Research priorities to address violence against women and girls

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Violence against women and girls is increasingly visible on the global health and development agenda—both as a matter of social justice and equality for women and as a public health priority. After many years of dedicated efforts, more is known about the epidemiology of some forms of violence against women, and knowledge is increasing about what works to prevent and respond to such violence. However, as this *Lancet* Series on violence against women and girls[1–5] highlights, in terms of research and evidence this is still an emerging field. The gaps in research and evidence include: lack of data on some forms of violence from certain regions; an incomplete understanding of the full scope of health and other consequences; a limited knowledge on what works to prevent and respond to violence against women and girls; and a general bias of published literature towards high-income countries.

In 2013, WHO, the London School of Hygiene & Tropical Medicine, and the South African Medical Research Council produced the first global and regional estimates of the prevalence and health effects of two common forms of violence against women: partner violence and non-partner sexual violence.[6] Population-based survey data on intimate partner violence is now available from 85 countries.[6] However, data quality varies across the available surveys and many countries have no population-based data on partner violence or have surveys that date from more than 10 years ago. Gaps in availability of data on prevalence are most pronounced in some regions, in particular central sub-Saharan African, east Asian, Caribbean, and central Asian regions. Even fewer countries have data on sexual violence by non-partners,[6] and knowledge is scarce about trafficking, honour killings, child marriage, violence in conflict, and other humanitarian settings. Little is also known about how violence affects particular groups that are not captured in population-based surveys, including women from indigenous communities, those who live in prisons, other institutions, and humanitarian settings, and women with disabilities.

Some data are available for violence perpetration with the studies of men in Asia, the Pacific,[7] and in other countries through the IMAGE (International Men and Gender Equality) Study,[8] but we need to better understand the drivers of violence perpetration. Furthermore, we require a more comprehensive knowledge of resilience and why some children who are exposed to violence go on to perpetrate it whereas others do not.

In relation to the health impacts, data exist on a range of health effects of partner violence, including physical injuries, mental health, and sexual and reproductive health.[6] Much of the data, however, are based on cross-sectional studies that do not establish causal links between violence and these health outcomes. There is a need for more longitudinal studies and improved study designs to advance our understanding of the health effects of violence.

Efforts to address violence against women and girls have largely emphasised legal, justice sector, and legislative responses, awareness raising, and, to a limited extent, health-sector response. More recently, prevention has become a higher priority. However, evidence on effective programmes to prevent violence against women from happening in the first place is incomplete; as Mary Ellsberg and colleagues[1] point out in this Series, that evidence comes predominantly from high-income countries and is focused on response, with more research needed on primary prevention, including in low-income and middle-income countries. Moreover, most interventions have been tested in only one site and many studies have small sample sizes

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and short follow-up periods. Overall, there is a need to expand the evidence base on what interventions are effective for primary and secondary prevention and to improve the health and wellbeing of women and girls already experiencing violence. More and better programme evaluation is needed to assess promising practices, and to identify and develop new approaches that can be tested through randomised controlled trials or other rigorous approaches.

As highlighted by Rachel Jewkes and colleagues,[3] programmes need to be based on robust theories of change that act across multiple risk factors at many different levels. Research on what works to change social and cultural norms that sanction violence against women and girls, and men's control over women, is needed, since these factors underlie many forms of violence against women.[3,9] We need to build on successful examples of community-based approaches used to prevent female genital mutilation[10] or intimate partner violence.[11] More complex multidisciplinary research and evaluation of interventions is needed; this requires partnerships between programme planners, implementers, policy makers, politicians, and researchers, as noted by Claudia García-Moreno and colleagues[5] in the Series call to action. Research on what works in humanitarian settings is also urgently needed.[12] There is also a need to evaluate the cost-effectiveness of interventions. Implementation research, particularly within health systems, is necessary to investigate the introduction, adaptation, and scaling up of interventions that seem to be effective or promising.

In 2013, WHO launched clinical and policy guidelines for responding to intimate partner violence and sexual violence against women,[13] which highlighted the limitations of the evidence base on health-care interventions for survivors of violence and on developing effective service delivery models. A health-system research agenda for strengthening the response to violence against women and girls is urgently needed.[13] This agenda is particularly important in light of the 2014 World Health Assembly Resolution that calls on countries to strengthen the role of health systems in addressing violence, particularly against women and girls.[14] For this resolution to be implemented, countries will need to know what the most effective clinical care interventions are, and what works for strengthening capacity of health-care providers and to scale up services.

For this field to retain its momentum and progress, investment is necessary to allow measurement of the magnitude and nature of the problem within individual countries as well as across countries, together with assessment of the effectiveness of interventions for prevention and response and methods to scale up effective interventions. More research is needed on forms of violence about which we have insufficient knowledge. Capacity needs to be strengthened in middle-income and low-income countries to enable local researchers to undertake research. Funding for epidemiological, behavioural, operational, and implementation research is also important if we are to advance the field. Additionally, we need to develop a larger menu of well evaluated interventions that can be implemented and scaled up, which would stimulate innovation and engagement of all actors as we move forward. Initiatives to strengthen research and build evidence on different forms of violence are welcome. More such initiatives are urgently needed to accelerate evidence-based programming efforts to prevent and respond to violence against women and girls.

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