girls in early and late adolescence, therefore little is known about how these programmes reach- and are effective for adolescent girls of different ages (ibid.).

Case study: SASA! and Power to Girls in Haiti

SASA! was originally developed by Raising Voices in Uganda, aiming to prevent violence against women (VAW) and HIV by addressing power relationships between intimate partners as well as broader community dynamics and social norms. A four-step process is at the core of the methodology: Start, Awareness, Support, and Action. SASA! was adapted to the Haitian context by Beyond Borders. While piloting SASA!, Beyond Borders received feedback from the communities that while the intervention appeared to lead to positive changes in the lives of women, it did not sufficiently address violence against girls. This led Beyond Borders to commission an internal programme evaluation to better understand girls' situation. Consultations were also carried out with young women leaders and the Haiti Adolescent Girls Network to discuss how violence interventions could more effectively address violence against girls. This led to a co-creation process where Beyond Borders together with girls and communities developed a contextual and evidence-based methodology: *Power to Girls*.

Power to Girls builds on SASA!'s core components, but takes a girl-centred approach, and focuses on achieving school- and community-wide social norm change to reduce violence against girls. In 2016, Beyond Borders began implementing the adapted SASA! and Power to Girls in tandem. The two programmes were designed to be complementary to address the needs of both women and girls. Lessons learned from the process included that to maximise the benefits for girls, programmes need to adapt and use tools, techniques, and spaces that are specifically designed for working with girls. The SASA! adaptation in Haiti also demonstrated the importance of listening to communities and engage them in a co-creation process, directly involving girls and organisation representing girls, to ensure that the intervention would respond to the needs and realities of girls in Haiti.

Source: IDB (2018) *A Community-Based Intervention to Prevent Violence against Women and Girls in Haiti, Lessons Learned*

LBTQI+

A 2015 review of violence against LGBT people, including global initiatives and programmatic approaches to tackle anti-LGBT violence, noted that a few donors had begun to recognise the overlap between VAWG and violence against LGBT people – however, the review did not identify any programming taking place in this intersection (McAslan Fraser, 2015). The review also noted a potential gap in service provision for LGBT survivors of violence (ibid.). In 2018, a review of intersectionality in VAWG programming identified that a small body of guidance existed on how service providers can address violence and sexual abuse within lesbian and bisexual relationships, however, these were focusing on HIC contexts (Fraser et al, 2018).

The evidence gap around whether and how mainstream VAWG programming reach LBTQI+ individuals remains to date, as programmes typically do not collect data on participants' SOGIE (which is not safe to do in many contexts) or evaluate whether the programmatic approach may or may not have reached and sufficiently addressed the needs of LBTQI+ people. However, **this review identified a small number of evaluated VAWG programmes that have intentionally targeted LBTQI+** as one of several high-risk groups targeted in the same programme, for example the *Reduce Violence against Women with focus on LBT community in Albania* programme and the *Promoting Justice for Survivors of Gender-Based Violence in China* programme (see case study in 'women and girls living with HIV' section)

Case study: Reduce Violence against Women with focus on LBT community in Albania (2015-2016)

The programme aimed to improve LBT women's access to VAWG response services and support from institutions and women's groups. The programme recognises LBT women's vulnerability to violence because of the double oppression they face as women and as persons belonging to the LGBTI community. The programme conducted research on the LBT women's experiences of service provisions, which informed the programme activities and was used for awareness raising and advocacy with service providers and decision makers.

An evaluation of the programme found evidence of **improved awareness, knowledge and skills of health care and educational professionals to respond to violence against women in general, and LBT women specifically**. Service providers reported an increase in the number of LBT women survivors of violence identified and referred to appropriate services by health professionals. However, the evaluation raises concern about the sustainability of this outcome due to an apparent **lack of motivation among public service providers** to facilitate future trainings (to be conducted by a group of trainers that were trained during the project) and a lack of resources to carry out the trainings.

Furthermore, the evaluation found that **local WROs reported increased awareness, knowledge and skills to better respond to LBT women experiencing violence**. A sign of the sustainability of this result was that WROs reported that they had integrated violence against LBT women into the regular curriculum used in trainings and awareness raising on VAWG at local level. The evaluation found that **LBT women survivors of violence reported that local service provision was more accessible and comprehensive, and a more supportive and understanding environment**, which was largely due to their participation in self-help groups established by the WROs. The programme reached 426 LBT women (including survivors of violence), 330 women and girls in general, 266 health professionals, 288 education professionals, 10 government officials, and an estimated 10,000 members of the public with awareness raising activities and media campaigns.

Source: Mecaj (2017) *Final Evaluation Report: "Reduce Violence against Women with focus on LBT community in Albania"*

Women and girls living with HIV

A 2018 review of intersectionality in VAWG programming found that programmes addressing IPV in the context of HIV tend to **focus on reducing HIV risk behaviours among individuals and reduce HIV incidence**, rather than specifically targeting the violence faced by women living with HIV (Fraser et al., 2018). The review highlighted guidance for **HIV programmes** to address violence against women, and guidance for addressing violence as part of **SRHR programming** targeting women living with HIV. The review highlights one example of a VAWG programme that included components to address the violence and discrimination against women living with HIV, *Stepping Stones*, however, notes that it had not measured the impact of the intervention on women living with HIV specifically, as programme results were not disaggregated by HIV status. As such, the review revealed an evidence gap: mainstream VAWG programmes that address violence against women living with HIV *and* disaggregate outcomes by HIV status – meaning that **little is known about what works to effectively reach this group in VAWG programming**, despite well-known linkages between women's HIV status and increased risk of IPV and other forms of violence (Orza et al., 2015).

However, **this rapid evidence review has identified a small number of evaluated VAWG programmes that have targeted women living with HIV as one among** several groups in a programme. For example, the *Promoting Justice for Survivors of Gender-Based Violence in China* programme (see case study below) and the *Community-based intervention to alleviate the different forms of violence against women and women's vulnerability to HIV* (2015-2017). The latter aimed to reduce VAWG and HIV transmission, and support women who experience violence and/ or HIV, focusing on survivors of violence, female sex workers, women living with HIV/ AIDS and female

Case study: Promoting Justice for Survivors of Gender-Based Violence in China (2016-2017)

Supported by the UNTF, the programme aimed to empower female survivors of domestic violence, including women and girls living with HIV/AIDS, LBT women, and young women, to advocate for their rights and engage in efforts to better inform domestic violence laws and policies in selected locations in China. The programme was implemented by four NGOs that worked with one target group each. The programme outcomes centred around 1) improving the quality of services providers (e.g. social workers, police, helplines, lawyers, judges and women's federations) by training them in handling violence against the target groups, 2) empower survivors to understand and advocate for their rights in relation to domestic violence, and 3) raise the awareness of policymakers and government stakeholders on the rights, needs and priorities of the targeted groups.

The programme directly reached **120 LBT women, 88 women/ girls living with HIV, 5 women/ girls with disabilities, 206 survivors of violence** (not specified if belonging to any target group), and 95 women and girls in general. The evaluation found that the programme achieved its first outcome and **raised awareness of domestic violence among LBT women, women living with HIV, survivors of violence and young women and improved their skills in advocating for rights**. The evaluation highlights several benefits of bringing organisations working with different high-risk groups in one joint programme:

- A key finding was that **the programme allowed the implementing NGOs to collaborate** in a way that they would not have done outside the programme. This was particularly effective during the monitoring and evaluation of China's Domestic Violence Law, which led to the first ever NGO report evaluating the implementation of the law. The evaluation notes that without this partnership, the NGO report would likely not have been developed.
- The programme enhanced service providers' understanding of violence against women from different high-risk groups, including women living with HIV and LBT women.
- The programme organised a workshop with organisations working on disability rights, HIV, and LGBT issues, to discuss the implications of domestic violence on each of these groups. According to the evaluation, the organisations reported that they **benefited a lot from the exchange of experiences and learnt from each other's strategies**.

Source: Yang (2017) *Project Evaluation: Promoting Justice for Survivors of Gender-Based Violence in China*

domestic workers on the Greater Cairo area, Egypt. The programme reached 959 female sex workers, 107 women/ girls living with HIV/ AIDS, and 349 survivors of violence. However, the evaluation of the programme did not disaggregate findings or discuss programme outcomes per group and the evaluation only included a small number of interviews (10) with women living with HIV (El Karouaoui, 2018). As such, the strategies and effectiveness in reaching the various groups is unclear.

Widows

A 2018 review of harmful cultural practices towards widows found that the evidence of **what works to prevent and respond to violence against windows is 'extremely limited'** and needs further research (Fraser and Nwadinobi, 2018). The review did not identify any global programmes or initiatives that aim to support widows and/or older women (ibid.).

In the absence of evidence of VAWG interventions that reach and address violence faced by widows, there are some examples of how intersectional and collaborative action between widows' organisations and mainstream WROs can lead to increased recognition of violence against widows in national action plans to prevent and respond to VAWG. For example:

- In Nepal, a partnership between WROs, widows' collectives and the government, led to the inclusion of various concerns of single women including widows, such as violence, in the National Action Plan 2011 (UN Women, 2014).
- In India, a similar collaboration between the National Forum for Single Women and the government resulted in their inclusion as an entity in the 12th Five Year Plan (UN Women, 2014).

Older women

A 2015 evidence review of violence against older women found that there is a lack of implemented and evaluated programmes that recognises and addresses the intersections of violence, gender and age (McAslan Fraser et al., 2015). The review found that in spite of the recognition of the need to adopt a life-cycle approach and target different age groups in VAWG programming, there were very few programmes that explicitly targeted older women (as part of a wider population) or that exclusively targeted older women. In addition, few evaluations include older women as a sub-sample to assess outcomes for older women as a group. As such, there is little evidence of what works to reach older women in mainstream VAWG interventions. A 2018 review of VAWG and intersectionality corroborated the lack of evidence of what works to reach this group (Fraser et al., 2018).

This evidence gap remains to date, as this review only identified a small number of interventions that focus no violence experienced by older women¹⁵, and only one evaluated intervention.¹⁶ A 2019 global systematic review of prevalence of abuse against older women in community settings notes that **older women are still largely overlooked in the design of VAWG intervention programmes as well as in VAWG research** (Yon et al., 2019). In the absence of targeted efforts, VAWG interventions lack resources and capacity to address the needs and priorities of older women (ibid.). The systematic review noted some emerging evidence of specialised shelter programmes for older survivors of abuse as a ‘promising approach’, however, this draws on evidence from the US, and the evidence base for this is unclear.

Case study: Older Women who have Experienced Violence Exercising their Rights (2016-2019)

In Peru, the National Network for the Promotion of Women (RNPM) implemented a project to empower older women survivors of violence (50 years and older) to take an active role in advocating for their rights. The project also advocated for policy level changes to strengthen the protection and access to justice for older women survivors of violence. The programme trained 415 women and girls, including indigenous women, and 525 women from CSOs in advocating for older women’s rights. A programme evaluation found that that the programme achieved its objectives, a key achievement being that the regional authorities in Peru’s Ayacucho and Huánuco regions where the programme was implemented, adopted an “Agenda of Older Women”

Source: UN Women (2020) *Final Evaluation: Older Women who have Experienced Violence Exercising their Rights (Peru)*

Women from minority racial and ethnic groups

VAWG programmes typically do not disaggregate findings by ethnic group – leading to a **gap in evidence of whether and how mainstream VAWG programmes reach women from racial and ethnic minorities, including indigenous women and girls** (Fraser et al., 2018). A 2020 rigorous evidence review on what works to prevent VAWG found that the evidence base on effective interventions for women who face multiple and intersecting forms of discrimination, including related to the intersection of gender and ethnicity, is almost non-existent (Kerr-Wilson et al., 2020).

¹⁵ For instance, the UNTF is supporting a [HelpAge International programme in Moldova](#). However, this review did not identify any programme documents or evaluations of this programme.

¹⁶ The evaluation is in Spanish and therefore outside the scope of this review. The case study provides only a brief overview.

Despite the lack of evidence of how mainstream VAWG interventions reach women from minority racial and ethnic groups, including indigenous women, there are examples of VAWG programmes that specifically focus on women from these groups. The UNTF has since 2017 had explicit focus on 'leave no one behind' in their grant making to organisations working to end violence, which has resulted in a number of programmes that focus on women from ethnic minority communities, such as the *No More Victims: Roma Women and Girls Respond to Violence* programme (see case study below) and the *Empowering Minority Communities in Kosovo against Gender-Based Violence* programme (2014-2016). The latter aimed to reduce ethnic minority women's vulnerability to domestic violence as well as early and forced marriage, through improving access to GBV prevention and treatment services and increase women's socioeconomic opportunities. The project reached 1,348 women; however, the programme evaluation did not disaggregate data/ findings by ethnic minority group, age or other factors (Prishtina REA, 2016).

Case study: No More Victims, Roma Women and Girls Respond to Violence (2016-2018)

This programme in Serbia (in the autonomous province of Vojvodina) aimed to address early, forced and arranged child marriages of Roma girls through improving access to services and justice for Roma girls at risk of early and forced marriage, and influencing the Office for Roma Inclusion in Vojvodina to prioritise this issue. A programme evaluation found that the programme increased Roma women's access to services, mainly through the implementing organisations own face-to-face and telephone services to VAWG survivors and those at risk of violence, and particularly early and forced marriage. However, the programme did not fully achieve its objective to influence government institutions.

The programme reached approximately 2,000 women and girls from ethnic minority groups, 440 LGBTI women, 66 women with disabilities and 2,000 survivors of violence. The programme evaluation notes the risk of double-counting as some women belonged to several groups simultaneously, e.g. being Roma and LGBTI. **The programme adopted an intersectional approach** where it recognised that ethnic minority women may experience multiple and intersecting forms of oppression. As such, the programme intended to reach Roma women with disabilities and LGBTI Roma women, and collected disaggregated data for these groups. The programme evaluation notes that **diversity within the programme team and associates strengthened the intersectional awareness and approach of the programme.** For instance, facilitators and psychologists working with the programme included women with disabilities and lesbian women. The telephone helpline also provided services in languages spoken by ethnic minorities. The evaluation found that a barrier to being more inclusive of women with disabilities was lack of financial resources for accessible transport. In addition, stigma constituted a major barrier to reaching ethnic minority women with disabilities.

It is not clear from the evaluation how the programme reached the different target groups. However, noting that the implementing organisation is described as working with Roma women and girls, LGBTI Roma women and Roma women with disabilities, it is likely that the programme tapped into pre-existing networks. The evaluation recommends that **the methodology for collecting disaggregated data on women who experience multiple forms of marginalisation is further improved** in order to strengthen the approaches with working with LGBTI women and women with disabilities.

Source: Koprivica (2019) *Project Evaluation Report: No More Victims: Roma Women and Girls Respond to Violence, Draft Final External*

Female sex workers

This rapid evidence review did not identify any evidence of mainstream VAWG programmes targeting the general population that reached or evaluated the impact of the interventions on female sex workers as a sub-group, corroborating the findings by a 2020 global rigorous evidence review on what works to prevent VAWG, which found that evidence of what works to prevent violence against female sex workers remains scarce (Kerr-Wilson et al., 2020).

There is some evidence of programming in other sectors targeting female sex workers, for instance in HIV prevention and alcohol reduction interventions that have included violence prevention as a secondary outcome (Kerr-Wilson et al., 2020). These have primarily targeted non-partner violence

such as violence perpetrated by clients and/ or the police. For example, the *Avahan programme* in India (see case study).

The *What Work to Prevent Violence against Women and Girls Programme* evaluated an intervention that aimed to reduce IPV against female sex workers, *Samvedana Plus* in India. The intervention consisted of group sessions with female sex workers, group sessions with their intimate partners (but attendance was low), as well as a collectivisation process building on the approach used in *Avahan* (Kerr-Wilson et al., 2020). The RCT findings showed no significant difference in IPV experience, although acceptance of IPV decreased and the collectivisation led to a greater solidarity among female sex workers (ibid.).

Case study: Avahan in Karnataka, India (2003-2014)

Avahan was a large-scale HIV prevention programme that combined empowerment/ collectivisation of female sex workers (as one of several targeted key populations) and training with the police to address violence by state authorities and non-partners. It was implemented in six states in India - one of these were the southern state of Karnataka. The programme established safe spaces in the form of drop-in centres that provided practical support (e.g. clinical services and spaces for showering, sleeping and childcare) as well as spaces for female sex workers to access peer support, discuss challenges, and create a sense of solidarity. Female sex worker-led crisis response systems were formed to provide support and make referrals to health- and legal services when female sex workers experienced violence, harassment or wrongful arrest. The interventions with the police included trainings with all police personnel in the targeted districts about laws pertaining to sex work, sex workers' situation and human rights, as well as advocacy with senior police officials to build high-level commitment to the police's role in reducing violence against female sex workers.

A repeat cross-sectional study found that **female sex workers experienced significantly less violence from clients and the police over the period of implementation**. The programme also managed to **institutionalise capacity building and support systems into government systems**: the model for crisis management has been integrated into the key population national guidelines for HIV, and sessions on sex workers' rights have been integrated into the national police training curriculum. Learnings from the programme highlight the importance of **ongoing engagements with the police at all levels** to ensure and maintain a wide buy-in. Furthermore, **female sex workers' participation in the trainings was critical** to building police officers' understanding of their situation and the implications of violence. Female sex workers' engagement in the process was also guiding the level of engagement with the police, as the programme recognised that it was a sensitive relationship as the police can be both perpetrators and protectors.

Source: Bhattacharjee et al. (2016); Beattie, T. SH. et al. (2010)

5. Barriers to reaching high risk women and girls

Despite the limited evidence of VAWG interventions that reach women and girls at high risk of violence, case studies and examples of programmes to reach these groups, as well as evidence from other sources, highlight a number of barriers to inclusive and intersectional programming. These can broadly be grouped as **attitudinal, environmental and institutional barriers**.

Attitudinal barriers

Negative attitudes, resistance and lack of collaboration with programme stakeholders: Several case studies and examples (e.g. the *Empowering Minority Communities in Kosovo against Gender-Based Violence* programme and the *No More Victims, Roma Women and Girls Respond to Violence*) highlighted that attitudinal barriers within government institutions and among service providers can present challenges to effectively working with these stakeholders to improve prevention and response related to VAWG against high-risk groups. Groups that are likely to experience discrimination and stigma in society, including LBTQI+ individuals, female sex workers, women living with HIV and women with disabilities, are also at high risk of experiencing discrimination in their encounters with authorities and service providers.

High-risk women and girls, including women and girls with disabilities and LBTQI+ people, are at risk of being invisible or excluded from wider women's rights movements: For instance, voices from local LBTQI+ organisations in various countries highlight that all women's movements are not inclusive of LBTQI+ individuals and organisations, and are not willing to address issues affecting LBTQI+ women and girls and trans people (CREA, 2012, Womankind, 2019).

Lack of trust in government institutions and service providers: Women and girls with experiences and/ or fear of discrimination and even violations from government institutions and service providers may be reluctant to seek support when they face violence (e.g. ethnic minority women and girls, female sex workers, and LBTQI+ individuals), which creates barriers for VAWG programmes that for instance seeks to improve access to services for VAWG survivors. For example, the *Empowering Minority Communities in Kosovo against Gender-Based Violence* programme evaluation noted that many ethnic minority women displayed a lack of trust in government institutions due to a history of exclusion and marginalisation – coupled with linguistic and social barriers, this prevented women from accessing government services (Prishtina REA, 2016).

High levels of stigma and social isolation can make it particularly difficult for programmes to reach some groups of women and girls at high risk of VAWG, especially those that experience multiple forms of discrimination. For example, the *No More Victims, Roma Women and Girls Respond to Violence* programme evaluation highlighted that ethnic minority women with disabilities experienced extremely high levels of stigma, and despite a door-to-door approach to reach high-risk women, it was challenging for the programme to engage Roma women with disabilities (Koprivica, 2019). Programmes need to consider **deliberate outreach strategies** for women and girls with disabilities as well as other women and girls at high risk of VAWG (Dunkle et al., 2018), especially to reach those that experience intersecting discrimination, to overcome these barriers.

Environmental barriers

Lack of accessible infrastructure and information: VAWG programmes that does not intentionally consider and plan for accessibility in the use of transport, venues and communications materials (among other things) are not likely to be inclusive of women and girls with disabilities, or women and girls' participation and access to VAWG services is associated with higher costs that they themselves may have to bear (ADD International, undated). For instance, lack of accessible transport was highlighted as a barrier to reaching women with disabilities the *No More Victims, Roma Women and Girls Respond to Violence* programme, as the programme did not have a budget for this (Koprivica, 2019).

Institutional barriers

Lack of data on prevalence of VAWG against high-risk groups: Evidence reviews reveal significant evidence gaps of the magnitude, nature, and impact of violence against groups of women and girls at most risk of VAWG (Kerr-Wilson et al., 2020). Although the limited research (often smaller scale and qualitative) and anecdotal evidence indicates alarming rates and forms of violence against women and girls who experience intersecting forms of discrimination, the absence of data obstructs the 'urgency' of the problem and hampers programming with these groups as funding decisions are typically influenced by 'official' data and evidence (CREA, 2012; World Bank, 2015). For instance, LBTQI+ groups have highlighted how the lack of official evidence and research make it difficult to get funding for projects (Fraser et al., 2018).

There are multiple reasons behind the current lack of prevalence data on violence against at risk women and girls, including:

- Ethical and safety challenges related to collecting certain forms of disaggregated data, e.g. related to SOGIE in contexts where same sex relationships are criminalised (Humanitarian Advisory Group, 2018)

- Experiences of discrimination, social exclusion, isolation and stigma, and fear of being reported/ exposed lead to underreporting of violence among several groups, including LBTQI+ individuals, women and girls with disabilities, women and girls living with HIV, and female sex workers.

Lack of evidence on how VAWG programmes (mainstream and targeted) reach at risk groups:

A lack of systematic efforts to collect disaggregated data in VAWG programmes, evaluations and intervention research leads to major evidence gaps around whether and how these interventions reach high-risk groups. This is seen also in programmes that target one or several groups at high risk of VAWG (as evident in several examples and case studies) as they tend to collect data on how many women in the targeted group(s) they reach, but do not tend to disaggregate data along multiple lines of identity/ categorisations such as age, disability, SOGIE, ethnicity etc.

Limited capacity of VAWG actors, including NGOs and service providers, to meet accessibility requirements and needs of different women and girls at high risk of violence: VAWG programmes have often overlooked the need to consider accessibility in interventions, due to lack of appropriate capacity and resources, or simply because women and girls with disabilities have been dismissed at “too difficult” to reach (Van der Heijden and Dunkle, 2017). For instance, programmes often overlook to budget for accessibility requirements such as sign interpreters, illustrators and counsellors (ADD International, undated). Programmes need to **plan- and budget to have the means and capacity to meet accessibility requirements** (e.g. in infrastructure and communication) and effectively reach women and girls with disabilities (Dunkle et al., 2018; 2018; ADD International, undated).

6. Lessons learned

This rapid review did not identify any synthesised learnings from VAWG interventions that have sought to reach multiple groups of women and girls at high risk of violence. However, the case study examples and learnings from organisations that work with specific groups of women at high risk of VAWG, including women and girls with disabilities and LBTQI+ people, shed light on lessons learned.

- **Importance of formative research to identify which women and girls are at most risk of violence in a particular context, and what the most suitable entry points and effective strategies to reach them are.** For instance, What Works Evidence Review of preventing violence against women and girls with disabilities in LMIC, recommends that VAWG actors work in close collaboration with DPOs to identify context specific risks and needs of women and girls with disabilities (Van der Heijden and Dunkle, 2017). The necessity of **contextually appropriate approaches** has also been stressed by LBTQI+ groups. For example, a study with lesbian women and mainstream service providers in Nepal found that while service providers advocated for trainings to ensure response and support for lesbian women, some lesbian respondents raised concerns that this approach would risk being “one step ahead” of the needs and priorities of lesbian women in the country (CREA, 2012).
- As highlighted above, formative research and situation analyses should be conducted in **close collaboration with CBOs led by and representing high risk groups**. This principle extends to programme design and implementation, as these groups are themselves best placed to identify barriers to their inclusion in VAWG programmes, as well as effective ways to overcome barriers and address violence against women and girls at most risk. For example, a What Works Brief on Disability and VAWG recognises that programmes should identify barriers to disability inclusive programming and adapt programmes to these barriers, for instance, by ensuring that transport, communication and venues are accessible to women and girls with different forms of impairments (Dunkle et al., 2018). This can be ensured through partnering with women-led DPOs and supporting the leadership and participation of women and girls with disabilities (ibid; Fraser et al., 2018).

- **Importance of building trust with communities who carry a history of discrimination and violations by state actors and service providers.** Several case studies highlight that lack of trust in government institutions and service providers constitutes a barrier for women and girls from various groups to accessing VAWG services and response. By working closely with organisations led by and representing these groups, VAWG interventions can start building trust, which was seen in the *Empowering Minority Communities in Kosovo against Gender-Based Violence* programme. The programme trained paralegals who reached ethnic minority women through home visits, as many women from ethnic minorities were not aware of- or in contact with existing service providers due to lack of trust and additional linguistic, social and political barriers. The programme evaluation noted that this approach was effective in reaching the target group and that the paralegals started bridging the gap between women and service providers (Prishtina REA, 2016). The importance of considering **deliberate outreach strategies** have also been highlighted as a learning from actors working on VAWG and disability to reach women who are physically and/ or socially isolated (Dunkle et al., 2018).
- **Efforts to connect women and girls from at-risk groups to VAWG prevention and response services must be coupled with efforts to address attitudinal barriers** within government institutions and among service providers. The case studies show that this can be challenging but not impossible. For example, the *Promoting Justice for Survivors of Gender-Based Violence in China* programme evaluation highlights that service providers reported that they had, for the first time, handled domestic violence cases that were related to the SOGIE of the survivors. The service provider reported that they **collaborated with other actors that they knew from the programme** to ensure a coordinated and comprehensive response (Yang, 2017). Lessons from the *Avahan* programme in India, which managed to reduce violence against female sex workers by the police, stresses that this required **ongoing engagements and sensitisation** with the police force at all levels, rather than one-off events.
- **Collecting disaggregated data on VAWG and monitor what groups programmes reach.** To better understand whether and how VAWG interventions reach women and girls at most risk of VAWG, and whether they address the needs and priorities of these groups, it is critical that programmes collect data on the prevalence and nature of violence against at-risk women and girls to expand the evidence base, as well as monitor inclusion and impact of programmes on different groups (while ensuring no one is put at risk of harm). For instance, using the Washington Group Questions to collect data and assess inclusion of women and girls with disabilities in VAWG programming. In addition, programmes should **track potential unintended consequences, as well as closely monitoring the risk for backlash** when addressing violence against groups that are often highly stigmatised and discriminated in society (Womankind, 2019, Salamander Trust, 2017).
- **Evidence reviews have recognised the importance of an intersectional approach** to understand multiple and intersecting oppressions faced by women and girls from high-risk groups (Kerr-Wilson et al., 2020; Fraser et al., 2018), and some VAWG programmes have begun to recognise this need (see e.g. box 2 on Global initiatives to tackle VAWG and 'leave no one behind'). However, the evidence base on interventions that addresses this in practice is almost non-existent (Kerr-Wilson et al., 2020). There is a need to **expand the evidence base of how programmes can apply an intersectional analysis and approach**. This requires developing methods for systematically collecting disaggregated data on multiple identities and social markers in monitoring, and disaggregating evaluation findings along the same lines. Several programmes, despite intending to reach women and girls that belong to multiple high-risk groups, did not appear to have disaggregated data and evidence on the programmes' effectiveness in reaching the different groups, which impedes learning in this area. The programme that most explicitly adopted an intersectional approach, the *No More Victims, Roma Women and Girls Respond to*

Violence programme, aimed to collect this type of disaggregated data but noted methodological challenges with e.g. double counting individuals (Koprivica, 2019).

- In the absence of evidence of how programmes are systematically applying intersectional approaches in programme design and monitoring, there is some emerging evidence of **the potential of intersectional and inclusive movement building to address violence against women and girls at high risk of VAWG**. For instance, Womankind's global work to support women's rights organisations, including those focusing on LBTQI+ issues, demonstrates the potential of fostering collaboration between LBTQI+ organisations and more 'mainstream' WROs on issues related to violence (Womankind, 2019). One example is from Uganda, where such collaboration led the LBQ organisation FARUG to join the Coalition on GBV and were actively engaged in dialogues around *MeToo* at the fourth Uganda National Women's Week in 2019 (ibid.). Well-designed programmes can serve as platforms to establish new forms of coalitions; the evaluation of *Promoting Justice for Survivors of Gender-Based Violence in China* programme highlighted that the implementing NGOs (representing different at-risk groups) collaborated and exchanged learnings in a way that they would likely not have done outside the space created by the programme (Yang, 2017).
- Lastly, in order to adopt several of the approaches emerging from lessons learned such as collaborating with organisations led by at-risk groups, and ensuring the participation of women at high risk of violence in formative research and VAWG programming, **VAWG actors need to understand potential restrictions and barriers in the environment these organisations operate**. This may for instance require programmes to consider the need for **flexible funding and reporting** for NGOs and CBOs. Learnings from Womankind's work with LBTQI+ organisations highlight that this is particularly relevant in contexts where much of the organising takes place underground due to legislative and safety concerns (Womankind, 2019). Womankind's work also demonstrates that **organisational and movement strengthening** can be crucial for organisations' capacity to address VAWG. In Uganda, Womankind's partner FARUG saw that when they were strengthened as an organisation and movement their visibility increased, resulting in more LBQ survivors of violence seeking their support (ibid.).

References

- ActionAid (2009) *Hate crimes: the rise of 'corrective' rape in South Africa*. London: ActionAid. https://www.actionaid.org.uk/sites/default/files/publications/hate_crimes_the_rise_of_corrective_rape_in_south_africa_september_2009.pdf
- ADD International (undated) *Disability and Gender-Based Violence: ADD International's approach, a learning paper*, Frome, UK: ADD International. https://www.add.org.uk/sites/default/files/Gender_Based_Violence_Learning_Paper.pdf
- Bhattacharjee, P., Isac, S., McClarty, M. L., Mohan, L. H., Maddur, S., Jagannath, S. B., Venkataramaiah, B. K., Moses, S., Blanchard, J. F. and Gurnani, V. (2016) Strategies for reducing police arrest in the context of an HIV prevention programme for female sex workers: evidence from structural interventions in Karnataka, South India, *Journal of the International AIDS Society* 2016, 19(3) <https://onlinelibrary.wiley.com/doi/full/10.7448/IAS.19.4.20856>
- Beattie, T. S., Bhattacharjee, P., Ramesh, BM., Gurnani, V., Anthony, J., Isac, S., Mohan, HL., Ramakrishnan, A., Wheeler, T., Bradley, J., Blanchard, J. F. and Moses, S. (2010) Violence against Female Sex Workers in Karnataka State, South India: Impact on health, and reductions in violence following an intervention programme, *BMC Public Health* 2010 Aug 11;10:476 <https://pubmed.ncbi.nlm.nih.gov/20701791/>
- CREA (2012) *Count me IN! Research Report on Violence against Disabled, Lesbian, and Sex-working Women in Bangladesh, India, and Nepal*, <https://www.oursplatform.org/wp-content/uploads/CREA-The-Count-Me-In-Violence-against-Disabled-Lesbian-Sex-working-Women-in-Bangladesh-India-Nepal-Report.pdf>
- Coalition on Violence Against Women (2013) *Baseline survey: The knowledge, awareness, practice & prevalence rate of gender based violence (GBV) especially sexual violence among women and girls with intellectual disabilities*, <https://covaw.or.ke/wp-content/uploads/2014/01/Covaw-report-new-final-interactive.pdf>
- DFID (2020) *What Works to Prevent Violence: Impact at Scale*, Development Tracker, <https://devtracker.dfid.gov.uk/projects/GB-GOV-1-300606>
- Dunkle, K., van der Heijden, I., Stern, E., and E. Chirwa (2018) *Disability and Violence against Women and Girls: Emerging Evidence from the What Works to Prevent Violence against Women and Girls Global Programme*, Pretoria: What Works.
- Corboz, J., Jewkes, R. and Chirwa, E. (2020) *Violence against younger and older women in low- and middle-income settings*, What Works to Prevent Violence against Women and Girls.
- Davies, S & True, J (2017) 'The politics of counting and reporting conflict-related sexual and gender-based violence: the case of Myanmar', *International Feminist Journal of Politics*, Pages 4-21
- El Karouaoui, A. (2018) *Final Evaluation: "Community-based Intervention to Alleviate the Different Forms of Violence against Women and Women's Vulnerability to HIV" (Egypt)*, <https://bit.ly/30LtvQ>
- European Union and the UN (2018) *Annual Report: 1 July 2017 – 31 March 2018*, https://spotlightinitiative.org/sites/default/files/publication/Spotlight_Annual_Report_July_2017-March_2018.pdf
- Fraser, E. and Nwadinobi, E. (2018) *Harmful Cultural Practices towards Widows*, VAWG Helpdesk Research Report No. 196
- Fraser, E, Lee, H. and L. Wapling. (2019) *Sexual Exploitation and Abuse and Sexual Harassment (SEAH) of people with disabilities: prevalence, incidence and severity*, Disability Inclusion Helpdesk Research Report No. 4. London, UK: Disability Inclusion Helpdesk.
- Fraser, E. Vlahakis, M and Holden, J. (2018) *VAWG and Intersectionality*, VAWG Helpdesk Research Report No. 178. London, UK: VAWG Helpdesk.

- GAGE (2017) *GAGE Rigorous Review: Girls' clubs, life skills programmes and girls' well-being outcomes*, <https://www.gage.odi.org/publication/rigorous-review-girls-clubs-life-skills-programmes/>
- Haberland, N. A., McCarthy, K. and M. Brady (2018) "A Systematic Review of Adolescent Girl Program Implementation in Low- and Middle-Income Countries: Evidence Gaps and Insights" in *Journal of Adolescent Health*, Vol. 63, No. 1.
- Hughes, K., Bellis, M., Jones, L., Wood, S., Bates, G., Eckley, L., McCoy, E., Mikton, C., Shakespeare, T., Officer, A. (2012). [Prevalence and risk of violence against adults with disabilities: a systematic review and meta-analysis of observational studies](#). *The Lancet*, 379: 9826, 1621-1629.
- Humanitarian Advisory Group (2018) *Taking Sexual and Gender Minorities out of the Too-Hard Basket*, https://humanitarianadvisorygroup.org/wp-content/uploads/2018/06/HH_Practice-Paper-Sexual-and-Gender-Minorities-in-humanitarian-response.pdf
- Human Rights Watch (2011) *"We'll Show You You're a Woman" Violence and Discrimination against Black Lesbians and Transgender Men in South Africa*. New York: Human Rights Watch <https://www.hrw.org/sites/default/files/reports/southafrica1211.pdf>
- IDB (2018) *A Community-Based Intervention to Prevent Violence against Women and Girls in Haiti, Lessons Learned*, <https://publications.iadb.org/publications/english/document/A-Community-Based-Intervention-to-Prevent-Violence-against-Women-and-Girls-in-Haiti-Lessons-Learned.pdf>
- ICAI (2016) *Report: DFID's efforts to eliminate violence against women and girls: A learning review*, <https://icai.independent.gov.uk/html-report/dfids-efforts-eliminate-violence-women-girls/>
- IGLHRC (2010) *Violence on the Basis of Sexual Orientation, Gender Identity and Gender Expression against Non-Heteronormative Women in Asia*, https://outrightinternational.org/sites/default/files/386-1_0.pdf
- Koprivica, I. (2019) *Project Evaluation Report: No More Victims: Roma Women and Girls Respond to Violence, Draft Final External*, <https://unfpa.unwomen.org/en/learning-hub/evaluations/2019/03/final-evaluation-no-more-victims-roma-women-and-girls-respond-to-violence>
- Lee, H (2019) *VAWG in the Health Sector: women and girls at risk*, VAWG Helpdesk Research Report No. 252. London, UK: VAWG Helpdesk.
- Ligiero, D., Hart, C., Fulu, E., Thomas, A., & Radford, L. (2019). *What works to prevent sexual violence against children: Evidence Review*. Together for Girls, togetherforgirls.org/svsolutions
- McAslan Fraser, E. (2015) *Violence against LGBT people*, VAWG Helpdesk Research Report No. 75. London, UK: VAWG Helpdesk.
- McAslan Fraser, E., Lee, H. and Nwadinobi, E. (2015) *Gender-based violence against older women*, VAWG Helpdesk Research Report No. 86. London, UK: VAWG Helpdesk.
- Mecaj, S. (2017) *Final Evaluation Report: "Reduce Violence against Women with focus on LBT community in Albania"*, <https://bit.ly/2WOs1Pw>
- Muluneh, M. D., Stultz, V., Francis, V. and Agho, K. (2020) *Gender Based Violence against Women in Sub-Saharan Africa: A Systematic Review and Meta-Analysis of Cross-Sectional Studies*, *International Journal of Environmental Research and Public Health* 2020, 17(903), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7037605/pdf/ijerph-17-00903.pdf>
- Mutagoma, M., Nyirazinyoye, L., Sebuho, D., Riedel, D.J., Ntaganira, J. (2019) *Sexual and physical violence and associated factors among female sex workers in Rwanda: A cross-sectional survey*. *International Journal of STD & AIDS* 2019, 30, pp. 241–248, <https://journals.sagepub.com/doi/10.1177/0956462418800848>
- Orza et al (2015) "Violence. Enough already": findings from a global participatory survey among women living with HIV. *Journal of the International AIDS Society*. Volume18, Issue6S5

Pack, A.P., L'Engle, K., Mwarogo, P., Kingola, N. (2013) Intimate partner violence against female sex workers in Mombasa, Kenya. *Culture, Health & Sexuality* 2014, 16(3), <https://www.tandfonline.com/doi/abs/10.1080/13691058.2013.857046>

Prishtina REA (2016) *Project: Empowering Minority Communities in Kosovo against Gender-Based Violence, External Evaluation Report*, <https://unfpa.unwomen.org/en/learning-hub/evaluations/2016/02/final-evaluation-empowering-minority-communities-in-kosovo-against-gbv>

Royal Government of Cambodia (2014) *Cambodia's National Action Plan to Prevent Violence against Women 2014-2018*, <https://cambodia.unfpa.org/sites/default/files/pub-pdf/NAPVAW2014-2018%28Eng%29.pdf>

Ryan, G., Lemmi, V., Hanna, F., Loryman, H. and Eaton, J. (2019). *Mental Health for Sustainable Development: A Topic Guide for Development Professionals*. K4D Emerging Issues Report. London and Brighton, UK: Mental Health Innovation Network and IDS.

Salamander Trust (2017) *ALIV(H)E Action Linking Initiatives on Violence Against Women and HIV Everywhere, Framework*, Salamander Trust, Athena, UNAIDS, AIDS Legal Network, Project Empower, HEARD, University of KwaZulu-Natal, https://salamandertrust.net/wp-content/uploads/2017/11/ALIVHE_FrameworkFINALNov2017.pdf

Schwitters, A., Swaminathan, M., Serwadda, D., Muyonga, M., Shiraishi, R., Benech, I.; Mital, S., Bosa, R., Lubwama, G., Hladik, W. (2015) Prevalence of rape and client-initiated gender-based violence among female sex workers: Kampala, Uganda, 2012. *AIDS and Behaviour*. 2015 (19), pp. 68–76, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4724433/>

Stern, E., Van Der Heijden, I. and K. Dunkle (2020) "How people with disabilities experience programs to prevent intimate partner violence across four countries", in *Evaluation and Program Planning*, Vol. 79. <https://www.sciencedirect.com/science/article/pii/S0149718919303155>

UNFPA (2018) *Young Persons with Disabilities: Global Study on Ending Gender-based Violence and Realizing Sexual and Reproductive Health and Rights*, New York: UNFPA. <https://www.unfpa.org/publications/young-persons-disabilities>

UNFPA (2018a) *Guidelines for Providing Rights-Based and Gender-Responsive Services to Address Gender-Based Violence and Sexual and Reproductive Health and Rights for Women and Young Persons with Disabilities*, New York: UNFPA. <https://www.unfpa.org/featured-publication/women-and-young-persons-disabilities>

UNICEF, UN Women, UNFPA, ILO and OSRSG/VAC (2013) *Breaking the Silence on Violence against Indigenous Girls, Adolescents and Young Women*. New York: UNFPA. https://www.unfpa.org/sites/default/files/resource-pdf/VAIWG_FINAL.pdf

UNTF (2018) *UN Trust Fund to End Violence Against Women Annual Report 2017*, <https://www2.unwomen.org/-/media/field%20office%20untf/publications/2018/un%20trust%20fund%20annual%20report%202017%20spreads.pdf?la=en&vs=912>

UN Women (2014) *Empowering Widows: An overview of Policies and Programmes in India, Nepal and Sri Lanka*, <https://asiapacific.unwomen.org/en/digital-library/publications/2015/09/empowering-widows>

UN Women (2020) *Final Evaluation: Older Women who have Experienced Violence Exercising their Rights (Peru)*, <https://unfpa.unwomen.org/en/learning-hub/evaluations/2019/04/final-evaluation--older-women-who-have-experienced-violence-exercising-their-rights-peru>

Van Der Heijden, V (2014) *What works to prevent violence against women with disabilities: What Works to Prevent VAWG inception report*. Pretoria: What Works.

- Van der Heijden, I. and Dunkle, K. (2017) *What Works Evidence Review: Preventing violence against women and girls with disabilities in lower- and middle-income countries (LMICs)*
<https://www.whatworks.co.za/documents/publications/114-disability-evidence-brief-new-crop-3/file>
- VAWG Helpdesk (2020) *Adolescent Girls Resource Pack A summary of the evidence*. London, UK: VAWG Helpdesk. http://www.sddirect.org.uk/media/2036/vawg-helpdesk_adolescent-girls-rp_summary_c19_final.pdf
- Womankind (2019) *Making Visible: The Lived Realities of LBTQI+ across Nepal, Uganda and Zimbabwe*, <https://www.womankind.org.uk/policy-and-campaigns/resources/making-visible>
- World Bank (2015) *Violence against Women and Girls Resource Guide: Brief on Sexual and Gender Minority Women*, Violence against women and girls Resource Guide, The World Bank, http://www.vawgresourceguide.org/sites/vawg/files/briefs/vawg_resource_guide_sexual_and_gender_minority_women_final.pdf
- Vizard, P (2013) *Developing an indicator-based framework for monitoring older people's human rights: panel, survey and key findings for Peru, Mozambique and Kyrgyzstan*, London: Centre for Analysis of Social Exclusion and HelpAge International.
- Walters, M., Chen, J. and Breiding, M.J. (2013) *The National Intimate Partner and Sexual Violence Survey (NISVS): 2010 Findings on Victimization by Sexual Orientation*, Atlanta: National Center for Injury Prevention and Control Centers for Disease Control and Prevention.
- World Health Organisation (2014) *Global Status Report on Violence Prevention 2014*, Geneva: World Health Organisation.
- Yang, H. (2017) *Project Evaluation: Promoting Justice for Survivors of Gender-Based Violence in China*, <https://unf.unwomen.org/en/learning-hub/evaluations/2017/12/final-evaluation-promoting-justice-for-survivors-of-genderbased-violence-in-china>
- Yon, Y., Mikton, C., Gassoumis, Z. D. and Wilber, K. H. (2019) *The Prevalence of Self-Reported Elder Abuse Among Older Women in Community Settings: A Systematic Review and Meta-Analysis, Trauma, Violence, and Abuse 2019, 20(2)*,
<https://journals.sagepub.com/doi/abs/10.1177/1524838017697308>
- Young Lives (2018) *Gender Equality and the Empowerment of Rural Girls and Young Women: Evidence from Young Lives*, <https://www.younglives.org.uk/sites/www.younglives.org.uk/files/YL-PolicyBrief-33-GenderEquality.pdf>

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Annex: Methodology

The methodology for this query is described below.

Search strategy: Studies were identified through searches using Google and relevant electronic databases (Science Direct, and Google Scholar). Key search terms included: high risk, vulnerable group, leave no one behind, LNB, at risk, “disab”, adolescent girls, LBT, LBTQI, LGBT, indigenous, refugee, migrant, racial, ethnic, religious minorities, old, living with HIV, old, widow, sex workers AND VAWG OR violence against women OR GBV.

Criteria for inclusion: To be eligible for inclusion in this rapid review, evidence had to fulfil the following criteria:

- **Focus:** Evidence on VAWG against high-risk groups, including evidence reviews and evaluations.
- **Time period:** January 2000 – July 2020 (focus was on updating a 2018 evidence mapping undertaken by the VAWG Helpdesk on intersectionality).
- **Language:** English
- **Publication status:** publicly available – in all cases published online.
- **Geographical focus:** LMICs

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VAWG Helpdesk services are provided by a consortium of leading organisations and individual experts on VAWG, including Social Development Direct, International Rescue Committee, ActionAid, Womankind, and the Institute of Development Studies (IDS). Expert advice may be sought from this Group, as well as from the wider academic and practitioner community, and those able to provide input within the short time-frame are acknowledged. Any views or opinions expressed do not necessarily reflect those of DFID, the VAWG Helpdesk or any of the contributing organisations/experts.

For any further request or enquiry, contact enquiries@vawghelpdesk.org.

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