SVRI FORUM 2022

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Conference Report

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Report authorship

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A number of people have made invaluable contributions to the Forum Report through blogs, commentaries and various other written outputs. In particular, the SVRI would like to thank:


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Opening with gratitude

Hundreds of people are instrumental in creating an event the size of SVRI Forum 2022. Some make large contributions in terms of time, intellectual, and financial support. Others make other types inputs by, for example, helping with translations, reviewing abstracts, connecting us to other helpful individuals, sending us an encouraging note or making a small donation. Success for an event of this size lies in forging a sense of community. Through your support and mindful participation in the Forum, we continue to build the field. This in turn contributes to creating a safe and caring space for sharing knowledge, a place to engage in challenging conversations, and the opportunity to generate impactful evidence and knowledge.

The SVRI Forum is an opportunity to re-connect with old friends and colleagues, as well as to welcome new colleagues and friends into the community. Both small and significant contributions to the event help to serve and build the field and to create a shared community. Together, we make the Forum a success. Whatever the size of your contribution, before, during or after the event, please know that we see it, feel it, and are deeply appreciative.

On behalf of the SVRI, we would also like to thank our wonderful co-hosts, Inmujeres and CRIM-UNAM. We would also like to thank our funders new and existing; as well as our partners for providing a solid support base for the co-creation of an incredible event. The platform was diverse and provided fresh ideas and many new learnings. By embracing these, we can advance our knowledge on the prevention of violence and ensure that survivors, their families and their circles of support receive quality services to help mitigate and reduce repeat violence.

Thank you to our many abstract reviewers; your service to the field has ensured that the Forum programme was fair, exciting, and had the ability to highlight innovative research, practice, and interventions. Many thanks also to our Chairs and Speakers who helped us to share these new and exciting findings and practice in timely and accessible ways. We are deeply appreciative of those who facilitated lively discussions in different ways to move the field forward.

To our workshop organisers; thank you. We are grateful for the time, energy and creativity you contributed to delivering a workshop. Conference workshops are part of a wider global strategy for strengthening capacity for research and practice on prevention and response to violence against women and violence against children. By running these workshops, you have provided many delegates with access to learning and development opportunities to which they might otherwise not have had access.

We offer our sincere thanks to our guest speakers for having shared your knowledge, experience, and insights so generously. We also offer a heartfelt thanks to our Quintana Roo municipal partners for your help and participation during the Forum. Deep gratitude goes to the many SVRI members and friends for the pro-bono support you provided on cultural sensitivity, diversity, inclusion, translation and interpretation, proof reading and so many other things, big and small things. So much help has been voluntarily provided. Our hearts are full from the generous support that we have been gifted.

We cannot thank the SVRI Board and Leadership Council enough for holding us when we needed to be held, supporting us when we needed to be supported, and ensuring the Forum remained the incredible event it continues to be.

Finally, and very importantly to the people on the ground: the SVRI Team. This includes interns and volunteers through the Australian Volunteer programme, as well as our consultant partners. You are remarkable, and you are our superheroes. Thank you.

Elizabeth Dartnall, SVRI Executive Director and Claudia Garcia-Moreno, SVRI Forum Scientific Chair

Elizabeth Dartnall Claudia Garcia-Moreno
SVRI Forum 2022 in words from participants

“The SVRI Forum 2022 was a unique event that gave a very large group of activists, academics and officials the opportunity to meet for three days to reflect, listen to each other and share concerns, data, programs, actions and proposals on issues such as violence and gender inequality. In a tight agenda, multiple possibilities were generated to meet and above all to strengthen us in the certainty that there are many of us working on all expressions of gender inequality. The conference attracted people from more than 100 countries and we hope that its multiplier effect will spread and materialize in multiple joint work initiatives.

It was particularly significant that this conference took place in Cancun, Mexico, a country hard hit by violence against women. However, the presence of other Latin American and Caribbean countries at this conference was still very limited, which indicates that we still have a long way to go to achieve greater integration of the movements and networks working to eradicate gender-based violence in Latin America and the Caribe, and of this region with the rest of the world.” ~ CRIM-UNAM, SVRI Forum Co-Host.

“Huge thank you to you and your whole SVRI team for convening such an inspiring SVRI Forum. It was a thrill to be together again in person after these three long years. The care, thought, and intention that you and your team put in to cultivating a warm, open, welcoming, and inclusive community made the experience ever richer and more memorable. Thank you so much for giving us all this opportunity to learn, share, and exchange in such a meaningful way.”

“Soos amazing to see the growth over time. This year’s Forum had more donors and policy makers than ever before — SVRI, you are elevating and expanding this movement through this Forum!”

“Thank you for making the forum possible for so many. You are a Global Public Good!!”

“It is the only conference that I have been to that brings together researchers and practitioners in a collaborative way... Amazing work!!”

“What an incredible, nourishing experience- despite the long-haul travel. I am back at work invigorated, inspired and very motivated. Thank you so much for this experience for myself and my colleagues.”

“Thank you for making SVRI happen. It was such a pleasure to be back in a space like that, with so many phenomenal people doing so much phenomenal work. I’ve heard multiple people compare the forum to a family reunion, and that is always my experience.”

“I really want to celebrate and name the *VERY* massive task of organising the Forum in Mexico 2022. The challenges were many - from the venue to the visas, to COVID etc - you really made it happen, and it was such a vibrant and positive space. Huge congratulations and gratitude to all of you.”

“Meeting so many passionate colleagues from all around the world just reaffirms that we must continue on this path and work relentlessly together to put an end to sexual violence and any other form of gender-based violence.”
What makes the SVRI Forum so special?

No other gathering in our field can compare to the SVRI Forum. The SVRI Forum takes place in locations around the globe chosen to inspire innovation and creativity. It promotes learning, sharing, partnerships, healing, and caring. It transports delegates to another world where they can envision a life free of violence.

SVRI Forum in numbers

The SVRI Forum has grown considerably since 2009, when 196 delegates participated. The ‘growth of the Forum has been carefully considered and the SVRI is grateful to be able to provide a space for an expanding field and diverse representation of those working to build knowledge to end violence against women and violence against children (VAW and VAC). Forum 2022 was our largest and most diverse conference to date with:

- **1021 delegates** (71% from low- and middle-income countries)
- **99 countries** (16 Spanish-speaking countries)
- **12 donors**
- **21 partners**
- **116 five minute presentations**
- **9 young researchers and practitioners** in the Young Professionals Programme (cinco minutos)
- **65 bursaries** (86% from low- and middle-income countries)
- **225 oral presentations**
- **18 workshops**
- **42 participant-driven events**
- **26 exhibition stands**
Diversity, inclusion, and language justice

The SVRI is committed to promoting equity at the SVRI Forum and ensuring that the conference remains an inclusive and diverse space. We achieve this through our bursary programme, the Young Professionals Programme, the SVRI Awards and the provision of interpretation and translation services. We want to ensure that the knowledge shared at the Forum is diverse and covers a range of topics, and that there is inclusivity in whose work is platformed.

**Bursary Programme**

“I received a full bursary to attend the SVRI Forum 2022 to present my PhD research; complemented with an additional bursary for someone to accompany me... SVRI 2019 was accessible, but the 2022 Forum takes the cake. Which conference provides a wheelchair service?! ...This enabled me to experience the full benefit of the conference. What an amazing act of inclusion!”

The localisation of knowledge and knowledge production and disruption of power is essential to the field. One of the ways the SVRI does this is by ensuring that researchers and practitioners from low- and middle-income countries (LMICs) participate in the Forum. Young and emerging researchers and practitioners are also a priority. The provision of sponsored bursaries ensures that both researchers and practitioners can participate.

Our gratitude goes to our sponsors and partners, who generously enabled the SVRI to provide funds to a number of people to attend. SVRI was able to support a total of 90 people to attend the conference of which 65 were bursaries selected through a competitive process. Of the 65 bursaries, 86% were from LMICs and 14% were from high-income countries (HICs). Five bursary holders were affected by visa issues and were unable to attend, although SVRI staff and Forum co-hosts made every effort to support this process.

**Young Professionals Programme**

SVRI aims to equip the next generation of researchers and practitioners to undertake high quality research and programming on VAW and VAC. Key to this is the SVRI Young Professionals Programme. The Programme provides new and emerging researchers from LMICs with feedback on their conference presentations prior to the Forum by pairing them with a more experienced researcher/practitioner as a mentor.

This year the Forum accepted 9 young people into the Programme. Many young researchers and practitioners have grown personally and professionally through the Programme. At Forum 2022, two practitioners in this programme were awarded for their outstanding presentations.
SVRI Awards

Best research presentations by young researchers

Best programme presentations by young practitioners

Interpretation services and translation

The SVRI cares deeply about language justice and we know how important it is for diversity and inclusion. Ensuring that the SVRI Forum is a multilingual space where all delegates can be heard is important for building partnerships and creating better programmes. Language equity at the SVRI Forum is not just about providing a service to delegates who speak different languages, but also ensuring that interpretation and translation is intentionally feminist, anti-racist, non-binary and trauma-informed.

Over a two-year period, SVRI actively raised funds for interpretation and translation services for Forum 2022. We were able to provide interpretation services in three languages (English, Spanish and French) in the plenary hall and in two languages (English and Spanish) in the parallel rooms. In addition, the website and various Forum documents were translated into Spanish. We thank our partners and consultants for their support with this monumental task.

The SVRI is committed to continuing to raise funds to cover the high costs of providing interpretation and translation services in the future.
Care, kindness, and wellbeing

“I thought the whole event was so trauma-informed and I think that is a huge strength. I really appreciated the support and focus on fun and joy as much as talking about difficult things”

Self and collective care
As part of our wellbeing strategy, trauma counselling and the SVRI Forum’s Brave Room’ are integral parts of every Forum. It is a wellbeing service for all delegates, conference staff and service providers. This year, the SVRI Forum expanded care, kindness and well-being activities at the conference to include activities such as yoga, meditation, dialogue circles, chair massages, arts and crafts, dance and a “Wall of Hope.”

“I went into this brave room and I just looked at the things that people had created and I felt actually seen and honoured and expressed, even though I hadn’t been there in the process. I felt like wow, this is also being done for me and representing me.”

The care activities at the SVRI Forum 2022 provided an opportunity to process the content of the conference, to ground oneself and to provide support to participants as needed. Morning tea breaks were extended receiving positive feedback from delegates.

“I liked that the programme was full but not packed, with long breaks between sessions, leaving time to reflect, connect, and rest.”

Location

“It was joy to see front line providers and activists relax in a beautiful setting.”

Holding the Forum by the ocean with many activities and spaces for reflection, was a decision made with wellbeing in mind. It provided a tranquil setting with breathtaking views of the Caribbean Sea to balance the intensity of the conference topics.
Box. 1: Participant driven event on self and collective care

**Pause & Reflect: An intimate conversation at the intersections of feminist practice, collective care, and mental health**

In addition to the self and collective care activities, SVRI, Healing and Resilience after Trauma (HaRT), GBV Prevention Network, Niyati Shah (Embodiment and Mindfulness Practitioner) and Raising Voices hosted an intimate and honest discussion at the Forum. Here, participants reflected on opportunities, potential challenges, and practical solutions for collective care to support healing and resilience building – for survivors, communities affected by systemic trauma and all of us engaged in this work.

**Terminology 101**

The SVRI Forum recognises the power of words and their impact. Words have the power to directly and indirectly include, exclude individuals, groups, and communities. At past Forums, the SVRI has encouraged delegates to speak with care and to be intentional with their language. This year, with the support of our partners, the SVRI has compiled a glossary of terms commonly used during the conference – [SVRI Forum 101 Terminology Primer](#). Forum delegates are invited to use the Primer as a starting point for discussions on the impact of our words and how words can create trust and support collaborations. The Primer is a first step in building a shared language for the Forum.

**Networking at the SVRI Forum**

“Después del COVID y la distancia social, el espacio de intercambio facilitado por SVRI ha sido increíble [After COVID and social distancing, the sharing space facilitated by SVRI has been incredible].”

“The side meetings/coffees were extra important this year after three years of not attending any meetings. This did mean that I attended formal sessions rarely, but it was well worth the trade off as the primary benefit this year was being in the same space as colleagues.”

Forum 2022 provided multiple formal and informal spaces for networking. These spaces were made available to foster the exchange of ideas and spirited conversation among individuals from different backgrounds.

**Opening and welcome events**

The opening event never disappoints, and Forum 2022 participants made it clear that after an absence of nearly three years, the joy of reuniting with friends and colleagues was an important moment to celebrate. And celebrate we did!

The opening ceremony is an essential event for delegates to connect and celebrate. This was showcased by the way in which conference participants spontaneously began to dance and sing, setting a vibrant, and positive the tone for the entire event.
Gala dinner
The Gala Dinner is a Forum fixture and takes place mid-week. In addition to providing a networking opportunity, it is also a chance to showcase the food and music of the host country.

Activist meet-up
On the first day of the conference, Raising Voices and the GBV Prevention Network (both partners of the SVRI Forum) hosted an informal gathering. This brought together activists and practitioners, many of whom were attending the Forum for the first time, to meet others doing similar work.

Whova mobile application

“The app was great and very helpful - I especially liked the meet-up option because I met some wonderful people that way. One of the biggest benefits of a conference like this is the networking and connections...”

With 14,619 delegate-to-delegate exchanges, 46 “meet-ups”, 529 photos shared, and 423 business cards exchanged, the Whova App was a great networking tool for Forum delegates.

Self and collective care spaces

“It was also really nice to go to yoga; there was someone from my presentation panel. We spoke again and it was an opportunity for a more informal connection.”

The care activities provided delegates with mental health and wellbeing support and care, but also enabled people to connect in spaces of healing. For more on well-being and care activities, see here.

Fun at Forum: Caricatures
For something different and fun, two artists were invited to the gala dinner and closing ceremony, and they drew caricatures of delegates.

Networking and COVID-19
Networking in a post-COVID world can cause anxiety. For this reason, the SVRI chose a venue where delegates could choose to socialise informally in open spaces or attend the more formal events such as the gala dinner. At the time of the conference, there were no specific COVID-19 regulations in Mexico and delegates had the choice to wear personal protective equipment. Three cases of COVID-19 were reported and all delegates were informed.
SVRI Forum 2022: What we learned

The SVRI Forum 2022 provided an exceptional opportunity for delegates to engage with the latest evidence on violence against women, violence against children and other forms of violence driven by gender inequality. In this overview, we summarise some of the key learnings, emerging trends and knowledge gaps presented at the conference. The key learnings are grouped around the following themes:

- Forms of violence;
- How we do research;
- Prevention and response;
- Engaging with stakeholders.

Thinking about forms of violence and different population groups

Below is a high-level summary of presentations made on the nature, forms, impacts and prevalence on different forms of violence and among particular population groups at Forum 2022.

Femicide

The meaning of the term ‘femicide’ varies in different contexts, including operational, legal or academic contexts. The meaning of the term varies across different countries. In South Africa, for example, a distinction is made between ‘intimate partner femicide’ and ‘non-partner intimate femicide’ (Abrahams, Mhlongo, Dekel, Chirwa & Ketelo). A review of three national femicide studies in South Africa over the last 18 years has revealed a decline in femicides by intimate partners but an increase in femicides by non-intimate partners in older age groups. There appears to be a relationship between the promulgation of the South African Gun Control Act and the decline in intimate partner femicides, although there may be a link between non-intimate partner femicides and the proliferation of illegal firearms.

A study in Argentina that included 13 cis-gender men who had committed femicide between the ages of 18-48 showed a range of interesting themes (Evans, Fahs & Di Marco). The dominant narratives for killing women included the sense of abandonment/loss that led to possessiveness perpetrators not seeing themselves as being violent or being criminals; and the idea that violence can serve as a transference of emotional pain. All this in some way legitimised the perpetrators’ use of violence.

The key issue to emerge from discussions on femicide is that it is important to understand the risk factors and reasons for violence from the perspective of the perpetrators. This is important in curating prevention interventions that are nuanced and informed.

Technology facilitated gender based violence

As the usage of digital technologies becomes increasingly ubiquitous around the world, technology-facilitated gender based violence (TFGBV) has garnered increasing attention in recent years, especially during the Covid-19 pandemic. Most of the literature on this widespread but complex issue comes from HICs, and few studies provide a comprehensive overview of its prevalence, manifestations, and impact.

Findings across South and Southeast Asia show that TFGBV encompasses various forms of abuse, violence and harassment, that are largely shaped by country-specific societal norms and technological landscapes (Bansal, Hinson, Rezwan, Leasure, Iyer, et al). The likelihood of survivors reporting their experiences is also low due to barriers such as a lack of awareness of reporting mechanisms, perceptions that digital platforms will not address their complaints, and cumbersome reporting systems.

Online violence emerged as one of the highest-reported forms of violence in the Arab States during the Covid-19 pandemic (Benkirane). A quantitative web-based survey was conducted in eight countries in the region and found that 49% of women internet users in the Arab States reported feeling unsafe due to online harassment.

TFGBV targeting children is also likely to have increased during the Covid-19 pandemic. The rapid expansion of digital technologies has transformed young people’s lives in terms of access to information, connection, and helpful services. Children are contacted and groomed through technology, with perpetrators coercing them to create, record and share sexual images.¹
Although the use of Artificial Intelligence (AI) to prevent and respond to online sexual exploitation and abuse is at a relatively early stage, some studies highlight that data should be correctly collected, annotated and stored in order to be analysed by AI tools (Saldarriaga, Agudelo, Arbelaez, Quintero, Roa, et al). It should also be consistent with previous studies or data.

Addressing TFGBV requires collective action from multiple actors. There should also be a focus on enacting targeted laws and generating awareness to improve reporting. In addition, there is a need to build capacity to improve prevention and response mechanisms, update online community standards, and implement trauma-informed and survivor-centric best practices (Bansal, Hinson, Rezwan, Leasure, Iyer, et al).

Reproductive coercion
Reproductive coercion (RC) is a form of VAW, which involves the controlling behaviour by a partner or family member in relation to a woman’s reproductive autonomy in order to prevent or promote pregnancy. In Nepal, Sri Lanka and Brazil, health workers reported RC among their clients as attempts to make a woman pregnant against her will as well as the prevention of contraceptive use (Colombini, Rishal, Graglia, Marques de Aguiar, Schraiber, et al). RC is linked to poor sexual and reproductive health, intimate partner violence, unintended pregnancy, and contraceptive non-adherence, including contraceptive sabotage. Six studies on RC were presented at the SVRI Forum.

High-level findings:

• Prevalence: RC prevalence rates ranged from 6.4% in Côte d’Ivoire and 7.8% in Kenya, compared with levels of emotional IPV which ranged from 20.1% in Kenya to 29% in Côte d’Ivoir (Wood, Thomas, Guiella, Fiacre, Mosso, et al).

• Perpetrators: Perpetrators of RC were husbands and family members (mainly in-laws in Nepal and Sri Lanka). Perpetrators use pressure, control in decision-making, threats (to leave or kill a partner), verbal harassment and physical violence as forms of coercion (Colombini, Rishal, Graglia, Marques de Aguiar, Schraiber, et al).

• Links with IPV: IPV is associated with negative reproductive health outcomes across contexts. Not surprisingly, women experiencing RC are more likely to use modern family planning methods covertly (Pearson, Uysal, Tomar, Johns, Undie, et al).

Box 2: Reproductive coercion in a humanitarian setting
Women living through humanitarian crises face significant and unique barriers when trying to prevent unwanted pregnancies. Unfortunately, there are few studies of RC and IPV in this context. An Ipas study on RC and IPV experienced by Rohingya women in humanitarian situations show that RC in humanitarian contexts is complex (Paul, Pearson, Tarannum, Hussain, Menzel, et al). The most common form of RC was the pressure placed on women to have more children. Existing coping strategies amongst women included a covert use of contraception-abortion or efforts to convince a husband or family member to allow the use of contraception-abortion services.

The Addressing Reproductive Coercion in Health Settings (ARCHES) intervention trains health care providers to counsel and screen for RC and IPV during reproductive health counselling (Silverman, Pearson, Uysal, Johns, Liambila et al). ARCHES was adapted for use with family planning clients in Nairobi, Kenya, and with clients seeking abortion in urban Bangladesh. It was then tested for its effectiveness in preventing unintended pregnancies. Cluster randomised trials were conducted in six facilities in each country. Findings show that women in the intervention facilities were more likely to use modern family planning services. However, findings show that women were also less likely to report physical IPV. Interestingly, reporting patterns for RC and/or sexual IPV were mixed - with RC and sexual IPV reports increasing in some settings. Whilst ARCHES appears to work to increase modern family planning use and physical IPV, the reporting of RC and sexual IPV in some settings are of concern and require further study.

Understanding the types of violence women face and the pervasiveness of concurrent experiences can help assist violence response services to holistically support women’s needs. Synergistic recommendations and the integration of services between violence and reproductive health providers can further ensure that women are able to enact safety strategies to protect their reproductive health while mitigating the impact of abuse (Wood, Thomas, Guiella, Fiacre, Mosso, et al).

Disability and intimate partner violence
Evidence and research on how persons with disabilities experience IPV is lacking. Without this, effective and sustainable prevention mechanisms continue to elude us. Research on disability and IPV show that the factors that contribute to IPV among women with disabilities include social exclusion and reliance on their partners, including high levels of economic dependence. While there is a belief that women with disabilities are highly victimised compared to those without disabilities, there is still little data from LMICs to concretely support these assertions (Meyer, Mosha, Shakespeare, Kuper, Harvey, et al).

A study in Tanzania found that women with cognitive and mobility disabilities are likely to show strong associations with IPV, economic IPV and sexual IPV (Meyer, Mosha, Shakespeare, Kuper, Harvey, et al). Women with disabilities have reduced opportunities to escape from coercive sexual contexts and have an increased likelihood of economic dependence on an abusive partner.

Data in three IPV prevention trials in Afghanistan, Rwanda and South Africa found that adult women with disabilities in different settings were at increased risk of experiencing IPV after a two-year follow-up period (Dunkle, Chirwa, Gibbs, Hanass-Hancock & Jewkes). Future research should focus on differentiating types of IPV among women with disabilities. In addition, IPV prevention and response programmes need to address issues of outreach, accessibility and safety monitoring.

Sustained commitment is needed for effective programming that is long-term and flexible. Because work to address violence against women and girls with disabilities has been chronically underfunded in the past, there is a research gap on what works and what does not work in programming (Alaszewski).

Thinking about violence against children
Violence against children (VAC) is associated with poor health outcomes and with inter-generational violence. School-related GBV is common worldwide and has long-term health, social and economic costs.

Understanding the risk factors
Understanding the risk factors that predispose children to violence is important to prevent child sexual abuse. Research to understand the factors associated with sexual violence among 13-17 year old girls in Uganda, found that enrolment in school is a protective factor against sexual violence (though not significant in the adjusted model) (Kafuko, Ndibalekera, Bangirana, Amollo, Olido, et al). Close parental relationships also proved to be an important protective factor against sexual violence.
Intimate partner violence and its intersections with violence against children

IPV and the maltreatment of children are two major public health challenges that are often interlinked. Both women and children are often blamed for the violence and silenced as a result (Mathews & October). IPV and VAC may occur simultaneously in households and although they are likely to share many risk factors, research on the intersection between the two is limited.

In examining the prevalence of the co-occurrence of IPV and VAC in households, a study in an urban community in Brazil confirmed the theoretical proposition that IPV and VAC share many risk factors (Buffarini, Coll, Moffit & Murray). Common causes of IPV and the maltreatment of children involve stressful environments, problematic family relationships, and male antisocial behaviour. All of these factors suggest the importance of addressing VAW and VAC as a joint phenomenon.

Parenting Interventions and their impact on both children and parents

IPV and VAC are interlinked and are major social, development and public health concerns globally. Parenting for Respectability (PfR), a 16-session group-based programme in Uganda, showed initial signs of efficacy and feasibility in a pre-post study in 2018 (Lachman, Han, Kahwa, Nakaferoo, Namutebi, et al). Some of the results showed positive impacts on parent-reported primary outcomes, such as reduced overall maltreatment and reduced intimate partner violence and coercion. There were also changes across secondary outcomes such as reduced acceptance of corporal punishment.

In Senegal, a review of the REAL Fathers approach, which targets young fathers to promote more gender-equitable and positive masculinities, found the approach to be an effective method in preventing men’s use of violent discipline with under-five children and in preventing IPV with their intimate partner (Kohli, Shaw, Greenberg, Bah, Yantis, et al). The approach was also found to have an indirect effect on preventing women’s use of violent discipline methods with children.

Lessons from the Malezi Bora na Maisha Mazuri programme, which works with and for street-connected mothers in Kenya, found the intervention resulted in mothers spending more time with their children, improved communication, and better stress management (Murphy, Embleton, Lachman, Owino, Kirwa, et al). The lack of information and interventions relating to street-connected fathers and their children inspired the programme’s next steps: to understand barriers and facilitators to male engagement among street-connected parents.

In attempting to understand if VAC could be reduced in a community, a study in South Africa that implemented Parenting for Lifelong Health programmes, coupled with social activism in relation to positive parenting, found that change is possible, but takes time (Ward, Gould, Lake, Mufamadi, Kleyn, et al). The intervention found that to address VAC, it was necessary for holistic responses that address substance misuse, parental mental health, unemployment and IPV. This supports the notion that risk and protective factors for sexual violence are at the individual, interpersonal, family, school, and community level, and therefore requires comprehensive approaches for effective prevention.

App-based interventions

App-based interventions have the potential to expand access to parenting support but current provisions lack rigorous evidence, show low engagement, and are primarily for commercial gain (Awah, Green, Baerecke, Janowski, Klapwijk, et al).

The impact of the Covid 19 pandemic and the intensification of online technology saw an increased focus on parenting interventions such as ParentChat, a free eight-session online parenting intervention developed to promote positive child/parent relationships for parents and caregivers with children aged 2 to 17 in 6 countries in Africa, Asia and Europe (Okop, Lachman, Juhari, Lesco, Jocson, et al). A study examining the impact of ParentChat found it to be associated with a reduction in the overall maltreatment of children, physical abuse, emotional abuse, depression amongst parents, and improved sexual abuse prevention efficacy, among others.
ParentApp for Teens is an open-source mobile application for parents and caregivers of children aged 10–17 and modelled on the evidence-based content of Parenting for Lifelong Health (Baerecke, Awah, Janowski, Klapwijk, Chetty, et al). A multi-phased feasibility study across multiple countries in sub-Saharan Africa found high levels of satisfaction and relevance of the intervention content, although it acknowledged a number of potential barriers to uptake and mixed opinions on the acceptability of the app design.

Box 3: A Global Shared Research Agenda on violence against women in low- and middle-income countries

In a nascent, yet growing field, that has been historically dominated by northern researchers and academics; advancing knowledge of VAW and how to address it must support southern epistemologies and voices in the setting of research priorities. The SVRI and Equality Institute in 2019-2021 stewarded a process to co-create a global shared research agenda (GSRA) on VAW in LMICs, using a methodology that ‘crowdsourced’ multiple opinions to ensure the inclusion of diverse voices from across VAW research, practice, funding, and policy-making fields. Over two years, hundreds of voices were heard on where major gaps lie and what major questions need to be answered to advance our knowledge on how to respond and prevent VAW in LMICs.

Of the 41 questions prioritised by the field, for the field, the top 5 research questions are:

1. What types of interventions can effectively prevent multiple forms of violence, and why?
2. What types of interventions are most effective for preventing intimate partner violence (including ‘honour’-based violence) against women facing multiple and intersecting forms of discrimination (including age, poverty, disability, ethnicity, race, sexuality)?
3. How are new feminist social movements (e.g., Me too, Ni una menos) and meninist social movements (Men’s Rights Activists (MRAs), incels, etc.) positively or negatively influencing individual, social and policy perspectives related to the experience and perpetration of violence?
4. What interventions work to prevent sexual harassment in institutional settings (in-person or online), including in the workplace and educational settings, and why?
5. What are the impacts (including disability-related impacts) of under-researched forms of IPV on women and girls, including emotional and economic IPV, revenge porn and ‘honour’-based violence?

It is hoped that the field will use this agenda to guide research expenditure and ensure precious resources are spent effectively; assist research planning and fundraising; serve as an advocacy tool to signal to stakeholders the research that have been identified as important by the field; serve as a monitoring tool for the field, including monitoring actual research and expenditure against priorities, and guide SVRI grant-making. Read more here.
Thinking about Covid-19

Women and children spent more time at home due to lockdowns and movement restrictions during the Covid-19 pandemic, resulting in increased domestic violence. For example, analysis data from the Atlanta Police Department in the US found that movement-related restrictions had exacerbated relationship violence (Evans, Zeidan, Smith & Narasimhan). Along with calling for ways to improve the hospital-based to community-based care transition, the study recommended that policymakers consider ways to scale up support for domestic violence response during the ongoing pandemic and as a matter of public health preparedness.

A study in Nigeria found that despite through collaborative efforts and programmatic pivots during the pandemic, not only did reports of IPV increase, but also the uptake of services for all forms of GBV (Ogunjobi & Crabtree). The introduction of virtual programmes, the facilitation of connection to community groups and cross-sector collaborations resulted in survivors accessing services quicker compared to 2019.

In Albania, research demonstrated improved cross-sectoral collaboration in exploring the demand and supply barriers to accessing services for survivors of VAW during Covid-19 (Revenga Becedas, Muñoz, Jorgoni, Luarasi & Borici). Engaging diverse stakeholders in a critical reflexive process provided an opportunity for women to voice their experiences on various barriers for VAW support, and for developing a stronger, more inclusive and cooperative platform for service providers. to improve the efficiency of the system.

Amid the closure of schools and NGOs in Botswana during the pandemic a secure platform was set up for facilitators and adolescents to exchange calls and text messages on a weekly basis (Angrist, Bortsie, Cullen, Gaolebe, Jung & Mothlobogwa). This relatively low-tech intervention revealed that girls in the intervention were more likely to report violence, visit a reproductive health clinic or disclose their pregnancy to peers when compared to girls in the control group.

The economic impact of Covid-19 on programmes was far-reaching, forcing many organisations to pivot, re-prioritise, and limit or discontinue certain services. In Iraq, the pandemic resulted in a shrinking world for girls, one form of which was an increase in forced and early marriages (Ramazan & Seff). Service providers also observed a deterioration in women and girls’ mental health, resulting in suicidal ideation in some instances.

In investigating the resilience of VAW prevention in Malawi, actions such as maintaining programmes at a minimal scale, supporting women to develop safety plans and using informal safety nets all resulted in keeping services afloat during the depressed economic climate of the pandemic (Kalanga & Bishop).

Covid-19 restrictions significantly influence the way in which we do research. Studies that conducted qualitative interviews on IPV during the pandemic were forced to conduct research remotely, which introduced methodological challenges (Mahlangu, Gibbs, Machisa, Shai & Sikweyia). These included privacy challenges or limitations, difficulties in establishing rapport online or telephonically, and the extent to which participants were able or willing to talk about experiences of violence.

Thinking about how we do research

Power and control

“Our main barrier so far has been to make donors understand that these processes require more time and resources and that only through consultation and consensus with both indigenous communities and their leaders, can they establish knowledge dialogues and build bonds of trust that achieve joint work for the prevention of sexual violence and the guarantee of their sexual and reproductive rights.” Rocio Murad, Profamilia, Colombia
The ways in which research is conducted was a key theme at the 2022 Forum. The issue of power and control in research was a strong sub-theme here. Unequal power dynamics control and influence every stage of the research process, from structural imbalances around funding to inequitable relationships between HIC and LMIC researchers. It can also affect relationships between researchers and practitioners, within the research team, and with research participants. These structural imbalances exist both between HIC and LMICs as well as within countries and regions. What, how, where, and when research is undertaken and its findings shared, along with who is involved and how are they involved, influenced, and controlled by those with resources and power are all important considerations.

HICs have historically controlled the approach and priorities for research on VAW and VAC. Shifting this power imbalance is critical for the development of vibrant and locally-driven research in LMICs. Forum discussions examined different approaches to addressing inequities at various stages of the research process, including: funding, agenda setting, data collection, analysis, and publication. The SVRI Forum adopted a new approach, dialogic panels, to think through complex discussions. One of these sessions focused on the theme of power and control in research.

“‘This was a mind-blowing experience, and one most important experience that I had in the entire SVRI Forum 2022.’” (Kufre Okop, SVRI Forum 2022 Bursary Winner)

Thinking about the decolonisation of research is central to addressing power and control in research, especially when examining the power dynamics between HICs and LMICs. To decolonise research and research practices we need to:

- Fund research projects led by individuals from LMICs with minimal HIC oversight.
- Prioritise the research and publication of authors from LMICs.
- Support researchers to reflect on their research and how it is situated in existing systems that bolster oppression and inequality.
- Continue to engage in dialogue about how power is playing out in the field.
- Work more collaboratively in practical terms to conceptualise, plan, fund, implement and evaluate research.
- Value researchers and organisations from LMICs and facilitate the dissemination and utilisation of their work.
- Champion the practice of researchers in HICs co-designing and co-creating research with LMICs counterparts.
- Call for greater understanding and acknowledgement by HICs of the knowledge contributions of researchers from LMICs and their value in bringing about cost-efficient efficacious intervention in LMICs.
- Centre research in reciprocity. Questions related to this theme include: Is the research for the community or for researchers? What is the community getting or gaining? Has the research process considered the insider/outside phenomenon where, in some cases, researchers are insiders by nature of being from a particular country, but simultaneously an outsider through their identity as a researcher, or a member of a particular social strata, etc.
- Think of shifting power as a process, not just an outcome. Some examples of this at Wellspring include providing opportunities for joint funding applications, non-competitive grants, shared grant-making, etc.
- Build and strengthen funding infrastructure in LMICs.
Box 4: What does decolonising research mean to you?

(Adapted from panel notes prepared by Kathleen Murphy)

- Co-creating knowledge and building trusting relationships between researchers and the communities they work with.
- Critiquing legitimacy, i.e., challenging current perceptions of what counts as research/knowledge. For instance, privileging Indigenous/southern epistemologies, understanding different knowledge generation sources, and centring communities with lived experience. Ownership of knowledge is often not acknowledged and remains a sensitive issue. This is particularly called to question when, for example, those participating in research studies are unable to access journal articles.
- Adopting a broader perspective of what counts as “good enough” to be researched. Within human-centred design, it is essential to remain conscious about which human is centred.
- Considering the positionality of researchers from the Global South operating within an institution in the Global North.

Practice-based knowledge

Practice-based knowledge (PBK) is “the cumulative knowledge and learning acquired by practitioners through designing and implementing programmes in different contexts, including insights gained from observations, conversations, direct experience and monitoring.” It is often under-used, and overlooked as a form of knowledge, and is not always formally documented or included in analysis.

The role and importance of PBK is increasingly being recognised and incorporated into evidence-informed approaches where it provides an additional layer of context, analysis, and intersectionality. It is also increasingly being formalised in projects and used as a key source in knowledge sharing. Yet, there is still much to be done to capture, analyse, and share PBK. Identifying and exploring its limitations and strength as well as appreciating how it can complement other sources of knowledge and research are key to integrating this vast source of knowledge.

A study by the UN Trust Fund to End Violence against Women - Learning from Practice on Prevention of VAW/G - was shared at the SVRI Forum. It highlighted the importance of including civil society organisations (CSOs) as leaders in prevention research, policy and programming from the local to the global level. Ensuring a permanent and leading “seat at the table” for CSOs, especially women’s rights organisations, in all violence prevention discourses is a key mechanism for democratising and decolonising the evidence base for VAW/G.

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5 For instance, Stern, E. (2021), Learning from Practice: Community Mobilization to Prevent Violence against Women and Girls (New York, United Nations Trust Fund to End Violence against Women)
What works and what doesn’t? Is this the question? Discussions on the Prevention Triad questioned whether there should not rather be a focus on implementation quality or contextual issues. These considerations move beyond the VAWC field. John List, an eminent behavioural economist, argues that whilst costs are a key factor for failure, they are not the only factor. List, who explores why many social programmes, including VAW prevention efforts, are successful in experimental conditions but fail when expanded to larger groups of people, calls for revolutionising the way we do research. List argues that we need to move from doing research to inform policy to doing policy-informed research. What does he mean by this?

In our attempts to arrive at positive findings in our study, we often pilot our programmes not with implementation in mind but rather with the best possible outcome in mind. This influences how we select and support participants and facilitators, and how we design training as well as many other factors central to a programme’s success. Indashyikirwa, a couple’s programme implemented by CARE, RWAMREC and the Rwandan Women’s Network, provides an interesting case study. After the Indashyikirwa programme was found to reduce all forms of IPV in a community RCT, the Government of Rwanda and the World Bank Group worked together with the originators to adapt Indashyikirwa. An impact evaluation on the adapted version of Indashyikirwa found increased IPV risk among couples. A number of post-evaluations and investigations of this have been conducted and were presented at the Forum. Multiple reasons for the unintended consequences were found. Considering this, we should ask: "Are we doing research in the right way? What is the right way?"

**Box 5: Do we need to rethink how we do our research on VAW prevention?**

**Thinking about prevention**

**Economic security and prevention of violence against women / violence against children**

Programming to reduce economic insecurity is a key strategy globally in preventing both VAW and VAC.⁶ Poverty reduction interventions often operate at scale with significant potential to better understand their relationship to both VAW and VAC. In this section, Meghna Ranganatha and Amber Peterman reflect on the learnings from work shared at the SVRI Forum.

**Cash Grants:** There have been several initiatives that show that cash grants play an important role in addressing VAW and VAC. Mozambique’s Child Grant (Cash + Care) evaluation showed that the Mozambiquan government’s cash-plus program, which combined unconditional cash transfers and community-based case management that targeted mothers of children under two years of age, reduced both IPV and violent discipline with children (Bonilla, Bruckauf, Castro-Zarzur & Peterman) Similarly, UNFPA’s Cash assistance in gender-based violence case management (in 14 countries) helped survivors relocate and access services, covering their needs for a six-month period (Di Camilo & Deir, bonus: [programming brief](#)). However, research has shown that short-term relief does not have the same effect. The cash transfers and IPV initiative in South Sudan, which provided short-term cash transfers conditional on community garden work, showed no impact on levels of IPV. This is possibly due to the relatively low value in relation to overall household needs, as well as the ongoing unstable and fragile context (Robinson, Morjan, Savage, Lyles, Pfeiffer-Mundt, et al).

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⁶ See WHO and partners’ RESPECT and INSPIRE strategies.
⁷ This section draws on the work of Amber Peterman and Meghna Ranganathan - members of the multidisciplinary Cash Transfer and Intimate Partner Violence Research Collaborative (hosted by IFPRI) – who have given us permission to share their reflections written up in their wonderful post Forum blog on economic security and violence against women and violence against children.
Gender-transformative livelihoods, agriculture, and skill-building interventions: Studies that aim to make economic interventions “gender transformative” continue to dominate evaluations, including practical guidance on how to integrate violence components into multisector interventions. So far, however, quantitative methods do not allow for causal attribution or de-linking economic programming from gender-transformative additions. The Gender-Transformative Economic and Social Empowerment (EASE) approach in Kenya sought to increase farm productivity and nutrition. It showed qualitative improvements in relationship dynamics and gender attitudes, as well as decreasing trends in IPV after one year (Murphy, Rojas, Owino, Bavin & Contreras Urbina, et al., bonus: technical report).

Integrating violence prevention strategies with livelihood and economic programming in humanitarian and displacement settings: There has been a much-welcomed increase in studies in humanitarian and displacement settings. However, these have shown limited ability to identify quantitative causal impacts (with the exception of a study in Rwanda) or unbundle the economic components from violence prevention components. Addressing sexual and GBV through integrated food security programming in South Sudan focused on GBV prevention campaigns, and the training of community and faith leaders on women’s rights and legal rights. The intervention resulted in positive trends in both agricultural and food security outcomes, as well as in reporting experiences of GBV (Isaak, Badhane, O’Leary, Mascoll & Cox Misawa). The integrating GBV prevention into sustainable livelihoods and recovery in Iraq focused on integrating an adaptation of Indashyikirwa (a couples-based biweekly programme) into a diverse livelihoods projects with internally displaced people and host communities in Iraq. Assessments show positive changes, including improved relationships, equitable parenting, increased mobility for women, and retention in the livelihoods intervention (Ibadat, Aljabiri, Hameed, Haider & Zimerman, bonus: learning brief).

Costing and cost-effectiveness: A body of new work has emerged focusing on the complexities of methodology and evidence in relation to the costing of violence as well as the cost-effectiveness of interventions. The economic cost of violence against women is a systematic review of eight studies showing the out-of-pocket costs to individuals seeking care. These ranged from US$30 to US$156. Estimated productivity losses ranged from US$74 to US$2,151. However, variations in methodology and challenges in identifying cost metrics indicate that these figures are a fraction of true economic costs (Vyas, Meinhart, Troy, Brumbaum, Poulton, et al., bonus: journal article). Economic costs of VAW in Vietnam is a policy brief that shows that VAW is a drain on the productivity of women (linked to 31% lower income and out-of-pocket expenses, equal to 25% of income) and cost to the economy (productivity costs equal 1.8 percent of GDP) (Ha & Bich, bonus: policy brief).

Financial abuse, violence in the workplace: An understanding of financial abuse and sexual harassment in the workplace is critical to filling the gap in the global understanding of violence faced by women at work. Financial abuse as an invisible form of IPV is a review of 46 articles showing the growing clarity and consistency in terminologies and measures in the economic abuse literature, including economic control, exploitation, and sabotage (Postmus, Hoge, Breckenridge, Chung, bonus: journal article).

What do we need to know about economic security in relation to violence against women and violence against children?

• Better understanding of the causal impacts of programme elements on VAW: Firstly, while there is a welcome expansion in the study of gender-transformative livelihood models and integrated programming (such as violence or gender training plus economic components), we still have an insufficient understanding of the causal impacts of economic programming alone on VAW. The next generation of research should include the ability to unbundle causal impacts of programme components and investigate the relative cost-effectiveness of each additional component. This will allow us to understand if and where additional gender-transformative components are needed, or even required, to mitigate against possible increases in violence, and alternatively, where it might be more cost-effective to scale up economic programming alone.

• Invest more in diverse economic interventions: Secondly, we need to invest in more evaluations of diverse interventions, including broad-based social protection (such as social insurance or housing support), asset transfers and property rights, and employment–programming that is increasingly implemented at scale. We also see a strong need to explore programming that can mitigate and prevent sexual harassment and abuse, exploitation, and violence in the workplace.
• **Explore the intersections of VAC and VAW:** Thirdly, nearly all the evidence summarised above focuses on VAW. Only in a few exceptional cases do studies consider the intersection with VAC. Yet, economic programming has clear linkages to both types of violence, with a recently released Global Research Agenda highlights the importance of better understanding this intersection. Focusing exclusively on VAW misses a more holistic understanding of family dynamics and potential spillover effects on children.

• **Measures on different forms of VAW and cost effectiveness:** Fourthly, we still have gaps in methodology around how to best measure diverse forms of violence (such as sexual harassment, workplace violence, or economic abuse) with greater accuracy, and how to understand the costs and cost-effectiveness of interventions to prevent violence. Cost-effectiveness measures are needed to justify investment in violence prevention but must consider broader health and social effects within communities.

**Violence prevention in schools**

VAC remains a significant public health problem with more than a billion children experiencing violence every year, and the challenge is most prevalent in LMICs. A scoping study of the intervention implemented by the Coalition for Good Schools, a group of leaders from LMICs concerned with the global debate on preventing VAC in schools, argue that programmes in the Global South must speak to socio-cultural contexts (Mathews & Kalage). They also caution that since pathways to change are not linear, evaluations are important to measure effectiveness. Urgent investment is needed to adapt successful programmes and increase the evidence base.

The use of Regional Resource Persons (RRPs) in school-based interventions such as The Good Schools Toolkit has been successfully implemented in 900 schools across Uganda (Akim, Nevatia, Tanton, Nakuti, Mirembe, et al). As community facilitators, RRPs are embedded in the community and their presence maintains the focus and interest of VAC beyond the school. Support to schools needs to be contextualised and flexible, the training tailor-made, with special attention given to remote schools.

Research on adolescent relationship abuse (ARA) highlights this prevalent public health challenge as involving psychological and physical abuse, sexual exploitation, and reproductive coercion in teen relationships (Miller, James, Baldi, Moore, Marjavi, Scott, et al). With school being an important part of an adolescent’s social network, school-based health centres (SBHCs) are well positioned to address ARA.

There have been efforts to understand the association between sexual violence exposure and low educational attainment (measured as being out of school and having the highest level of education completed as primary and below) for girls and boys (Ndibalekera, Bangirana, Amollo, Olido, Kafuko, et al). Secondary analysis of data from the Uganda National Violence against Children Survey revealed that sexual violence has a negative effect on educational attainment among most survivors. Forced sex acted as a precarious predictor for low educational attainment for both boys and girls.

Children who have been exposed to violence in their childhood are more likely to enact or experience violence in their adult relations. A study in rural Karnataka, India, found that girls/women who witnessed parental violence and experienced violence in childhood, are more likely to experience physical violence in their marital life too (Dey, Mukherjee, Pujar, Marpady, Kowlgi, et al). A disturbing finding was that most respondents believed that violence, to a certain extent, is normal and something to live with. This amplifies the need to use schools as a site for prevention mechanisms.

**Higher education institutions as platforms for violence prevention efforts**

Higher education institutions are places of risk for sexual violence against women and girls globally. Prevention interventions in these settings are critical for addressing the key drivers of sexual violence. Yet, most evidence of the effectiveness of university campus sexual violence risk reduction and resistance interventions comes from HICs (Machisa, Mahlangu, Chirwa, Nunze, Sikweiyi et al). Very few prevention interventions that target male students have been developed and tested.
In a pilot RCT, colleagues from South Africa piloted the acceptability and feasibility of an intervention called ‘Men with Conscience’ at two university campuses in the Western Cape (de Villiers & Abrahams). The study shows evidence of initial change among the young men and the huge need to work in higher education settings. For funders reading this report, the Men with Conscience intervention is ready to be tested in a more rigorous, fully powered RCT.

Colleagues from the University of Eswatini and the Centre on Gender Equity and Health discussed how participants and facilitators who had been trained on #Gamechangers (a Swazi adaptation of EAAA and a resistance-style sexual assault intervention) perceived self-efficacy and drivers of sexual violence (Van Vo, Shabalala, Masuku & Fielding Miller). #Gamechangers incorporates a dialogic/problem posing approach to education. The findings of the study found that dialogue enhances students’ ability to resist sexual violence, reject victim-blaming narratives and improve mental health.

Elements of effective prevention programming

Group-based programmes are one of the most common strategies used to prevent IPV in LMICs. They are commonly led by lay facilitators who are trained to deliver a variety of participatory learning activities described in curriculum manuals. In an article on What Works to Prevent VAWGs (2021), Jewkes and colleagues identified detailed curricula as one of the factors that distinguished programmes that reduced IPV from those that did not. However, little is understood about the theories behind these curricula, the reasoning behind their selected content and facilitation methods, implementation protocols, and other elements that may contribute to their effectiveness.

In an assessment of the current state of IPV prevention curricula, Rolleri Insignares and colleagues undertook a scoping review of 28 curricula and examined over 20 characteristics of each curriculum, including their theories of change, targeted behaviours, topics, andragogic methods, implementation protocols, and instructional design (Rolleri Insignares, Heise, & Hirudayakanth). Existing curricula vary in the degree to which they link their theory of change to their content and methods. Only a few curricula link the skills imparted to clear behavioural outcomes. Many take their inspiration from Paulo Freire’s liberatory approach to adult education but operationalise it through learning style rather than Freire’s philosophy of social change. While most curricula are described as “skills-based” or “behaviour change interventions,” few use best practices or devote adequate time to impart skills.

The outcomes of curricula-based IPV prevention programmes will likely improve if best practices from exceptional programmes are applied broadly. Of the 28 curricula, 19 appear to be derivatives of three of the earliest published curricula.

Some initiatives presented at the SVRI Forum that seem to have had some level of success include:

• A study on a faith-based intervention: Becoming One (Boyer, Heise, Annan, Namubiru, Nevatia, et al). The study identified faith leader characteristics as critical for the programmes’ success. The study focused on how to ensure that religious leaders are able to motivate men to cede power and reduce IPV.

• The MAISHA longitudinal study is a four-wave study following the control group of women in the MAISHA trial in Mwanza, Tanzania over five years (Ferrari, Abramsky, Labadie, Ferguson, Greco, et al). Evidence from the MAISHA trials suggests that couples highly value the sessions providing strategies to improve couple’s communication. The study affirms current evidence that improving a couple’s communication is a crucial element for IPV prevention interventions.

• No Means No Violence Prevention Programme: An evaluation of this programme found that clearer expectations, consistent pay, targeted recruitment, and more supervisory visits are needed to improve retention of trainers (Hegle, Strniste, Nantume, Muwanga, Baryamutuma, et al). Community mobilisation and implementation partnerships were cited as important elements for programme effectiveness as well as strong referral networks. A key finding was that instructors needed to be provided with logistical support such as finding safe venues, mobilising and retaining girls, and maintaining a feasible class size.

• A study based on the modelling of potential future impacts of the Spotlight Initiative showed the importance of holistic intervention models (Agarwal, AlRashed AlHumaid, Jayaram & Totapally).

Box 6: Bandebereho: Working with couples for lasting change

Couples’ interventions strengthen relationships, challenge inequitable gender norms, and build relationship skills. We now know that they also have a sustained, significant impact on VAW and VAC.

The gender-transformative Bandebereho couples’ intervention, which reduced both VAW and VAC at 21-months, is unique in examining impact six years post-baseline (Doyle, Karamage, Levto, Sayinzoga, Kazimbaya, et al). Bandebereho uses parenthood as an entry-point to engage men alongside their partners in participatory sessions designed to promote healthier couple relations. A 76-month follow-up to a multisite randomised controlled trial in four districts of Rwanda in 2021 found that the Bandebereho intervention had a large and sustained impact on IPV and on both parents’ use of physical punishment. Compared to the control group, women in the intervention continue to report lower rates of multiple forms of IPV: past-year physical (AOR 0.45, p< 0.001), sexual (AOR 0.50, p< 0.001), economic (AOR 0.47, p< 0.001), and moderate or severe emotional (AOR 0.40, p< 0.001) partner violence; Bandebereho couples also report lower rates of physical punishment of children (AOR 0.72, p=0.009 for men; AOR 0.68, p=0.017 for women). Compared to control couples, Bandebereho couples also reported better mental health, increased prenatal health-care, greater participation of men in caregiving, and more involvement of women in household decision-making, among others.

Adapting prevention programmes

An important component of successful adaptation of programmatic interventions is to consider how best to stay true to the original principles and vision of a programme while adapting to a local context. Research on the efforts to apply feminist scale with SASA! in Mexico and Honduras found that adaptation in the form of scaling up, in a manner that is not coercive, takes time; flexibility and sustained commitment. It requires listening to, a reliance on, and trust-building with local partners knowledgeable about the local content (Sosa Ferrari & Siebert).

Lessons on programme adaptation emerging from Timor-Leste centred on the importance of supporting programme facilitators and expanding to upskilling facilitators from the community (Adams, Xavier, Maidment, Stern). Attention was paid to wellbeing, self-care and collective care needs and building these into implementation plans.

Adaptation requires flexibility. For example, it may involve implementing programmes in informal settings, rather than in workshops. At times, programmes, initially designed for a rural setting may have to be adapted for an urban context. This was the case of a transforming masculinities SGBV programme in the Democratic Republic of the Congo, which took a congregation approach and engaged faith leaders, rather than a village approach (Kohli, Asghar, Lele, McLarnon-Silk, Deepan, et al). This required shifting norms, one where norms that condone violence are challenged and the inclusion of new partners such as community action groups become necessary.

Adaptation may also mean removing certain aspects of training, adding modules or components or responding to male backlash should it arise. A comparative review of Indashyikirwa in Rwanda found that the community shaming of men who did more housework and made more equitable decisions in their homes, led to the rejection of equitable gender norms at the community level (Agado, O’Toole & Kimiri). It also led to an increase in male alcohol consumption in an attempt to regain masculinity. The lesson here was clear; that there is a need for community-wide diffusion of new attitudes that can override traditional identity prescriptions, particularly those that facilitate or lead to IPV.
In Trinidad and Tobago, a pilot project supported by the Spotlight Initiative, centred on developing and testing curricula for healthcare students to build capacity on care and support of survivors of GBV (Ocho, Ramdeen-Mootoo, Khan, Nathaniel-DeCaires, McFee, et al). The project found that inter-professional teams of trainers and students allow for strengthening collaboration between sectors. It also showed potential to strengthen pathways of care. Sensitisation of GBV and clinical skills must be seen as complimentary and are critical for sustainable responses to the care needs of survivors of IPV and sexual violence.

Lessons learned from the roll-out of WHO clinical and policy guidelines and tools to improve health systems readiness in India, confirmed the relevance of interventions with health workers and its helpfulness in understanding perceived barriers, enablers, and women’s perceptions of care (Arora, Rege, Meyer, Amin & Garcia-Moreno). The importance of regular refreshers and ongoing case reviews as well as the importance of involving senior clinicians in supervision, mentoring, and championing was highlighted.

Medical students should master communication skills and professional competencies to foster the best possible patient-physician relationship. Innovative approaches such as role-playing, which was applied when integrating violence against women in medical education in Mozambique, helped medical students improve IPV communication and helped change attitudes when engaging with an IPV victim towards those experiencing IPV (Manuel, Valcke, Keygnaert & Roelens).

ANC providers from intervention clinics in Guinea, Kenya and Somalia underwent the Person Centred Communication (PCC) training for prevention of female genital mutilation (FGM) (Ndavi, Balde, Ahmed, Soumah, Esho, et al). This is the first study to provide robust evidence on the effectiveness of an intervention on social norms to prevent FGM involving the health sector. Among the many findings of the study is that antenatal clinic (ANC) clients in the intervention arm were more likely to be opposed to FGM, while ANC providers in the intervention arm were more likely to report that they were confident in their knowledge regarding the provision of FGM services.

**GBV in conflict**

Within a humanitarian setting, there must be realistic expectations of what can be achieved and what can be measured in a short period of time in regard to work on VAW and VAC. By including shorter-term and easier-to-measure outcomes, such as changes in knowledge, it may be easier to assess whether a programme is on track to address more deeply rooted attitudes and behaviours.

A whole-family-based approach, where, amongst other things, male siblings act as allies to their sisters, was found to have increased self-awareness and improved communication within households, although aspects of normative, patriarchal practices governing the treatment of adolescent girls were maintained by some participants (Koris, Seff, Deitch, Stark, Okoro, et al). Working with couples on GBV prevention in Iraq found that, despite the restrictive social norms and dominant patriarchal system, new understanding emerged, reflecting the changes in some of the participants’ views on gender roles (Ibadat, Aljabiri, Hameed, Haider & Gevers).

With many humanitarian interventions having an economic/financial relief component, integrating GBV prevention into measures aimed at strengthening resilience and transform food systems is one way to address the issue in a multisectoral way. In South Sudan, working with community structures to support peacebuilding and understanding of women’s rights in agriculture, led to increased levels of knowledge around SGBV and increased confidence to report domestic violence and/or child abuse (Isaak, Badhane, O’Leary, Mascoll & Cox Misawa).
Thinking about responses

Barriers to service access
Survivors of gendered violence encounter a number of barriers in accessing to quality services - such as a fragmented referral system that reproduces inequities, the unavailability of services in rural areas, and limited financial resources to leave abusive situations⁹. Many have limited knowledge about legislation and policies and the responsibilities of professionals to respond to survivors of violence.

Local level coordination ensures a community-responsive action plan to strengthen violence prevention and response. Expertise and complimentary services coordinated at a local level ensures a response with an established referral pathway.

Accessing justice
Attempts to dismantle some of these barriers and bring justice closer to women (rather than forcing women to have to seek justice in inaccessible and remote spaces) can be seen in the introduction of mobile courts in Nampula, Mozambique (Ambrucer, dos Santos, Cox Misawa, O’Leary & Bahgat). In attempting to bring formal justice services closer to people living in remote/rural areas, the intervention resulted in not only addressing a three-year case backlog but saving survivors of SGBV costs of travel to the city and food and living expenses while there. Persons with disabilities were also able to enjoy long-awaited justice.

Mental health impact and services
Poor mental health is recognised as both a cause and a consequence of violence (Ramsoomar, Gibbs, & Jewkes). Women experiencing violence need to be screened and treated for symptoms of poor mental health. Analyses from low- and middle-income countries found that both alcohol and poor mental health (depression and PTSD) in men were associated with increased perpetration of IPV and non-partner sexual violence (NPSV), as well as women’s experience of this.

Identifying mental health entry points where issues of SGBV can be sensitively addressed. In enhancing the capacity of health professionals to address the impact of reproductive coercion, as was the case with a survivor-serving NGO in Maryland (USA), it was found that exploring reproductive coercion appeared to help survivors and providers recognise previously under-reported dimensions of trauma (Eckman, Jani, Callahan & Felder).

In South Africa, a study on the subject found that many women connected the label of having been raped with feelings of being ‘rape-able’ after they had been raped (Willan, Shai, Machisa, Majola, Mabhida, et al). Therefore, it remains important for health professionals and researchers to build their capacity to better understand shame, self-blame and self-stigma. Long-term healing and mental well-being after rape, although often neglected in public health systems, is an incredibly urgent and necessary investment.

By helping survivors of violence work through the emotional impact of their experiences, and coupling it with business training, holds the potential for establishing clearer relationships between economic sustainability and improved mental health. South Sudanese refugee survivors of SGBV living in northern Uganda appreciated the opportunity to talk about their experiences, while focusing on economic and social enterprises. This provided concrete avenues for resilience and well-being (Liebling, Barrett & Niyonguru).

Thinking about engaging with stakeholders

Engaging women’s movements
Women’s movements have played a crucial role in the many hard-won achievements especially with regards policy and legislative change. This has been done through sustained political and social action, with supporting landmark court cases that keeps the VAC and VAW in our collective social consciousness as well as on the political agenda.

Despite this, or perhaps because of it, there has been a systematic authoritarian backsliding and backlash against feminist movements in recent years. This is manifested in the shrinking of democratic spaces, the criminalisation of activism and the frequent exclusion of women from policy processes can be seen in countries like Nicaragua, South Africa, and India (Ellsberg, Mathews, Blofield & Dixit).

In high-risk, feminist collective action, women deliberately disrupt the imposed social order by mobilising against armed groups and transgress socially acceptable gender norms by making demands for gender justice. In Mexico and Colombia, as well as in other parts of the world, this is demonstrated in women mobilising against femicide, for environmental action, and against the disappearance and murder of loved ones (Zulver & Skłodowska-Curie). Where high-risk feminist action is deliberated, it is important to consider safety and guarantees of protection, especially in conflict-affected or fragile settings.

The unique challenges faced by indigenous women require a feminist approach that views VAW through the lens of indigenous agency and empowerment. The power structures that contribute to indigenous women’s oppression in their relationships with their partners and the state need to be considered. The activist efforts of indigenous women’s movements, such as in Australia, are already having an impact on policy, with Australia’s Women’s Safety (Brown, Williams & Fulu).

Engaging policy makers
Appropriate data and evidence are a prerequisite for effectively engaging policy makers to support and develop policies on VAW and VAC that can be translated into implementable and effective actions. Countries wanting to leverage Violence against Children and Youth Surveys (VACS) to catalyse national efforts to end VAC can look at studies on what works in transforming VACS data into improved programmes and services for children and youth (Craver, Whattaker & Ski). Documentation on country experiences using VACS highlights the importance of strong, government-led coordination, successful strategies for using VACS results to raise awareness and catalyse action, the usefulness of the INSPIRE Technical Package and of data-to-action workshops in guiding the development of national plans, and the types of funding that facilitate action. The lack of data disaggregated by sub-national areas and groups of children, and the need for greater accountability in fulfilling commitments relating to implementing VACS must also be noted.

Pilot projects in Indonesia, the Republic of Moldova and Peru applied participatory approaches with multi-sectoral stakeholders to develop local action plans defining local priorities and solutions to address GBV (Stern, Gonzalo, Grieg, Zimerman, Rusu & Frecauteanu). These were designed to increase public accountability for existing commitments and attract local financing solutions. Preliminary results indicate that the processes enabled meaningful engagement and contextually relevant programming, including adapting to the Covid-19 pandemic. Important lessons learned include strategies to incorporate diverse women’s voices and collating evidence to identify local GBV drivers. The participatory approach can also contribute to institutionalised changes in terms of government commitment and structures. This offers important lessons for sustainability and uptake of local planning processes.

Engaging men
Engaging men as allies can assist in challenging rigid gender roles that perpetuate harmful practices. In the Lao People’s Democratic Republic, engaging men and boys is increasingly seen as a promising practice (Dart, Vorabouth, Khan & Tuladhar). A training manual developed by the Lao Women’s Union and the United Nations Population Fund (UNFPA) focused on engaging men in villages to champion the prevention of GBV, develop respectful relationships and promote SRH. While it was designed to target men, a lesson learned was that the inclusion of women holds benefits and opportunities for them to become sensitised about their rights.

Preliminary findings from the Living Peace Intervention (LPint) evaluation implemented in the east of the Democratic Republic of the Congo (DRC) suggests that LPint assists individuals develop life strategies that help them improve their lives in the long-term (Nsabimana, Mihigo, Niyonsenga, Rutembesa, Slegh, et al). The programme is a community based, semi-structured intervention over fifteen weeks with groups of up to fifteen men who are perceived as being violent by community members. The study found a significant decrease of domestic violence, VAC, anxiety, depression, PTSD and substance abuse in the case group compared to the control groups with both men and women. The intervention can also be adapted to work in humanitarian settings.
Forum workshops

Eighteen capacity strengthening / sharing workshops were hosted at Forum 2022 (See Annex I). Workshops were designed and facilitated by the SVRI’s partners, who devoted hours of work preparing for these workshops. All Forum workshops are provided pro-bono, as a service to the field. We are deeply grateful to all workshop facilitators for making available high impact skill buildings opportunities were available for delegates. Workshop materials can be downloaded here.

Exhibition hall

This year, the SVRI Forum had 26 stands (hosted by 28 organisations). See Annex II for all exhibitors.

Participant-driven events

Since our last conference, the number of events organised by participants has doubled; 42 participant driven events were woven throughout the five-day programme. Many Forum participants used the Forum as an opportunity to host internal project or strategy meetings, while others shared new ideas and topics, celebrated milestones and successes, and launched new initiatives and collaborations. Read more about Forum 2022 participant-driven events here.

Box 7 : Highlights: Funder and funding related events

The SVRI and the African Women’s Development Fund hosted a session “Working towards ethical funding for VAW evidence and practice: a call to action” to share funders’ journeys towards decolonised and ethical funding. This event convened funders, researchers and practitioners and explored principles and politics underpinning ethical funding journeys, key enablers and constraints, and the future of more equitable and ethical funding practice.

The Accelerator for Gender Based Violence (GBV) Prevention hosted an event “What counts? Measuring progress for ‘more and better’ funding and policy to prevent GBV”. This builds on the Accelerator’s work to create a shared vision of what policy and programming should look like to prevent VAW and ensuring the requisite funding.

Centro Las Libres de Información en Salud Sexual hosted a closed event in Spanish looking at critiques and proposals for the prevention of violence against women in Mexico. More broadly, the Pan American Development Foundation convened donors, researchers, and activists to discuss research and funding practices that have been unintentionally harmful to reimagining funding streams for gender-based violence in Latin America.

On the last day of the conference, the United Kingdom’s Foreign, Commonwealth & Development Office (FCDO), the United States Agency for International Development (USAID) and Wellspring Philanthropic Fund hosted a GBV Funder Forum to discuss collective action to end gender-based violence through learning and sharing.

Box 8: Highlight: Research Agenda Setting events

In addition to presentations on research agenda setting, two participant driven events were convened. The Asia Foundation and Asian Pacific Resource and Research Centre for Women (ARROW) hosted an event on building an Asia/Pacific GBV research agenda, where participants collectively shared and discussed gender-based violence research gaps and priorities in the region.

UNICEF, the World Health Organization and the Sexual Violence Research Initiative shared preliminary findings from Global Research Agenda on the Intersections of VAC/VAW as a response to growing global evidence and interest in the intersections between VAC and VAW.
Reflections

Connection

The single biggest learning from the SVRI Forum 2022 was the importance of connecting, in person, with others. The COVID-19 pandemic and the isolation that followed was a rupture, one that invited us to rethink what matters. Many delegates expressed how important it was to be in a collaborative space with others. This came with a renewed sense of appreciation for being in conversation in ways that maximise how we learn from each other. Connection precipitates moments of discovery, of renewal, of reimagining. Feedback from Forum 2022 was that this convening was particularly special. It brought with it the reconnection to what we had lost: the ability to be together, physically, in spaces in which we generate and share knowledge about how to create a more equitable world. It is in connection with others that we draw the energy needed to fuel our agency and our ability to advocate with tenacity. Movement is integral to the human experience: moving through places, experiences, including the movement of ideas between people, communities, countries, and regions. Forum 2022 was a platform for formative moments, for facilitating movement in engaging with diverse experiences and ideas. This is pivotal in creating knowledge capital.

Forms of violence

Forum 2022 was an opportunity to reflect deeply, in nuanced ways, about how violence manifests, as well as its effects on people and societies. It created space for thinking about the intersections between violence with different identity markers, such as race, gender identity, spatial location, and physical and mental ability. Research is often a conduit for storytelling, for showing us how the individual ‘story’ of one person is connected to the stories of others. It also shows us how these stories come together to paint a bigger picture about the society and the world in which we live.

In engaging with research on VAW and VAC, we begin to understand the ‘story’ of a community, a country, region and the global space in which we live. We see that the personal is political, that personal ‘stories’ should be the foundation for how we create political systems, and how we co-create political agendas. Forum 2022 helped us think about the interconnectedness of different forms of violence such as the ways in which intimate partner violence is inextricably linked to violence against children. We reflected on how reproductive coercion is woven into the fabric of intimate partner violence, that the violence experienced by a woman with a disability can be deeply connected to economic violence. We saw that as internet access has branched out to reach more people, so has experiences of technology facilitated and online VAW and VAC, bringing with it an impetus to think about what effective online prevention and response should look like.

In this context, we locate our work in the harsh reminder that femicide is the ultimate form of IPV and that unless we understand the interconnectedness of the ways in which violence presents in the world, we will not respond to VAW and VAC in multi-faceted, layered, and nuanced ways.

How we do research

Forum 2022 not only engaged with the question of what we need to do, it also created space for conversation about how we should do it. The ultimate goal that we are working towards is to end violence. In doing so, we have to manage the contestation and conflict that happens as a by-product of this process. We also have to analyse the power dynamics within which we operate. Pivotal to this, were conversations about decolonising knowledge production. Research on VAW and VAC is about changing people’s lives and we have to hold the people whose lives we want to change in front of us. We have to honour the fact that they have thoughts, ideas and contributions to make, that they must make, for knowledge generation to have value.
We also have a responsibility to think about how resources flow, either in ways that perpetuate existing inequities or in ways that seek to transform. Ethically, we have to put much greater effort into changing research practices so that they are participatory, driven by indigenous researchers, and conducted in ways that are culturally competent, respectful, and build trust with local communities.

The role and importance of practice-based knowledge is increasingly being recognised and incorporated into evidence-informed approaches where it provides an additional layer of context, analysis, and intersectionality. It is also increasingly being formalised in projects and used as a key source in knowledge sharing. Yet, there is still much to be done to capture, analyse, and share practice-based knowledge. Identifying and exploring its limitations and strengths, as well as appreciating how it can complement other sources of knowledge and research, are key to integrating this vast source of knowledge.

**Prevention**

Forum 2022 brought to the fore new and exciting work in the field of prevention studies. Research contributions on prevention evidence building and programming added texture to thinking about the risk factors that underpin VAW and VAC. We engaged with thought leadership on VAW and VAC and its links to intergenerational violence, social and community norms, economic stress, family dynamics, substance abuse, the lack of institutional responses, and weak legislative and policy frameworks. We learnt about the work done in humanitarian and displacement settings, illustrating the intricacies of engaging with prevention in the absence of infrastructure and in the presence of deep-seated trauma. Part of the pathway that we must travel in doing effective prevention is in thinking about how to measure social change, which by its nature, is long-term. What are we measuring? How do we see that which cannot be measured? How do we work with and around this? How do we pin down a problem that is vast and expansive? How do we generate knowledge that is targeted and specific and takes into account the situatedness of knowledge, that accounts for local lived realities?

We engaged with research on how effective programming can contribute to significantly enhancing quality of life. Linked to this, is the need for ongoing research that documents this body of work, which engages with questions of scale, and adds colour to thinking about how to do effective impact assessments. Forum 2022 was an opportunity for thinking about prevention holistically. We heard how, for example, unconditional cash transfers linked to community-based case management can contribute to a dynamic process of extrication from experiences of violence, and that gender transformative livelihoods, agriculture and skill building can significantly enhance VAW and VAC prevention. Similarly, we saw how work on VAC and VAW in education systems and how parenting interventions are integral to effective community prevention practice. Forum 2022 also got us thinking creatively about programme adaptation, and how to design programme interventions that are flexible enough to be adapted to local contexts.

**Response**

At the centre of a VAW/VAC experience is the woman/child who survived to tell the tale. Effective response services that centres survivors must be properly planned and budgeted for and delivered in ways that are sensitive to avoiding secondary trauma. Survivors of gendered violence encounter a number of barriers in accessing quality services - such as a fragmented referral system that reproduces inequities, the unavailability of services in rural areas, and limited financial resources to leave abusive situations. Many have limited knowledge about legislation and policies and the responsibilities of the professionals who are tasked with their care. Often, professionals provide services in a way that causes harm and can escape accountability.

Local level coordination is important in ensuring a community-responsive action plan to strengthen violence prevention and response. The criminal justice, health and psychosocial support systems play a pivotal role in potentially containing the trauma a survivor experiences or in etching it in indelibly. Similarly, a lack of integration between services can re-ignite, magnify, and entrench a survivor’s sense of trauma. Response services must speak to the elemental forces of care that prevents additional loss and grief. Forum 2022 had much to offer in getting us to think about the territory we seek in effective response services and, importantly, the terrain we wish to avoid.
Working with stakeholders

Forum 2022 gave mind-space to thinking about how different role-players in the VAW and VAC landscape contribute towards social change. It engaged with ways of thinking strategically about building alliances, whether it is with policy makers, with feminist movements, or with men or those working with men - Forum 2022 fired up our imaginations in how we crisscross our paths with others. In thinking about social change as both a long-term project as well as offering possibilities in opening up sudden and immediate opportunities. Rebecca Solnit offers a useful framework for thinking about our role in bringing about change. She argues that the public space can be a sleeping giant that wakes up when we wake up and that as civil society, we are a superpower whose non-violent means are sometimes more powerful than violence. She argues that we need to see ourselves as writing history with our feet, with our presence, our collective voice, and vision. Together, through the building of alliances, we are very powerful, whether it is one person in concert with a few dozen or several million. We have to hold on to the fact that we can change outcomes, that we have a seldom-told, seldom-remembered history of victories and transformations. We have changed the world many times before. Solnit describes it best when she says that you row forward looking back, and telling this history is part of helping people navigate toward the future. Through Forum we are building a community through which we can build collective action for powerful change.

SVRI Forum 2022 evaluation findings and Forum 2024 planning

We thank all our delegates for their feedback on Forum 2022. We will incorporate as much as we can into planning for Forum 2024.

• Advancing knowledge: The SVRI Forum is a unique platform for researchers, practitioners, donors, survivors, policymakers, and others to advance knowledge and science, share and learn to help bring an end to violence against women and children. We strive to ensure a transparent and open abstract review process and continue to strengthen the curation of panels. For Forum 2024, we are excited to explore the potential of including more dialogic panels, opening space for deeper learning and discussion of key debates in the field.

• Creating opportunities for building partnerships: The Forum is an essential platform for all to connect, build partnerships, and exchange ideas. We are committed to creating more opportunities for networking and building partnerships through our Forum, and we are actively working to incorporate the many creative recommendations we have received through our evaluation to enhance the networking opportunities available. For example, we are exploring the possibility of co-hosting regional and global webinars and events based on Forum learnings and abstracts in non-Forum years as a way to link conversations between Forums.

• Foster diversity and equity: We are committed to fostering a diverse and equitable platform for all who attend. To this end, we will continue to fundraise for Forum bursaries, creating an inclusive environment for those who are underrepresented or excluded from international events. Additionally, we are actively raising funds for translation and interpretation services for our events, ensuring equitable access for all. By creating accessible opportunities for all voices, we can ensure a productive and meaningful exchange of ideas. Members can donate towards this cause here.

• Centering well-being: At Forum 2022, SVRI was able to employ a team to think through and integrate well-being and collective care more coherently. This holistic well-being programme was well-received by the delegates in attendance. The feedback from this year’s event confirmed the need to fundraise for similar and/or even better interventions to be offered at Forum 2024, so that we can further prioritise the centering of well-being in our research and practice.

• Size of the Forum: As SVRI Forum continues to grow and expand, we take note of the concerns expressed regarding the size of the conference. We understand that delegates have varying opinions on the optimal size of the Forum, and we are committed to continuing the discussion and debate around this issue. We strive to ensure that the Forum remains a place where everyone can share their ideas and engage in meaningful dialogue.

Join us in 2024 as we continue to increase and strengthen action-oriented research and its uptake to create a world free of violence against women, violence against children, and other forms of violence stemming from gender inequality.

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Annex I: Conference workshops

Please see the conference workshop page here for more information.

- **Workshop 1: Laying the foundations for violence against women and girls prevention programming**
  Facilitated by: Suniti Neogy, Sarah Mosley, Tina Musuya, Alice Kerr-Wilson, Natsnet Ghebrebrhan, Urvashi Gandhi, What Works 2: Impact at Scale

- **Workshop 2: LOVES: Equipping youth mentors to respond to disclosures of violence with first-line support**
  Facilitated by: Meagan Cain, Jennifer Hegle and Caroline Kambona, Centers for Disease Control and Prevention (US and Kenya)
  [Presentation](#)

- **Workshop 3: Measurement of violence against women and girls: key guidance, advances and challenges**
  Facilitated by: Heidi Stöckl and Sarah Meyer, Ludwig Maximilians University of Munich; Abigail Hatcher, Gillings School of Public Health, University of North Carolina, and Lynnmarie Sardinha, World Health Organisation
  [Presentation](#) [Guidance note](#)

- **Workshop 4: Dignity and autonomy on self-care**
  Facilitated by: Paula Ramirez and Jennifer Chase, GBV AoR

- **Workshop 5: Fostering behaviour change to prevent violence against women and girls**
  Facilitated by: Erin Stern, Binita Shrestha and Dominique Maidment, Prevention Collaborative

- **Workshop 6: Good practices for the adaptation of IPV prevention programs: Applying the IPV-ADAPT+ Framework**
  Facilitated by: Vandana Sharma, Harvard T.H. Chan School of Public Health; Jennifer Scott, Beth Israel Deaconess Medical Center at Harvard Medical School
  [Presentation](#) [Guidance note](#)

- **Workshop 7: Preventing violence against children in and through schools: A unique opportunity for early and long-term gains (hosted by the Coalition for Good Schools)**
  Facilitated by: Lina Maria Saldarriaga, Aulas en Paz; Sohini Bhattacharya, Breakthrough; John Kalage, HakiElimu; Karen Devries, LSHTM
  [Presentation part 1](#) [Presentation part 2](#)

- **Workshop 8: Statistics 101 for VAWG practitioners and qualitative researchers: Understanding and interpreting the numbers (aka “What does all this stats stuff mean & why should I care?”)**
  Facilitated by: Kristin Dunkle, Esnat Chirwa and Shibe Mhlongo, South African Medical Research Council
  [Presentation](#) [Exercises](#): Stats exercises; exercise solutions; participant handout; stats glossary

- **Workshop 9: Ethics and virtual methods / approaches for measuring GBV**
  Facilitated by: Ellen Bates-Jefferys, Innovations for Poverty Action; Elizabeth Dartnall, SVRI
  [Presentation](#)

- **Workshop 10: Feminist scale: An invitation to rethink ‘scaling up’ from a feminist perspective**
  Facilitated by: Tivisha Nevatia, Community for Understanding Scale Up (CUSP)/Raising Voices; Rebecka Lundgren, Community for Understanding Scale Up (CUSP)/Center on Gender Equity and Health
  [Presentation](#)

- **Workshop 11: Measuring violence against women: challenges, tools and methods**
  Facilitated by: Alexandra Robinson, Henriette Jansen and Sujata Tuladhar, UNFPA; Kristin Diemer and Cathy Vaughan, University of Melbourne
  [Presentation part 1](#) [Presentation part 2](#)
• Workshop 12: Young people & participatory methods
Facilitated by: Carolina Coll, International Center for Equity in Health and Human Development and Violence Research Centre; Carolina Bermudez Currea, Community Works; Lucy Jamieson, Children’s Institute, University of Cape Town; Bernadette Madrid, Philippine General Hospital and University of the Philippines Manila College of Medicine; Catherine Maternowska, End Violence Lab and University of Edinburgh; Silvie Bovarnick and Claire Cody, University of Bedfordshire; Amanda Third, Western Sydney University

• Workshop 13: How to cultivate a realist perspective and do a Realist Review: learning to understand what works for who, why, and in what circumstances for violence interventions
Facilitated by: Abigail Bentley, University of Valencia; Sharli Paphitis, King’s College London

• Workshop 14: How to embed equity in your data work
Facilitated by: Heather Krause, We All Count

• Workshop 15: Navigating mandatory reporting laws in violence research
Facilitated by: Laura Chiang and Greta Massetti, US Centers for Disease Control and Prevention (CDC); Elizabeth J. Letourneau, Johns Hopkins University, Moore Center for the Prevention of Child Sexual Abuse

• Workshop 16: Confronting uncomfortable truths: Unlearning colonial research methods
Facilitated by: Sarah Homan and Loksee Leung, The Equality Institute; Ayesha Mago, SVRI

• Workshop 17: Participatory principles for research in humanitarian settings on violence before and during a pandemic: Ethics and practice
Facilitated by: Alina Potts, Maureen Murphy, Deviyani Dixit, and Elizabeth Hedge, The Global Women’s Institute at the George; Washington University; Loujine Fattal, Women’s Rights Activist & Empowered Aid Project Consultant; Hope Harriet, Feminist & Empowered Aid Project Consultant

• Workshop 18: From evidence to action – key concepts on the pathways of research for impact in the violence against women field
Facilitated by: Angelica Pino, SVRI; Diana J. Arango, The World Bank Group

Guide
Annex II: Exhibitors

Coalition of Feminists for Social Change (COFEM) ....................................................... @COFEM_EVAW
Equimundo ......................................................................................................................... @equimundo_org
Global Women’s Institute at George Washington University ........................................... @GWUGlobalWomen
Institute for Security Studies ............................................................................................ @issafrica
International Rescue Committee ....................................................................................... @RESCEUEorg
Instituto Nacional de las Mujeres (Inmujeres) México and Gobierno Quintana Roo ........... @inmujeres @GobQuintanaRoo
International Justice Mission Global ................................................................................ @IJM
International Justice Mission Global VAWC .................................................................. @IJM
Jhpiego ................................................................................................................................. Jhpiego
NO MORE Foundation ..................................................................................................... NOMOREorg
Mexfam and International Planned Parenthood Foundation (IPPF) ................................. MexfamAC @ippf
Praekelt.org ....................................................................................................................... praekeltorg
Sexual Violence Research Initiative .................................................................................. TheSVRI
Sonke Gender Justice ........................................................................................................ SonkeTogether
The Accelerator for GBV Prevention ................................................................................ @preventgbv
Together for Girls ............................................................................................................. together4girls
UKRI Violence, Abuse and Mental Health Network ......................................................... @VAMHN
UN Women ........................................................................................................................ UN_Women
UNFPA Mexico and UNFPA LACRO .............................................................................. UNFPAMexico @unfpa_lac
UN Trust Fund to End Violence against Women .............................................................. @UNTrustFundEVAW
University of California Global Health Institute .............................................................. @ucghi
University of Nairobi & Gender-Based Violence Area of Responsibility (GBV AoR) @uonb @GBV AoR1
UNICEF .............................................................................................................................. UNICEF
VOICE Amplified ............................................................................................................. voicesamplified
World Bank Group and SVRI Grantmaking ....................................................................... @WorldBank @he SVRI
World Health Organization............................................................................................... @WHO
Annex III: Sharing and learning post-Forum

**Forum 2022 highlights video:** Watch the Forum 2022 highlights video [here](#).

**Forum 2022 blogs**

- Akim, A. (2022). Urgent need for safeguarding and referral guidelines for violence research studies that involve children and young people: Reflections from the SVRI Forum 2022. SVRI.
- Mantas, L. (2022). Hacia el impacto de los datos. La importancia de la cooperación multidisciplinar para prevenir la violencia contra las mujeres y las niñas. SVRI.
- Ndungu, J. (2022). Walking the talk: Reflections of a young researcher. SVRI.
- October, L. (2022). ’It’s a small world, after all’. SVRI.
- Somoggi, L., & Gupta, S. (2022). Funders must reckon with the true motivations of philanthropy if they want to decolonise. Alliance magazine.
- Wu, K. (2022). [Reflecting on unbalanced systems of knowledge production at the SVRI Forum 2022](#). SVRI.

**Forum in the news and online**

- [16 days of activism: UNITE! Activism to end violence against women & girls](#). SAMRC.
- [Foro internacional contra la violencia](#). News Report MX.
- [From data to action: Strengthening violence against women data collection, reporting, analysis and use](#). WHO.
- [From small to mighty: Empowering small organizations to keep women and girls safe](#). UN Trust Fund to End Violence against Women. Medium.
- [GWI at SVRI](#). Global Women’s Institute. The George Washington University.
- [KHPT presents its research on gender-based violence in rural Karnataka at the SVRI Forum 2022](#). KHPT.
- [Learning from programming to end violence against women and girls living with disabilities](#). UN Trust Fund to End Violence against Women. Medium.
- [MOMENTUM country and global leadership at the SVRI Forum](#). USAID MOMENTUM.
- [Our youth leader joined the SVRI Forum to link gender and road safety](#). Yours: Youth for Road Safety.
- [UNICEF at the Sexual Violence Research Initiative (SVRI) Forum 2022](#). UNICEF.
Annex IV: SVRI Forum 2022 creators and collaborators

SVRI Forum 2022 Co-hosts

INMUJERES, National Women’s Institute, Mexico
- Nadine Gasman Zylbermann, Presidenta
- Fátima Mendoza Arroyo, Subdirectora de Asuntos Internacionales
- Ximena Mariscal de Alba, Coordinadora de Asuntos Internacionales

Regional Center for Multidisciplinary Research at the University National Autonomous University of Mexico (CRIM-UNAM)
- Sonia Frias, Full Professor
- Roberto Castro, Full Professor
- Irene Casique, Full Professor

SVRI Leadership Council
- Alessandra Guedes (Co-Chair), UNICEF
- Chi-Chi Undie (Co-Chair), Population Council
- Claudia Garcia-Moreno, World Health Organization
- Rachel Jewkes, South African Medical Research Council
- Heidi Stöckl, Ludwig-Maximilians-Universität Munich
- Kumudu Wijewardena, Emeritus professor of community medicine
- Joanna Włodarczyk, Empowering Children Foundation
- Tesmerelna Atsbeha, Wellspring Philanthropic Foundation

SVRI Board
- Chi-Chi Undie (Chair), Population Council
- Craig Harding, Insurance Studio Consulting
- Yvonne Themba, Themba Infrastructure Projects (TIP)
- Elizabeth Dartnall, Sexual Violence Research Initiative
- Nomsa Mokhele, Sexual Violence Research Initiative

SVRI Staff
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- Nomsa Mokhele, Director of Operations
- Morma Moremi, Administration and Knowledge Manager
- Lizle Loots, Global Partnerships and Network Manager
- Ayesha Mago, Global Advocacy Director
- Anik Gevers, SVRI Technical Specialist (Consultancy-based)

Abstract reviewers

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UNICEF
Empowering Children Foundation
MenEngage Alliance
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Harvard University
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South Africa
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Argentina
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<th>Name</th>
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<td>Kate Falb</td>
<td>International Rescue Committee</td>
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<td>Sanja Ćopić</td>
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