



Global Shared Research Agenda

For Research on Violence Against Women in Low and Middle-Income Countries



A NOTE ON LANGUAGE

Throughout this report we use the term ‘violence against women’. The United Nations Declaration on the Elimination of Violence against Women provides the following definition:

“The term violence against women means any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life.”

In this report, the term ‘woman’ refers to all female-identifying people, including trans women.

We acknowledge that there is debate within the field as to the most appropriate terminology to describe gendered patterns of violence. We have chosen to use the term ‘violence against women’ because it most accurately describes the focus of this particular research agenda.

We also recognise that there are multiple intersections between violence against women and violence against children.

This priority-setting exercise includes attention to the intersections between VAW and VAC in a limited way, considering VAC as a risk factor for intimate partner violence, or as an example of dating violence among adolescent girls. However, a more comprehensive priority-setting exercise on intersections is happening elsewhere.

Finally, we acknowledge that there are limitations with the term ‘violence against women’, not least of which it can be considered cissexist and heterosexist. The purpose of this research agenda is, in part, to bring to light areas of research and the priorities of communities that historically have been under-represented or overlooked. We therefore hope this work forms part of an ongoing conversation to expand research, methods and terminology to meet the diverse needs of our field.

The successful creation of a Global Shared Research Agenda (GSRA) for the field of violence against women has required the intellectual curiosity, generosity, commitment and time of many people.

Thanks first go to the GSRA Stewardship Group and Consultants for their technical leadership and writing up of the overall report: Elizabeth Dartnall, Emma Fulu, Julianne Corboz, Chay Brown, Mark Tomlinson, Sarah Gordon. The Equality Institute (EQI) and the SVRI are deeply grateful to and appreciative of the GSRA Advisory Group for their unwavering and ongoing support to, guidance, and insights on this process. We also want to extend our thanks to our external reviewers including Dr Yvette Efevbera ScD from the Gates Foundation, Lori Michau from Raising Voices, Lusajo Kajula, independent consultant and the voices of many others. We would also like to thank the Global Expert Group for the time given to completing a complex survey during even more complex times – thank you.

Thanks also go to the SVRI and EQI staff and Ladbury Communications team who supported the process behind the scenes. Finally, thanks go to our funding partners, Sida – the Swedish International Development Cooperation Agency – and Wellspring Philanthropic Fund for their support in decolonising knowledge and building a shared agenda on VAW research priorities we can all be proud of.

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Together, the Sexual Violence Research Initiative (SVRI) and the Equality Institute (EQI), with support from funding partners and the field, have drawn on the wisdom of the crowd, to set research priorities for the next five years for fair, effective and relevant research on violence against women (VAW).




To identify these priorities, and ensure the process was fair and transparent, a method called CHNRI was used, which considers the views of multiple stakeholders, not just technical experts,

so all views are treated equally without some voices being more dominant than others. It does this by 'crowd-sourcing' multiple opinions on an issue, surpassing the 'expert' judgement of one person.

“This has been an extremely thorough consultation process. It has not been rushed and given the wisdom of the crowd, it is very unlikely that, even had we had greater numbers from the regions less represented, the scoring would have been very different.” - Advisory Group member



Three groups were established to govern and guide the Global Shared Research Agenda (GSRA):

- 
1. **STEWARDSHIP GROUP:** Key staff and consultants working with SVRI and EQI who oversaw the overall process, including co-ordination, design, analysis, reporting and dissemination.
 2. **ADVISORY GROUP:** A group of approximately 30 experts in the VAW prevention and response field, across multiple geographical contexts, who provided expert technical input and advice on key steps in the research priority-setting exercise.
 3. **GLOBAL EXPERT GROUP:** A group of approximately 400 global experts from both low and middle-income countries (LMICs) and high-income countries (HICs), working on VAW prevention and response, including researchers, practitioners, funders and policymakers.

Guided by these structures, rich with diversity and passion for the field, the GSRA was developed in a six-step highly participatory and iterative process, with many opportunities for feedback from the different governance and advisory group members. The first step involved a scoping review of the literature, to identify key gaps in the field which framed the priority-setting process, and led to the identification of four key research domains:

Domain 1

Research to understand VAW in its multiple forms – including prevalence of different types of VAW, risk and protective factors for VAW experience and perpetration, and the causes and consequences of VAW, including health and psychosocial consequences.

Domain 2

Intervention research – including research on violence prevention and response interventions, and various types of evaluations of interventions, including process, formative and impact evaluations.

Domain 3

Improving existing interventions – including scale-up research, costing research, intervention science, process research and other forms of research that generate innovative solutions to improve existing interventions, making them more deliverable, affordable or sustainable, including research aimed at understanding the impact of policies and laws on VAW.

Domain 4

Methodological and measurement gaps – including new and innovative ways to measure VAW, hierarchies of knowledge, practice-based learning, sticky ethical issues, and monitoring and evaluation of interventions.

The Advisory Group identified priority research questions under each of these four domains via a series of virtual meetings and online surveys. Forty-one questions were identified initially, ten questions under three domains and 11 under one. These questions were then sent to the Global Expert Group through an online survey to rank and score against three criteria – Applicability, Effectiveness and Equity. There was a total of 214 responses.

Who responded?

Three quarters of respondents identified as female, and a larger proportion of practitioners than researchers responded to the survey. Approximately 60% of respondents (n=128) stated that they were currently based in an HIC. Of the 84 respondents based in an LMIC, 73 reported being based in a middle-income country, and 11 in a low-income country.

Overall

The most highly ranked questions fell under **Domain 2: Intervention research**, suggesting that **intervention research** is viewed by the field as the most needed at this point. The top five questions in order of overall ranking 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 (IPV) (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 (eg Me too, Ni una menos) and meninist social movements (Men's Rights Activists (MRAs), incels etc)¹ 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?

¹ Meninist social movements advocate for men's rights and are often in opposition to feminism, or support the belief that feminism victimises men. For example, incels (who are predominantly men) comprise members of one type of meninist social movement or subculture. The term refers to being an 'involuntary celibate' or unable to find an intimate partner despite wanting one, with corresponding blame being placed on women.

The top two questions by domain are:

Domain 1

Research to understand VAWG in its multiple forms

1. How are new feminist social movements (eg 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?
2. 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?

Domain 2

Intervention research

1. What types of interventions can effectively prevent multiple forms of violence, and why?
2. What types of interventions are most effective for preventing IPV (including 'honour'-based violence) against women facing multiple and intersecting forms of discrimination (including age, poverty, disability, ethnicity, race, sexuality)?

Domain 3

Improving existing interventions

1. What alternative modalities (besides in-person programming) are effective in VAW prevention at scale?
2. How can large-scale sector programmes be adapted to optimise their impact on violence prevention and response, particularly education, health, economic development, infrastructure and social protection programmes?

Domain 4

Methodological and measurement gaps

1. What are the most effective tools to measure harmful traditional practices against women and girls (including Female Genital Mutilation/Cutting (FGM/C), early and forced marriage, crimes committed in the name of honour, dowry-related violence, and son preference)?
2. What methods can be used to measure the intersection and pathways between different types of violence, including polyvictimisation and intersections between violence against women (VAW) and violence against children (VAC)?

While there was surprising consistency across priorities both overall and by domain, there are some notable variations, for example by occupation, and geographical location.



Practitioners gave preference for questions related to Intervention research, while researchers' top five questions included two from the Intervention research domain and two from the Understanding VAW domain, with the addition of a question related to methodology and measurement gaps. Geographical variations were less striking, with the top four questions ranked overall being shared for most groupings of experts across geographical regions, with some exceptions. Experts in East and South-East Asia and the Pacific (ESEAP) for instance, did not rank the Domain 1 question on feminist and meninist social movements in their top five questions. While experts living and working in LMICs, ranked research on interventions that prevent sexual harassment in institutional settings among their top five questions, researchers and experts living in and working in HICs did not.

NOTABLE GAPS

When asked to identify gaps in the priorities, respondents were concerned with the lack of questions on **VAW response/services or a combination of prevention and response**, and several experts noted wider gaps in the field. These included research on: certain **types of violence**, such as VAW in the context of political participation (or 'political violence'), reproductive coercion and other types of violence linked at the intersection of IPV and sexual and reproductive health, caregiver abuse (including against people with disabilities), sex trafficking, genital cutting (for all ages and genders), and severe forms of VAW such as femicide; **missing populations** including adolescent girls/youth, ethnic and religious minorities, sex workers and (sexual violence against) men and boys; and **humanitarian/emergency contexts**.

LESSONS LEARNED

Completing a priority-setting exercise can be complex and time-consuming. But the process for priority setting is as important as the methodology, especially the need to actively ensure diverse voices are included. The GSRA was developed during the height of the COVID-19 pandemic, which meant that it was deeply reliant on technology, and to this end it was essential to make access to it straightforward, and so the team worked hard to make it as inclusive, accessible and user-friendly as possible. When undertaking such an exercise, it is also important to be flexible and consider respondents' time and resources. The surveys were also translated into multiple languages. Finally, and very importantly, it is vital to be open, transparent and honest about the process and limitations, to manage expectations.

The GSRA process has revealed that there are still major research gaps in the VAW field.



For example, research on prevention and interventions is an important priority for the field right now, along with research on new and emerging forms of violence, and violence among populations that have been previously overlooked, for example women with disabilities or women facing multiple and intersecting forms of discrimination.

While these priorities have been developed through a transparent and participatory process with high levels of agreement among experts – no process is perfect. Important gaps were noted; for example, research on responses, research on different forms of violence, and research with different population groups. Humanitarian settings were not a focus of this process and are another notable gap. It is important to take note of these gaps and variations when using the GSRA.

The GSRA must be used, for it to be effective. Funders should increase investment in high-quality and ethical research aligned with the GSRA; researchers should use the GSRA to inform their own research agendas; practitioners should use the agenda as a guide for partnerships with researchers on the evaluation of their interventions; and as a field together, the GSRA should be used as a tool to advocate for more and better research funding that addresses critical research gaps in the field.

INTRODUCTION

To strengthen our understanding of gender-based violence (VAW), and ultimately prevent it, research must be both priority-driven and carried out in such a way that it provides sound practical and empirical guidance for interventions, programmes, policy and advocacy.

The Sexual Violence Research Initiative (SVRI) and the Equality Institute (EQI), with support from Wellspring Philanthropic Fund, steered and facilitated the development of a Global Shared Research Agenda (GSRA) for research into gender-based violence in low and middle-income countries (LMICs).

“With the Global Shared Research Agenda we are challenging the old way of doing things, which has for too long seen research agendas set by too few, often the loudest, most senior in the room, who sit far removed from the communities that the research is meant to serve.” - Advisory Group Member

With the GSRA we are challenging these traditional barriers to funding, and bringing a more nuanced and equitable way to setting an agenda, which seeks to:

- Identify evidence gaps and highlight priority areas for research that can guide research expenditure and ensure precious resources are spent effectively.
- Assist researchers, funders, practitioners and policymakers with research planning and fundraising.
- Serve as an advocacy tool to signal to stakeholders the areas of research that have been identified as important.
- Serve as a monitoring tool for the field, including monitoring actual research and expenditure against priorities.
- Guide SVRI grant-making.

The GSRA aims to elevate research that facilitates improved responses to and prevention of VAW and redresses inequalities and hierarchies in global research that currently sees most research resources and capacity located in high-income countries (HICs).

The GSRA also aims to advance research that provides evidence-based, implementable solutions for interventions, policy and advocacy programmes within countries, and at regional and global levels. Furthermore, it intends to increase diversity in research, by involving multiple voices in the process and being informed by diverse voices representing multiple sectors.



With the GSRA we have an opportunity to shift the power imbalance, and centre activists and practitioners who are working on the ground and who have a deep insight into interventions that are working in communities. The GSRA is for us as activists, and we need to find ways to 'rise up' these voices." - *GSRA Stakeholder*



The GSRA was established using a priority-setting exercise, to identify where major gaps lie and what major questions need to be addressed, for the field to make progress towards eliminating VAW.

INTRODUCTION

Research priority setting – an overview of global approaches

Several frameworks are available to guide research priority-setting processes, which can be grouped into three broad categories: 1) consensus-based approach, 2) metrics-based approach (pooling individual rankings), and 3) combination of both².

The methods most used and referred to in current literature, include: The Essential National Health Research (ENHR) approach; the Combined Approach Matrix (CAM); the Child

Health and Nutrition Research Institute (CHNRI) method; the Delphi method; and the James Lind Alliance (JLA) method; with the most frequently used being the CHNRI method (see Figure 1)³.

- **0.6%** - Essential National Health Research Method
- **1.8%** - Combined Approach Matrix
- **8.5%** - Literature review and questionnaire
- **1.8%** - A described approach but not established as a method
- **7.9%** - Online survey/questionnaire
- **3.0%** - No description of approach
- **7.9%** - James Lind Alliance Method
- **18.8%** - Consultation
- **23.6%** - Delphi method
- **26.1%** - CHNRI method

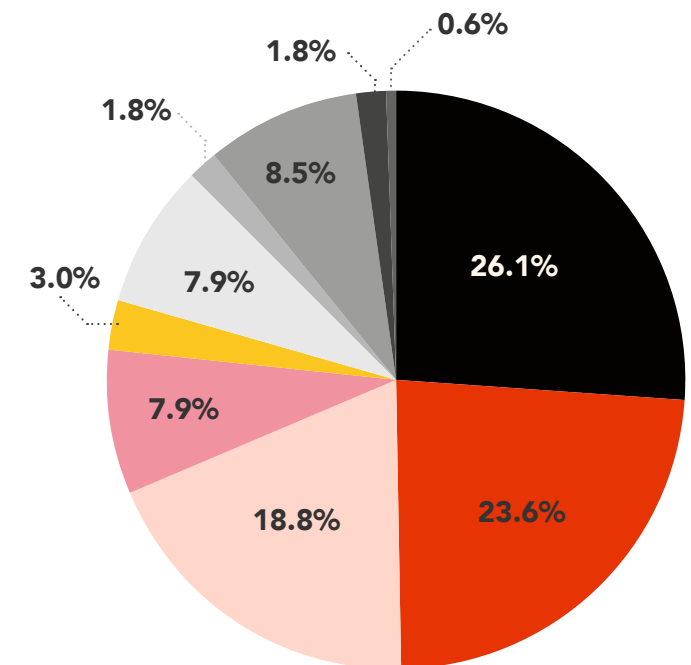


Figure 1: Methods, tools and approaches used for setting health research priorities⁴

² Viergever RF et al (2010). A checklist for health research priority setting: nine common themes of good practice. Health Research Policy and Systems. Springer Nature. <https://health-policy-systems.biomedcentral.com/articles/10.1186/1478-4505-8-36#Tab1>












³ Note that in Figure 1, consultation method refers to expert interviews and focus group discussions.

⁴ Yoshida S (2016). Approaches, tools and methods used for setting priorities in health research in the 21st century. J Glob Health. 2016 Jun; 6(1): 010507.

There are pros and cons for each method, with context being an important deciding factor together with considerations of power and diversity. Globally, there is little agreement on what is best practice for priority setting, but Viergever and colleagues (2010) provide a helpful checklist for health research priority setting (see Table 1).

PREPARATORY WORK

Table 1: A checklist for health research priority setting: nine common themes of good practice⁵

 <p>CONTEXT - Decide which contextual factors underpin the process: What resources are available for the exercise? What is the focus of the exercise (ie what is the exercise about and who is it for)? What are the underlying values or principles? What is the health, research and political environment in which the process will take place?</p>	 <p>DECIDING ON PRIORITIES</p>
 <p>USE OF A COMPREHENSIVE APPROACH - Decide if use of a comprehensive approach is appropriate, or if development of own methods is the preferred choice. These approaches provide structured, detailed, step-by-step guidance for health research priority-setting processes from beginning to end.</p>	 <p>CRITERIA - Select relevant criteria to focus discussion on setting priorities.</p>
 <p>INCLUSIVENESS - Decide who should be involved in setting the health research priorities, and why. Is there appropriate representation of expertise and balanced gender and regional participation? Have important health sectors and other constituencies been included?</p>	 <p>METHODS FOR DECIDING ON PRIORITIES - Choose a method for deciding priorities. Decide whether to use a consensus-based approach or a metrics-based approach (pooling individual rankings), or a combination.</p>
 <p>INFORMATION GATHERING - Choose what information should be gathered to inform the exercise, such as literature reviews, collection of technical data (eg burden of disease or cost-effectiveness data), assessment of broader stakeholder views, reviews or impact analyses of previous priority-setting exercises or exercises from other geographical levels.</p>	 <p>AFTER PRIORITIES HAVE BEEN SET</p>
 <p>PLANNING FOR IMPLEMENTATION - Establish plans for translation of the priorities to actual research (via policies and funding) as a priority at the beginning of the process. Who will implement the research priorities? And how?</p>	 <p>EVALUATION - Define when and how evaluation of the established priorities and the priority-setting process will take place. Health research priority setting should not be a one-time exercise!</p>
	 <p>TRANSPARENCY - Write a clear report that discusses the approach used: Who set the priorities? How exactly were the priorities set?</p>

⁵ Viergever RF et al (2010). A checklist for health research priority setting: nine common themes of good practice. Health Research Policy and Systems. Springer Nature.

Priority-setting processes are strengthened and made more valuable and useful if diverse viewpoints are included in the process, along with the use of structured, step-by-step guidance that is flexible and adaptable for different context and needs.

INTRODUCTION

Governance and co-ordination

There were three different groups involved in the development of the GSRA, each with their respective roles and responsibilities.



1. STEWARDSHIP GROUP: The development of the GSRA was co-ordinated by the Stewardship Group, which comprised key staff and consultants working with SVRI and the EQI (see Annex 2). The Stewardship Group oversaw the overall process, including co-ordination, design, analysis, reporting and dissemination of the GSRA.

2. ADVISORY GROUP: The process was governed by the Stewardship Group in partnership with the Advisory Group, comprising about 30 experts in the VAW prevention and response field, across multiple geographical contexts (see Annex 2). The Advisory Group members were selected for their expertise in VAW prevention and related

fields, and care was taken to ensure diversity of representation within this group. Indigenous persons, disability advocates, LGBTQI+ community members, as well as various people from and situated in LMICs and HICs, were all valued members of the Advisory Group. The group also included practitioners, academics and policymakers in both LMICs and HICs.

The Advisory Group provided expert technical input and advice at key points in the process, including in consultation on the findings. The Advisory Group was invited to draft and submit questions as part of the question-gathering process, and was also invited to provide feedback on the question consolidation. The

Advisory Group continued to provide checks and balances throughout the overall process.

3. GLOBAL EXPERT GROUP: Throughout the development of the GSRA, the Stewardship Group aimed to engage widely and listen deeply to different people, actors, groups and organisations working in VAW prevention and related fields. The Global Expert Group was therefore established and invited to participate in the priority-setting exercise.

The Global Expert Group comprised about 400 global experts from both LMICs and HICs working on VAW prevention and response, including researchers, practitioners, funders

and policymakers. The list was initially compiled using the networks of the Stewardship Group and the Advisory Group, and a webinar was held in three languages to familiarise the Global Expert Group with the process. The Global Expert Group was then invited to disseminate the priority-setting surveys among its networks. Through this approach, the GSRA method aimed to be as inclusive as possible, and cast as wide a net as possible, to ensure that a diversity of participants from a range of geographical contexts were able to take part.

METHODOLOGY

METHODOLOGY

The Child Health Nutrition Research Initiative method

In 2005, the Child Health and Nutrition Research Initiative (CHNRI) began developing a systematic methodology with the aim of setting research priorities (in the first instance) for child health⁶.

Underlying this thinking was the realisation that existing priority-setting exercises had a number of shortcomings that called into question their credibility. These included:

- Priorities tended to be set by a small group of academics/experts.
- The results often did not include the views of stakeholders other than academics.
- Selection of who would participate was not always clear.
- Powerful members of the priority-setting group tended to have undue influence on final decisions.
- Donors and research funders rarely contributed to the establishment of priorities.
- New 'trendy OR trending OR vogueish' research was more likely to be published in high-impact journals than research that dealt with issues of equity.
- Perhaps most importantly, how decisions were made was not open to external scrutiny, to the extent that it was not even clear whether people in the same room were using remotely the same criteria in their decision-making.

⁶ Tomlinson M, Chopra M, Sanders D, Bradshaw D, Hendricks M, Greenfield D et al. Setting priorities in child health research investments for South Africa. PLoS Med. 2007;4(8):e259.

The CHNRI methodology has become a consensus-building tool that can be applied at multiple levels and for a variety of purposes, addressing a single disease, a group as well as risk factors, and has been successfully used in different thematic areas including child health, mental health and psychosocial support, developmental disabilities and the intersection of alcohol and HIV⁷. In the first step, a Technical Working Group is formed and defines the context. Context is defined by a number of elements that include:

1. Space

Space (is the priority-setting exercise global, low-income countries, or district level)

2. Time

Time (what is the expected time for scoring against – 5, 10 or 20 years)

3. The area being addressed

The area being addressed (eg mental health, pneumonia, disability or child health)

The Technical Working Group then systematically lists all possible research questions (termed research options), which are each independently scored against a pre-defined set of criteria by a group of technical experts. CHNRI's most used criteria have emerged out of more than 50 priority-setting exercises conducted using this method.⁸ The most frequently used criteria being answerability, effectiveness, deliverability and equity.

⁷ Tomlinson M, Swartz L, Officer A, Chan KY, Rudan I, Saxena S. Research priorities for health of people with disabilities: an expert opinion exercise. *Lancet*. 2009;374(9704):1857-62; Rudan I, Kapiriri L, Tomlinson M, Balliet M, Cohen B, Chopra M. Evidence-based priority setting for health care and research: tools to support policy in maternal, neonatal, and child health in Africa. *PLoS Med*. 2010;7(7):e1000308; Tomlinson M, Yasamy MT, Emerson E, Officer A, Richler D, Saxena S. Setting global research priorities for developmental disabilities, including intellectual disabilities and autism. *J Intellect Disabil Res*. 2014;58(12):1121-30; Gordon S, Rotheram-Borus MJ, Skeen S, Parry C, Bryant K, Tomlinson M. Research Priorities for the Intersection of Alcohol and HIV/AIDS in Low and Middle Income Countries: A Priority Setting Exercise. *AIDS Behav*. 2017;21(Suppl 2):262-73.

⁸ Rudan I, Yoshida S, Chan KY, Sridhar D, Wazny K, Nair H, et al. Setting health research priorities using the CHNRI method: VII. A review of the first 50 applications of the CHNRI method. *J Glob Health*. 2017;7(1):011004.

**In some instances,
experts may not have felt
knowledgeable enough to
answer a research option,
and left the option blank.**

The CHNRI methodology is able to deal with missing answers⁹, in that it expects that each expert does have all the necessary knowledge on each possible research option to score it against the criterion¹⁰. Furthermore, the wisdom of crowds theory allows individuals in the rating process to have the chance to express a judgement (ie score research option that they prioritise), and this judgement is treated equally. Naturally, these judgements (scores) include personal biases, but these tend to be cancelled out or diluted based on the wisdom of the crowds concept.¹¹

⁹Rudan I, Chopra M, Kapiriri L, Gibson J, Ann Lansang M, Carneiro I, et al. Setting priorities in global child health research investments: universal challenges and conceptual framework. *Croat Med J.* 2008;49(3):307-17; Rudan I, Gibson JL, Ameratunga S, El Arifeen S, Bhutta ZA, Black M, et al. Setting priorities in global child health research investments: guidelines for implementation of CHNRI method. *Croat Med J.* 2008;49(6):720-33.

¹⁰Rudan I, Gibson JL, Ameratunga S, El Arifeen S, Bhutta ZA, Black M, et al. Setting priorities in global child health research investments: guidelines for implementation of CHNRI method. *Croat Med J.* 2008;49(6):720-33.

¹¹Tomlinson M, Yasamy MT, Emerson E, Officer A, Richler D, Saxena S. Setting global research priorities for developmental disabilities, including intellectual disabilities and autism. *J Intellect Disabil Res.* 2014;58(12):1121-30; Surowiecki J. *The Wisdom of Crowds*. New York: Anchor Books; 2005.

METHODOLOGY

Adapting the CHNRI method

“Developing the GSRA was a new process. We understand that while the outcome of this process is hugely valuable, the process itself, and what we learn from it, are just as valuable.”

Advisory Group member



Figure 2: The GSRA method

The GSRA was developed through an adaptation of the CHNRI method – a six-step highly participatory and iterative process, with many opportunities for feedback and input from the different governance and Advisory Group members. Figure 2 illustrates the six-step process used to develop the GSRA, which is presented in more detail in the following sections of the report.

1. **IN STEP ONE**, a broad scoping review was undertaken. Based on the topics and gaps identified in the scoping review, four key domains of research on VAW prevention and response were identified.
2. **IN STEP TWO**, the Advisory Group provided advice and feedback on the domains and on the criteria for prioritising and scoring the research questions. Through an online survey, the Advisory Group also generated a list of research questions.
3. **IN STEP THREE**, the Stewardship Group consolidated the research questions generated by the Advisory Group, and refined the list down to approximately ten questions per domain, then invited the Advisory Group to review the final list of questions. A webinar with the Global Expert Group was also held, to familiarise it with the process.
4. **STEP FOUR**, based on feedback from the Advisory Group, the priority-setting surveys were developed and disseminated to the Global Expert Group. The data were analysed and results generated by the Stewardship Group.
5. **IN STEP FIVE**, the Stewardship Group hosted an online workshop with the Advisory Group, to present the results and invite its feedback.
6. **THE FINAL STEP – STEP SIX** – involves the wide dissemination of results in different formats for different constituencies, including funders, researchers, practitioners, policymakers and activists. The GSRA will be used to advocate for more and better resources to be put towards building the knowledge base and addressing key research gaps in the field of VAW prevention and response.

After each online webinar with the Advisory Group and Global Expert Group, a survey was distributed to the participants, to gain their feedback on the process. These surveys were used by the Stewardship Group in the interests of improving and strengthening the Stewardship Group’s ways of working, and to ensure that the process of establishing the GSRA was as democratic and collaborative as possible.

The GSRA will be used to advocate for more and better resources to be put towards building the knowledge base and addressing key research gaps in the field of VAW prevention and response.

METHODOLOGY

Step 1: Scoping review and identification of domains

The first phase of the GSRA comprised a scoping review of the literature, to provide an overview of the key gaps in evidence of VAW in LMICs. This was based on a framework developed to classify the literature into three thematic areas:

1. Research to understand VAW (eg prevalence studies, perpetration studies and risk factors, causes and consequences of VAW)
2. Intervention research (including prevention and response interventions, and various types of evaluations of interventions, including process, formative and impact evaluations)
3. Scale-up and costing research

The literature was classified under these three thematic areas, and reviewed and analysed against four additional classifications of the literature:

1. Types of violence (eg intimate partner violence, non-partner sexual violence)
2. Populations (eg women with disabilities, adolescents, LGBTQI+ people, sex workers, indigenous women, migrant women, pregnant or postpartum women, women living with HIV/AIDS)
3. Geographies (regions and countries)
4. Methodologies

Keywords were established for VAW, and geographical context, and these were combined into a phrase including Boolean terms (AND, OR), and then searches were included within the title and abstract fields. Searches were then applied on a number of databases and sources, including PubMed, the SVRI online repository, the Prevention Collaborative website, the What Works to Prevent Violence Against Women and Girls Global Programme website, Cochrane and Campbell, an evidence and gap map of systematic reviews on engaging men in sexual and reproductive health and rights (SRHR) according to the World Health Organization (WHO) SRHR outcomes¹², and 3ie's evidence and gap map on IPV prevention¹³.

¹² Targeting the VAW outcome, <http://srhr.org/masculinities/rhoutcomes/>

¹³ <https://gapmaps.3ieimpact.org/evidence-maps/intimate-partner-violence-ipv-prevention>

Due to limitations in the scope of the review and coverage of the literature, several inclusion and exclusion criteria were used. Papers were included if they were published in English, French, Mandarin, Portuguese and Spanish¹⁴; were published from November 2014 to January 2020; were based on studies conducted in LMICs; reported on women's experience or men's perpetration of intimate partner violence (IPV) or non-partner sexual violence (NPSV); or treated VAW as a primary theme (not a secondary theme).

Literature was also included from a range of papers, including review articles, systematic reviews, meta-analyses, scoping reviews, peer-reviewed journal articles, rapid reviews and grey literature, and with diverse study designs, including cohort studies, cross-sectional studies, qualitative studies, quantitative studies, mixed-methods studies, randomised controlled trials (RCTs) and quasi-experimental studies. Studies were excluded if they: were published outside the date range; were based

on data from HICs; did not include any form of IPV or NPSV; focused on harmful traditional practices, unless analysed as a risk factor for IPV; included children as a key target group or addressed violence in school settings, unless specifically targeting dating violence, IPV or NPSV (ie against adolescents); consisted of studies in humanitarian emergency settings; or consisted of newspaper or media articles with no methodological or theoretical approach.

¹⁴ Although the focus of the review was on studies published in English, with search terms deployed in English, given the language abilities within the team to read French, Mandarin, Portuguese and Spanish, any studies to emerge in these languages were included in the review. However, few papers in non-English languages were identified in the scoping review.

Based on the results of the scoping review, four domains were developed to further classify the priority research questions, as outlined below.

Domain 1

RESEARCH TO UNDERSTAND VAWG IN ITS MULTIPLE FORMS

Domain 1 includes research on the prevalence of different types of VAW, risk and protective factors for VAW experience and perpetration, and the causes and consequences of VAW, including health and psychosocial consequences.

VAW in its multiple forms includes IPV (physical, sexual, emotional and economic IPV, and forms of controlling behaviour), by a current or former partner or spouse; NPSV; sexual harassment and VAW in public and workplace settings; and harmful traditional practices, such as female genital mutilation, so-called 'honour killings', and early marriage. This domain also includes new modalities through which violence may occur, including through online and offline technologies and social media.

Domain 2

INTERVENTION RESEARCH

Domain 2 includes research on violence prevention and response interventions, and various types of evaluations of interventions, including process, formative and impact evaluations.

Intervention research refers to the development and/or evaluation of any intervention or programme aimed at preventing violence or responding to it (eg through VAW services). This domain also includes research that supports the development of theories of change for violence prevention interventions, or research or evaluation conducted to test pathways to change in violence prevention interventions.

Domain 3

IMPROVING EXISTING INTERVENTIONS

Domain 3 includes scale-up research, costing research, intervention science, process research and other forms of research that generate innovative solutions to improve existing interventions, making them more deliverable, affordable or sustainable. This domain also includes research aimed at understanding the impact of policies and laws on VAW.

Improving existing interventions refers to understanding how positive or promising impacts of interventions can be scaled up to access larger populations, benefit more people and to foster policy and programme development on a more sustainable basis, including generating knowledge about the costs of VAW and of implementing VAW prevention and response interventions. This domain also includes the impact of developing, implementing and scaling up sustainable violence prevention initiatives at national government level, including policies, frameworks and laws that aim to prevent VAW. A critical element of this domain is access to funding required to adapt and scale up interventions to different contexts, and to ensure that resource distribution is equitable and reaches marginalised groups, including those with intersecting identities.

Domain 4

METHODOLOGICAL AND MEASUREMENT GAPS

Domain 4 includes new and innovative ways to measure VAW, hierarchies of knowledge, practice-based learning, sticky ethical issues, and monitoring and evaluation of interventions.

Methods and measures refers to the methodologies and research instruments we use to measure the different forms of VAW, and their validity, reliability and accuracy. For example are the measures we use valid (eg are they measuring what they are supposed to?) and reliable (eg the consistency of how a person answers over time to the same question/scale); are the methods we use (eg surveys, questionnaires, scales) scored appropriately; can we use standardised methods and measures across studies; how can we mitigate limitations in measuring accurate VAW prevalence data, including recall bias and social desirability bias? This domain also includes addressing limitations in VAW evaluation approaches, for instance, how to avoid spill-over effects for control or comparison group populations in experimental or quasi-experimental approaches.

METHODOLOGY

Step 2: Research questions

The Advisory Group provided advice and feedback on the domains and on the criteria for prioritising and scoring the research questions.

After the domains and criteria had been developed and validated, the question-gathering survey was distributed to the Advisory Group, which was asked to write one research question per domain. Most respondents, however, chose to write multiple questions per domain. The Stewardship Group also contributed to the question-gathering survey.

A total of 34 responses were received, which generated 132 research questions. This was an excellent response rate, given that there were 28 members of the Advisory Group and six members of the Stewardship Group. The respondents were located in 18 countries, and 55% of respondents were from LMICs. Throughout the GSRA process, the Stewardship Group prioritised and was committed to elevating the voices of people from LMICs, but also sought the input of people based in HICs and/or whose work is based in LMICs. Figure 3 illustrates the regions in which the question-gathering survey respondents' work is primarily focused.

In which region is your work primarily focused?
Select all that apply.

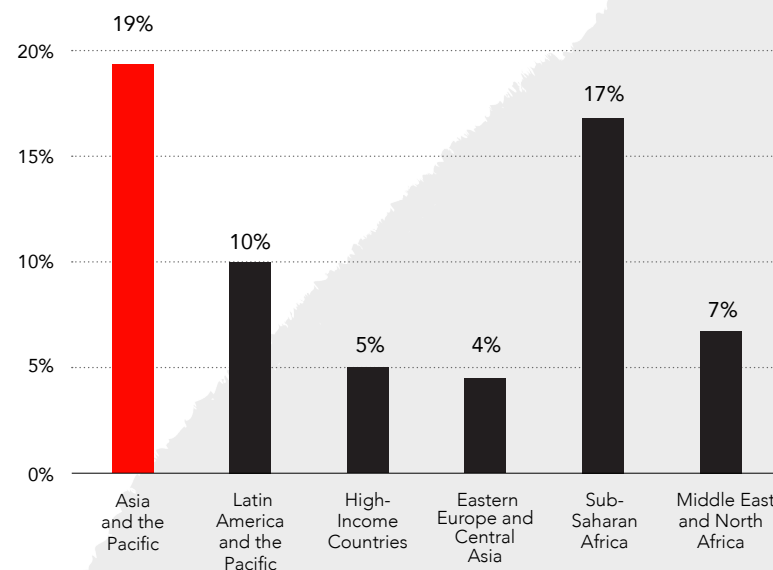


Figure 3: The regions in which respondents' work is primarily focused

The respondents also occupied a number of different roles and positions, which was key, as the Stewardship Group sought to ensure a diversity of views and perspectives were represented in the GSRA process. Figure 4 shows how respondents described their current role or organisation. Most respondents

worked for non-governmental organisations and universities. Several respondents also selected ‘other’, three of whom identified their organisation as ‘research organisation’, while one identified their organisation as a ‘social enterprise’ and one identified their organisation as a ‘foundation/philanthropy’.

How would you describe your current role/organisation?

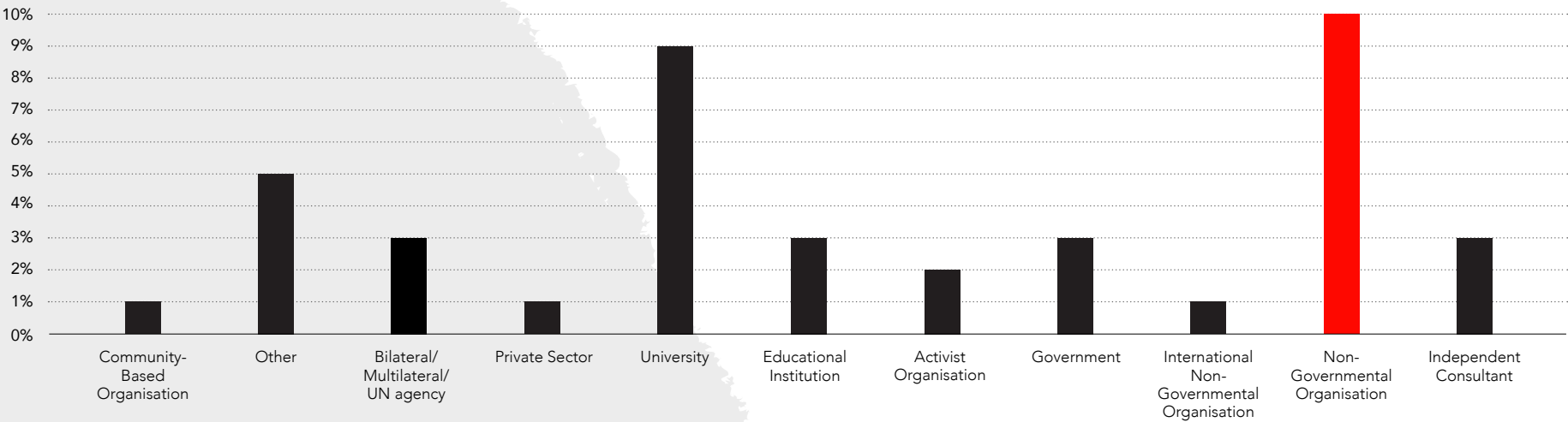


Figure 4: Respondents’ role or organisation

METHODOLOGY

Step 3: Consolidating the research questions

Once the questions had been gathered through the online survey, the Stewardship Group then worked to refine and reduce the 132 questions down to 40 (ten research questions per domain).

The Stewardship Group began by deleting duplicate questions, and separating questions that had multiple potential answers (ie different parts of the same question might have a different answer)¹⁵. The Stewardship Group then reduced the questions by each group member, assessing the questions using the following criteria:

- Is the question answerable?
- Does the question address a research gap?
- Is the question relevant?

Each group member's assessments were then cross-referenced against the other group members' and only those questions that were unanimously assessed as not meeting the criteria were removed. In this way, the questions were reduced on the consensus of the group. Through this process, the Stewardship Group was able to reduce the 132 questions down to 57.

The Stewardship Group then facilitated an online workshop with the Advisory Group, in which the 57 research questions were presented. In this workshop, the Advisory Group was split into smaller working groups, who each used the same

criteria to discuss the research questions and assess them against the same criteria. The objective of this workshop was to identify any gaps, as well as to reduce them down to the required 40 questions. After feedback from the Advisory Group, several questions were added, and others were rewritten for clarity or to broaden their scope.

The revised questions then went through several rounds of feedback, in which they were sent to all members of the Advisory Group and Stewardship Group for final review and comment. After responding to this feedback, a final list of 41 research questions was created.

¹⁵ This was done to ensure that a single research option could not be answered, for example, in the affirmative for one part of the question but in the negative for another component of the question.

METHODOLOGY

Step 4: Scoring

METHODOLOGY

Step 4: Scoring // Criteria

To facilitate the priority-setting exercise, a set of criteria was developed to assess the research questions.

To select the criteria, a brief review of the CHNRI criteria was conducted¹⁶ and the ten most common and relevant criteria were posed to the Advisory Group. A survey was distributed that asked Advisory Group members to rank the ten criteria based on importance to VAW research. The findings from the criteria ranking can be seen in Figure 5, which shows the overall rank of each criterion, its score and number of rankings. There were 25 respondents to the ranking survey – the number of respondents who ranked each criterion produces the number of rankings.

One respondent ranked their top three criteria only, which is why some criteria have been ranked 25 times, while the others have been ranked 24. The order of the ranking correlated with an individual score (a ranking of 1 would result in a score of 10, 2 in a score of 9 etc); this produced an overall score for each criterion. Finally, the rank distribution shows how the rankings for each criterion were distributed between high (1-5) and low (6-10) ranks. This reveals how often a criterion was ranked high or low. These three measures determined the overall rank of the criteria.

¹⁶ Brownson RC, Kreuter MW, Arrington BA, True WR (2006). Translating scientific discoveries into public health action: how can schools of public health move us forward? Public health reports (Washington, DC: 1974), 121(1), 97–103; Rudan I, Gibson JL, Ameratunga S, El Arifeen S et al (2008). Setting priorities in global child health research investments: guidelines for implementation of the CHNRI method. Croatian medical journal, 49(6), 720–733; Rudan I. (2016). Setting health research priorities using the CHNRI method: IV. Key conceptual advances. Journal of global health, 6(1); Tomlinson M, Chopra M, Sanders, D Bradshaw D et al (2007). Setting priorities in child health research investments for South Africa. PLoS medicine, 4(8).

ITEM	OVERALL RANK	RANK DISTRIBUTION	SCORE	NO OF RANKINGS
Equity	1		176	25
Applicability	2		170	25
Effectiveness	3		167	24
Maximum potential impact	4		160	24
Relevance	5		126	24
Answerability	6		122	25
Feasibility	7		121	24
Community involvement	8		113	24
Potential for translation	9		106	24
Novelty	10		86	24

Figure 5: Findings from the criteria ranking survey



The three highest ranked criteria, which were **equity, applicability and effectiveness**, were then selected for the priority-setting exercise. Only three criteria were selected to allow for timing and resourcing, as a larger number of criteria impacts on the length of the priority-setting exercise. Each criterion applies to different stages of the research process (see Figure 6).

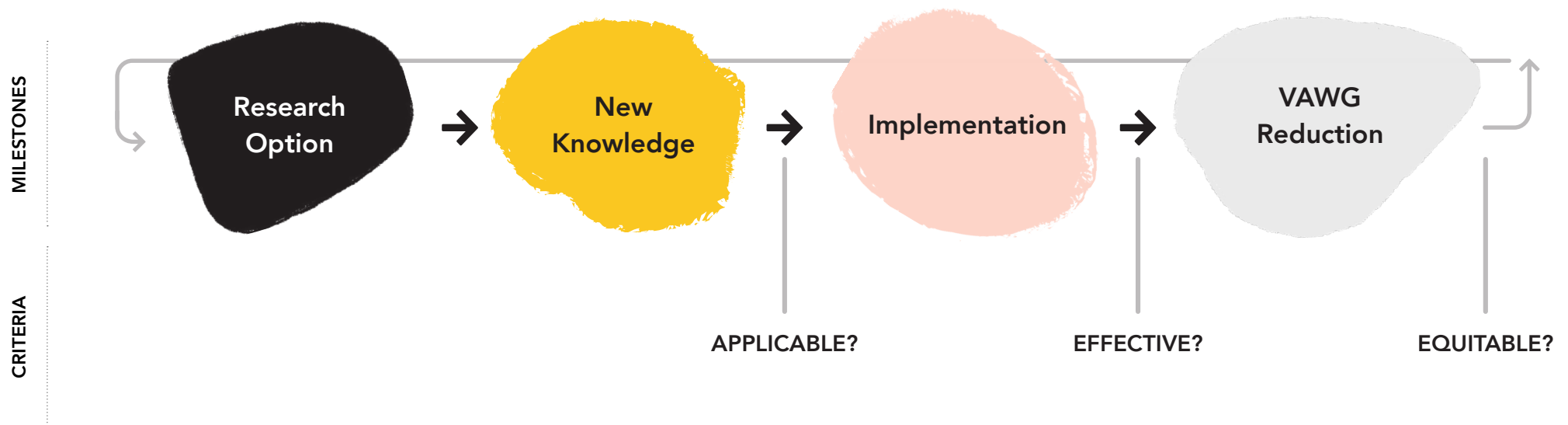


Figure 6: Criteria as they relate to the research process¹⁷

¹⁷ Adapted from Rudan I, Gibson JL, Ameratunga S, El Arifeen S, Bhutta ZA, Black M et al. Setting priorities in global child health research investments: guidelines for implementation of the CHNRI method. Croatian medical journal. 2008; 49(6): 720–733. <https://doi.org/10.3325/cmj.2008.49.720>

The Stewardship Group then worked with the Advisory Group to formulate definitions for each of the three criteria, which are as follows:

- **APPLICABILITY:** Likelihood that the knowledge generated through the proposed research would be implemented in policy and practice and with community involvement.
- **EFFECTIVENESS:** Likelihood that the research will produce novel findings that will generate or improve effective and sustainable interventions.
- **EQUITY:** Likelihood that the research findings will lead to interventions that are accessible and equitable to vulnerable groups or, conversely, interventions that will perpetuate inequalities.

A set of sub-questions was then developed by the Stewardship Group in collaboration with the Advisory Group to 'score' the research question by the relevant criteria. By answering each of the sub-questions 'yes', 'no', or 'I don't know', a score is attributed to the research questions. The highest scoring research questions make up the final GSRA (this process is explored in further detail in section 2.7).

The sub-questions for each criteria are listed in Table 2. In order to ensure that the priority-setting survey was as accessible as possible, particularly for frontline practitioners working in LMICs, sub-questions were limited to three per criterion.

TABLE 2

CRITERIA	SUB-QUESTIONS
APPLICABILITY	<div>1. Will the research findings produce interventions that are relevant, and applicable to the local context?</div> <div>2. Will the research findings translate to practical actions and interventions in the next ten years?</div> <div>3. Will the research benefits balance with the time, costs, resources and community labour required to undertake the research?</div>
EFFECTIVENESS	<div>1. Will the research produce novel findings?</div> <div>2. Will the research contribute to sustainable interventions that can reduce VAW in the long term (eg ten years)?</div> <div>3. Will the proposed research produce findings about good practice that can be effectively communicated and disseminated and where appropriate taken to scale? (Yes = 1 point, No = 0 point)</div>
EQUITY	<div>1. Would you agree the questions would produce findings that would benefit groups with greater vulnerability to violence?</div> <div>2. Do you think the research question could perpetuate or reinforce inequalities and/or harmful attitudes towards more vulnerable groups?</div> <div>3. Would the research effectively and meaningfully involve and engage with the affected community?</div>

Table 2: Criteria sub-questions

The criteria definitions and sub-questions went through several rounds of feedback with both the Stewardship and Advisory Groups. Then they were presented to the Global Expert Group in the webinar before being included in the priority-setting surveys.

METHODOLOGY

Step 4: Scoring // Priority-setting surveys

The priority-setting surveys were developed using online survey software, to allow participants the ability to view all the questions and enable them to skip some if needed.



In this way, participants could choose to answer only questions for particular domains or in regard to specific research questions they felt they had greater expertise in. The participants were asked to apply the three criteria (equity, applicability and effectiveness) to each research question in each domain, by answering the nine sub-questions 'yes', 'no' or 'I don't know'. These responses determined the amount of points a research question received.

The priority-setting surveys were set out in tables, so that respondents could answer the criteria sub-questions for the research questions in each domain efficiently. The survey also invited respondents to submit a research question, should they feel there was a gap that had not been addressed by any of the other research questions in that domain.

The priority-setting surveys were disseminated in seven languages in two rounds¹⁸.

¹⁸ The priority-setting surveys were distributed in English, Spanish, French, Arabic, Mandarin, Hindi and Russian.

The priority-setting surveys were disseminated in seven languages in two rounds. The priority-setting surveys were then made on the basis of domains: each survey asked respondents to score two domains (a total of 20 or 21 research questions). Domains 1 & 2 were combined in one survey, and Domains 3 & 4 were combined in one survey. The Stewardship Group decided to distribute both surveys to different groups simultaneously, that way it could mitigate survey fatigue and ensure that each domain received some responses, while also giving all participants the opportunity to score research questions for all domains. This was also done in acknowledgement of the time and resources it takes to complete a lengthy survey, especially concerning staff of frontline services, many of whom were dealing with the impact of COVID.

The surveys were distributed to members of the Global Expert Group, Advisory Group and Stewardship Group. To distribute the two surveys simultaneously,

experts were split into two groups based on location: people based in HICs, and people based in LMICs. This was done so that the Stewardship Group could monitor the number of responses garnered particularly from respondents based in LMICs, and allow us to make targeted requests to ensure good representation from LMICs.

The first survey round was distributed in November 2020, and respondents were given three weeks to complete the survey: Domains 1 & 2 were sent to the HIC group, and Domains 3 & 4 were distributed to the LMIC group. The second survey round was distributed in late December 2020 and participants were given a further three weeks to complete the second survey: Domains 3 & 4 were disseminated to the HIC group, and Domains 1 & 2 were sent to the LMIC group. Both priority-setting surveys were closed in mid-January 2021. The results of these surveys were then analysed to produce the final GSRA.

METHODOLOGY

Analysis

Each expert scored the 41 research options by answering the three questions per criterion about that particular option. The answers to each questions were a) yes (1 point), b) no (0 point) or c) I don't know (0.5 point). In some instances experts may not have felt knowledgeable enough to answer a research option, and left the option blank.

Research priority scores were calculated by summing all the answers (ie 1, 0.5 or 0). This sum was then divided by the number of answers (blanks were left out). This resulted in a score between 0 and 100%, known as the research priority score (RPS), which represents the extent to which experts believe that the research option best satisfies the priority-setting criteria (applicability, effectiveness or equity). The average expert agreement (AEA) score was also calculated for each research option, which is a measure of agreement among experts – the more who score, the more reliable the outcome¹⁹.

In terms of reliability or agreement, an average expert agreement statistic was generated for each research option across the three criteria. The missing (or undecided: 0) responses meant that a Fleiss Kappa statistic to assess agreement was not appropriate²⁰. This is in accordance with previous research priority exercises that used the CHNRI methodology²¹. With a large number of scorers and few scoring options, it is possible to create a chance Fleiss Kappa²². The AEA statistic is an average proportion of scorers that agreed on the nine questions asked over the three criteria (see Table 2). Although the AEA does not give an indication of statistical significance, it is assumed that funders and or policymakers would find it more useful, as it creates a general overview of the agreement between experts²³.

¹⁹ Rudan I, Gibson JL, Ameratunga S, El Arifeen S, Bhutta ZA, Black M et al. Setting priorities in global child health research investments: guidelines for implementation of the CHNRI method. *Croat Med J*. 2008;49(6):720-33.

²⁰ Tomlinson M, Swartz L, Officer A, Chan KY, Rudan I, Saxena S. Research priorities for health of people with disabilities: an expert opinion exercise. *Lancet*. 2009;374(9704):1857-62.

²¹ Wazny K, Sadruddin S, Zipursky A, Hamer DH, Jacobs T, Kallander K et al. Setting global research priorities for integrated community case management (iCCM): Results from a CHNRI (Child Health and Nutrition Research Initiative) exercise. *J Glob Health*. 2014; 4(2):020413; Gordon S, Rotheram-21 Borus MJ, Skeen S, Parry C, Bryant K, Tomlinson M. Research Priorities for the Intersection of Alcohol and HIV/AIDS in Low and Middle Income Countries: A Priority Setting Exercise. *AIDS Behav*. 2017;21(Suppl 2):262-73.

²² Wazny K, Sadruddin S, Zipursky A, Hamer DH, Jacobs T, Kallander K et al. Setting global research priorities for integrated community case management (iCCM): Results from a CHNRI (Child Health and Nutrition Research Initiative) exercise. *J Glob Health*. 2014; 4(2):020413.

²³ Ibid.

In order to compare the responses, a comparative analysis of scores was carried out. Responses were disaggregated by:

- Occupation with an academic/researcher focus vs a practitioner focus
- Gender, including female, male and non-binary
- Experts residing in LMICs vs HICs
- Experts working in HICs (mixed with work in LMICs) and experts working only in LMICs
- Regions in which experts are residing

For each domain, experts were also asked to list an additional research question, if they felt there was a priority question that was not covered by those presented in the surveys. These were cleaned and compiled by collapsing or

merging similar questions, and removing questions that were the same as or very similar to any of the 41 questions presented. Due to the surveys for Domains 1 & 2 and Domains 3 & 4 being sent separately, in some cases experts

listed questions associated with other domains that had not yet been presented (eg listing a question under Domain 1 that was related to Domain 4) and in these cases additional questions were shifted to the relevant domain.



FINDINGS

FINDINGS

Scoping review

A total of 501 papers were included in the scoping review: 209 in Asia and the Pacific; 161 in Africa; 41 in Latin America and the Caribbean (LAC); 28 in the Middle East and North Africa (MENA); six in Eastern Europe and Central Asia (EECA); and 56 multi-regional papers.

The scoping review identified a number of gaps in research conducted in LMICs, including thematic gaps, geographical and population group gaps, and methodological gaps.

THEMATIC GAPS:

- Most studies focused on understanding VAW, including prevalence of risk factors for and outcomes of different types of VAW, predominantly IPV. There were fewer studies on the impact of prevention or response interventions, although most of the intervention studies were related to prevention rather than response. There were very few studies on scale-up and costing of VAW interventions.
- There was a limited number of studies on social norms and their relationship with VAW.
- Although there is a growing understanding of risk factors for VAW, there were few studies on protective factors for VAW.
- Research on technology-facilitated VAW and comprehensive strategies to target this form of violence were limited.
- There was a large gap in studies on perpetrators or perpetration of violence.

GEOGRAPHICAL AND POPULATION GROUP GAPS:

- VAW research was concentrated in certain regions, including South Asia and Africa, but there were less data in other regions, particularly in the Pacific, MENA and EECA regions.
- Very few VAW studies included women and girls with disabilities, lesbian, gay, bisexual, transgender, queer and intersex (LGBTQI) populations, and other high-risk/vulnerable groups.
- There was a limited number of studies on IPV outside current marriage, ie in dating relationships or violence from former partners.

**METHODOLOGICAL AND MEASUREMENT GAPS**

- Most IPV studies focused on physical and sexual IPV. There was a lack of data on psychological/emotional and economic IPV and NPSV.
- Very few studies measured or reported frequency, severity or recency of IPV and NPSV.
- Many studies did not use standardised VAW measures.
- There were very few longitudinal studies. The cross-sectional nature of most studies means that causality and temporality of risk factors and other findings cannot be established.
- Among those studies that did have a longitudinal approach, very few had follow-up data collection one year or more after the end of the intervention, to be able to accurately assess longevity of change, or to understand additional future outcomes or impacts.
- There was far less qualitative research than quantitative or mixed-methods research, which may suggest that fewer qualitative studies than quantitative or mixed-methods studies are being published in peer-reviewed journals.
- There were few systematic reviews of studies specifically in LMICs.
- There was a lack of primary population-based surveys, with most comprising secondary analysis of existing datasets with diverse methodologies.
- Several intervention studies either lacked a control group or had an imperfect control group, making it difficult to assess intervention impact.
- Most studies had small sample sizes, limiting the power of the results, and making disaggregation difficult.

FINDINGS

Research priorities

This section of the report presents the overall and domain-specific research priorities, as ranked by the Advisory Group and Global Expert Group through the two online surveys.

FINDINGS

Research priorities // Overview of survey respondents

There was a total of 214 responses across the two online surveys: 113 responses to the survey covering Domains 1 & 2, and 101 responses to the survey covering Domains 3 & 4. Three quarters of respondents identified as female, and a larger proportion of practitioners than researchers responded to the survey (see Figure 7).

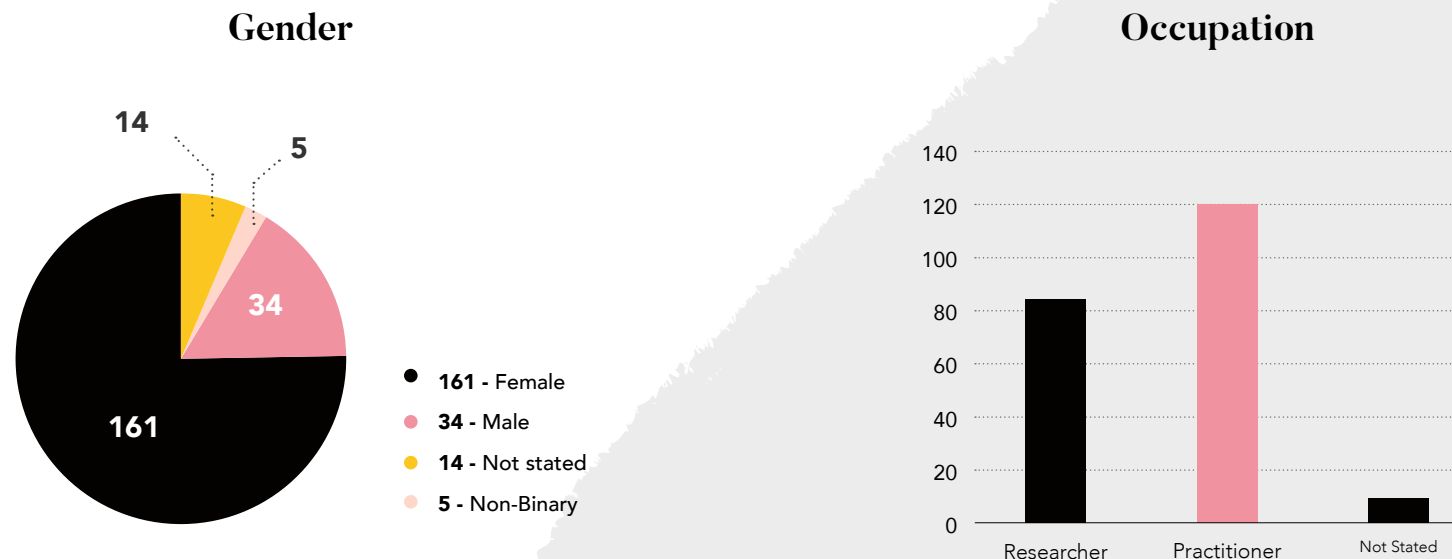


Figure 7: Characteristics of respondents participating in two surveys

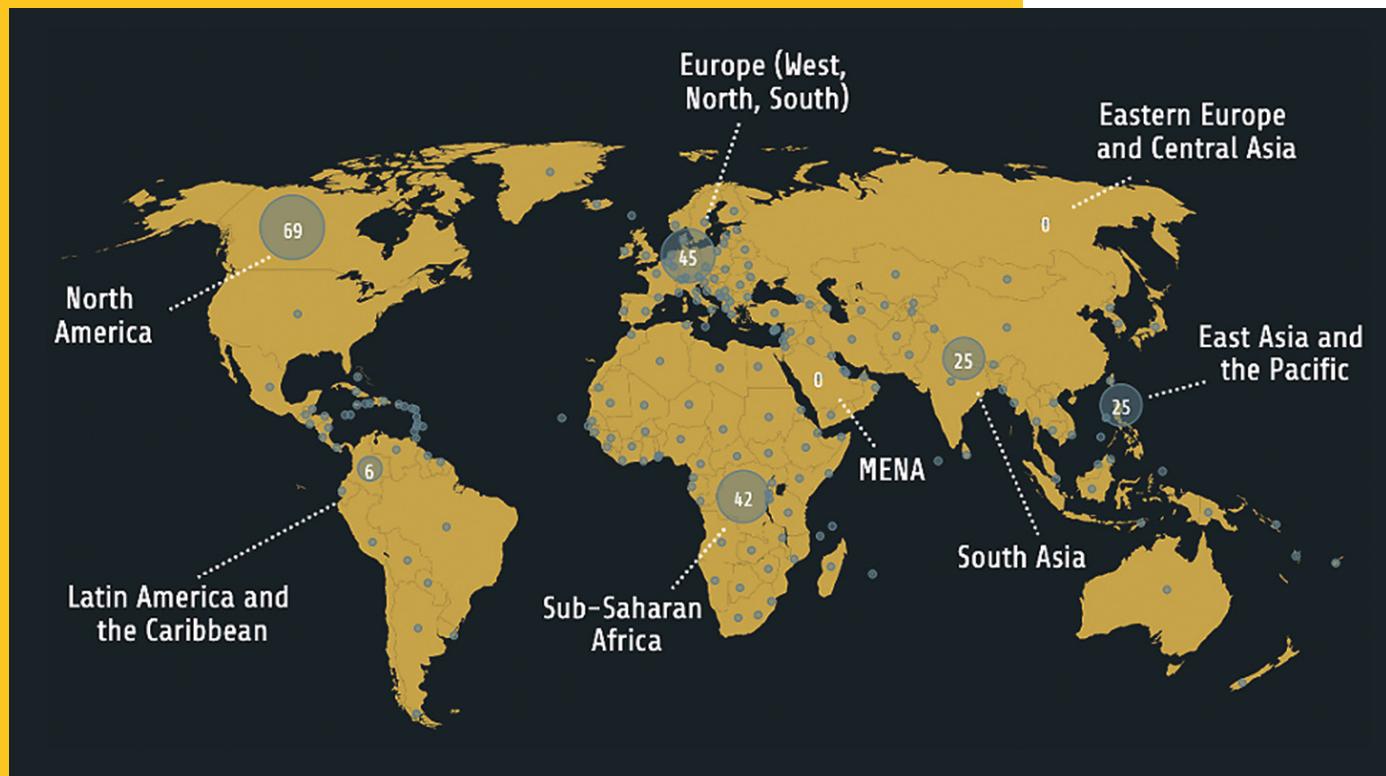


Figure 8: Geographical distribution of survey responses

Approximately 60% of respondents across two surveys (n=128) stated that they were currently based in an HIC. Of the 84 respondents based in an LMIC, 73 reported being based in a middle-income country and 11 in a low-income country. Figure 8 presents the geographical distribution of survey responses across both surveys according to where respondents are currently based (see Annex 3 for a full list of responses per region and country). The largest number of responses came from North America, particularly the USA (15% of responses from North America came from Canada). Europe, including Western, Southern and Northern Europe, had the second largest geographical representation in survey responses, although almost half of responses from Europe came from the UK. Of the 42 responses from Africa, almost half were from South Africa. There were 25 survey responses in East Asia and the Pacific (with the greatest representation from Australia) and South Asia (with the greatest representation from Bangladesh). Other regions had very low representation. Only six survey responses came from Latin America and the Caribbean (LAC), and there were no responses from the Middle East and North Africa, or East Europe and Central Asia regions.

FINDINGS

Research priorities // Overall findings

The final results of the scoring process, including the full 41 questions listed by overall rank, are included in Annex 4.

RESEARCH PRIORITY SCORES, AVERAGE EXPERT AGREEMENT AND CRITERIA

The scoring of the 41 research questions was based on the likelihood that they would be applicable, effective, or have an impact on equity in terms of their results. Scored research questions are ranked by their final research priority scores (RPS) multiplied by 100, which results in scores between 0 and 100. The final RPS for the 41 research questions ranged from 61.4/100 to 84.3/100. This range shows significant variation, indicating that the methodology has the power to discriminate among many competing research questions using a single conceptual framework with nine questions (three per criterion).

For the top ten research questions, the average expert agreement (AEA) was between 64/100 and 80/100. **Overall, approximately seven experts out of ten gave the same score to each of the research questions for the top ten. This demonstrates that the experts largely agreed on the RPS (for all criteria) overall.** However, for the most part, experts did not agree on the scores for the research options at the bottom of the ranking list, for which the AEA scores ranged from 47/100-57/100 for the bottom ten questions (see Annex 4).

DISTRIBUTION OF RANKED QUESTIONS PER DOMAIN

Figure 9 shows the proportion of questions in each quartile of overall ranked questions according to domain.

The highest ranked questions, in the first quartile (ie the top ten), belong to Domain 2 (Intervention research) and Domain 1 (Understanding VAW in its multiple forms). Six of the research questions in the top ten, fall into the Intervention research domain (with three of these in the top five),

and three of the research questions in the top ten fall into the Understanding VAW in its multiple forms domain (with two of these in the top five). Only one question from Domain 4 (Methodological and measurement gaps) and no questions from Domain 3 (Improving existing interventions).

The lowest ranked questions, in the fourth quartile (ie the bottom ten), belong to Domain 1 (Understanding VAW), with

four questions from this domain entering the bottom ten and three of these falling in the bottom five. Only one question from Domain 2 (Intervention research) fell into the bottom ten, and two questions from Domain 4 (Methodological and measurement gaps) fell into the bottom ten. Three questions from the Improving existing interventions domain fell into the bottom ten and two of these were in the bottom five.

Approximately three quarters of questions from Domain 3 (Improving existing interventions) and two thirds from Domain 4 (Methodological and measurements gaps) ranked in the second and third quartiles.

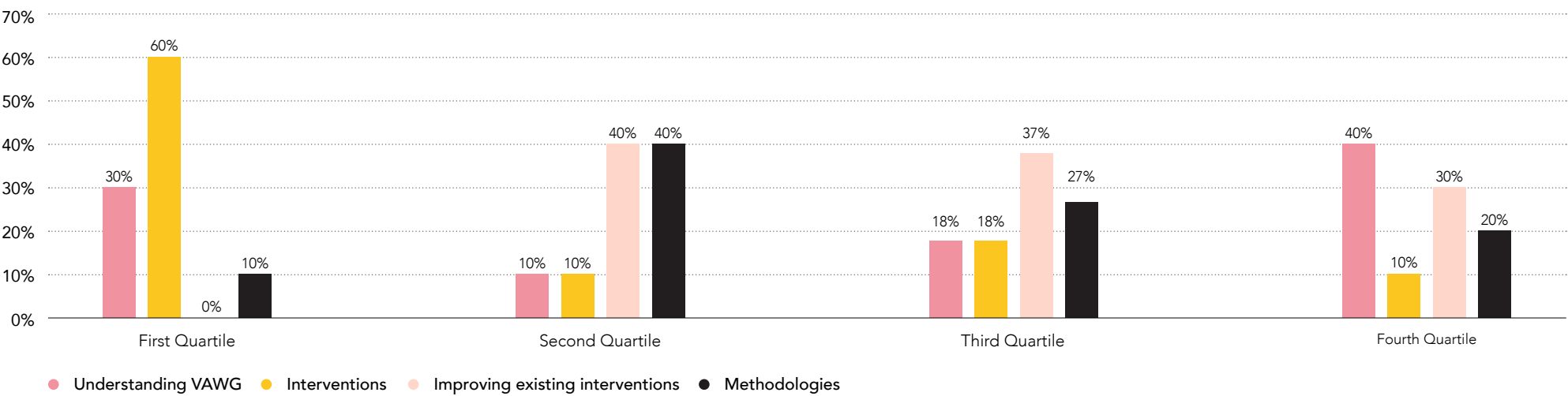


Figure 9: Proportion of questions in the four quartiles from different domains

NB: All quartiles contain 10 questions each except for the third quartile, which contains 11 questions

Highest ranked questions

The top five questions overall are presented in Table 3.

The highest scoring research question was: **What types of interventions can effectively prevent multiple forms of violence, and why?**

Domain 2 (Intervention research) scored highly on the applicability and effectiveness criteria, and moderately on the equity criteria. The total RPS for this research question was 84.3/100 and eight out of ten experts agreed that it would generate original knowledge. This question also obtained the highest AEA score.

The second highest scoring research question was: **“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)?”** (Domain 2, Intervention research). This question scored very highly on applicability and effectiveness, even higher than for the first ranked question, but the overall RPS was pulled down slightly by the equity criteria score. This question was accepted by the Global Expert Group to be the second most likely to generate original knowledge, with a total RPS of 82.5/100, and an AEA of 77/100.

The third highest scoring research question belongs to Domain 1 (Understanding VAW in its multiple forms): **“How are new feminist social movements (eg 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?”** Scores for the first two criteria were high for

this research question, but the lower equity score dropped the total RPS to 81.1/100, with an AEA of 76/100.

The fourth highest scoring research question belongs to Domain 2 (Intervention research): **“What interventions work to prevent sexual harassment in institutional settings (in-person or online), including in the workplace and educational settings, and why?”** Much like the questions outlined above, scores for the first two criteria were high for this research question, but the equity score dropped the total RPS to 79.9/100, with an AEA of 74/100.

The fifth highest scoring research question, from Domain 1 (Understanding VAW in its multiple forms), is: **“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?”** This research question had moderately high scores for the applicability and effectiveness criteria and the highest equity score across all questions. The total RPS for this question was 79.3/100, and the AEA was 72/100.

TABLE 3

OVERALL RANK	RESEARCH QUESTIONS	DOMAIN	APPLICABLE?	EFFECTIVE?	EQUITABLE?	RPS	AEA
1	What types of interventions can effectively prevent multiple forms of violence, and why?	Intervention research	92.4	87.7	72.8	84.3	0.8
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)?	Intervention research	95.1	89.3	63.1	82.5	0.77
3	How are new feminist social movements (eg 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?	Understanding VAW in its multiple forms	89.7	87.9	65.8	81.1	0.76
4	What interventions work to prevent sexual harassment in institutional settings (in-person or online), including in the workplace and educational settings, and why?	Intervention research	91.2	85.8	62.7	79.9	0.74
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?	Understanding VAW in its multiple forms	79.5	82.3	86.2	79.3	0.72

Table 3: Top five ranked questions, with criteria, RPS and AEA scores

Lowest ranked questions

The bottom five questions overall are presented in Table 4.

The lowest scoring research question in the priority-setting exercise concerned research to understand VAW in its multiple forms (Domain 1): **How do social networks act as a protective factor for violence against women and girls?**

The expert group rated this research question extremely low on equity, and this question had the lowest equity score across all research questions. However, scores for applicability and effectiveness were moderately high, with a total RPS of 61.4/100. Moreover, just over five out of ten experts agreed on the scores for this research question.

The second lowest scoring research question, from Domain 3 (Improving existing interventions), was: **“What kinds of faith-based or community-led VAW prevention interventions can be adapted to different faiths, communities and regions effectively?”** Much like the bottom ranked question, the equity score for this research question was low, and scores for the applicability and effectiveness criteria were moderate, although the effectiveness score was the lowest across all research questions. The total RPS was 62.3/100 and five out of ten experts agreed on the scores for this research question.

The third lowest scoring research question was from Domain 1 (Understanding VAW in its multiple forms): **“What steps can be taken to avoid or mitigate resistance to and backlash against women’s rights organisations without compromising the focus and aims of these organisations?”** This question had moderate scores for applicability, although the applicability score was the second lowest across all research questions. Much like for other options in the bottom five, the equity score for this question was low, albeit the highest within the bottom five questions and second

highest within the bottom ten. The AEA for this research question was 47/100, with just under five out of ten experts agreeing on the criteria scores.

The fourth lowest scoring research question, from Domain 3 (Improving existing interventions), is: **“How can police response more adequately address the needs of LGBTQ+ people reporting IPV, non-partner sexual violence and sexual harassment?”** The equity score for this research question was low, and scores for the applicability and effectiveness criteria were moderate. The total RPS was 65.4/100 and just over five out of ten experts agreed on the scores.

The fifth lowest scoring research question is from Domain 1 (Understanding VAW in its multiple forms): **“What is the prevalence of different forms of online and technology-facilitated VAW and what are the risk and protective factors for experience and perpetration of these types of violence?”** The applicability and effectiveness scores for this question are the highest within the bottom five questions, but the equity score is the second lowest in the bottom five, pulling the RPS down to 66/100, with an AEA of 55/100.

TABLE 4

OVERALL RANK	RESEARCH QUESTIONS	DOMAIN	APPLICABLE?	EFFECTIVE?	EQUITABLE?	RPS	AEA
37	What is the prevalence of different forms of online and technology-facilitated VAW and what are the risk and protective factors for experience and perpetration of these types of violence?	Understanding VAW in its multiple forms	76.8	75.3	45.9	66.0	0.55
38	How can police response more adequately address the needs of LGBTQ+ people reporting IPV, non-partner sexual violence and sexual harassment?	Improving existing interventions	74.9	73.2	47.9	65.4	0.54
39	What steps can be taken to avoid or mitigate resistance to and backlash against women’s rights organisations without compromising the focus and aims of these organisations?	Understanding VAW in its multiple forms	69.3	70.4	54	64.6	0.47
40	What kinds of faith-based or community-led VAW prevention interventions can be adapted to different faiths, communities and regions effectively?	Improving existing interventions	72.8	67.9	46.2	62.3	0.5
41	How do social networks act as a protective factor for violence against women and girls?	Understanding VAW in its multiple forms	73	71.7	39.5	61.4	0.54

Table 4: Bottom five ranked questions, with criteria, RPS and AEA scores

There are a few possible reasons for low equity scores for some questions, leading to a reduced RPS for those questions ranked at the bottom overall.

THERE ARE A FEW POSSIBLE REASONS FOR LOW EQUITY SCORES FOR SOME QUESTIONS, LEADING TO THE REDUCTION OF RPS FOR THOSE QUESTIONS RANKED AT THE BOTTOM OVERALL.

- Questions with the lowest equity scores were more likely to be specific, including referring to specific populations (eg LGBTQ+ people, adolescent girls), specific types or modalities of violence (eg online sexual harassment, technology-facilitated VAW), specific types of interventions (eg those targeting faith-based actors) or a specific risk or protective factor for violence (eg social networks). Conversely, research questions with the highest equity scores tended to be broader in scope and more generalised, including coverage of wider populations (eg women facing multiple and intersecting forms of discrimination), multiple forms of violence (eg under-researched forms of IPV) or interventions that target multiple forms of violence.
- Survey respondents were invited to add an additional question per domain if they felt that a research priority was not being captured under the listed questions, and several respondents instead provided comments and feedback on the survey. Several respondents appeared to struggle with scoring the equity domain, as they felt that it was not possible to determine from the question itself whether research would be equitable (Box 1). This challenge does not appear to have dropped scores through an increase in 'don't know' responses, as the proportion of 'don't know' responses is very similar across all three criteria. It is possible, however, that difficulties scoring questions according to the equity criteria have led, overall, to more conservative scoring.

BOX 1

"This is a comment on the equity criteria. It was very difficult to assess if a research question would reinforce inequalities or if the research would meaningfully engage affected community, as those answers depend on how the research is conducted and the methodologies used. So it cannot, in my perspective, be answered with the information provided."

"I found the three equity questions hard to respond to... The questions are meaningful, and I don't think the questions alone produce inequity. In addition to these questions, how they are operationalised and disseminated becomes important in thinking about inequity."

Variations according to expert characteristics

There was some consistency in research options according to experts' occupation, with the top three questions in the overall rank falling within the top five for both VAW practitioners and researchers (see Table 5).

However, there were also some variations. Among practitioners, there is a preference for questions related to Intervention research, with four out of five top questions belonging to this domain. In contrast, researchers' top five questions included two from the Intervention research domain and two from the Understanding VAW domain, with the addition of a question related to Methodology and measurement gaps (Domain 4), which ranked third for this group.

TABLE 5

			TOP FIVE QUESTIONS RANKED BY OCCUPATION	
			OCCUPATION	
OVERALL RANK	RESEARCH QUESTIONS	DOMAIN	PRACTITIONER (N=120)	RESEARCHER (N=84)
1	What types of interventions can effectively prevent multiple forms of violence, and why?	Intervention research	1	1
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)?	Intervention research	2	2
3	How are new feminist social movements (eg 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?	Understanding VAW in its multiple forms	3	4
4	What interventions work to prevent sexual harassment in institutional settings (in-person or online), including in the workplace and educational settings, and why?	Intervention research	4	
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?	Understanding VAW in its multiple forms		5
6	What is the level of intensity needed for social norms change interventions to have sustained impact at the community level, including effectively challenging norms that focus on victim behaviour rather than on the perpetration/choice to use violence?	Intervention research	5	
12	What methods can be used to measure the intersection and pathways between different types of violence, including polyvictimisation and intersections between VAW and violence against children (VAC)?	Methodological and measurement gaps		3

Table 5: Top five questions ranked by occupation

There is much more variation in the top five questions according to the gender of experts.

While the top five questions for female experts were in line with the top five ranked overall, only two questions preferred by male experts and one question preferred by non-binary experts fell within the top five rank overall (see Table 6). Furthermore, there was variation in the types of domain corresponding to the top five questions for each gender category. While female experts' top five questions belonged to Domain 2 (Intervention research) and Domain 1 (Understanding VAW), all questions in male experts' top five belonged to Domain 2 (Intervention research). Among experts who identified as having non-binary gender, the first ranked question belonged to Domain 4 (Methodological and measurement gaps), and three out of the top five questions belonged to Domain 3 (Improving existing interventions).

TABLE 6

			TOP FIVE QUESTIONS RANKED BY GENDER		
			GENDER		
OVERALL RANK	RESEARCH QUESTIONS	DOMAIN	FEMALE (N=161)	MALE (N=34)	NON-BINARY (N=5)
1	What types of interventions can effectively prevent multiple forms of violence, and why?	Intervention research	1		
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)?	Intervention research	2	1	2
3	How are new feminist social movements (eg 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?	Understanding VAW in its multiple forms	3		
4	What interventions work to prevent sexual harassment in institutional settings (in-person or online), including in the workplace and educational settings, and why?	Intervention research	4	4	
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?	Understanding VAW in its multiple forms	5		
6	What is the level of intensity needed for social norms change interventions to have sustained impact at the community level, including effectively challenging norms that focus on victim behaviour rather than on the perpetration/choice to use violence?	Intervention research		2	
8	What role can formal and informal justice sector reforms, including restorative justice, play in ensuring justice for survivors of violence?	Intervention research		5	
9	What interventions or elements of interventions are most effective at preventing violence against adolescent girls, and why?	Intervention research		3	
12	What methods can be used to measure the intersection and pathways between different types of violence, including polyvictimisation and intersections between VAW and violence against children (VAC)?	Methodological and measurement gaps			1
17	What alternative modalities (besides in-person programming) are effective in VAW prevention at scale?	Improving existing interventions			5
27	How can we use tech platforms effectively, safely and cost-efficiently for violence prevention?	Improving existing interventions			3
40	What kinds of faith-based or community-led VAW prevention interventions can be adapted to different faiths, communities and regions effectively?	Improving existing interventions			4

Table 6: Top five questions ranked by gender

Variations according to geographical characteristics

There is more consistency in the ranking of research questions according to experts' geographical characteristics (see Table 7). The top four questions ranked overall fell into the top five questions for most groupings of experts across geographical regions, albeit with some exceptions. For instance, the fifth ranked question overall on the impacts of under-researched forms of IPV (including disability-related impacts) did not score in the top five for experts living and working in LMICs (see Table 7). Instead, the question related to effective interventions preventing violence against adolescent girls appears to be more of a priority.

There were also some variations in the top five questions among experts based in or working in HICs. The fourth ranked question overall, on interventions that prevent sexual harassment in institutional settings, did not score in the top five questions for experts

based in or working in HICs. Fifth ranked questions for those based in or working in HICs were, respectively, related to tools to measure harmful traditional practices against women and girls and the impacts of colonisation on women and men.

Notable regional variations include the Domain 1 question on feminist and meninist social movements, ranked third overall, not scoring in the top five questions for experts in ESEAP, and the fourth ranked question overall, on preventing sexual harassment in institutional settings, not scoring in the top five for experts based in Europe. Furthermore, while the fifth ranked question overall on the impacts (including disability impacts) of under-researched forms of IPV was scored in the top five among experts based in ESEAP and North America, it appears to be less of a priority in other regional settings.

TABLE 7

			TOP FIVE QUESTIONS RANKED BY GEOGRAPHICAL CHARACTERISTICS									
			BASED IN		WORKING ON		REGIONAL (BASED IN)					
OVERALL RANK	RESEARCH QUESTIONS	DOMAIN	LMIC	HIC	LMIC ONLY	HIC / HIC & LMIC	ESEAP	LAC	EUROPE	NORTH AMERICA	SOUTH ASIA	AFRICA
1	What types of interventions can effectively prevent multiple forms of violence, and why?	Intervention research	2	1	1	1	2	3	1	1	1	1
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 etc)?	Intervention research	1	2	2	2	5	2	2	2	3	2
3	How are new feminist social movements (eg 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?	Understanding VAW in its multiple forms	4	3	3	4		4	3	3	2	4
4	What interventions work to prevent sexual harassment in institutional settings (in-person or online), including in the workplace and educational settings, and why?	Intervention research	3		4		1	5		4	5	3
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?	Understanding VAW in its multiple forms		4		3	4			5		
6	What is the level of intensity needed for social norms change interventions to have sustained impact at the community level, including effectively challenging norms that focus on victim behaviour rather than on the perpetration/choice to use violence?	Intervention research							4			
7	What are the cultural, psychological and economic impacts of colonisation on Indigenous men and women, and how do these impacts influence their behaviours and experiences in respect to VAW?	Understanding VAW in its multiple forms				5		1			4	
8	What role can formal and informal justice sector reforms, including restorative justice, play in ensuring justice for survivors of violence?	Intervention research										5
9	What interventions or elements of interventions are most effective at preventing violence against adolescent girls, and why?	Intervention research	5		5							
10	What are the most effective tools to measure harmful traditional practices against women and girls (including FGM/C, early and forced marriage, crimes committed in the name of honour, dowry-related violence, and son preference)?	Methodological and measurement gaps		5								
11	Which interventions are most effective at addressing shared risk factors for VAW and VAC in the family environment, leading to a reduction in both types of violence?	Intervention research							5			
12	What methods can be used to measure the intersection and pathways between different types of violence, including polyvictimisation and intersections between VAW and violence against children (VAC)?	Methodological and measurement gaps					3					

Table 7: Top five questions ranked by geographical characteristics

FINDINGS

Research Priorities // Domain 1 – Understanding violence against women and girls in its multiple forms

The top five questions in Domain 1, Understanding VAW in its multiple forms, are listed in Table 8. There is a strong focus in the top five on ‘impacts’, including the different types of impact of violence on women and girls, and the impacts of large-scale processes, such as social movements, colonisation, and conflict and fragility, on VAW or VAW-related policy.

The top three questions within this domain also ranked in the top ten questions overall, with the fourth and fifth ranked questions dropping significantly in the overall rank (to 16th and 30th out of 41 questions).

There was consistency in the top four research questions in Domain 1 across different expert characteristics (see Table 8). All groups scored the question on feminist and meninist social movements first or second, and the second, third and fourth ranked questions overall for Domain 1 were

scored in the top five by almost all groups, with some exceptions, including among male experts and among those based in LAC. There was much more variation in the top five scoring of the fifth overall ranked question on clustering of violence, which was scored fifth by researchers, experts working in LMICs and experts based in HICs, ESEAP and Europe. Other variations in the top five questions in Domain 1 according to expert characteristics, are listed below.

- **What are the causes and drivers of violence against LGBTQI+ women?** ranked fourth for male experts, and fifth among female experts and practitioners, and among those experts based in LMICs, North America, South Asia and Africa.
- **What is the interaction of climate change impacts with the perpetration or experience of VAW?** ranked fourth for experts based in LAC and fifth for those working in HICs.

- **What steps can be taken to avoid or mitigate resistance to and backlash against women’s rights organisations without compromising the focus and aims of these organisations?** ranked fifth among male experts and experts based in LAC.
- **What is the prevalence of different forms of online and technology-facilitated VAW and what are the risk and protective factors for experience and perpetration of these types of violence?** ranked third for experts who identified their gender as non-binary.

When asked to indicate whether there was another priority research question pertaining to Domain 1 that was not captured under the ten questions presented, many experts noted wider gaps in the field that can be classified under three types:

- **Types of violence:** Experts noted a number of types of VAW that they felt were not represented in the GSRA questions, including violence against women in the context of political participation (or 'political violence'), reproductive coercion and other types of violence linked at the intersection of IPV and sexual and reproductive health, caregiver abuse (including against people with disabilities), sex trafficking, genital cutting (for all ages and genders), and severe forms of VAW such as femicide. One expert also suggested that 'honour-based' violence should be expanded from IPV and encompass perpetrators who are not intimate partners.

- **Populations:** Experts emphasised several specific missing populations, including adolescent girls/youth, ethnic and religious minorities, sex workers and (sexual violence against) men and boys. One expert also questioned the framing of LGBTQ+ as a group, noting that the experience of and risk factors for violence differed among lesbians, trans women and gay men.

- **Humanitarian/emergency contexts:** Several experts suggested that priority research questions should be more inclusive of humanitarian and emergency contexts, including the current COVID-19 pandemic and VAW across the journey of migration and displacement (ie 'people on the move').

Experts also provided specific additional questions, which have been compiled according to sub-thematic area in Box 2. Most additional questions were associated with risk factors and drivers for, or causes of, violence, with two of these focusing on or incorporating violence against men and boys. However, there was only one question related to protective factors for VAW. This echoes the findings of the GSRA scoping review (see section 3.1), which found a much stronger emphasis in the literature on risk rather than protective factors. Two proposed questions were linked to definitions and conceptualisations of violence, including how to define emotional and economic violence, and how to incorporate non-binary conceptions of gender into understanding VAW.

BOX 2

ADDITIONAL RESEARCH QUESTIONS – DOMAIN 1

RISK FACTORS/DRIVERS/CAUSES

- *What role does mental health play in perpetuating risk of VAW, including among members of vulnerable communities?*
- *How do colourism and implicit bias heighten the vulnerability of women and children, including trans women and children, in LMICs?*
- *What are the drivers of sexual violence against men and boys?*
- *What are the underlying norms and beliefs that continue to fuel the acceptance or perpetuation of VAW in specific contexts, and what shapes these?*
- *How do various forms of VAW intersect (eg co-occurrence, similar drivers, causality) with other types of violence, including against men (eg gang violence, bullying, conflict-related violence, structural violence)?*
- *What are the profiles/typologies of aggressors, which allow us to understand their heterogeneity and the different causes and consequences of VAW?*

PROTECTIVE FACTORS

- *What are the positive practices and behaviours shared across settings that counter the harmful practices and behaviours involved in IPV (eg respect, appreciation, love, consent, shared decision-making)?*

IMPACT OF VAWG

- *What is the impact of bearing a child from rape on psychological and physical health and rights?*

DEFINITIONS AND CONCEPTUALISATIONS

- *How do we incorporate new conceptualisations of gender (non-binary, gender fluidity) into the understanding of VAW?*
- *How do we define economic and emotional violence?*

TABLE 8

			TOP FIVE RANKED QUESTIONS BY CHARACTERISTICS														
			BASED IN		WORKING ON		REGIONAL (BASED IN)						OCCUPATION		GENDER		
DOMAIN RANK	RESEARCH QUESTIONS	OVERALL RANK	LMIC	HIC	LMIC ONLY	HIC / HIC & LMIC	ESEAP	LAC	EUROPE	NORTH AMERICA	SOUTH ASIA	AFRICA	PRACTITIONER	RESEARCHER	FEMALE	MALE	NON-BINARY
1	How are new feminist social movements (eg 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?	3	1	1	1	2	2	2	1	2	1	1	1	1	1	1	1
2	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?	5	4	2	2	1	1	1	3	1	4	3	2	2	2		2
3	What are the cultural, psychological and economic impacts of colonisation on Indigenous men and women, and how do these impacts influence their behaviours and experiences in respect to VAW?	7	2	3	3	3	4	3	2	3	2	2	3	3	3	3	5
4	How do conflict and fragility exacerbate the multiple forms of violence experienced by women and girls?	16	3	4	4	4	3		4	4	3	4	4	4	4	2	4
5	How do different forms of violence cluster in women and girls with greater vulnerability and what are the characteristics to detect those vulnerable women and girls?	30		5	5		5		5					5			

Table 8: Top five questions by characteristics – Domain 1 Understanding VAW in its multiple forms

FINDINGS

Research Priorities // Domain 2 – Intervention research

The top five questions in Domain 2, Intervention research, are listed in Table 9. The top two questions relate to broader thematic areas, including the effectiveness of interventions that target multiple forms of violence, or populations with multiple forms of (intersecting) discrimination.

The third, fourth and fifth ranked questions in this domain are linked to more specific types of violence (eg sexual harassment in institutional settings) or interventions that target specific issues (eg social norms change, or justice for survivors of violence). All the top five questions in Domain 2 were included in the top ten rank of questions overall, indicating a strong preference for research related to this domain.

Much as for Domain 1, there was widespread consistency in the top four research questions in Domain 2 across different expert characteristics (see Table 9).

Almost all groups scored the top two ranked questions overall as first or second, with some variations according to gender categories, and all groups scored the third ranked question on sexual harassment in institutional settings in the top five, with experts in ESEAP scoring this question first. There was more variation in the top five scoring of the fourth and fifth overall ranked questions. The fourth ranked question overall on social norms interventions did not place within the top five among researchers and for experts based in ESEAP and African. The fifth ranked question overall on justice sector reforms for survivors of violence scored in the top five for experts regardless of gender identification, and those based in HICs, ESEAP, North America and Africa, but not for practitioners or experts based in or working in LMICs overall. Other variations in the top five questions in Domain 2 according to expert characteristics are listed opposite.

- **What interventions or elements of interventions are most effective at preventing violence against adolescent girls, and why?** ranked third for male experts, fourth among experts based in South Asia, and fifth among practitioners, experts based in and working only in LMICs, and those based in Africa.
- **Which interventions are most effective at addressing shared risk factors for VAW and VAC in the family environment, leading to a reduction in both types of violence?** ranked fourth among experts in Europe, and fifth among researchers, experts working in HICs, and experts based in ESEAP and LAC.
- **What types of interventions can effectively prevent multiple forms of violence, and why?** ranked second for experts who identified their gender as non-binary.

When asked to indicate whether there was another priority research question pertaining to Domain 2 that was not captured under the ten questions presented, one expert noted the predominance of prevention interventions and a lack of questions related to VAW response/services or a combination of prevention and response.



I find that these questions are geared fully towards prevention and there is nothing about response (apart from the justice sector). I feel there should be something about linking prevention and response/service interventions as they often happen in silos. Some of the response interventions could also have a prevention component and be more linked to the community. I feel there is a missing connection/gap between prevention and response which we should fill/mend."

- Advisory Group Member

Despite research on VAW response interventions emerging as a gap in the GSRA scoping review (see section 3.1), and a recognition within the Stewardship Group and Advisory Group that the Domain 2 questions were heavily weighted towards prevention, most additional questions proposed by experts were related to prevention (see Box 3). This domain was also the one that saw the largest number of additional research questions proposed. Many of these suggestions were related to broader prevention intervention questions (eg what works or doesn't work), although some experts proposed questions related to more specific types of interventions, populations or programme modalities.

BOX 3

ADDITIONAL RESEARCH QUESTIONS – DOMAIN 2

RESPONSE INTERVENTIONS

- What works in terms of holistic service provision for survivors who bear a child from rape?
- How can we make mental health support more effective and accessible for victims/survivors?
- What is the effect of training actors in the justice system on productivity, quality of care for victims, and knowledge and applicability of the regulations on VAW issues?
- What is the impact of hotlines on victims/survivors of violence, including during the COVID-19 pandemic?

RESPONSE INTERVENTIONS

Broader intervention questions

- What works where: what are the underlying social, political, policy conditions that enable interventions to be more (or less) effective across settings?
- What has been seen to not work and why, or to be highly cost-ineffective within current interventions and needs to be avoided by the sector and donors in the future?

- How do we better take account of women and girls' own wishes and ideas with respect to violence prevention interventions and the risks they may entail?
- What strategies and techniques are most effective in intervening against the most subtle forms of violence and sexism?
- What types of prevention programming can be effectively implemented in the first 3-6 months following an emergency (conflict, disaster, etc)?
- How effectively do interventions address the link between VAW and HIV?

SPECIFIC TYPES OF INTERVENTIONS

- Do interventions to secure land rights for women impact on women's risk of experiencing IPV and/or sexual violence?
- What types of interventions and prevention programmes aimed at men (or features of these interventions) have been shown to perpetuate or reinforce male dominance?
- How can different community leaders, including faith leaders, be involved in changing social norms that influence the acceptance and normalisation of VAW?

SPECIFIC POPULATIONS

- What interventions work to reduce gender-based violence (in any and all its forms) and its detrimental effects among women who use drugs?
- How effective are gender transformative interventions with youth in preventing VAW in relationships over time?
- What programmes working with male survivors can prevent IPV against their partners?

SPECIFIC MODALITIES

- What role does social media play in exposing women and girls to new forms of violence and how can social media be leveraged to effect positive change?
- How can we better leverage digital cash transfer and technology-based learning platforms to prevent violence against women?

TABLE 9

TABLE 3

			TOP FIVE RANKED QUESTIONS BY CHARACTERISTICS														
			BASED IN		WORKING ON		REGIONAL (BASED IN)						OCCUPATION		GENDER		
DOMAIN RANK	RESEARCH QUESTIONS	OVERALL RANK	LMIC	HIC	LMIC ONLY	HIC / HIC & LMIC	ESEAP	LAC	EUROPE	NORTH AMERICA	SOUTH ASIA	AFRICA	PRACTITIONER	RESEARCHER	FEMALE	MALE	NON-BINARY
1	What types of interventions can effectively prevent multiple forms of violence, and why?	1	2	1	1	1	2	2	1	1	1	1	1	1	1		1
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 etc)?	2	1	2	2	2	3	1	2	2	2	2	2	2	2	1	
3	What interventions work to prevent sexual harassment in institutional settings (in-person or online), including in the workplace and educational settings, and why?	4	3	5	3	3	1	3	5	3	3	3	3	4	3	4	4
4	What is the level of intensity needed for social norms change interventions to have sustained impact at the community level, including effectively challenging norms that focus on victim behaviour rather than on the perpetration/choice to use violence?	6	5	3	5	4		4	3	4	5		4		4	2	5
5	What role can formal and informal justice sector reforms, including restorative justice, play in ensuring justice for survivors of violence?	8		4			4			5		4		3	5	5	3

Table 9: Top five questions by characteristics – Domain 2 Intervention research

FINDINGS

Research Priorities // Domain 3 – Improving existing interventions

The top five questions in Domain 3, Improving existing interventions, are listed in Table 10.

There is a spread of sub-thematic areas covered in the top five questions in this domain, including prevention intervention modalities at scale, the integration of VAW prevention within wider programmes (eg sectoral) or social processes (eg social movements and feminist activism), and the costs of violence prevention interventions. Collectively, the top five questions in Domain 3 ranked most poorly overall (between 17th and 24th out of 41 questions).

Much as for other domains, there was widespread uniformity in the inclusion of the top four research questions in Domain 3 across different expert characteristics (see Table 10). However, compared with other domains, there was much more variation in the intra-domain ranking of questions by different groups of experts. For instance, the top question in this domain, related to alternative modalities at scale, also scored first among female experts, practitioners, experts working in LMICs, and those based in HICs,

ESEAP, Europe, North America and Africa. However, the question on VAW in sectoral programmes was the top choice for researchers and experts based in LMICs. The question related to the role of social movements and feminist activism in VAW prevention and response was the top choice for male experts and experts working in HICs and based in LAC. The top question in this domain for experts based in South Asia was related to best practices for ensuring agility and adaptability for VAW interventions.

Other notable variations in the top five questions in Domain 3 according to expert characteristics are listed below.

- **How can we use tech platforms effectively, safely and cost-efficiently for violence prevention?** ranked second for experts identifying their gender as non-binary, fourth among male experts and those based in Africa, and fifth among experts both based in and working in LMICs, and those based in ESEAP.

- **In what ways can justice institutions be held to account and capacitated to be survivor-centred and hold perpetrators accountable, especially in conflict and post-conflict settings?** ranked fourth for those working in HICs and fifth for male experts.

- **How can promising VAW prevention and response interventions from non-emergency settings be adapted to have effect in conflict and humanitarian contexts (eg reduced dosage or brevity, different delivery mechanisms)?** ranked second among experts based in Europe, third among those based in ESEAP and LAC, fourth among practitioners, and fifth among experts identifying their gender as non-binary.

- **What types of interventions are most effective in facilitating gender transformative change in men and women at scale?** ranked fifth among experts based in LAC and South Asia.

- **What kinds of faith-based or community-led VAW prevention interventions can be adapted to different faiths, communities and regions effectively?** ranked first for experts who identified their gender as non-binary.

When asked to indicate whether there was an additional priority research question pertaining to Domain 3, a smaller number of questions were proposed when compared with Domains 1 & 2 (see Box 4). This may be related to less interest in the field in Improving existing interventions, which is in line with the findings of the GSRA scoping review, which found very few studies in this domain (see section 3.1).

BOX 4

ADDITIONAL RESEARCH QUESTIONS – DOMAIN 3

- Which components, pathways and mechanisms of proven interventions are most impactful at reducing VAW exposure/perpetration?
- What are best practices for adapting evidence-based interventions to new locations, cultures and settings?
- In what ways can the use of technology (like AI, VI) lead to effective anti-violence messaging and campaign development and dissemination at scale?
- To what extent can VAW prevention programmes amplify/complement other justice initiatives (eg racial justice, climate justice, LGBTQI rights)?
- What are the local feminist movement advocacy campaigns that contribute to diffusion for transformative gender norms change for violence prevention?
- How can State-owned VAW response institutions be held to account and graded on their commitment (financial and human resource) to support survivors of violence?
- How can health emergency preparedness and response programmes be structured to better take into account, and address, higher risks of VAW during an epidemic?

TABLE 10

			TOP FIVE RANKED QUESTIONS BY CHARACTERISTICS														
			BASED IN		WORKING ON		REGIONAL (BASED IN)						OCCUPATION		GENDER		
DOMAIN RANK	RESEARCH QUESTIONS	OVERALL RANK	LMIC	HIC	LMIC ONLY	HIC / HIC & LMIC	ESEAP	LAC	EUROPE	NORTH AMERICA	SOUTH ASIA	AFRICA	PRACTITIONER	RESEARCHER	FEMALE	MALE	NON-BINARY
1	What alternative modalities (besides in-person programming) are effective in VAW prevention at scale?	17	3	1	1	3	1		1	1	4	1	1	4	1	2	3
2	How can large-scale sector programmes be adapted to optimise their impact on violence prevention and response, particularly education, health, economic development, infrastructure and social protection programmes?	18	1	4	3	2	4	2		2	2	3	2	1	2		
3	How can social movements and feminist activism contribute to preventing and responding to VAW at scale?	19	2	5	4	1		1	3	3	3	2	3	3	3	1	4
4	What are some best practices for ensuring agility and adaptability of VAW interventions, especially those working with marginalised women and girls or operating in complex contexts?	20	4	3	2	5		4	5	4	1	5	5	2	4	3	
5	Do higher costs in resource-intensive violence prevention interventions represent good value for money when taking into account effectiveness in reduction of VAW?	24		2			2		4	5				5	5		

Table 10: Top five questions by characteristics – Domain 3 Improving existing interventions

FINDINGS

Research Priorities // Domain 4 – Methodological and measurement gaps

The top five questions in Domain 4, Methodological and measurement gaps, are listed in Table 11.

Four out of the top five questions in this domain are specifically related to addressing measurement gaps, including methods and tools to measure harmful traditional practices (ranked first), the intersection and pathways between different types of violence (ranked second), social norms change (ranked fourth), and prevention intervention outcomes that are inclusive of women and girls with disabilities (ranked fifth). The third ranked question in this domain was one of two questions included in the overall ten related to ethical methodologies, in this case related to online and remote methods. Although only one question from Domain 4 entered into the top ten overall, the top five questions in this domain all ranked within the top 15 overall.

Although the research question related to tools used to measure harmful traditional practices ranked first within this domain overall, it is interesting to note that this question did not score in the top five for a number of expert groups, including those based in LMICs, LAC and Africa, and among experts identifying their gender as male or non-binary (see Table 11). There was much more consistency in the inclusion of the second, third and fourth ranked questions in this

domain across expert groups. For instance, the second ranked question on measuring the intersections and pathways between different types of VAW, including VAW and VAC, was not included in the top five for practitioners. Furthermore, the third ranked question on ethical and inclusive research on VAW using online and remote methods, was not included in the top five for experts who identified their gender as non-binary.

Examples of other variations in the top five questions in Domain 4 according to expert characteristics are listed below.

- **What are examples of good practice in addressing recognised ethical challenges of undertaking VAW research in resource-poor settings and/or with marginalised communities?** ranked second for male experts, and fifth for researchers and those based in LMICs and in Sub-Saharan Africa.

- **How do we ensure our research impacts policy and programmes and how do we measure that impact?** ranked third among experts based in LAC, fourth among those based in South Asia, and fifth among experts identifying their gender as non-binary.

- **What methodologies can be used to measure and attribute the impact of multi-component interventions on VAW prevention, reduction or cessation?** ranked second among experts based in South Asia, and fourth among practitioners and experts based in LAC.

- **Which analytical approaches (both quantitative and qualitative) are most appropriate for advancing an intersectional approach to research on VAW?** ranked third among experts identifying their gender as non-binary.

When asked to indicate whether there was an additional priority research question pertaining to Domain 4, a small number of questions were proposed, mainly related to establishing standardised measures for different types of IPV, including among those with diverse gender identities and sexual partnerships (see Box 5). Several questions (synthesised into one in Box 5) referred specifically to the role of practice-based knowledge in enhancing methodologies and evidence in violence prevention interventions.

BOX 5

ADDITIONAL RESEARCH QUESTIONS – DOMAIN 4

METHODOLOGIES

- *What are some cost-effective methodologies and methods to evaluate violence prevention work on harmful social norms?*
- *How can practice-based knowledge be better integrated into the evidence base to enhance our understanding of how and why programmes work or do not work to prevent violence, and improve the design and implementation of prevention programmes?*

MEASUREMENT

- *How best to measure multiple forms of intimate partner violence, and create more global standard questions.*
- *How can standardised IPV measures be developed and updated so they are more inclusive of diverse gender identities, sexual partnerships, and experiences in those relationships?*
- *How to develop a uniform scale for measuring economic and psychological IPV.*
- *How can we safely estimate the global scope of trafficking for sexual exploitation and abuse, and the main risk and protective factors?²⁴*

²⁴ Note that literature on sex trafficking was not included in the GSRA scoping review and was not included in the types of VAW defined in Domain 1 (see section 3.2.3), which formed the focus of the research priority questions.

TABLE 11

			TOP FIVE RANKED QUESTIONS BY CHARACTERISTICS														
			BASED IN		WORKING ON		REGIONAL (BASED IN)						OCCUPATION		GENDER		
DOMAIN RANK	RESEARCH QUESTIONS	OVERALL RANK	LMIC	HIC	LMIC ONLY	HIC / HIC & LMIC	ESEAP	LAC	EUROPE	NORTH AMERICA	SOUTH ASIA	AFRICA	PRACTITIONER	RESEARCHER	FEMALE	MALE	NON-BINARY
1	What are the most effective tools to measure harmful traditional practices against women and girls (including FGM/C, early and forced marriage, crimes committed in the name of honour, dowry-related violence, and son preference)?	10		1	1	3	3		2	1	1		1	3	1		
2	What methods can be used to measure the intersection and pathways between different types of violence, including polyvictimisation and intersections between VAW and violence against children (VAC)?	12	2	2	2	2	1	2	1	2	5	3		1	2	3	1
3	How to conduct effective, ethical and inclusive research on VAW using online/virtual/remote methods (including social media) and how should these be adapted to reach marginalised populations?	13	3	3	3	1	5	5	3	3	3	4	3	2	3	5	
4	What research methodologies are most appropriate to measure social norm change in violence prevention interventions?	14	1	5	4	4	4	1	5	4		1	5	4	4	1	2
5	In IPV prevention interventions inclusive of women and girls with disabilities, should outcome measures be universal or should some be disability-specific?	15	4	4	5	5	2		4	5		2	2		5	4	4

Table 11: Top five Questions by Characteristics – Domain 4 Methodological and measurement gaps

LEARNINGS AND LIMITATIONS

LEARNINGS AND LIMITATIONS

Learnings

The development of the GSRA has generated many learnings for the VAW field, as well as other agenda-setting processes occurring across the globe.

The process is as important as the methodology

The development of a global agenda requires engaging with a wide array of people working in different time zones, spaces, and with different resources across the world. The logistics of this takes planning and consideration to ensure that meetings and platforms are accessible as possible, in terms of language, internet bandwidth and timeframes.

It also requires taking the time not only to listen and ask for feedback, but also to actively listen and action the feedback. This kind of governance

structure – with built-in checks and balances – is critical to ensuring the agenda is democratic, inclusive and representative.





This has been an extremely thorough consultation process. It has not been rushed and, given the wisdom of the crowd, it is very unlikely that even had we had greater numbers from the regions less represented, that the scoring would have been very different.”

- GSRA Stakeholder

Promote and market – actively reach out to colleagues to ensure diverse voices are included, and closely monitor responses coming in and address gaps in responses, for example, more people from HICs responding than LMICs

A key challenge in this process was ensuring balanced and equal representation of different groups, particularly those based in LMICs. Survey responses must be continually monitored, so that gaps in responses can be addressed and groups with low representation can be expressly targeted. Networks are crucial in this process, to promote the surveys and to encourage responses from particular groups.

Actively use your networks to promote the agenda

Promotion and marketing of the process is key to ensuring uptake, so all participants must be encouraged to actively reach out to their colleagues to ensure diverse voices are included.



The survey responses and where they came from reflect our networks and the limitations of them; we need to find new ways to reach out to those groups and communities on the ground who are not so used to forming part of these types of processes.”

- GSRA Stakeholder

Make the questionnaire inclusive, accessible and user-friendly

The GSRA was developed during the height of the COVID-19 pandemic, and so considerations about technology and accessibility became particularly important. All online platforms and tools for meetings and surveys must take into account global inequalities around access and internet bandwidth. Platforms, particularly, must be accessible, user-friendly, and compatible with different devices, such as mobile phones.

Ensure translation is available, to encourage completion of the questionnaire from colleagues in non-English-speaking regions/countries

Also key to accessibility, is ensuring that translation is available, not only for the survey tool, but for invitation emails, reminders, meetings and webinars.

Accessibility is also about inclusion

It is important to ensure that platforms and questions can be utilised by screen-reading software, and that questions are phrased in ways that do not reinforce harmful attitudes. For example, questions about gender identity should allow for multiple options to be selected, and terminology that references groups who have been historically marginalised, should be selected in collaboration with members from those groups.

It is important to be flexible and consider respondents' time and resources

Another key challenge in this process was posed by the priority-setting methodology, which can be quite time and resource-intensive, especially for frontline services. The priority-setting process could be streamlined and simplified, by asking participants to vote on or rank the research questions in each domain, rather than asking them to answer a series of sub-questions which were often context-dependent. A Likert scale could then be used to score the highest ranked questions. In consideration of respondents' time, we adopted a pragmatic approach by sending out the survey in two instalments and extending the time for completion.

Be open, transparent and honest about the process and limitations to manage expectations

No process is perfect, and there will always be challenges and limitations. It is important to acknowledge such limitations up front, while providing space for continual reflection and improvement.

These lessons, as well as the experience of developing the GSRA, will continue to inform and guide the development of the regional agenda-setting exercises, which will begin in late 2021. These regional processes will expressly aim to build upon the strengths of the GSRA, and learn from the challenges encountered in establishing a global shared research agenda for VAW research.

LEARNINGS AND LIMITATIONS

Limitations

The limitations of the GSRA reflect the enormity of the task: to establish a global and a shared research agenda for VAW research in LMICs. Although the Stewardship Group, with advice and guidance from the Advisory Group, tried to mitigate this as much as possible, ultimately there will always be limitations to such a huge undertaking.

“This is a complex process, and while it is not perfect, we are learning by doing; the process is iterative and the deep level of engagement by the different groups demonstrates that we have a genuine commitment to shaping a fair, equitable and relevant research agenda for the next five years.” - *GSRA Stakeholder*

Firstly, despite all efforts to make the process as accessible as possible, some respondents found the priority-setting survey confusing. For example, some respondents reported that they would have preferred to rank or vote on the research questions, as applying the criteria through the sub-questions was time-intensive and did not allow them to give

an overall evaluation of the research question. Many respondents found it difficult to answer the sub-questions, as they were highly context-dependent.

Secondly, a relatively small number of people responded to the surveys – the survey was distributed to approximately 400 people but garnered only 113 responses to Domains 1 & 2 and 97 responses to Domains 3 & 4. However, when compared with other research agenda-setting processes, this is a high response rate.

Thirdly, because the Global Expert Group was initially composed from the networks of the Stewardship Group and the Advisory Group, it was not as broad as it could have been. For example, most respondents undertook the survey in English, with four surveys being completed in French and five surveys

completed in Spanish, which suggests the findings are still heavily skewed towards English-speaking stakeholders. Furthermore, although the GSRA focuses on VAW research in LMICs, respondents were predominantly based in HICs. In particular MENA and EECA regions were unrepresented.

Despite these limitations, people from all over the globe fed into the development of the GSRA at various stages in the process. The findings present important avenues for future research, are priority-driven, and provide sound practical and empirical guidance for interventions, programmes, policy and advocacy. The process of developing the GSRA, as well as its findings, will help us to better understand VAW – and ultimately prevent it.

“When you do something for the first time, it is brave; we need to offer kind critique and keep trying and trying again.”
- GSRA Stakeholder

CONCLUSIONS AND RECOMMENDATIONS

“This process and the people who are taking part in it are full of passion, purpose and hope. And if the agenda is being set collectively, we will meet the gaps.” - GSRA Stakeholder

CONCLUSIONS AND RECOMMENDATIONS

Conclusions

Overall, there was substantial expert agreement on the priority research questions, for both the top five questions overall, and the top five questions per domain. Questions under the Intervention research domain were the highest ranked questions overall, with three of the top five questions and six of the top ten questions belonging to this domain.

Two research questions belonging to Domain 1, Understanding VAW in its multiple forms, were scored within the top five overall, although questions from this domain were also strongly represented in the bottom ten overall. Questions related to Domain 3, Improving existing interventions, and Domain 4, Methodological and measurement gaps, appear to be much less prominent in experts' scoring of research priorities.

²⁵ Violence against women prevalence estimates, 2018: global, regional and national prevalence estimates for intimate partner violence against women and global and regional prevalence estimates for non-partner sexual violence against women. Geneva: World Health Organization; 2021. Licence: CC BY-NC-SA 3.0 IGO. <https://www.who.int/publications/i/item/9789240022256>

Overall, the Stewardship Group believes that these findings reflect where the field is in its current progression. Led by WHO, extensive research has been conducted over the last two decades to understand the prevalence, causes and consequences of violence against women and girls. This has resulted in strong global and regional estimates²⁵ so it is expected that this is no longer a high priority. The logical next step is to better understand what interventions work to respond to and prevent such violence, and understand emerging forms of violence, and among populations that have been overlooked in the past. The lack of attention on methods may reflect that the field is more squarely focused on programming to end violence against women at this point in time. It may also reflect the larger number of practitioners than researchers/academics participating in the priority-setting surveys.

Despite consistency in the overall scoring of questions, when disaggregated by experts' personal and geographical characteristics, there were some notable differences. While questions related to intervention research appear to be a particularly strong priority for practitioners

and male experts, they appear to be less so for researchers. It is to be expected that practitioners would be particularly interested in research to understand the effectiveness of the programme.

There were also some notable differences in research priorities between LMICs and HICs, and across regions. For example, a question related to interventions aimed at preventing violence against adolescent girls was ranked fifth overall for experts based in and working in LMICs; nevertheless, this question was not ranked in the top five by experts from any other geographical groups or regions. We know that VAW and VAC overlap during adolescence, as some forms of violence are often first experienced during this period, or become elevated due to an individual's age. This may be particularly relevant in LMICs, where early marriage is more common and therefore an important priority for those from the region. The voices of those based in LMICs should be priorities when determining research priorities for those settings, as they are more likely to understand the local needs and lived realities.

Furthermore, for experts based in HICs, the top question in Domain 4, Methodological and measurement gaps, was related to measuring harmful traditional practices against women and girls.

However, this question did not rank in the top five among experts based in LMICs, or among those based in LAC or Africa. This is interesting, and could perhaps suggest that there is a mismatch between what people not living in these settings view as important to research, compared with those based in the respective countries or region. This finding requires further exploration.

Some of the disaggregated results presented in the report should be read with caution, due to the small sample sizes for some groups of respondents participating in the priority-setting surveys. For example, there were far fewer male than female respondents, and very few respondents identified as gender non-binary.

Similarly, some regions were better represented in the priority-setting surveys than others. The largest number of respondents were based in North America and Western, Northern or Southern Europe, but some regions were less well represented, notably LAC, with no representation from the MENA and EECA regions.

When comparing the results of the priority-setting exercise with the results of and gaps identified in the GSRA scoping review, there are some consistencies, but also some evidence that priorities are shifting.

- Geographically, the concentration of the LMIC literature in certain regions, particularly in Africa and South Asia, was mirrored in the larger number of priority-setting survey responses from these regions, when compared with other LMIC regions.
- In the priority-setting surveys, the large number of additional proposed research questions related to risk factors and drivers for VAW, echoes an emphasis in the literature on risk rather than protective factors.
- The small number of studies identified in the scoping review related to improving existing interventions in LMICs, is reflected in the results of the priority-setting exercise, with much lower scoring of questions belonging to this domain.
- The scoping review identified a very strong emphasis in the literature on research related to Understanding VAW in its multiple forms, including studies measuring prevalence of and risk factors for VAW (IPV in particular), with much less emphasis on research related to violence prevention or response interventions (particularly the latter). However, the preference for questions related to intervention research in the priority-setting exercise suggests that priorities in the field may be shifting, although more emphasis on prevention than response appears to be consistent.
- The scoping review identified a number of thematic gaps, including studies focusing predominantly on IPV (particularly sexual or physical IPV). It is notable that in the priority-setting exercise, among the top five questions overall, one referred to multiple forms of violence, one to under-researched forms of IPV and another to sexual harassment, suggesting that there is an increasing recognition in the field of the need to expand evidence to different types of VAW.
- The scoping review also identified several population gaps, including few studies addressing violence against women and girls in vulnerable groups, including those with disabilities. The inclusion of two research questions in the top five that explicitly reference women with disabilities, or women facing multiple and intersecting forms of discrimination, suggests that an emphasis on violence against women from different populations is also growing.

CONCLUSIONS AND RECOMMENDATIONS

Recommendations

Developing a global shared research agenda is a complex, political and seemingly impossible task but the process, which has been careful and kind, has shown the importance and power of working collectively.

Using the wisdom of the crowd in thoughtful and creative ways, has helped to alleviate some anxiety over the enormity of this task. And we were further reassured by the agreement from a diversity of voices on overall priorities. Bringing together researchers and activists, funders and decision-makers has served to build, grow and deepen our knowledge and experience on violence against women; only by working together can we achieve long-lasting and sustainable change.

The following recommendations have emerged as a result of the GSRA process:

FUNDING RESEARCH

- The GSRA process revealed that there are still major research gaps in the VAW field. Funders should increase investment in high-quality and ethical research aligned with the agenda.
- Funders should use the GSRA to help set their research funding priorities. It is equally important to stop funding research that has already been conducted and is clearly identified by the field as not a priority.
- Universities should use the GSRA to inform their research programmes, grant applications, including sharing with PhD and Master's students to guide their research decision-making.
- Grant-makers could require applicants to assess their proposed research projects against identified priorities in the GSRA.
- Use the GSRA not only at the highest level, but use the disaggregated analysis to inform decision-making. For example, if you are planning to conduct research in LMICs, it makes sense to consider the priorities as determined by those based in or from LMICs.

ADAPTATIONS

- Being a global agenda, the GSRA is relatively broad, and will need to be refined and nuanced for different communities and settings.
- Regional adaptations are needed to better reflect the priorities of certain regions, particularly where there was under-representation in the GSRA. Such adaptations should be collaborative and driven by members of those communities and regions.
- When funding research in particular settings or among specific populations, ensure that those groups or communities are meaningfully engaged to refine, nuance and flesh out the broad research questions within the agenda.

IMPLEMENTATION

- Apply the principle of 'nothing about us, without us' to ensure that decolonising research priorities and practices remains firmly on the agenda. Given that some of the highest ranking questions are about addressing violence against women facing multiple and intersecting forms of discrimination (including age, poverty, disability, ethnicity, race, sexuality), people with lived experience or members of those communities should be involved in all stages of the research.
- It is important that researchers, practitioners, activists, funders and decision-makers build, grow and deepen the field's evidence and knowledge in collaboration.

ADVOCACY AND DISSEMINATION

- It is vital that the GSRA is used for it to be effective, and for the field to progress by filling these evidence gaps and priorities.
- The greater participation of practitioners than researchers in the GSRA priority-setting survey, is an important indication of the interest and role of practitioners in expanding the field. Practitioners can advocate for research using the GSRA, to emphasise their VAW prevention and response priorities.
- The GSRA should be disseminated widely through research and donor networks, universities and research institutes, webinars and social media.

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ANNEX

ANNEX

ANNEX 1 – WHO summary of strengths and weaknesses of different priority-setting exercises²⁶

²⁶ A systematic approach for undertaking a research priority-setting exercise. Guidance for WHO staff. Geneva: World Health Organization; 2020. Licence: CC BY-NC-SA 3.0 IGO.

TABLE

12

METHOD	SUMMARY	STRENGTHS	WEAKNESSES
CHNRI METHOD ²⁷	<ul style="list-style-type: none">• The fundamental principle of the method is the notice of the ‘wisdom of crowds’ by soliciting collective wisdom of experts by independent scoring of research ideas. The method provides comprehensive guidance to the process of research prioritisation.• The CHNRI process is co-ordinated by a management team, consisting of methodological experts and technical experts, which decides on the scope and context of exercises and predefines criteria.• The CHNRI approach has been used for both global and national exercises.• Individual questions are scored against predefined criteria. Technical experts independently score each research option.	<ul style="list-style-type: none">• Systematic listing of research questions.• Independent ranking of research ideas minimises risks of one strong-minded individual’s opinion dominating opinions of others.• Process is systematic and repeatable, with flexibility to modify the process; however, it is not possible to modify research questions once scores are assigned.• Everything that led to the final list of priorities is recorded, is repeatable, can be reviewed, can be challenged and can be revised at any time based on feedback.• Provides a comprehensive framework for scope, context, research domain, criteria and scoring options.• Options to use weights and thresholds to reflect on broader political, economic, social and cultural environment. Can uncover outliers or high-risk priorities that are outside the box.	<ul style="list-style-type: none">• The process could result in generation of a large number of research questions. Scoring can be a very exhausting process for participants (can feel very mechanistic at times), resulting in delay in obtaining responses from them.• A full CHNRI might be too heavy for certain exercises.• Role of non-experts is limited to selection and weighting of criteria.• Consensus-building is incorporated in methods (eg selection of areas of research, weights given to criteria) but not formally after the priorities are set.• Scoring may be affected by ongoing research in which self-selected participants have relevant interests.
DELPHI METHOD	<ul style="list-style-type: none">• Delphi is primarily a forecasting technique for surveying the opinions of experts about how a particular area may develop (eg grand challenges in a health area).• In health research priority setting, Delphi can be used to structure a ranking process through repeated surveys of experts.• This iterative approach can reduce a preliminary list of priorities to a final set of priorities which may or may not be ranked.	<ul style="list-style-type: none">• Can engage large numbers through online surveys – the wisdom of crowds.• Metric-based, so the priorities can be ranked and analysed in databases.• Useful first step in collecting opinions and perception.• Can assist in creating a preliminary set of research priorities.	<ul style="list-style-type: none">• No single methodology agreed upon, so it requires some expertise in development of questions and criteria.• Limited opportunity for dialogue, as response is from isolated individuals.• Can be prone to response bias (only interested parties reply), and survey fatigue as diminishing numbers of stakeholders reply to repeat surveys.
JAMES LIND ALLIANCE METHOD	<ul style="list-style-type: none">• Priority Setting Partnerships (PSPs) bring together patients and clinicians within a health system to identify treatment uncertainties as topics for research.• The approach describes how to combine the patient experience and the clinician and/or carer experience with systematic reviews to identify where evidence is weak or absent (treatment uncertainties).• PSPs adapt the Delphi technique and use workshops to triage preliminary priorities to identify a top ten list of priorities.	<ul style="list-style-type: none">• A clear and proven method to identify the top ten priorities that are easy to communicate.• Can engage a wide and representative range of views.• Step-by-step guidance that gives a strong voice to patients.• Support tools are free to use and are regularly updated on the website.	<ul style="list-style-type: none">• Narrow focus on clinical settings exploring treatment.• Works well in a high-income setting with an integrated health system.• Requires recruitment of participants by clinicians and online, and availability of relevant systematic reviews.
3D COMBINED APPROACH MATRIX (CAM) ^{28 29}	<p>Focus on the structured collection of information. The CAM offers a structured framework for the collection of information according to several important criteria for research priority setting, and takes into account the influence of different actors and factors. The process for deciding on priorities is consensus-based.</p> <ul style="list-style-type: none">• The CAM has been used for both global and national exercises.• Systematic classification, organisation and presentation of a large body of information.• Incorporates many dimensions.• Recently included gender and poverty dimensions.• Specifies broad research avenues.• Identifies gaps in knowledge and future challenges.	<ul style="list-style-type: none">• Systematic listing of all relevant information, so that decisions made by the members of committees are based on all relevant and available information rather than their personal knowledge and judgement.• Consensus on the final priorities is a combination of metric and value-based decision-making. This can increase ownership of the priorities by participants.	<ul style="list-style-type: none">• Does not in itself represent an algorithm for making decisions on the priorities by ranking competing investment options, or for differentiating the two alternative research strategies according to their priority.• Identified interventions and research questions are not compiled in a truly systematic way.• Consensus is reached by panels of experts, and danger is that decisions may be driven by the research interest bias of individual experts.• Design by committee can lead to safe or average outcomes.• Hard to reach easily understood priorities (eg the top ten priorities).• Can result in obvious priorities (eg a vaccine for x without a strong evidence base).
ESSENTIAL NATIONAL HEALTH RESEARCH (ENHR) APPROACH ³⁰	<ul style="list-style-type: none">• Focus on health research priority setting for national-level exercises. The ENHR approach provides guidance for the entire process of setting priorities for health research on a national level. It is a step-by-step manual for facilitators of a national priority-setting process.• Defines who sets priorities, how to get participants involved, the potential functions, roles and responsibilities of various stakeholders, information and criteria for setting priorities, strategies for implementation and indicators for evaluation.	<ul style="list-style-type: none">• Detailed listing of priority possibilities/options.• Involvement of a broad range of stakeholders.• Significant engagement with experts.• Good for national and health system strategies where universal health coverage is necessary.	<ul style="list-style-type: none">• Discussion and decisions on funding based on participants’ own views and knowledge.• Identified interventions and research questions are not compiled in a truly systematic way.• Minority voices can become lost (eg research for orphan diseases or research for new interventions takes priority over research for carers).

Table 12: WHO summary, strengths and weaknesses of different research priority-setting processes

²⁷ Rudan I, El Arifeen S, Black RE: A systematic methodology for setting priorities in child health research investments. A new approach for systematic priority setting. Edited by: Huda TM. 2006, Dhaka: Child Health and Nutrition Research Initiative, 1-11.

²⁸ Ghaffar A, de Francisco A, Matlin S. The Combined Approach Matrix: a priority-setting tool for health research. 2004, Geneva: Global Forum for Health Research.

²⁹ Ghaffar A. Setting research priorities by applying the combined approach matrix. Indian J Med Res. 2009, 129: 368-375. <https://pubmed.ncbi.nlm.nih.gov/19535830/>

³⁰ Okello D, Chongtrakul P, COHRED Working Group on Priority Setting. A Manual for Research Priority Setting using the ENHR Strategy. 2000, Geneva: Council on Health Research for Development, https://www.cohred.org/publications/library-and-archive/a_manual_for_researc_1_0/

ANNEX

ANNEX 2 – Members of Stewardship Group and Advisory Group

TABLE 13

NAME	ORGANISATION	COUNTRY	REGION
Chay Brown	The Equality Institute	Australia	East and South-East Asia and the Pacific
Elizabeth Dartnall	SVRI	South Africa	Africa
Emma Fulu	The Equality Institute	Australia	East and South-East Asia and the Pacific
Julienne Corboz	SVRI Technical Advisor	Spain	Western Europe
Mark Tomlinson	SVRI Technical Advisor; Stellenbosch University	South Africa	Africa
Morma Moremi	SVRI	South Africa	Africa

Table 13: Members of the Stewardship Group

TABLE 14

NAME	ORGANISATION	TYPE	COUNTRY	REGION
Alessandra Guedes	UNICEF	MULTILATERAL	Italy	Western Europe
Anil Raghuvanshi	CHILDSAFENET	LMIC	Nepal	South-Asia
Annika Lysén	SIDA	MULTILATERAL	Sweden	Northern Europe
Bhiamie Williamson	CENTRE FOR ABORIGINAL ECONOMIC POLICY RESEARCH	HIC	Australia	East and South-East Asia and the Pacific
Bhim Reddy	INSTITUTE FOR HUMAN DEVELOPMENT	LMIC	India	South Asia
Claudia Garcia-Moreno	WHO	HIC	Switzerland	Western Europe
Diana Arango	WORLD BANK	MULTILATERAL	United States	North America
Emily Esplen	DFID	BILATERAL	United Kingdom	Northern Europe
Enrica Duncan	NOSSAS, BRAZIL	LMIC	Brazil	Latin America and the Caribbean
Ghida Anani	ABAAD, LEBANON	LMIC	Lebanon	Middle East and North Africa
Heidi Stöckl	LSHTM	HIC	United Kingdom	Northern Europe
Ingrid van der Heijden	CONSULTANT	LMIC	South Africa	Africa
Ishra Nazeer	UNIVERSITY OF SRI JAYEWARDENEPURA	LMIC	Sri Lanka	South Asia
Jesús Hernández Burgos	PUERTO RICAN CULTURAL CENTER	LMIC	Puerto Rico	Latin America and the Caribbean
Kalliopi Mingeirou	UN WOMEN	MULTILATERAL	United States	North America
Kasumi Nakagawa	PAÑÑĀSĀSTRA UNIVERSITY OF CAMBODIA	LMIC	Cambodia	East and South-East Asia and the Pacific
Kumudu Wijewardena	UNIVERSITY OF SRI JAYEWARDENEPURA	LMIC	Sri Lanka	South Asia
Lori Michau	RAISING VOICES	LMIC	Uganda	Africa
Lusajo Kajula-Maonga	CONSULTANT	LMIC	Tanzania	Africa
Manisha Mehta	WELLSPRING	HIC	United States	North America
Martín Hernán Di Marco	NATIONAL SCIENTIFIC AND TECHNICAL RESEARCH COUNCIL	LAC	Argentina	Latin America and the Caribbean
Mary Ellsberg	GWJ, GEORGE WASHINGTON	HIC	United States	North America
Mendy Marsh	VOICE	HIC	United States	North America
Nata Duvvury	NUI GALWAY	HIC	Ireland	Northern Europe
Prabu Deepan	TEARFUND	LMIC	Sri Lanka	South Asia
Priya Powell	DFAT	BILATERAL	Australia	East and South-East Asia and the Pacific
Shireen Bhamani	AGA KHAN UNIVERSITY	LMIC	Pakistan	South Asia
Shruti Majumdar	UN TRUST FUND	MULTILATERAL	United States	North America
Tesmerelna Atsbeha	WELLSPRING	HIC	United States	North America
Tina Musuya	CEDOVIP	LMIC	Uganda	Africa
Tvisha Nevatia	CONSULTANT	LMIC	India	South Asia
Yandisa Sikweyiya	SAMRC	LMIC	South Africa	Africa

Table 14: Members of the Advisory Group

ANNEX

ANNEX 3 – List of survey responses per region and country

EAST AND SOUTH-EAST ASIA & PACIFIC	DOMAIN 1 & 2	DOMAIN 3 & 4
Australia	5	7
Fiji	1	
Indonesia	1	
Japan	1	
Lao People's Democratic Republic	1	
Malaysia	1	
Myanmar	1	2
New Zealand	1	1
Thailand	1	1
Timor-Leste		1
TOTAL	13	12

EUROPE & CENTRAL ASIA	DOMAIN 1 & 2	DOMAIN 3 & 4
Belgium	1	
Bulgaria	1	
Denmark	2	1
France	2	1
Germany	1	2
Greece	1	1
Ireland		1
Italy	1	
Netherlands	1	3
Poland	1	
Spain	1	
Sweden	2	2
United Kingdom	11	9
TOTAL	25	20

NORTH AMERICA	DOMAIN 1 & 2	DOMAIN 3 & 4
Canada	5	5
United States of America	31	28
TOTAL	36	33

AFRICA	DOMAIN 1 & 2	DOMAIN 3 & 4
Cameroon	1	1
Democratic Republic of Congo	1	1
Eswatini	1	
Ethiopia	2	1
Ghana		1
Kenya	2	
Lesotho	1	
Nigeria	1	5
South Africa	8	10
Tanzania		1
Uganda	4	1
TOTAL	21	21

LATIN AMERICA & CARIBBEAN	DOMAIN 1 & 2	DOMAIN 3 & 4
Brazil	1	
Mexico	2	1
Peru	1	1
TOTAL	4	2

SOUTH ASIA	DOMAIN 1 & 2	DOMAIN 3 & 4
Afghanistan		1
Bangladesh	6	4
India	2	2
Nepal	3	2
Pakistan	2	
Sri Lanka	1	2
TOTAL	14	11

ANNEX

ANNEX 4 – 41 questions listed by overall rank

Overall Rank	Research Questions	Applicable?	Effective?	Equitable?	Overall RP5	AEA	Domain
1	What types of interventions can effectively prevent multiple forms of violence, and why?	92.4	87.7	72.8	84.3	0.8	Intervention research
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)?	95.1	89.3	63.1	82.5	0.77	Intervention research
3	How are new feminist social movements (eg 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?	89.7	87.9	65.8	81.1	0.76	Understanding VAW in its multiple forms
4	What interventions work to prevent sexual harassment in institutional settings (in-person or online), including in the workplace and educational settings, and why?	91.2	85.8	62.7	79.9	0.74	Intervention research
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?	79.5	82.3	86.2	79.3	0.72	Understanding VAW in its multiple forms
6	What is the level of intensity needed for social norms change interventions to have sustained impact at the community level, including effectively challenging norms that focus on victim behaviour rather than on the perpetration/choice to use violence?	87.5	86.9	61.9	78.8	0.68	Intervention research
7	What are the cultural, psychological and economic impacts of colonisation on Indigenous men and women, and how do these impacts influence their behaviours and experiences in respect to VAW?	81.6	82.5	71.2	78.4	0.71	Understanding VAW in its multiple forms
8	What role can formal and informal justice sector reforms, including restorative justice, play in ensuring justice for survivors of violence?	86.5	85.5	62.7	78.2	0.67	Intervention research
9	What interventions or elements of interventions are most effective at preventing violence against adolescent girls, and why?	89.7	86.2	58.8	78.2	0.7	Intervention research
10	What are the most effective tools to measure harmful traditional practices against women and girls (including FGM/C, early and forced marriage, crimes committed in the name of honour, dowry-related violence, and son preference)?	82.4	84.7	63.1	76.7	0.64	Methodological and measurement gaps
11	Which interventions are most effective at addressing shared risk factors for VAW and VAC in the family environment, leading to a reduction in both types of violence?	84.7	85.6	59.8	76.7	0.66	Intervention research
12	What methods can be used to measure the intersection and pathways between different types of violence, including polyvictimisation and intersections between VAW and violence against children (VAC)?	88	84.3	57.2	76.5	0.7	Methodological and measurement gaps
13	How to conduct effective, ethical and inclusive research on VAW using online/virtual/remote methods (including social media) and how should these be adapted to reach marginalised populations?	87.1	86.5	55.1	76.2	0.7	Methodological and measurement gaps
14	What research methodologies are most appropriate to measure social norm change in violence prevention interventions?	84.8	83.8	55.2	74.6	0.66	Methodological and measurement gaps
15	In IPV prevention interventions inclusive of women and girls with disabilities, should outcome measures be universal or should some be disability-specific?	81.5	84	57.4	74.3	0.6	Methodological and measurement gaps
16	How do conflict and fragility exacerbate the multiple forms of violence experienced by women and girls?	79.1	83.8	58.9	73.9	0.6	Understanding VAW in its multiple forms
17	What alternative modalities (besides in-person programming) are effective in VAW prevention at scale?	87.9	80.7	52.8	73.8	0.67	Improving existing interventions
18	How can large-scale sector programmes be adapted to optimise their impact on violence prevention and response, particularly education, health, economic development, infrastructure and social protection programmes?	82.7	80.4	57.1	73.4	0.63	Improving existing interventions
19	How can social movements and feminist activism contribute to preventing and responding to VAW at scale?	84.8	83.4	51.3	73.2	0.66	Improving existing interventions
20	What are some best practices for ensuring agility and adaptability of VAW interventions, especially those working with marginalised women and girls or operating in complex contexts?	79.6	80.5	58.8	73.0	0.64	Improving existing interventions
21	What methodologies can be used to measure and attribute the impact of multi-component interventions on VAW prevention, reduction or cessation?	78.9	79.1	60.7	72.9	0.6	Methodological and measurement gaps
22	What are examples of good practice in addressing recognised ethical challenges of undertaking VAW research in resource-poor settings and/or with marginalised communities?	82.6	81.2	53.2	72.3	0.63	Methodological and measurement gaps
23	How do we ensure our research impacts policy and programmes and how do we measure that impact?	78	81.9	54.5	71.5	0.56	Methodological and measurement gaps
24	Do higher costs in resource-intensive violence prevention interventions represent good value for money when taking into account effectiveness in reduction of VAW?	75.4	77.7	60.6	71.2	0.56	Improving existing interventions
25	How can promising VAW prevention and response interventions from non-emergency settings be adapted to have effect in conflict and humanitarian contexts (eg reduced dosage or brevity, different delivery mechanisms)?	75.9	79	57.6	70.8	0.56	Improving existing interventions
26	In what ways can innovative technologies and interventions be used to detect and prevent online sexual harassment and online intimate partner violence?	85.6	82.9	43.4	70.6	0.65	Intervention Research
27	How can we use tech platforms effectively, safely and cost-efficiently for violence prevention?	85.2	79.5	46.9	70.5	0.62	Improving existing interventions
28	In what ways can justice institutions be held to account and capacitated to be survivor-centred and hold perpetrators accountable, especially in conflict and post-conflict settings?	76.7	80.9	54.0	70.5	0.56	Improving existing interventions
29	What are the factors underlying successful intervention and prevention programmes aimed at men, including Indigenous men and other under-researched populations?	77.8	79.1	54.1	70.3	0.55	Intervention research
30	How do different forms of violence cluster in women and girls with greater vulnerability and what are the characteristics to detect those vulnerable women and girls?	75.2	70.8	60.6	68.9	0.54	Understanding VAW in its multiple forms
31	What are the causes and drivers of violence against LGBTQI+ women?	75.7	71.3	59.4	68.8	0.55	Understanding VAW in its multiple forms
32	What are the best methodologies to measure the long-term impacts of violence prevention interventions, including reduction in VAW and other intended and unintended outcomes?	80.5	76.3	49.2	68.7	0.57	Methodological and measurement gaps
33	What types of interventions are most effective in facilitating gender-transformative change in men and women at scale?	75	79.4	49.6	68.0	0.55	Improving existing interventions
34	Which analytical approaches (both quantitative and qualitative) are most appropriate for advancing an intersectional approach to research on VAW?	79.2	76.7	46.0	67.3	0.6	Methodological and measurement gaps
35	What is the interaction of climate change impacts with the perpetration or experience of VAW?	67.2	73.5	57.9	66.2	0.5	Understanding VAW in its multiple forms
36	What types of interventions are effective in preventing IPV and other forms of violence against LGBTQ+ people?	77.7	73.7	47.0	66.1	0.56	Intervention research
37	What is the prevalence of different forms of online and technology-facilitated VAW and what are the risk and protective factors for experience and perpetration of these types of violence?	76.8	75.3	45.9	66.0	0.55	Understanding VAW in its multiple forms
38	How can police response more adequately address the needs of LGBTQ+ people reporting IPV, non-partner sexual violence and sexual harassment?	74.9	73.2	47.9	65.4	0.54	Improving existing interventions
39	What steps can be taken to avoid or mitigate resistance to and backlash against women's rights organisations without compromising the focus and aims of these organisations?	69.3	70.4	54	64.6	0.47	Understanding VAW in its multiple forms
40	What kinds of faith-based or community-led VAW prevention interventions can be adapted to different faiths, communities and regions effectively?	72.8	67.9	46.2	62.3	0.5	Improving existing interventions
41	How do social networks act as a protective factor for violence against women and girls?	73	71.7	39.5	61.4	0.54	Understanding VAW in its multiple forms



Global Shared Research Agenda

For Research on Violence Against Women in Low and Middle-Income Countries

