



## Mapping what we know about intimate partner violence

Intimate partner violence (IPV) is a global health problem and a human rights violation. Increases in IPV prevention programming in low- and middle-income countries (L&MICs), including the adaptation or replication of high-profile interventions in new settings, reflect a global interest in tackling these violations. IPV prevention programming has the potential to improve gendered power relations significantly in communities and impact positively on women's and men's lives.

IPV is the most common form of gender-based violence, which is why this evidence gap map (EGM) focuses on it. The World Health Organization estimates that approximately one third of women who have been in a relationship will suffer violence by a partner at some point in their lifetime.<sup>1</sup> Some estimates find that this ranges from 16 per cent in some countries in East Asia to 66 per cent in central Sub-Saharan Africa.<sup>2</sup> A focus on IPV also helps to reduce other types of violence because focusing on the family – where inter-generational habits are shaped – helps build a foundation to prevent other types of gender-based violence.<sup>3</sup>

<sup>1</sup>World Health Organization (WHO), 2013. Global and regional estimates of violence against women: prevalence and health effects of intimate partner violence and non-partner sexual violence. Geneva: WHO. Available at: <<http://www.who.int/reproductivehealth/publications/violence/9789241564625/en/>> [Accessed 20 May 2017].

<sup>2</sup>Devries, KM, et al., 2013. The global prevalence of intimate partner violence against women. *Science*, 340(6140), pp.1527–1528.

<sup>3</sup>Heise, L, 2011. What works to prevent partner violence? An evidence overview. London: STRIVE. Available at: <<http://strive.lshtm.ac.uk/system/files/attachments/What%20works%20to%20prevent%20partner%20violence.pdf>> [Accessed 20 May 2017].

### Highlights

- Most impact evaluations have been undertaken in the past 10 years.
- More high-quality systematic reviews should be commissioned, as none met the EGM inclusion criteria.
- Most of the L&MIC evidence is concentrated in India, South Africa, and Uganda.
- A number of evaluations looked at IPV prevention programmes targeted at vulnerable populations.
- Almost half of evaluations used gender analysis.
- More impact evaluations are needed that report outcomes for men and target communities and institutions, as well as report on cost-effectiveness.

## Main findings

3ie identified 47 completed and 28 ongoing impact evaluations of IPV prevention programmes in L&MICs and no systematic reviews that met our inclusion criteria. We found that the L&MIC evidence base is a relatively new one: the first impact evaluation was published in 2006. Because more evidence exists on IPV than on other types of gender-based violence, more opportunities for review and syntheses exist, which can address the current dearth of high-quality reviews.

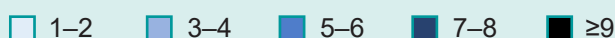
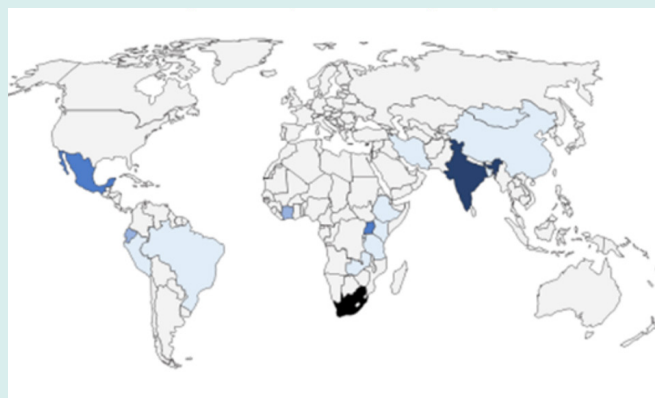
## Evidence by intervention categories

There is a concentration of impact evaluations of policies and programmes designed primarily to target individuals (either men, women, or both). Sixty per cent of these specifically assess economic and social empowerment programmes. Counselling and critical awareness of gender roles and community-wide mobilisation are other areas that have a large number of studies. We also coded completed studies evaluating programmes with interventions targeting more than one socio-ecological level, under the label of multicomponent approaches. We identified 11 studies in this group.

## Evidence by country

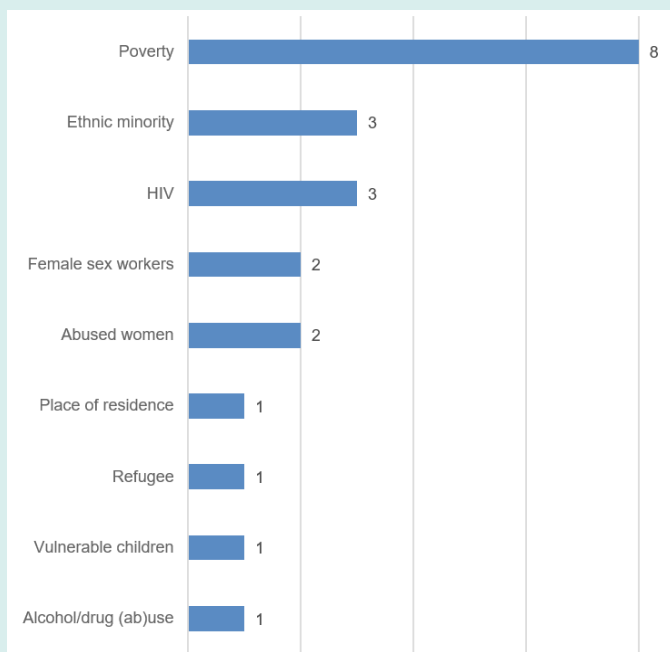
This evidence base represents only 18 L&MICs. Studies are highly concentrated in a handful of them (particularly South Africa, Uganda, and India). Ten countries only have 1 completed impact evaluation, meaning that the remaining 37 studies are spread across 8 countries.

### Completed IPV impact evaluations by country



## Evidence by vulnerable populations

Analysis of vulnerable populations is a common feature across 3ie EGMs. For this one, we identified vulnerabilities based on suggestions made by experts working in this field. Of the 18 completed impact evaluations discussing the effect of interventions on one or more vulnerable populations, 8 discuss the effects on people living in poverty. Four of the studies discussed more than one subpopulation.



## Gender analysis of the evidence base

Thirty per cent of the studies disaggregated the results by sex. This number does not include the studies in which information was collected only for men or women. We found explicit references to gender considerations during the research process in 30 per cent of studies. Finally, we found approximately 47 per cent of impact evaluations included some form of gender power analysis or at least a discussion of gender norms prevailing in the programme's context.

### Filling the evidence gaps: priorities for further research

As expected, we found a high concentration of studies for interventions aiming at and reporting outcomes for women. But, we identified a number of noticeable gaps elsewhere in the impact evaluation evidence base:

- Evaluations that report outcomes for men;
- Evaluations of bystander or parenting interventions;
- Evaluations of interventions that target communities and institutions; and
- Cost-effectiveness analyses of IPV prevention interventions.

We also note the need for high-quality, rigorous systematic reviews.

# Intimate partner violence prevention evidence gap map

## Outcomes



● Impact evaluations ● High confidence ● Medium confidence ● Low confidence ● Protocol

## What are evidence gap maps?

3ie EGMs provide an overview of rigorous evidence on the effects of development policies and programmes in a particular sector or thematic area in L&MICs. They consolidate evidence from impact evaluations and systematic reviews to identify research gaps and provide easy access to existing research. All EGMs are structured around a framework of interventions and outcomes. They include a graphical display of the framework and are accompanied by a short report.

## About this map

3ie created the IPV EGM as a research project funded by an anonymous donor. The map is available on the 3ie website's interactive platform <http://gapmaps.3ieimpact.org/evidence-maps/intimate-partner-violence-prevention-evidence-gap-map> and the report at <http://www.3ieimpact.org/evidence-hub/publications/evidence-gap-maps/intimate-partner-violence-prevention-evidence-gap-map>.



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