

Scale and Scope of Gender-based Violence in Emergencies (GBViE)

Query: What do we know about the global scale and scope of GBViE?

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1. Overview

This report outlines the scale and scope of gender-based violence (GBV) in humanitarian settings and provides a summary of current and emerging data. (i.e. *scale* referring to pervasiveness of GBV in emergencies using global statistics and qualitative data, and *scope* denoting types of violence, changing patterns in emergencies, at risk groups etc.). Natural disasters, conflict and displacement heighten pre-existing risks of GBV and present new forms of violence against women and girls. Reliable data on the scope of GBV in emergencies remains difficult to obtain, particularly in conflict-related settings.¹ However, even where there is very limited data available, it demonstrates that GBV, particularly intimate partner violence (IPV) and sexual violence increase during humanitarian crises.²

This report urges caution on interpreting prevalence data as GBV is universally under-reported and this is exacerbated in humanitarian settings where displacement, a breakdown of systems, structures, services and safety mechanisms limit reporting. It outlines some of the methodological shortcomings with the data as well as ethical and safety considerations, emphasising that collecting prevalence data on GBV in humanitarian settings can be potentially dangerous. In any crisis, the priority must be on the establishment and delivery of lifesaving GBV services regardless of the presence or absence of GBV data.³ The report also considers the gaps in our knowledge of GBV in humanitarian settings and contains a mapping of existing data at the global, regional and country level.

1.1 What is the scale and scope of GBV in emergencies?

GBV is an umbrella term for any harmful act that is based on socially ascribed (i.e. gender) differences between males and females. It includes all forms of violence perpetrated against girls and women based on their gender and unequal power relations between men and women.⁴ It is a pervasive public health issue and global human rights violation that affects women and girls throughout the world, transcending cultural and economic boundaries. In 2013, the World Health Organisation (WHO)⁵ provided the first global and regional prevalence estimates on the scale of physical and sexual IPV against women, and non-partner sexual violence, using evidence from comprehensive systematic reviews of global population data from 155 studies in 81 countries. These indicated that:

- One in three (35%) women worldwide have experienced either physical and/or sexual intimate partner violence or non-partner sexual violence in their lifetime.⁶
- Almost one third (30%) of all women who have been in a relationship have experienced physical and/or sexual violence by their intimate partner.
- As many as 38% of all murders of women are committed by intimate partners.
- 7.2% of women have been sexually assaulted by someone other than a partner.

The study acknowledged that prevalence data was incomplete in humanitarian settings.

Situations of conflict and displacement may exacerbate pre-existing GBV in families and communities and present new forms of violence against women and girls.⁷ In relation to the scope of GBV in emergencies, research indicates that at all stages of humanitarian crisis, women and girls are exposed to heightened risks of sexual violence, physical violence, and various forms of exploitation, including sex trafficking.⁸ Gaps in humanitarian assistance increase the likelihood that women and girls may be forced to engage in negative coping strategies like survival sex or early and forced marriage to meet basic needs. Displaced women, especially widows, adolescent girls and female-headed households, are particularly vulnerable to GBV.⁹

Reliable prevalence data on the scale of GBV in conflicts remain difficult to obtain, particularly in conflict-related settings, due to insecurity, lack of GBV services, lack of safety for survivors and access issues including isolation imposed by survivors or their families or other restrictions on movement. However, evidence demonstrates that GBV, particularly IPV and sexual violence increase during humanitarian crises and there is very limited data available on this.^{10,11,12} Two recent reviews have attempted to provide an indication of prevalence of GBV in humanitarian settings.

- **Stark & Ager's 2011 study**¹³ involved a systematic review based on 14 studies that found high rates of GBV in complex emergencies. Reported rates of IPV were often more prevalent than non-partner sexual violence in emergency settings. This is interesting to consider in light of the GBV advocacy in humanitarian emergencies that tend to focus on violence occurring outside the home.¹⁴ However, these figures should be interpreted with caution, as both IPV and sexual violence are under-reported in most settings.
- **Vu et al (2014) conducted a systematic review** and meta-analysis specifically examining sexual violence in conflict-affected settings. This review found an estimated prevalence of 21.4% sexual violence among refugees and displaced persons in complex humanitarian emergencies indicating that approximately one in five women who are refugees or otherwise displaced experience sexual violence. However, this figure should be interpreted cautiously as it is most likely an underestimation of the true prevalence. Experiences of violence tend to be under-reported in surveys and the *"prevalence of sexual violence among refugees and displaced populations is exponentially more difficult to elucidate given the context and the sensitive subject matter"*. Hence, the one in five is likely to be underestimated due to under reporting.¹⁵

Levels of GBV in emergencies may be higher than these suggest. A 2017 study in South Sudan¹⁶ found that rates of GBV in South Sudan are among the highest in the world with up to 65% of women and girls experiencing physical and/or sexual violence in their lifetime. Up to 33% of women experienced sexual violence from a non-partner, and many of the incidents (approximately 70%) were directly related to a raid, displacement or abduction. Over 50% of respondents reported that the first incident of sexual violence occurred before they left adolescence.

GBV in natural disasters. While systematic reviews have not been carried out in the contexts of natural disasters, available data indicates that it follows many of the same patterns as GBV in conflict settings. Recent evidence reviews conducted to inform GBV programming effectiveness in disaster-affected settings suggest that GBV increases in some disaster contexts. Reports from Haiti and Sri Lanka suggest that early and forced marriage and human trafficking increased in these disaster settings due to restricted options for livelihood and heightened vulnerability.¹⁷ Sexual violence was reported to increase three-fold in Sri Lanka in the aftermath of the tsunami with similar spikes reported in the after-shocks of the 2010 Haiti earthquake.¹⁸

Adolescent girls between the ages of 10 and 19 years are one of the most at-risk groups for experience of GBV¹⁹ and account for an increasing proportion of displaced persons globally. They are at a comparative disadvantage before, during and after crises. Displaced adolescent girls are less likely to have life-saving information, skills and capacities to navigate the upheaval that follows displacement.²⁰ Of all survivors who reported to the International Rescue Committee (IRC) in 2016, 22% were adolescent girls between the ages of 10 to 19 years and the most common form of violence reported was rape.²¹ Recent research demonstrates that girls are not only facing incredibly high rates of GBV but are doing so at very early ages, and that violence continues throughout the lifecycle. A 2017 multi-country, cross-sectional study by Stark et al²² assessed the prevalence and predictors of violence among adolescent girls aged 13–14 in South Kivu, Democratic Republic of the Congo (DRC), and aged 13–19 in refugee camps in the Benishangul–Gumuz region of Ethiopia to expand the evidence base on violence against adolescent girls in emergencies. Key findings indicate that the prevalence of violence against adolescent girls is high in these two conflict affected contexts.

- The majority of adolescent girls (51.62%) reported experiencing at least one form of violence in the previous months: 31.78% reported being hit or beaten, 36.79% reported being screamed at loudly or aggressively, and 26.67% experienced unwanted sexual touching, forced sex, and/or sexual coercion.
- Across both countries, ever having a boyfriend and living with an intimate partner were strong predictors of violence. Fewer years of education completed in DRC, and young age in Ethiopia, were also associated with reported victimization.
- Approximately half of the adolescent girls in the sample (54.4% in DRC, 50.5% in Ethiopia) reported experiencing at least one form of violence in the previous 12 months. Of those who reported experiencing at least one form of violence, 48.3% in DRC and 49.1% in Ethiopia reported poly-victimization.
- Approximately 25% of adolescent girls reported at least one type of sexual violence within the previous 12 months (25.5% in DRC, 27.2% in Ethiopia). Forced sex was the most frequently reported form of sexual violence.

As outlined above, evidence demonstrates that sexual violence in the context of conflict and other humanitarian crises is widespread, affecting at least one in four women in conflict situations.²³ Other research, like that conducted in South Sudan, finds rates as high as 65%. Despite the magnitude of these figures, it is generally accepted that the prevalence of sexual violence and other forms of GBV is under-reported almost everywhere in the world. The barriers to disclosing and reporting violence are exacerbated in crises. Shame, social stigma, discrimination, isolation or other restrictions on movement, and the threat of honour killing, are

significant deterrents to reporting. Compounding these are fears of reprisals by the perpetrators or others, impunity, disruption to community and family support structures, and a breakdown in services limit survivors coming forward to seek help.

1.2 Challenges in assessing the scale and scope of GBV in emergencies

- Conducting any study on GBV is difficult and these challenges are compounded in humanitarian settings where fear, stigma, insecurity, lack of access to services in addition to the difficulties of displacement. Direct comparisons across the studies are difficult to make due to a number of factors: using different recall periods, employing different case definitions, not providing case definitions at all, targeting different groups of women, and a range of other methodological variations.
- Data collection methods, such as household surveys, are very problematic in humanitarian settings due to under-reporting, displacement, a breakdown of systems, and ethical, safety and security issues. Information should be collected with the aim of informing programme design and ensuring that interventions are responsive to the needs of women and girls and should go beyond a focus on quantitative data.
- Conflict-affected settings lack reliable statistics as well as systems to collect them periodically, or even the safety and necessary infrastructure to conduct one-time data collection exercises, such as population-based household surveys. Population displacement and return render previous census data and household surveys, if they exist, meaningless, and undermine the ability to obtain a random sampling for the administration of new surveys.²⁴
- Population-based surveys can provide global and regional data on GBV but rely on a subsample of individuals who disclose violence and GBV is typically underreported. A 2013 study by Palermo et al ²⁵ reviewed data from 24 countries that included GBV questions on reporting or care seeking administered to 284,281 women collected between 2004 and 2011. They found that 40% of women experiencing GBV previously disclosed to someone, however the global rate of formal reporting among women was 7%, and regional rates of formal reporting ranged from 2% to 14% (regional variation, 2% in India and East Asia to 14% in Latin America and the Caribbean). Results imply that estimates of GBV prevalence based on health systems data or police reports may underestimate the total prevalence of GBV, ranging from 11- to 128-fold, depending on the region and type of reporting. These problems are further exacerbated during conflict, natural disasters and displacement.
- Disclosure bias, i.e. the way someone is asked about violence, can have a significant effect on disclosure rates. For example, in the WHO multi-country study on domestic violence, women were less likely to self-identify as survivors of GBV when asked directly, but when asked about specific acts of violence they answered positively indicating they had past experiences of IPV. The WHO guidelines on researching violence against women and girls recommend asking about lifetime exposure to capture all possible survivors of violence.²⁶

Given these challenges, it is perhaps not surprising that although overall findings from studies and reviews demonstrate high levels of GBV, there can be great variance between studies and prevalence estimates in humanitarian settings. **A 2017 review by Hossain and McAlpine** of GBV prevention interventions implemented between 2000 and 2017 in conflict settings demonstrates significant variance within and between studies, regions and countries. Estimates on reported rape and other non-partner sexual violence in conflict settings are wide, ranging from 0.2% to 72% among women reporting a lifetime experience and from 1% to 16.5% among men in sub-Saharan African.

1.3 Collecting and using GBV data in emergencies

Any data collection in humanitarian settings is challenging, but given the highly sensitive and potentially life-threatening nature of GBV, any type of qualitative or quantitative assessment or survey must follow robust ethical and safety considerations and accepted international standards guidance and 'do no harm' principles. A failure to do so places women and girls, GBV survivors and staff at risk. The 2007 WHO Ethical and Safety Recommendations for Researching, Documenting and Monitoring Sexual Violence in Emergencies outlines eight essential recommendations to guide any information-gathering exercise related to sexual violence in emergencies.

Prevalence data on GBV in humanitarian crises are considered minimal and incomplete.²⁷ International standards such as the 2015 Inter-Agency Standing Committee (IASC) GBV Guidelines 2015 note that collecting prevalence data on GBV in emergencies *"is not advisable due to methodological and contextual challenges related to undertaking population-based research on GBV in emergency settings (e.g. security concerns for survivors and researchers, lack of available or accessible response services, etc.)."*²⁸ Understanding and using GBV data means accepting that exact numbers on the extent of GBV may never be available. Service-based data can be an acceptable alternative to prevalence surveys. A 2014 study²⁹ by IRC in DRC illustrates how practitioners, policymakers and donors can use both existing GBV programme data, as well as lessons learned and best practices on GBV to address GBV in emergencies, even without exact knowledge of how many cases are occurring. The study showed that when looking at reported GBV incidents over time, it is possible to learn very valuable information about:

- The profile of GBV survivors (demographics).
- What type of GBV they are reporting.
- When and where the alleged incident occurred.
- The profile of the alleged perpetrator (demographics, relationship to survivor).
- Which services are available in which sites.
- Which services are most often utilised by GBV survivors.

Another example of effectively utilising available qualitative and quantitative data is the 'Voices from Syria: Assessment Findings of the Humanitarian Needs Overview' by the GBV Area of Responsibility (AoR) Whole of Syria that have been produced annually since 2016. They use data from multiple primary and secondary level sources including quantitative and qualitative assessments collected in 4,185 communities across the country. Interagency needs assessments that use a common set of indicators made it possible that a joint quantitative dataset could be produced and analysed. Additionally, data obtained through 117 focus group discussions (FGDs) and existing secondary literature is analysed. This information is synthesised into a report that provides an overview of GBV patterns, trends and risk factors and gaps in services by location to inform programming responses and advocacy.

1.4 Key gaps in information and evidence

The 2016 **'Evidence Brief: What Works to prevent and respond to violence against women and girls in conflict and humanitarian settings?'**³⁰ notes that while further evidence and measurement is needed on exactly how conflict and displacement affect different forms of GBV, the available evidence suggests that the types of GBV prevalent in conflict and humanitarian settings are similar in non-emergency settings – with violence perpetrated by an intimate partner the most common form of violence facing a woman. As such, approaches that have had success in decreasing GBV in non-conflict settings, and target underlying unequal gender norms and practices, may also be applicable in conflict and humanitarian settings.

Other gaps include:

- Standardised definitions and measurement tools for researching specific forms of GBV that allow for comparability within and across settings and studies. Common definitions and standardised methodologies would help in ensuring research results are comparable.
- Increased data on health and other service needs for GBV survivors in humanitarian settings, as well as knowledge on barriers and facilitators to accessing clinical management of rape services for all sexual assault survivors ³¹
- More research is needed to understand the linkages and the intersecting forms of violence women and girls experience in order to create effective programmes that recognise the shifting nature of GBV during times of conflict.
- Analysis of available data on SEA to inform service delivery and prevention efforts.

1.5 Conclusion

Addressing GBV is a key component of humanitarian action. However, despite decades of research that demonstrates the magnitude of GBV, data is often required to secure funding. It is widely acknowledged that prevalence and incidence data should not be used as a precondition for the provision of lifesaving GBV services.³² The 2015 GBV Guidelines³³ state that “*all humanitarians should assume and believe that GBV, and in particular sexual violence, is taking place and is a serious and life-threatening protection issue regardless of the presence or absence of reported cases.*” In line with global good practice and guidelines³⁴, obtaining specific data on the prevalence of sexual or other forms of violence should not be a priority at the onset of an emergency. Because of the high level of under-reporting and the safety and security risks associated with obtaining data, the priority is to establish prevention and response measures as soon as possible.³⁵ According to global safety and ethical standards, data collection on a particular incident should only occur in conjunction with service provision. (see WHO (2007) Ethical and Safety Recommendations and www.gbvims.org). Pressure to collect data can risk shifting emphasis away from lifesaving service provision obscuring the provision of care and further traumatising survivors.

2. Mapping of the evidence

The mapping of these studies and reviews are summarised below and provide a snapshot of available data on GBV in humanitarian settings. These are divided into three categories that are colour coded to indicate reliability and rigor. Those classified as weak are included only to give an overview of the variance in sample size, methodology and prevalence and are not representative of all studies.

Colour	Description
Green	Strong – e.g. rigorous studies such as systematic reviews and quantitative prevalence studies
Amber	Medium strength – e.g. based on surveys of women’s experience, but not as rigorous (i.e. not big enough sample size)
Red	Weak – e.g. rapid assessment based on numbers of people who have experienced it from reports of violence, rather than a survey.

Some common challenges that permeated across the reviews include:

- Significant variance in the estimates of the scope of GBV as outlined above. GBV is under-reported and prevalence is anticipated to be much higher than available estimates suggest.

- Sampling methodologies are not generalizable to the larger populations with many studies employing non-probability sampling methodologies or under-powered sample sizes; many studies (almost half of the studies assessed by Vu et al, 2014) did not have appropriate sample sizes to measure the prevalence of sexual violence. However, all available data indicates that GBV, especially IPV and sexual violence, is significant and proliferates during humanitarian crises.
- Use of differing definitions, lack of clearly stated and agreed definitions as well as recall periods limits comparability of prevalence data.
- Some articles included in the review were syntheses of data from studies conducted in both conflict and non-conflict affected countries, limiting the connections that can be drawn between conflict and rates of violence.
- Many of the reviews and studies relied on the same studies for primary data so there is a lot of overlap between studies.

No.	Country	Key findings on scale and scope of GBViE	Methodology	Source
1	Global	<p>Estimated that the prevalence of sexual violence among refugees and displaced persons in complex humanitarian emergencies at 21.4% - i.e. 1 in 5 women who are refugees or otherwise displaced by conflict experience sexual violence.</p> <p>Acknowledges this is likely to be an underestimation of the true prevalence given the multiple existing barriers associated with disclosure.</p>	Strong: Systematic review and meta-analysis on sexual violence in conflict-affected settings - based on 19 articles	Vu, A., Adam, A., Wirtz, A., Pham, K., Rubenstein, L., Glass, N., Beyrer, C., & Singh, S. (2014). <i>The Prevalence of Sexual Violence among Female Refugees in Complex Humanitarian Emergencies: A Systematic Review and Meta-analysis</i> . PLOS Current Disasters
2	Global	<p>Rates of GBV are high in complex emergencies.</p> <p>Reported rates of IPV were often more prevalent than non-partner sexual violence in emergency settings.</p> <p>Wide range of prevalence data that did not allow for firm conclusions to be drawn due to the difficulty in directly comparing the reviewed studies.</p>	Strong: Systematic review – based on 14 studies that broadly could be broken into the following GBV categories: IPV (seven studies); Physical Violence, by someone other than an intimate partner (two studies); Sexual Violence and Rape, by someone other than an intimate partner (five studies).	Stark, L., & Ager, A. (2011) <i>'A Systematic Review of Prevalence Studies of Gender-Based Violence in Complex Emergencies'</i> . Trauma Violence Abuse, 12(3), 127-134.
3	Global	<p>IPV and non-partner sexual violence are widespread and affect women throughout the world.</p> <ul style="list-style-type: none"> - 35% of women worldwide have experienced either physical and/or sexual intimate partner violence or non-partner sexual violence. - 30% of all women who have been in a relationship have experienced physical and/or sexual violence by their intimate partner. - 7.2% of women have been sexually assaulted by someone other than a partner. The highest lifetime prevalence was reported in the high-income region (12.6%) and the African Region (11.9%) while the lowest prevalence was in the South-East Asia Region. - Difficult to conduct population-based studies in conflict-affected settings so prevalence data is incomplete. 	Strong: First global and regional prevalence estimates of physical and sexual intimate partner violence against women, and non-partner sexual violence against women, using evidence from comprehensive systematic reviews of global population data from 155 studies in 81 countries	WHO, London School of Hygiene & Tropical Medicine, the South African Medical Research Council (2013) <i>'Global and regional estimates of violence against women: prevalence and health effects of intimate partner violence and non-partner sexual violence'</i> Geneva: World Health Organization
4	South Sudan	65% of women and girls have experienced physical and/or sexual violence in their lifetime.	Strong: Quantitative and qualitative, including a population-based household survey	What Works (2017) <i>No Safe Place: A Lifetime of Conflict Affected Women and Girls in South Sudan</i> , London:

		<p>Up to 33% of women in these areas experienced sexual violence from a non-partner, and many of the incidents (approximately 70%) were directly related to a raid, displacement or abduction.</p> <p>Over 50% of respondents reported that the first incident of sexual violence occurred before they left adolescence, demonstrating that violence begins early in the lives of girls and women in South Sudan.</p> <p>IPV was the most common form of GBV. In one site, 73% of women who are or have been partnered reported they experienced IPV in their lifetime.</p> <p>Overall, 9% of men in Juba and 6% in Rumbek reported having experienced some type of sexual violence.</p>	<p>administered to a representative sample of 2,244 women aged 15-64 in three locations: Juba City, Rumbek Centre and the Juba Protection of Civilian (PoC) sites. A smaller sample of 481 men was interviewed in Juba City and Rumbek. Qualitative interviews and focus group discussions were carried out with community members and key informants.</p>	<p>DFID's What Works to Prevent VAWG in Conflict and Humanitarian Crisis</p>
5	Global	<p>Rates of VAWG increase during times of conflict, though the connection is primarily seen between rates of non-partner assault and times of conflict.</p> <p>Reliable evidence suggests that VAWG, particularly IPV, is a considerable problem during times of conflict and humanitarian crises and is more prevalent than non-partner sexual assault.</p> <p>Estimated prevalence of sexual violence among refugees and displaced persons is 21.4%. However, this figure should be interpreted cautiously as it is most likely an underestimation of the true prevalence as experiences of violence tend to be under-reported in surveys.</p> <p>Provides challenges and recommendations for GBV data collection in humanitarian settings.</p>	<p>Strong: Reviewed existing evidence on the prevalence of VAWG and on promising and emerging practices that prevent and respond in conflict and humanitarian settings, summarising recent systematic and literature reviews in this field. Seven reviews are included in this brief, two focused on prevalence in conflict-affected settings.</p>	<p>Murphy, M., Arango, D., Hill, A., Contreras, M., MacRae, M., & Ellsberg, M. (2016) <i>'Evidence brief: What works to prevent and respond to violence against women and girls in conflict and humanitarian settings?'</i></p>
6	Global	<p>Lifetime prevalence of non-partner sexual violence worldwide has shown that one in 14 women aged 15 years or older worldwide has been sexually assaulted by someone other than an intimate partner. For various reasons, including the stigma and blame attached to sexual violence, this value is likely to be an underestimate.</p>	<p>Strong: Systematic review of data from 412 studies covering 56 countries on the prevalence of non-partner sexual violence worldwide in women aged 15 years and older.</p>	<p>Abrahams, N., Devries, K., Watts, C., et al. (2014) <i>'Worldwide prevalence of non-partner sexual violence: a systematic review'</i>. Lancet 383 (9929) 1648-54</p>

		<p>7.2% of women worldwide experienced non-partner sexual violence. Highest prevalence in the sub-Saharan Africa, central region (21%). Intimate-partner violence also has a higher prevalence in this region than in other regions. Lowest prevalence was for Asia, south (3.3%).</p> <p>In regions affected by conflict there are major challenges to the execution of population-based surveys.</p>		
7	Global	<p>Sexual violence in the context of conflict and other humanitarian crises is widespread, with at least one in four women in conflict situations affected; 4%–22% of women experience sexual violence in conflict.</p> <p>Despite the magnitude of these figures, it is generally accepted that the prevalence of sexual violence is under-reported almost everywhere in the world.</p> <p>Prevalence data on sexual violence in the context of conflict and crisis are considered incomplete.</p>	Strong: Systematic review of 40 studies with primary empirical data describing implementation or impact of interventions aimed at reducing risk or incidence, or addressing harm from sexual violence occurring in conflict, post conflict or other humanitarian crisis settings in lower or middle-income.	Spangaro, J., Adogu, C., Ranmuthugala, G., Powell Davies, G., Steinacker L, et al. (2013) <i>What Evidence Exists for Initiatives to Reduce Risk and Incidence of Sexual Violence in Armed Conflict and Other Humanitarian Crises? A Systematic Review.</i> PLoS ONE 8(5): e62600.
8	Global	<p>40% of women experiencing GBV previously disclosed to someone; however, the global rate of formal reporting among women was 7%, and regional rates of formal reporting ranged from 2% to 14% (regional variation, 2% in India and East Asia to 14% in Latin America and the Caribbean).</p> <p>Formerly married and never married status, urban residence, and increasing age were characteristics associated with increased likelihood of formal reporting.</p> <p>Results imply that estimates of GBV prevalence based on health systems data or on police reports may underestimate the total prevalence of GBV, ranging from 11- to 128-fold, depending on the region and type of reporting.</p>	Strong: Reviewed data from cross-sectional, nationally representative Demographic and Health Surveys in 24 countries in four regions Central Asia and Eastern Europe (3 countries), LAC (4 countries), India and East Asia (5 countries), and Africa (12 countries) included questions on reporting or care seeking administered to 284,281 women collected between 2004 and 2011.	Palermo, T., Bleck, J., & Peterman, A., (2013) <i>'Tip of the Iceberg: Reporting and Gender-Based Violence in Developing Countries'</i> American Journal of Epidemiology, Vol. 179, No. 5
9	Democratic Republic of Congo	<p>52% of adolescent girls reported experiencing at least one form of violence victimization in the previous months: 31.78% reported being hit or beaten, 36.79% reported being screamed at loudly or aggressively, and 26.67%</p>	Medium strength: Survey data collected from a sample of 1296 adolescent girls aged 13–19 using Computer-Assisted Personal	Stark, L., Asghar, L., Yu, G., Bora, C., Baysa, A., & Falb, K. (2017) <i>'Prevalence and associated risk factors of violence against conflict–</i>

	(DRC) and Ethiopia	<p>experienced unwanted sexual touching, forced sex, and/or sexual coercion.</p> <p>Across both countries, ever having a boyfriend and living with an intimate partner were strong predictors of violence. Fewer years of education completed in DRC, and young age in Ethiopia, were also associated with reported violence.</p> <p>Approximately 505 of the adolescent girls in sample (54.4% in DRC, 50.5% in Ethiopia) reported experiencing at least one form of violence victimization in the previous 12 months.</p> <p>More than 25% of adolescent girls reported at least one type of sexual violence victimization within the previous 12 months (25.5% in DRC, 27.2% in Ethiopia). Forced sex was the most frequently reported form of sexual violence</p>	<p>Interview and Audio Computer-Assisted Self-Interview programming. The sample includes girls in “early adolescence”, defined as age 10–14, and in “late adolescence”, defined as age 15–19. Predictors of violence were modelled using multivariable logistic regression.</p>	<p><i>affected female adolescents: a multi-country, cross-sectional study</i>. Journal of Global Health 7(1), 1-10</p>
10	Global	<p>Estimates on reported rape and other non-partner sexual violence in conflict settings are wide, ranging from 0.2% to 72% among women reporting a lifetime experience, and from 1% to 16.5% among men in sub-Saharan African. Variations may be attributable to differences in definitions and data collection methodologies</p> <p>Globally, nearly 7.2% of women report an experience of sexual violence from a non-partner; one out of three women, however, report an experience of physical or sexual violence from an intimate partner.</p> <p>GBV in natural disasters follows many of the same patterns of issues arising in conflict settings.</p>	<p>Medium strength: A systematic review of the evidence base on GBV prevention interventions implemented between 2000 and 2017 in conflict settings to understand the methods used in GBV research in humanitarian settings</p>	<p>Hossain, M. & McAlpine, A. (2017) <i>Gender Based Violence Research Methodologies in Humanitarian Settings: An Evidence Review and Recommendations</i>. Elhra: Cardiff</p>

11	Syria	<p>GBV, particularly verbal harassment, domestic violence (including family violence against women and girls), child marriages and the fear of sexual violence including sexual harassment are common. Few spaces where women and girls feel safe.</p> <p>Fear of sexual violence, often associated with abduction contributing to psychosocial stress and further limitation of their movements inhibiting their access to services, humanitarian aid.</p> <p>Shame and stigma surrounding sexual violence contributes to survivors not talking about violence when it happens.</p> <p>Fear of honour killing as a result of sexual violence. Families arrange marriages for girls, believing it will protect them and ease the financial burden on the family. Girls are reportedly being married younger. The socio-economic situation, lack of livelihood opportunities, and increased poverty is ultimately leading more women to resort to negative coping mechanisms such as survival sex.</p>	<p>Medium Strength: Largest GBV assessment inside Syria to date. Data from all the assessments (both quantitative and qualitative) was collected in 4,185 communities (including 32 urban neighbourhoods) located in 254 sub-districts out of 272 sub-districts across the country.</p> <p>Interagency needs assessments used a common set of indicators which enabled a joint quantitative dataset to be produced and analysed.</p> <p>Data obtained through 117 FGDs and existing secondary literature was analysed separately.</p>	<p>GBV Area of Responsibility (AoR) Whole of Syria (2018) <i>'Voices from Syria Assessment Findings of the Humanitarian Needs Overview'</i> UNFPA</p>
12	DRC	<p>In Eastern DRC, up to 40% of women have experienced sexual violence.</p> <p>1.69–1.8 million women reported having been raped in their lifetime, including by armed forces, but significantly more (3.07–3.37m) reported experiencing IPV.</p> <p>These figures are not comprehensive given the lack of up-to-date statistics and the fact that many cases go unreported.</p>	<p>Weak: Used nationally-representative household survey data from 3,436 women ages 15 to 49 from the 2007 DRC Demographic and Health Survey in conjunction with population estimates to analyse country-wide levels of sexual violence.</p>	<p>Peterman, A., Palermo, T & Bredenkamp, C. (2011) <i>'Estimates and Determinants of Sexual Violence against Women in the Democratic Republic of Congo'</i>, American Journal of Public Health, 101(6),</p>
13	Occupied Palestinian Territory (OPT)	<p>Rate of women who were exposed to psychological violence "at least once" in their lifetime was 58.6%. 55.1% reported lifetime exposure to economic violence, while 54.8% reported experiencing lifetime socially-based violence.</p> <p>Lifetime prevalence of physical violence from a husband was 23.5% and 11.8% to sexual violence. Only 30.2% of married women exposed to violence by their husbands had</p>	<p>Weak: Formative research based on both desk research and field research in the OPT using qualitative research methods. The qualitative data collection tools included: in-depth interviews (IDIs) [six women survivors and four male perpetrators] and Focus Group</p>	<p>Said, N., Ziad-Ghattas, R., Hymanv, N., Shuaibi, M. (2017). <i>'Violence against Women and Girls in the occupied Palestinian territories'</i> (Formative Research). AWRAD, Ramallah. OpT</p>

		recourse to the house of one of their brothers or sisters, and 65.3% preferred to remain silent.	Discussions (FGDs) [61 people (35 women and 26 men) participated in six FGDs]	
14	Uganda	High prevalence of ongoing IPV experienced by female partners. In the past year, <ul style="list-style-type: none"> - 80% of women reported at least one type of verbal/psychological abuse - 71% were exposed to at least one type of physical abuse - 52% suffered isolation and 23% fell victim to sexual violence. 	Weak: Epidemiological survey follow up from 2010 employing structured interviews and standardized questionnaire. The present study analysed a subsample of 235 couples from seven rural communities in order to determine the prevalence and predictors of current partner violence experienced by women in the context of the past war.	Saile, R., Frank Neuner, N., Ert, V. & Cantani, C (2013) ' <i>Prevalence and predictors of partner violence against women in the aftermath of war: A survey among couples in Northern Uganda</i> ' Social Science & Medicine Volume 86, June 2013, Pages 17-25

About GBViE Helpdesk Short Research Reports: The GBViE Helpdesk is funded by UNICEF, contracted through the UNICEF Gender Based Violence in Emergencies team. Helpdesk Short Research Reports are based on three days' work per query.

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

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