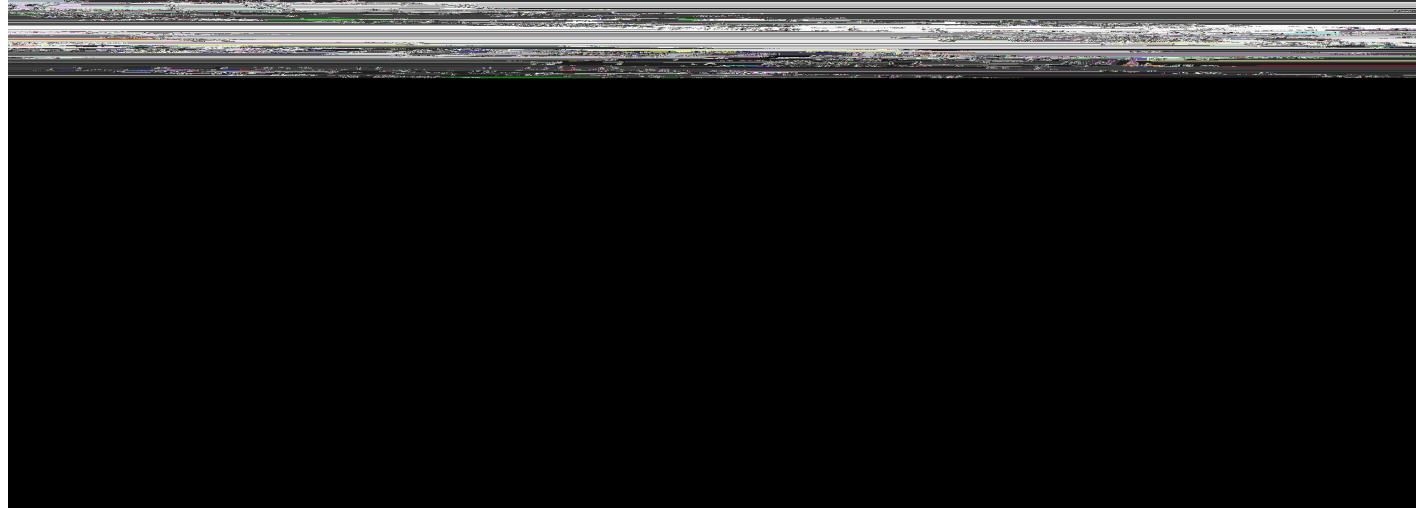


Women who are afraid of people in their own homes, informal settlements in Mumbai (1), or whose spouses have high prevalence rates of VAWG.

Psychological/verbal abuse among Indigenous Quechua women in Peru (2). Indigenous communities have high prevalence rates of VAWG.

Men in Bangladesh who believe that it is acceptable for men to beat women (3). This is an example of a context where violence is widely accepted.



High prevalence rates appear to be driven by contextual factors like women's income inequality and education, gendered cultural norms, exposure to other forms of violence, and racial or class-based discrimination.



All forms of VAW are harmful to women's health and well-being, it potentially impacts physical, severe mental disorder, injury, chronic disease, transmission of disease, and death. Effectiveness of interventions is often measured by their impact on women's health and well-being. Sustainability is also essential.

Phase 2: Developing theories of change

Phase 3: Outcome measurement

Phase 4: Participant community intervention development

Develop, validate and feasibility-test new tools for assessing VAWG prevalence in high-prevalence settings.

Co-create an intervention in collaboration with national prevalence communities.

Countries with a high prevalence of VAWG are often characterised by structural violence against women, income inequality, gender discrimination, exposure to other forms of violence.