



Intimate partner violence prevention evidence gap map: 2018 update

Intimate partner violence (IPV) is the most common form of gender-based violence, a global health problem and a widespread human rights violation. Increases in IPV prevention programming in low- and middle-income countries reflect a global interest in tackling these violations. IPV prevention programming has the potential to significantly improve gendered power relations in communities and to have a positive impact on women, men, households and communities.

This brief presents the findings of the update to the IPV prevention evidence gap map that 3ie published in 2017. The update highlights important improvements and remaining gaps in the rigorous evidence base in low- and middle-income countries.

Highlights

- Most of the evidence from low- and middle-income countries is concentrated in South Africa, India, Uganda, Bangladesh, Tanzania and Mexico.
- Thirty-five per cent of studies disaggregate results by sex in their analyses and 28 per cent analyse power relations or gender norms as an outcome.
- Thirty-four completed impact evaluations focus on a vulnerable subset of the population, including refugees, pregnant women and sex workers.
- Two previously empty areas of the map now have evidence – communication campaigns for institutions, and socio-economic triggers as outcomes for men, often measured by changes in behaviour, knowledge or attitudes towards IPV.
- Twenty-six newly reported ongoing impact evaluations show that the evidence base will continue growing.

Main findings

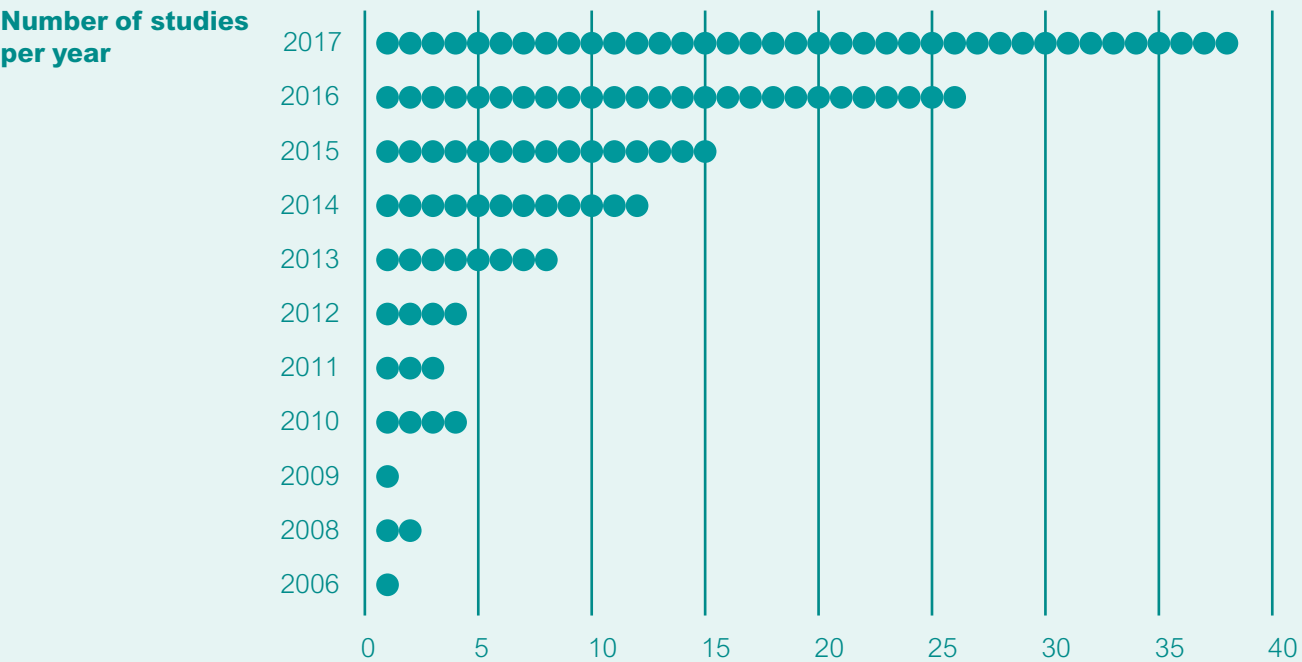
As of this update, we have identified 141 studies: 95 impact evaluations, 44 ongoing impact evaluations and 2

systematic review protocols. This total represents a significant increase in newly completed (48)

and ongoing (16) impact evaluations since we first searched the literature in 2016.

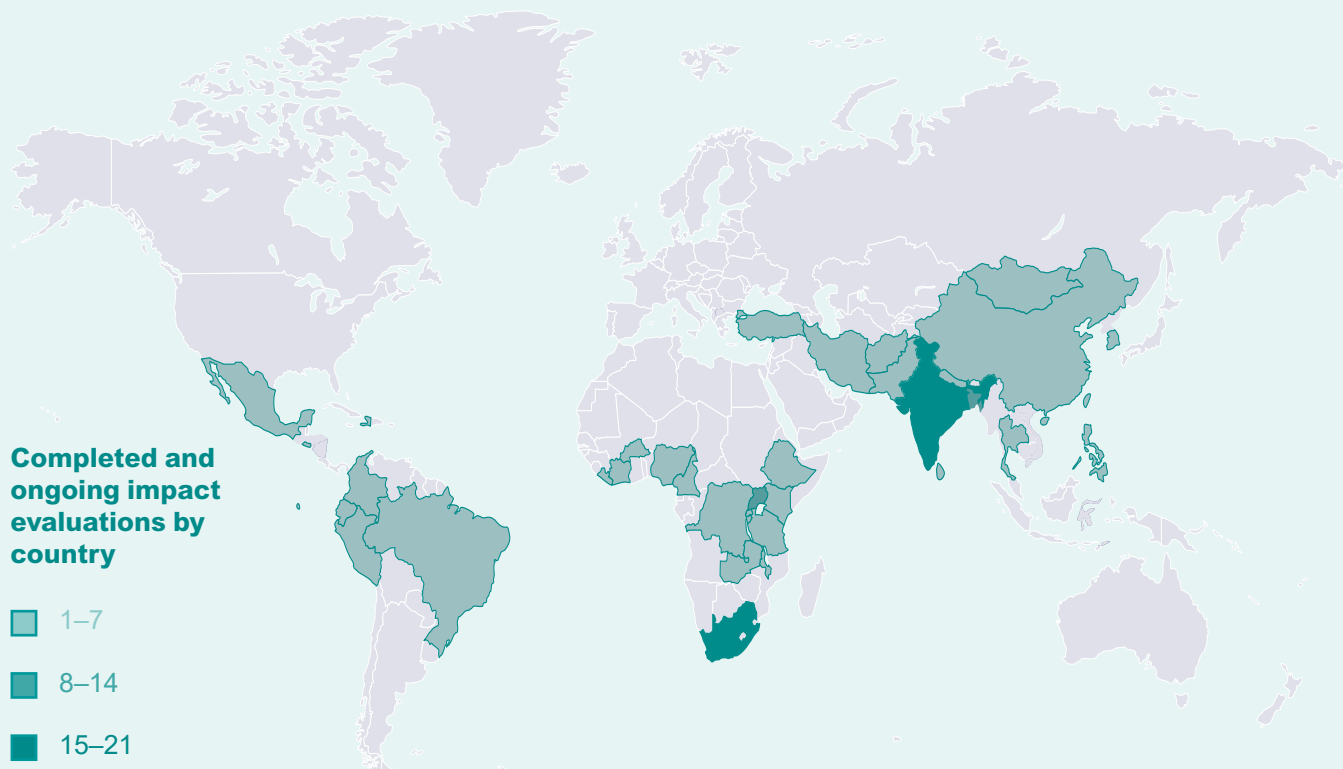
Expanding evidence base

The evidence base has expanded significantly in both the number of studies and the variety of interventions and outcomes. The number of ongoing impact evaluations indicates that the evidence base will continue to expand rapidly for IPV prevention in the next few years.



Evidence by country

Thirteen new countries appear on the map in this update, with either published or newly registered impact evaluations: Afghanistan, Burkina Faso, Cameroon, Colombia, El Salvador, Liberia, Malawi, Nepal, the Philippines, South Korea, Sri Lanka, Thailand and Turkey. Six studies in the last two years focus on Bangladesh, ranking it fourth overall behind South Africa, India and Uganda for numbers of IPV studies.



Male-targeted outcomes

Research with male-targeted outcomes began increasing significantly in 2014. Eighteen per cent of these studies contain substance abuse prevention components, and 35 per cent analyse gendered power relations and gendered social norms in measuring male outcomes. Workplace and private sector interventions that target male outcomes are an important avenue to pursue in filling this gap.

Socio-economic outcomes

Recent research measuring socio-economic outcomes for men and women now appears on the map (an increase from zero studies to six), alongside socio-economic empowerment in women (an increase from 12 studies to 32). Many of these studies measure decision-making around the use of household income, the impact of microfinance or savings programmes, and work-related stress as they relate to IPV prevention.

Humanitarian and post-conflict settings

Although IPV is the most common form of violence in post-conflict settings,¹ evidence on IPV prevention programming in such settings remains limited, having only increased from 3 studies to 6 (1 systematic review protocol and 5 impact evaluations) since 2016. Women's economic empowerment in post-conflict settings is increasingly being researched. Two impact evaluations in Afghanistan and the Democratic Republic of Congo examine the effect of women's economic empowerment in post-conflict settings – the first on an education and cash transfer programme² and the second on a livestock asset transfer programme.³ One of the new systematic review protocols targets IPV prevention interventions in humanitarian settings.

Filling the evidence gaps: some improvement

We see substantial growth in the evidence base for interventions on the map that target communities, institutions and households, particularly in the area of police interventions. Many of these newly published impact evaluations use quasi-experimental designs to evaluate the impact of policies or legislation. For example, one impact evaluation in Turkey examined a legal change in compulsory education to estimate the impact of educational attainment on IPV prevalence.⁴

Due to the difficulties in evaluating public policy through randomised controlled trials, we encourage more quasi-experimental designs to fill the evidence gaps on interventions at the community and institutional levels.

Gaps remain: priorities for future research

Despite the growth in the evidence base since 2016, significant gaps persist. We have the following recommendations:

- Impact evaluation researchers should measure more male outcomes; measure changed gendered social norms as an outcome; and include vulnerable populations, such as lesbian, gay, bisexual, transgender and queer partners, in the sample.
- Researchers working in synthesis should synthesise the existing evidence on the impact of income-generation programmes, such as cash transfer or asset transfer programmes, on women's experience of or response to IPV.
- Implementing organisations will benefit from forging stronger relationships with local governments, educational systems, and community-based organisations to enable impact evaluations that evaluate IPV prevention interventions for the populations they serve.
- Organisations funding research need to direct more funding and give strategic priority to multi-arm randomised evaluations and randomised controlled trials, designed with the improvements recommended above, and require their grantees to conduct long-term follow-up surveys and cost-effectiveness analyses.
- All research needs to disaggregate by sex.

How to read an evidence gap map

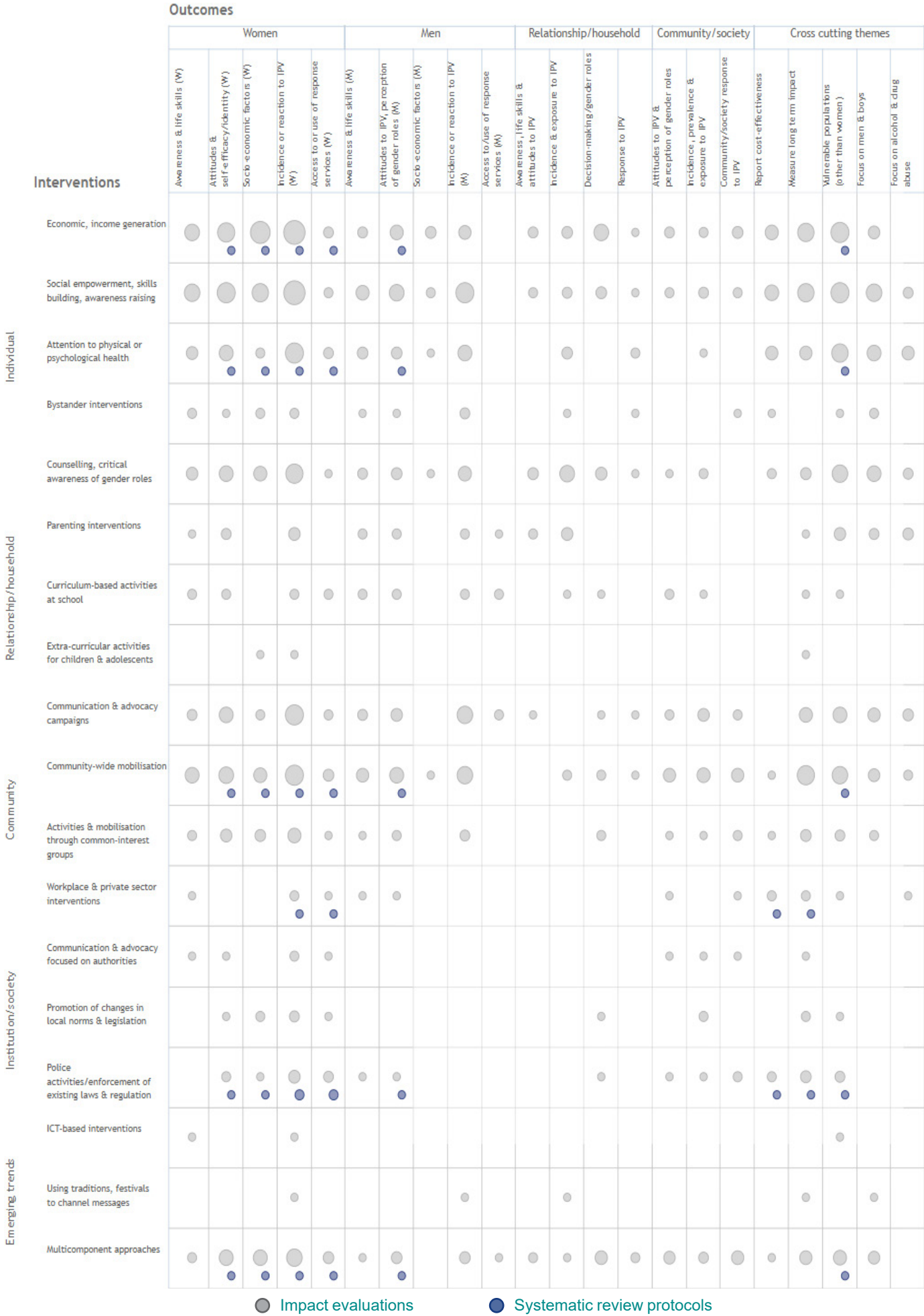
3ie presents evidence gap maps using an interactive online platform that allows users to explore the evidence base of included studies and reviews. Bubbles appearing at intersections between interventions and outcomes denote the existence of at least one study or review. The

larger the bubble, the greater the volume of evidence in that cell. The colour of each bubble represents the type of evidence and, for a systematic review, a confidence rating (as indicated in the legend). In the online version, hovering over a bubble displays a list of the evidence for that

cell. The hyperlinks for these studies lead to user-friendly summaries in the 3ie evidence database. Users can filter the evidence by type of evidence, confidence rating (for systematic reviews), region, country, study design and population.



Intimate partner violence prevention evidence gap map





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What is a 3ie evidence gap map?

3ie evidence gap maps are collections of impact evaluation and systematic review evidence for a given sector or policy issue, organised according to the types of programmes evaluated and outcomes measured. They include an interactive online visualisation of the evidence base, displayed in a framework of relevant interventions and outcomes. They highlight where there are sufficient impact evaluations to support systematic reviews and where more studies are needed. Maps help decision makers target their resources to fill these important evidence gaps and avoid duplication. They also facilitate evidence-informed decision-making by making existing research more accessible.

About this map

This brief is based on the publication, *Intimate partner violence prevention evidence gap map: 2018 update*, by Eleanor Dickens, Marie-Eve Augier, Shayda Sabet, Mario G Picon and Kristen Rankin. The authors systematically searched for published and unpublished studies found since the 2017 IPV evidence gap map. The updated map contains 141 studies (95 completed and 44 ongoing impact evaluations and 2 systematic review protocols). It is mapped on a framework

of 18 interventions and 17 outcomes with 5 cross-cutting themes, spanning across 34 low- and middle-income countries. The mapping framework for the update is the same one used in the 2017 map.

Suggested citation: 3ie, 2019. *Intimate partner violence prevention evidence gap map: 2018 update*, 3ie Evidence Gap Map Brief, Washington, DC: International Initiative for Impact Evaluation (3ie).

Endnotes

¹ Gibbs, A, Corboz, J, Shafiq, M, Marofi, F, Mecagni, A, Mann, C, Karim, F, Chirwa, E, Maxwell-Jones, C and Jewkes, R, 2018. An individually randomized controlled trial to determine the effectiveness of the Women for Women International Programme in reducing intimate partner violence and strengthening livelihoods amongst women in Afghanistan: trial design, methods and baseline findings. *BMC Public Health*, 18(1).

² Ibid.

³ Glass, N, Perrin, NA, Kohli, A, Campbell, J and Remy, MM, 2017. Randomised controlled trial of a livestock productive asset transfer programme to improve economic and health outcomes and reduce intimate partner violence in a postconflict setting. *BMJ Global Health*, 2(1).

⁴ Erten, B and Keskin, P, 2018. For better or for worse?: education and the prevalence of domestic violence in Turkey. *American Economic Journal: Applied Economics*, 10(1), pp.64–105.




3ie promotes evidence-informed, equitable, inclusive and sustainable development. We support the generation and effective use of high-quality evidence to inform decision-making and help improve the lives of people living in poverty in low- and middle-income countries. We provide guidance and support to produce, synthesise and quality assure evidence of what works, for whom, how, why and at what cost.

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