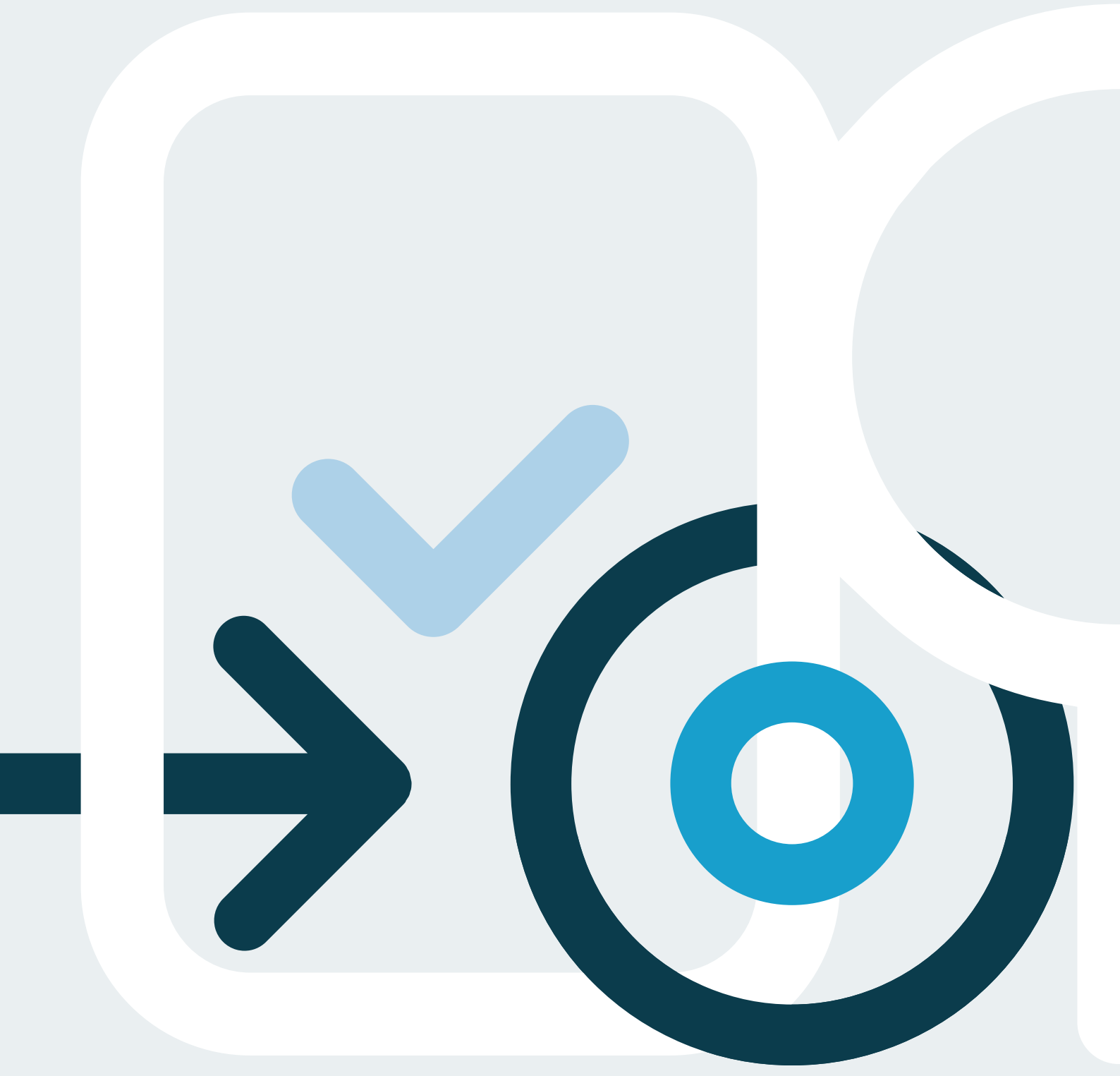
The ANROWS Evidence Portal of interventions to address and end violence against women:

METHODOLOGY REPORT



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ANROWS acknowledgement

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Acknowledgement of Country

ANROWS acknowledges the Traditional Owners of the land across Australia on which we live and work. We pay our respects to Aboriginal and Torres Strait Islander Elders past and present. We value Aboriginal and Torres Strait Islander histories, cultures and knowledge. We are committed to standing and working with First Nations peoples, honouring the truths set out in the Warawarni-gu Guma Statement.

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METHODOLOGY REPORT

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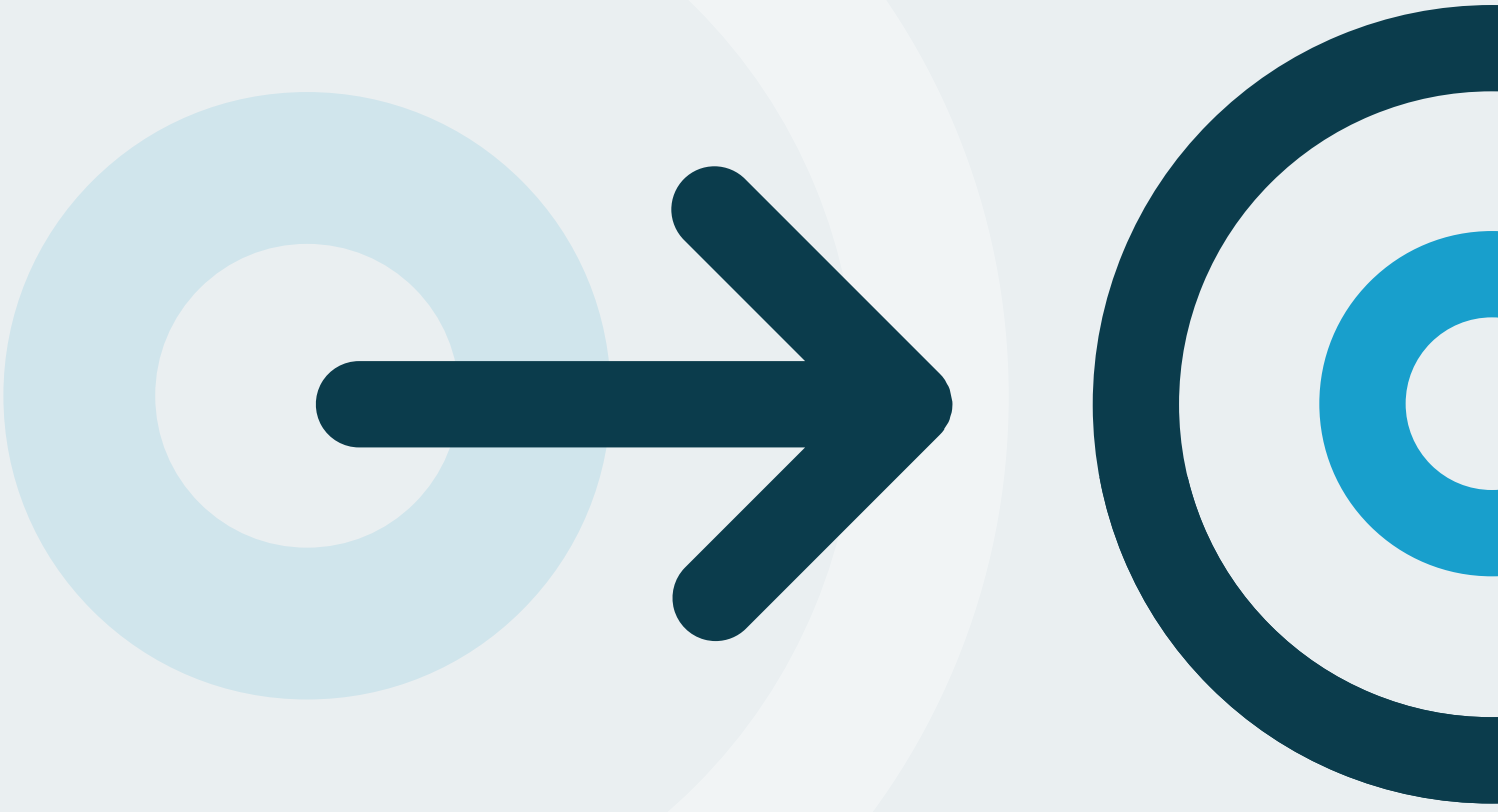

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Author contributions

E. W. devised the project parameters, main conceptual ideas and outline. E. W. and C. B. developed the Evidence Portal framework and the four indicative intervention frameworks. C. B. developed the standardised outcomes framework. E. W., C. B. and L. H. developed and refined the inclusion criteria. C. B. and L. H. devised the screening approach and administered staff training to follow screening protocols. In consultation with E. W., C. B. and L. H., E. E. developed the systematic search. E. E. conducted the systematic search across the academic databases. C. B. and L. H. oversaw the grey literature search. L. H. devised the approach taken for study dependency and the Evidence and Gap Map fields and filters. E. W., C. B. and L. H. developed the data extraction forms and critical appraisal approach. L. H., C. B. and E. W. wrote the report with input and methodological advice from E. E.

Acknowledgement of lived experiences of violence

ANROWS acknowledges the lives and experiences of the women and children affected by domestic, family and sexual violence who are represented in this report. We recognise the individual stories of courage, hope and resilience that form the basis of ANROWS research.

Caution: Some people may find parts of this content confronting or distressing. Recommended support services include 1800RESPECT (1800 737 732), Lifeline (13 11 14) and, for Aboriginal and Torres Strait Islander people, 13YARN (13 92 76).

Contents

Project governance 3

Advisory group 3

Policy reference group 3

List of tables 4

Acronyms 5

Executive summary 6

1. Introduction: The ANROWS Evidence Portal 7

1.1 Evidence portals 9

1.2 Evidence and gap maps 10

1.3 Intervention reviews 10

2. Evidence Portal framework 11

2.1 Framework development 11

Domains 12

Preliminary scoping search 14

Stakeholder consultation 14

Indicative evidence and gap map framework 15

2.2 Evidence and gap map filters and fields 16

2.3 Study dependency 17

3. Systematic search and screening 18

3.1 Inclusion criteria 19

Language and country 19

Publication type and date 20

Type of intervention 21

Study participants 25

Outcomes measured 26

Study design 26

3.2 Systematic search strategy 30

Database search 30

Grey literature search 30

Scope of the systematic search 30

3.3 Screening 31

Title and abstract screening 31

Full-text screening 33

4. Data extraction and critical appraisal 34

4.1 Data extraction 34

4.2 Critical appraisal 35

References 36

Appendix A: Mapping of other evidence portals 42

Appendix B: Indicative intervention framework for preventing violence against women 46

Appendix C: Indicative intervention framework for identifying violence against women 48

Appendix D: : Indicative intervention framework for responding to violence against women 50

Appendix E: Indicative intervention framework for recovery and healing from violence against women 54

Appendix F: Standardised outcomes framework 56

Appendix G: High-income countries 62

Appendix H: Search terms and structure 63

Appendix I: Academic search sources 66

Appendix J: Grey literature sources 67

Appendix K: Data extraction forms 75

Project governance

Advisory group

The Evidence Portal Advisory Group was comprised of the following experts in violence against women, intervention research and evidence synthesis:

- Professor Silke Meyer, Leneen Forde Chair of Child and Family Research, Griffith University
- Dr Cindy Stern, Senior Research Fellow, Synthesis Science Research Unit, Joanna Briggs Institute
- Professor Kathleen Baird, Director of Midwifery, Maternal and Child Research Centre, University of Technology Sydney
- A/Professor Leesa Hooker, Principal Research Fellow, Judith Lumley Centre, La Trobe University
- Dr Patricia Cullen, Research Fellow, University of New South Wales
- Professor Jan Breckenridge, Head of School of Social Sciences and Co-Convener of the Gendered Violence Research Network, University of New South Wales
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- Dr Robyn Mildon, Executive Director, Centre for Evidence and Implementation
- Sally Mills, Head, Children and Families Unit, Australian Institute of Health and Welfare
- Anthony Morgan, Research Manager, Serious and Organised Crime Research Laboratory, Australian Institute of Criminology
- Dr Suzanne Poynton, Director, Research and Evaluation, New South Wales Bureau of Crime Statistics and Research
- Amanda Alford, Director, Government Relations, Policy and Evidence, Our Watch
- Sharnee Moore, Research Fellow, Australian Institute of Family Studies

Policy reference group

The Evidence Portal Policy Reference Group involved key policymakers from the following government departments and agencies:

- Women's Safety Policy Branch, Department of Social Services, Australian Government
- Evidence Priorities, Department of Social Services, Australian Government
- National Indigenous Australians Agency, Australian Government
- Women's Safety and Wellbeing, Department of the Prime Minister and Cabinet, Australian Government
- Community Services Directorate, Australian Capital Territory Government
- Office for Women, Department of Human Services, Government of South Australia
- Women, Family and Community Safety, Department of Communities and Justice, New South Wales Government
- Office for Women and Prevention of Domestic and Family Violence, Department of Justice and Attorney-General, Queensland Government
- Family Safety Victoria, Victorian Government
- Office for the Prevention of Family Violence, Department of Families, Fairness and Housing, Victorian Government
- Office for Prevention of Family and Domestic Violence, Department of Communities, Government of Western Australia
- Office of Domestic, Family and Sexual Violence Reduction, Department of Territory Families, Housing and Communities, Northern Territory Government

List of tables

Table 1: Definitions of the domains used for the ANROWS Evidence Portal 13

Table 2: Example of intervention grouping 15

Table 3: Eligible and ineligible publication types 20

Table 4: Overarching definitions of types of violence 22

Table 5: Types of intimate partner, child-to-parent and extended family violence 23

Table 6: Types of non-partner sexual violence 24

Table 7: Eligible participants by target population of studies 25

Table 8: Quantitative study design definitions 28

Acronyms

ANROWS	Australia's National Research Organisation for Women's Safety
ANROWS-IRIS	ANROWS Instrument for assessing Risk of bias in quantitative Impact Studies
AMSTAR 2	A MeaSurement Tool to Assess systematic Reviews 2
CALD	Culturally and linguistically diverse
DFV	Domestic and family violence
EGM	Evidence and gap map
IPV	Intimate partner violence
LGBTIQA+	Lesbian, gay, bisexual, transgender, queer/questioning, asexual and other sexuality- or gender-diverse people
RCT	Randomised controlled trial
WHO	World Health Organization

Executive summary

Australia's National Research Organisation for Women's Safety (ANROWS) is responsible for leading and generating research to end violence against women and children in Australia. Within this remit, ANROWS has developed the ANROWS Evidence Portal of interventions to address and end violence against women (the Evidence Portal) which provides key audiences, such as policymakers, practitioners and researchers, with access to evidence on the nature and effectiveness of interventions designed to address and end violence against women in Australia and other high-income countries.

The Evidence Portal is a living online resource and can be accessed here:
https://www.evidenceportal.au

The Evidence Portal has been designed to meet the following objectives:

- identify existing impact evaluation and systematic reviews and gaps in the evidence base
- promote a collective understanding of the nature and effectiveness of interventions that aim to address violence against women
- inform and support evidence-based policy and practice decision-making and implementation.

The Evidence Portal is overseen by two advisory groups and underpinned by a rigorous systematic review methodology. It captures and consolidates the available impact evaluation evidence on interventions in the violence against women field. Studies are organised across four domains of preventing, identifying, responding to, and recovering and healing from violence against women.

The Evidence Portal hosts:

- evidence and gap maps, which provide a big-picture, visual overview of interventions using a pre-specified framework
- an intervention finder to search and filter for available interventions in the violence against women area
- intervention reviews, which follow a comprehensive, pre-determined format to provide a standardised assessment of available interventions in accessible language, designed specifically for policy and practice use
- bespoke research tools, which are purposefully designed to assess the risk of bias in the quantitative evidence base and estimate the effectiveness of interventions.

This report describes the methodology used to build the Evidence Portal. It introduces the concept of evidence portals in general and the scope of the Evidence Portal, providing an overview of each stage of the project's development. As a methodology protocol, it focuses on a detailed account of the systematic search, screening, data extraction and critical appraisal approaches used to create the Evidence Portal.

1. Introduction: The ANROWS Evidence Portal

The ANROWS Evidence Portal of interventions to address and end violence against women is a living resource that provides policymakers, practitioners and researchers with access to evidence on the nature and effectiveness of interventions designed to address and end violence against women in Australia and other high-income countries.

The Evidence Portal was created in collaboration with key stakeholders and aims to provide accessible information for policy and practice. It was developed using a rigorous systematic review methodology and has been guided by stakeholder consultation and key instruments in the violence against women area. The systematic review methodology involves a comprehensive search strategy that is developed a priori and aims to reduce bias by identifying all relevant studies on a particular topic (Uman, 2011). Standardised inclusion criteria and screening and data collection methods provide the foundation for a transparent and rigorous evidence portal of the nature and effectiveness of interventions. Our approach drew on guidelines published by the Campbell Collaboration, a leading body that provides guidance for how to conduct systematic reviews and evidence and gap maps (EGMs; White et al., 2020).

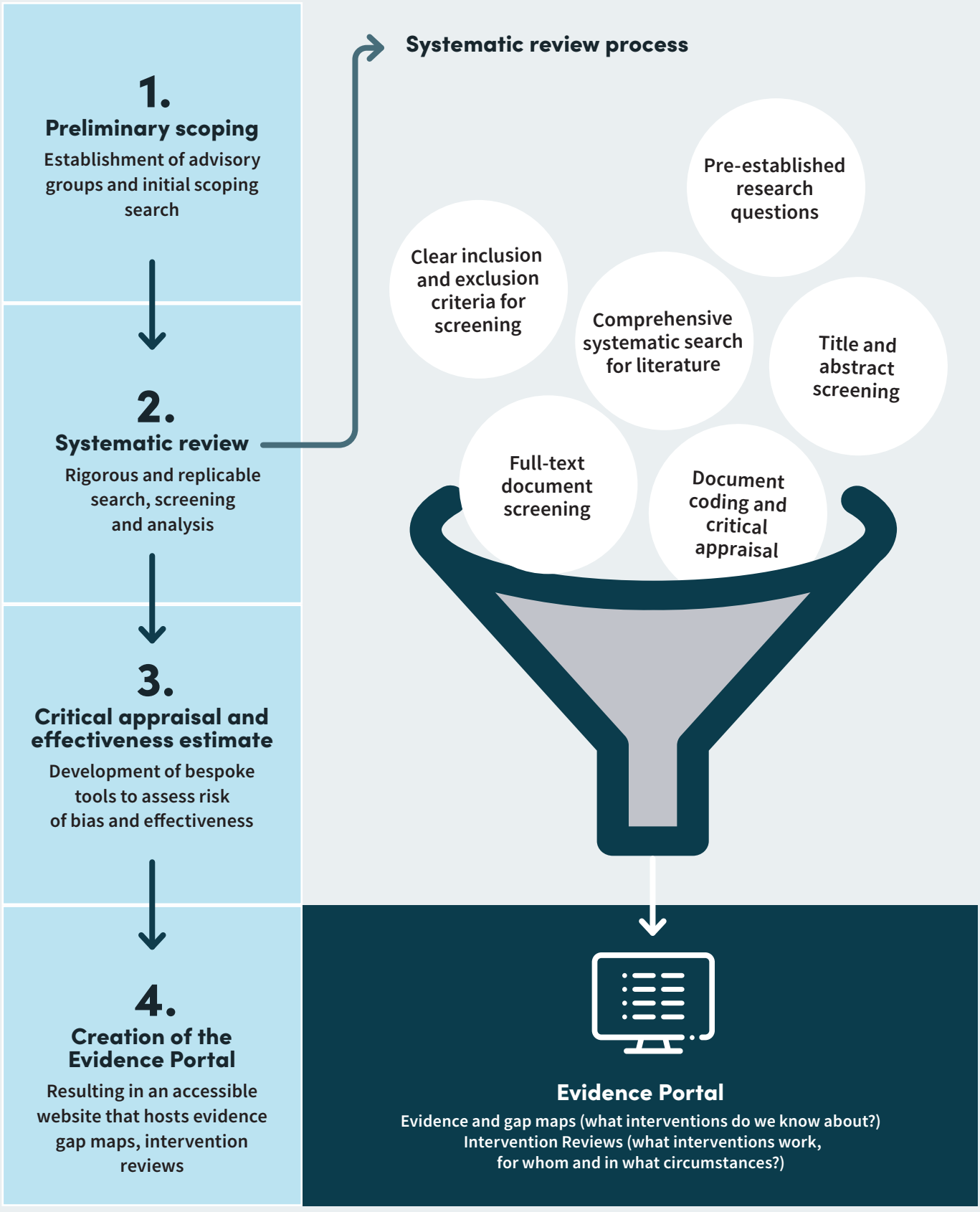
The Evidence Portal is largely aligned with the *National Plan to End Violence Against Women and Children 2022–2032* (Commonwealth of Australia, 2022), which sets out the Australian Government's vision to end violence against women and children in Australia. Hereafter referred to as the National Plan, it calls for intersectional and evidence-based approaches across four domains: prevention, early intervention, response, and recovery and healing. We have adapted the domains to clearly organise and synthesise evidence across these key areas.

The Evidence Portal comprises multiple complementary outputs to visualise, summarise and appraise this evidence base for interventions to address and end violence against women. Figure 1 shows an overview of how these outputs fit together. Specifically, the Evidence Portal hosts:

- EGMs
- intervention reviews (plain-language summaries of available interventions)
- a searchable tool to find and filter by available interventions
- two purposefully designed tools to determine:
  - the risk of bias in primary quantitative studies
  - the effectiveness of high-quality impact evaluation findings.

This report provides a transparent account of the rigorous process we followed to develop the framework for the Evidence Portal, and also serves as a protocol for our methodology. First, we briefly introduce evidence portals, EGMs and intervention reviews. Next, we lay out the scope of the Evidence Portal. We detail the iterative and consultative approach used to build our EGM frameworks and develop our intervention categories and outcome domains, before outlining the systematic search and screening protocol that we conduct to identify impact evaluations and code them to our frameworks. We provide a detailed account of the steps taken to ensure our literature search is "methodical, comprehensive, transparent and replicable" (Siddaway et al., 2019, p. 751). Lastly, we outline how we extract information from studies for use in the EGMs and intervention reviews. Because this report is primarily concerned with the methodology underpinning the Evidence Portal, it does not focus on the development of our intervention reviews or our purposefully designed research tools. Further information about these outputs is published in our *Development of the ANROWS Instrument for assessing Risk of bias in quantitative Impact Studies (ANROWS-IRIS): Technical report* and forthcoming intervention review report.

Figure 1: Methodology and project structure



1.1 Evidence portals

Evidence portals, toolkits and "what works" centres have largely developed out of what White (2019, p. 4) calls the "fourth wave of the evidence revolution", where "activities … seek to institutionalise the use of evidence in policy and practice". Indeed, as Gough (2021) states, there is a need for research evidence to be accessible to policymakers, practitioners and decision-makers if it is to inform decision-making. Evidence portals fill this need by providing web-based information that summarises what is known about interventions from research on a given topic (Gough & White, 2018). By providing a curated picture of the available evidence, evidence portals can offer a solution to a variety of potential barriers that decision-makers may face in accessing high-quality evaluation evidence. These may include factors such as an overwhelming number of research papers on a topic, technical language, or limited time to assess the full body of evidence (Gough, 2021). Evidence portals can also offer a solution to a tendency towards cherry-picking evidence based on availability, accessibility or other biases (Hoces de la Guardia et al., 2020; Schuller-Martínez et al., 2021).

Appendix A provides a summary of 26 evidence portals that capture intervention research in the social sciences. It, along with work by Gough and White (2018) and Gough (2021), shows that websites hosting evidence portals generally aim to provide a user with free access to easily understandable evidence synthesis on the effectiveness of interventions. Many portals use systematic review approaches to collect evidence (n=15) from systematic reviews, randomised controlled trials (RCTs) and/or quasi-experimental evaluations. A majority provide written evidence reviews (n=22) and statements of intervention effectiveness (n=22). A smaller number (n=4) present EGMs alongside written reviews. While the target audiences for evidence portals differ by topic, generally they cater for decision-makers, policymakers, practitioners and researchers.

The ANROWS Evidence Portal follows in the footsteps of these evidence portals by developing a website that provides policymakers, practitioners and researchers within the violence against women sector with free and accessible EGMs and intervention reviews, both underpinned by a systematic review methodology. We have taken an inclusive approach to building the Evidence Portal, and there are some important parameters related to the types of interventions, outcomes and studies contained within. The scope of the Evidence Portal was collaboratively developed with our advisory groups to ensure it met its objective to serve the needs of policymakers, practitioners and researchers. We have also taken an inductive approach, whereby we are guided by the literature derived from our systematic search. As is common with EGM framework design (White et al., 2020), we plan to continually build our framework based on the emergence of new literature and stakeholder consultation.

It is important to note that while the evidence portal model provides a transparent and rigorous platform through which to contribute to evidence-informed decision-making, the ANROWS Evidence Portal does not capture all forms of evidence or ways of knowing, and it is unable to answer all research questions. Indeed, like the ANROWS Evidence Portal, most evidence portals are primarily concerned with research questions regarding intervention effectiveness, rather than process evaluation or other exploratory research that may help to understand violence against women in different ways. We stress the importance of drawing from other resources and forms of knowledge to complement the Evidence Portal's knowledge base for ending and addressing violence against women

1.2 Evidence and gap maps

EGMs are an increasingly popular tool for consolidating a body of evidence (Saran & White, 2018; White, 2021). While EGMs can include diverse types of research, most use systematic search and screening processes to capture and visualise existing evaluation evidence to address a particular issue. Many EGMs are guided by a framework which is developed prior to analysis in consultation with stakeholders and provides the scope of the project and the basis for organising the findings (Schuller-Martínez et al., 2021; White et al., 2020). In these EGMs, evaluations of interventions are plotted along the horizontal axis according to the type of intervention researchers evaluated, and along the vertical axis according to the outcomes they measured. The result is a user-friendly, visual and interactive matrix through which to explore both the existing evidence base and the areas where there is a dearth of research (Simonovich & Florczak, 2018; Snilstveit et al., 2016).

EGMs help potentially time- and resource-poor audiences, such as policymakers, practitioners and researchers, to easily understand and access a large and complex evidence base. They can support the uptake of evidence and encourage evidence-informed and strategic decision-making (Schuller-Martínez et al., 2021; Snilstveit et al., 2016). EGMs may be used to set research agendas (e.g. Alahdab & Murad, 2019), for generating new evaluation research where there is a gap in the evidence base (e.g. Schuller-Martínez et al., 2021), or for identifying opportunities to expand ways of working (e.g. Jones, 2022).

The ANROWS Evidence Portal EGMs plot impact evaluations and systematic reviews of interventions across the four domains of prevention, early intervention, response, and recovery and healing, which are adapted from the National Plan (Commonwealth of Australia, 2022). They provide a crucial resource for understanding the evidence base and help guide future policy and research by identifying areas where evidence is scarce. In addition, they inform national research agendas and other research and policy activities in Australia.

1.3 Intervention reviews

The ANROWS EGMs provide a foundation for the Evidence Portal's intervention reviews. While EGMs are limited to collecting, categorising and assessing the quality of the available evidence, they do lay the groundwork for more focused evidence syntheses (Saran, 2020). Our intervention reviews take this critical step by combining the findings of the impact evaluations to offer both a concise summary of the nature and components of different interventions and an estimate of the effectiveness of these interventions on a wide range of outcome measures. This effectiveness estimate is based on three factors: the number of quantitative impact evaluations of a particular intervention, the risk of bias in these studies and the findings of the evaluations. The intervention reviews draw on the frameworks and data collected for the EGMs. They also provide an inclusive overview of interventions to determine the impact of interventions on populations such as Indigenous, culturally and linguistically diverse (CALD) and LGBTIQA+ peoples. By including some qualitative data, the intervention reviews also aim to strike a balance between "precise unbiased answers to narrow questions and more uncertain answers to broader, more complex questions" (Skivington et al., 2021, p. 1). More detailed methodology for creating our intervention reviews can be found in our forthcoming intervention review report.

2. Evidence Portal framework

2.1 Framework development

In step with Campbell Collaboration terminology, we refer to the EGM axes as the "intervention categories" and "outcome domains" (White et al., 2020). These two primary "dimensions" of the EGMs are divided into intervention subcategories and outcome subdomains. The secondary dimensions of our EGMs are the filters, which users can use to narrow down the evidence displayed. Together, these dimensions form the EGM framework.

The Campbell Collaboration guidance on producing EGMs recognises that developing the framework is the most important but often most difficult part of the evidence mapping process (Saran, 2020; White et al., 2020). Indeed, the framework informs the scope of the project and the basis for organising the findings. We followed the key principles laid out by the Campbell Collaboration guidance for producing EGMs (White et al., 2020):

- adopting an established typology, but revising it as needed
- consulting the strategy documents of the agency funding the EGM
- modifying and piloting the framework through stakeholder consultation.

We aimed to map interventions and outcomes in a way that aligned with and could inform Australian government policy. We also wanted to ensure that our framework was informed by the existing international research and identified gaps in this research. As such, we relied on three primary sources to develop our frameworks:

- the National Plan (Commonwealth of Australia, 2022)
- a preliminary scoping search of relevant literature
- consultation with expert advisors and policymakers.

Combined, these strategies allowed us to iteratively develop our framework, incorporating both existing evidence and expertise, as recommended by the Campbell Collaboration (White et al., 2020). This section outlines how these sources were used to develop our framework. We then present the indicative intervention and outcome framework, as well as the filters. We also address how study dependency will be dealt with as part of this process.

Domains

The scope of the ANROWS Evidence Portal covers all interventions that aim to address and end violence against women. Given the breadth of this area, we divided the evidence base into four frameworks adapted from the National Plan (Commonwealth of Australia, 2022). These domains – prevention, early intervention, response, and recovery and healing – capture the connected actions needed to break the cycle of violence against women.

The National Plan offers broad definitions of the four domains (see Commonwealth of Australia, 2022). To categorise interventions consistently and clearly, we required more specific distinctions. Table 1 captures our definitions of the domains, developed in partnership with stakeholders and subject matter experts. We recognise that other organisations and individuals may adopt different definitions of the national domains, and we use these more specific definitions for the purposes of our EGMs only.

As indicated in Table 1, the prevention EGM includes both universal prevention interventions, which generally focus on whole populations, and targeted prevention interventions, designed for groups with a higher-than-average risk of experiencing or perpetrating violence against women. While the EGMs are largely aligned with the National Plan domains, our thematic grouping of interventions differs in the prevention and early intervention domains. In the National Plan, secondary prevention interventions are categorised under the early intervention domain.

Our differing approach reflects the similarities between primary and secondary prevention, in terms of the types of interventions and the outcomes they aim to achieve. Our categorisation of the literature indicates that many of the universal and targeted prevention interventions are similar, if not the same program, but differ based on the target population or additional tailoring. To indicate this distinction, we provide an option to filter by universal or targeted prevention within the prevention EGM, based on the differences in the target populations described in Table 1. In our EGMs, "early intervention" is refined to interventions that seek to identify violence against women and may then connect individuals to appropriate services.

Table 1: Definitions of the domains used for the ANROWS Evidence Portal

Domain	Intervention aims	Target population
Prevention	To prevent the likelihood of violence against women happening by changing attitudes, knowledge and behaviours	"Universal" prevention targets whole populations who are not necessarily perpetrators[a] or victims and survivors[b] of violence against women, such as the broad community and school or university groups
		"Targeted" prevention involves populations who are not necessarily perpetrators or victims and survivors of violence against women, but have been identified through: • a formal or informal screening process for violence-related risk factors, or • services that support people who are known to either experience violence against women at higher rates or face barriers to accessing appropriate care, including but not limited to alcohol and other drug, mental health, homelessness, sexual health, perinatal, child protection, corrections, aged care and disability services
Identification	To identify violence against women as early as possible and connect individuals to services	Individuals and families who are experiencing or perpetrating violence against women, but are not yet known to services
Response	To improve the safety of victims and survivors of violence against women and address their immediate needs	To improve the safety of victims and survivors of violence against women and address their immediate needs
	To respond appropriately to perpetrators of violence against women and reduce them from offending	Perpetrators of violence against women
Recovery and healing	To improve the long-term mental health and wellbeing of victims and survivors of violence against women, and children who have experienced violence between parents/caregivers	Victims and survivors of violence against women, including children who have experienced violence between parents

Source: Adapted from the National Plan (Commonwealth of Australia, 2022) and developed in consultation with stakeholders.

Notes: a We use "perpetrator" to refer to a person who commits gender-based violence, irrespective of whether the violence is identified by the criminal justice system.

b We use "victim and survivor" to respectfully refer to a person who has experienced violence. We acknowledge the different preferences that people who have experienced violence hold, and that some people choose to identify as a "victim" or "survivor" only, or by another term.

Preliminary scoping search

An initial scoping search was conducted in May 2020 and designed to capture studies reporting on the effectiveness of interventions that aim to address and end violence against women. This search used a preliminary and restricted version of the search terms, search sources and inclusion criteria described in Section 3.

We used the studies identified by the scoping search to inform the development of the intervention and outcomes framework. Firstly, an initial search was conducted to identify systematic and scoping reviews indexed in the Scopus academic database. Secondly, we harvested the reference lists of these reviews for primary studies. To capture grey literature, we also hand-searched the websites of key violence against women organisations in Australia, New Zealand, Canada, the United States and the United Kingdom. Data captured by this search approach spans the period from January 2010 to May 2021 and includes studies published in English only.

We screened studies in two phases, first by title and abstract, followed by full text. We screened studies and included those that were published in English, were conducted in high-income countries, and were impact evaluations of interventions that aimed to address violence against women.

For those deemed eligible, we conducted preliminary data extraction following a standardised form in Excel, to collect the following information:

- publication details (e.g. title, year, author and type)
- country and jurisdiction
- study methods
- target population
- participant details (e.g. gender, ethnic and cultural background, sexual and gender orientation)
- intervention details (e.g. theory of change, curriculum, mode of delivery, duration and setting)
- study outcomes.

Lastly, we iteratively drafted intervention categories using the intervention's theory of change, curriculum and target population. We then compared the outcomes measured in each of these intervention categories to draft outcomes domains and subdomains. This initial scoping work also allowed us to build upon and develop the search terms, sources and inclusion criteria for the full systematic search, described in Section 3. Any studies deemed eligible for the Evidence Portal through the preliminary scoping search were processed according to this search and screening approach.

Stakeholder consultation

To validate the draft intervention categories and outcome domains, we drew on the expertise of our subject matter expert advisors. We conducted a series of individual and small group consultations with subject matter experts on the Evidence Portal Advisory Group and the Evidence Portal Policy Reference Group. This process was designed to ensure that the frameworks captured both the evidence and the gaps in the evidence base. Following this first round of consultation, we developed a beta version of each EGM based on studies captured through the scoping search. We then sought feedback via email and meetings with our advisory group and policy reference group to review and user-test these beta versions. We repeated this process during user-testing for the Evidence Portal website, within which the EGMs are embedded. Feedback was incorporated during each stage of consultation and will continue as the Evidence Portal grows and is updated.

In addition to these consultations, we scoped other evidence portals within the social policy sphere to compare how they formed their frameworks and categorised studies (see Appendix A). We also consulted with some of these leading organisations who had already developed evidence portals (e.g. the Centre for Homelessness Impact, the Youth Endowment Fund and the Education Endowment Foundation) through a series of online meetings.

Indicative evidence and gap map framework

Our approach to grouping interventions for the framework reflects a "common elements" approach (Engell et al., 2023). We categorise interventions based on their modality and important features rather than named programs or policies. This is consistent with EGM framework guidance from the Campbell Collaboration, as it is preferable to broaden definitions of existing categories rather than to add new subcategories when piloting the approach (White et al., 2020). The approach will aid Australian policymakers and practitioners to identify interventions by their core features, rather than specific named programs. Table 2 shows an example of how this approach aggregates information to broaden the scope of intervention typologies. Our resultant intervention typologies, including the category and subcategory and examples of specific interventions, are presented in Appendices B–E.

Table 2: Example of intervention grouping

Common element approach	Named programs approach
Bystander program for sexual violence prevention	TakeCARE Bringing in the Bystander The Men's Program Take a Stand Friends Helping Friends Mentors in Violence Prevention

As with the intervention framework, we were guided by the general principles in the Campbell Collaboration guidance, which advises that disaggregating the intervention of outcomes axes in a detailed way can make the EGM "difficult to navigate" and result in a greater level of judgement required by team members to code the data (White et al., 2020, p. 6). We developed a standardised outcome framework that encompasses all possible outcomes across each EGM (see Appendix F), excluding those that are process or implementation outcomes (see Section 3 for further explanation). This approach allows users to view the "true" gaps across studies in the intervention outcome matrix. The outcomes included in the framework are framed using neutral language, rather than indicating a desired direction. For example, we chose to refer to outcomes such as "intimate partner violence" rather than "reduced intimate partner violence". This allows us to more broadly and accurately capture studies within the EGMs, given that some studies may find a backfire effect where intimate partner violence does not decrease.

The EGM frameworks are living frameworks that contain expected interventions and outcomes built from the available literature and stakeholder consultations at a certain point in time. However, as the evidence base continues to grow, the frameworks may change according to emerging literature and knowledge. We acknowledge that our typology of interventions may not fully capture interventions that exist but have not yet been evaluated.

2.2 Evidence and gap map filters and fields

We followed the Campbell Collaboration guidance to add filters to the EGMs (White et al., 2020). Filters allow users of an EGM to view a smaller subset from all the available data and distil the evidence according to relevant characteristics. Given the dynamic nature of EGMs, we will iteratively develop the filters over time, based on Campbell Collaboration practices and in close collaboration with our stakeholders. At the time of writing, we allow users to filter by the following study and intervention features:

- study design and methods
- intervention type, setting and format
- outcome types
- target populations
- country
- critical appraisal of primary quantitative studies and systematic reviews.

In addition to these filters, our EGMs will feature display fields containing further information for each study. Users will be able to view these by clicking into the list of records on each intervention–outcome axis. Given the iterative and ongoing nature of the Evidence Portal, we expect the EGM filters and fields to evolve based on emerging eligible literature and feedback from stakeholders. Our indicative filters include further details about:

- the study, such as methods, publication type and direct access to the publication via a DOI or URL
- the intervention, such as the setting, mode of delivery, cost and format
- the target population, including key demographic features.

2.3 Study dependency

The issue of study dependency requires attention for our EGMs, given they aim to visually represent a vast and interconnected evidence base. As a visual tool, EGMs may include data points for individual studies multiple times across the one map. That is, each unique outcome type measured by an intervention is represented under the relevant outcome domains, meaning it will appear in more than one cell on the EGM. Additionally, as Sydes and colleagues (2022, p. 11) state, there is a risk that EGMs "can appear to indicate a preponderance of evidence on an intervention where there are multiple publications drawn from the same research study". It is important to communicate these issues and to address them within our methodology. We address these in a number of ways.

First, we use the primary study as the unit of analysis, rather than the document, following the approach taken by Sydes et al. (2022). That is, where there are multiple documents reporting on the one study, these will be linked together and will appear on the EGMs as one study listing. Alternatively, where one document reports on multiple studies, data are extracted for all studies, and they are treated as unique from the one "parent" document on the EGMs. It should be acknowledged therefore that as a visual tool, the EGMs do not present a count of documents, but a count of unique studies, regardless of which document/s they belong to.

Second, primary studies with head-to-head designs (i.e. studies that compare two eligible interventions) may also raise a dependency issue as they will appear on the EGM multiple times for each eligible intervention. We will flag this with users by giving them the option to filter by the type of control group used.

Systematic reviews provide an additional dependency challenge, as the nature of mapping systematic reviews and primary studies on a single map means that there is a risk of double-counting the studies that are included in the systematic reviews. Systematic reviews also present a challenge in that their scope and breadth may be different to our own EGM inclusion criteria (e.g. if there are many intervention and outcome combinations within a systematic review, it will be mapped in many cells on the EGMs). We will provide users with the option to filter the EGMs by study design to account for this.

3. Systematic search and screening

Our methodological approach for the Evidence Portal follows the Campbell Collaboration guidance for stringent methodological standards to ensure that policy-relevant evidence syntheses are high-quality and transparent. Namely, this involves systematically searching for literature; screening studies for eligibility against pre-determined criteria; and coding, categorising and critically appraising eligible studies (Kugley et al., 2017; The Campbell Collaboration, 2021; White et al., 2020). Following the Campbell Collaboration guidance, this section sets out the pre-determined inclusion criteria, systematic search strategy, and screening and coding processes for the Evidence Portal.

3.1 Inclusion criteria

Following the Campbell Collaboration (2021) guidelines, this section outlines the inclusion criteria for the Evidence Portal using the PICOS (Population, Intervention, Comparison, Outcomes, Study type) format. Specifically, this section outlines our inclusion criteria across:

- language and country of studies
- publication type and date
- intervention aims
- type of intervention
- study participants
- outcomes
- study design and comparison.

Language and country

We include studies published in the English language and conducted in high-income countries, as classified by the World Bank in 2022 (see Appendix G). We have made this choice for several reasons.

First, an international lens allows us to draw from a wider pool of high-quality international evidence to build knowledge of impact evaluations in the violence against women field. Restricting inclusion to Australian studies only would lead to a much smaller number of eligible studies[1], which may not allow stakeholders to consider interventions that are implemented in other countries but have not yet been replicated or explored in Australia. Indeed, widening the country "net" beyond Australia allows stakeholders to expand their options for possible interventions to implement and evaluate locally.

Second, choosing to restrict to high-income countries means that we can compare Australian approaches to addressing and ending violence against women with countries that may have similarities in terms of historic, economic and social variables and resources. While the World Bank income classifications are not without criticism and do not account for all nuances between countries, they do provide one way to guide the comparison of similar countries (Khan et al., 2022). To ensure we capture the nuances within the populations studied in eligible interventions for the Evidence Portal across these countries, we capture detailed demographic information, including race, ethnicity, income and employment status of study participants.

Third, there exist several resources that focus specifically on synthesising and visualising interventions for addressing violence against women in low- and middle-income countries (e.g. Dickens et al., 2019; Philbrick, et al., 2022). The Evidence Portal will fill the "gap" in international knowledge by providing a complement to these existing resources. It is important to note that researchers and commentators urge for critical reflection on the contextual realities of where an intervention is implemented, and how these may influence the conclusions that can be drawn or how it could be "ported" to different countries (see Draper et al., 2023; Henrich et al., 2010; Khan et al., 2022). We recognise that in colonised, multicultural countries like Australia, interventions which have been evaluated in low- and middle-income countries may also be appropriate for implementation.

1 Of the studies identified in our preliminary scoping search, 9.8 per cent were conducted in Australia. Similarly, the Global Policing Database, which indexes impact evaluations of policing interventions, found that 5.4 per cent of their eligible studies were from Australia (Mazerolle et al., 2023).

Publication type and date

The date range for the systematic search includes papers published between 1 January 1994 and 31 December 2022. The *Declaration on the Elimination of Violence against Women* (United Nations, 1994) was the first international instrument which explicitly defined and addressed violence against women (UN Women, 2022). This Declaration was adopted by the United Nations General Assembly on 20 December 1993 and thus studies which fit our definition of violence against women are likely to have entered publication from January 1994. Due to the nature of the Evidence Portal as a living and ongoing web-based resource, the search will be updated beyond December 2022, with new references being added and screened each year. By updating the EGMs regularly, we can monitor the implementation of research agendas and policies, and track changes in the research landscape in Australia and internationally. These updates will also ensure that the EGMs are living and relevant resources.

Table 3 details the eligible and ineligible publication type categories in the Evidence Portal.

Table 3: Eligible and ineligible publication types

Eligible publication types	Ineligible publication types
Book	Advertisement
Book chapter	Biography, obituary
Conference paper or presentation	Book review or book notes
Journal article	Briefing or discussion paper
Magazine or trade journal article	Editorial, introduction to special issue
Protocol for a study or systematic review	Erratum
Report	Fiction or review of fictional work, poetry
Thesis or dissertation	Flyer, brochure
	Front matter, back matter, epilogue, prologue
	Guidebook or training material
	Letter or other correspondence
	Music, audiovisual material
	Newspaper article
	Opinion piece
	Piece of original legislation

Type of intervention

We define an intervention as any program, strategy, tool, campaign, directive, or other activity designed to produce change or address a problem (Eggins et al., 2021; Mazerolle et al., 2021). As we are primarily interested in social, psychological and justice interventions, we do not include purely pharmacological, hormonal or surgical interventions such as those for physical injuries following a sexual or physical assault. We do include these, however, if they are paired with an eligible intervention (e.g. psychological therapy coupled with antidepressants). We place no limitations on who delivered the intervention, its frequency or intensity, or its setting. No other restrictions are placed on the type of intervention, providing that the study meets our criteria for intervention aims and types of violence against women targeted by the intervention, as defined below.

Intervention aims

The Evidence Portal includes interventions that explicitly aim to address violence against women.

We include interventions that may align with the following aims:

- to prevent the likelihood of violence against women occurring
- to identify violence against women as early as possible and/or connect individuals to services
- to improve the safety of victims and survivors of violence against women and address their immediate needs
- to respond appropriately to perpetrators of violence against women and address their use of violence
- to assist the recovery and healing of victims and survivors of violence against women, and children who have experienced violence between parents and/or caregivers.

Interventions designed to address risk factors for violence against women will only be included if the relationship between the risk factor and violence against women is explicitly stated in the study. This approach may exclude interventions that address potential risk factors or structural causes of violence against women, for example, cultures that normalise male privilege, alcohol use, or poverty (Fulu et al., 2015; Gibbs et al., 2020; Heise, 2011; Jewkes, 2002). However, interventions that have many overall aims, such as paid parental leave or cash transfers, will be included if the study authors explicitly link this intervention with the specific aim of addressing violence against women.

While addressing underlying issues is an essential part of the public health approach to addressing violence against women (Walden & Wall, 2014), it is beyond the scope of the Evidence Portal to include interventions unless they explicitly made a link to addressing or ending violence against women. Indeed, studies with more explicit aims reduce ambiguities about what is eligible for the Evidence Portal.

Violence types targeted by the intervention

Following the United Nations (1994) definition adopted in the *Declaration on the Elimination of Violence against Women*, we define violence against women as gender-based violence where:

- "violence" means any act likely to cause physical, sexual or psychological harm or suffering, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life
- "gender-based" violence means violence that is directed at a person because of their gender, or which disproportionately affects people of a particular gender.

Table 4 provides definitions of four types of violence, which research suggests is gender-based when perpetrated by men against women (Dow, 2016; Howard, 2011). These definitions draw on those used by the World Health Organization (2012a–f), the Australian Institute of Criminology (Morgan et al., 2020), the Australian Bureau of Statistics (2023), Harmony Alliance and the Australasian Centre for Human Rights and Health (2020), Rafferty (2013) and Lyneham and Bricknell (2018).

Table 4: Overarching definitions of types of violence

Type of violence	Overarching definition
Intimate partner violence	Physical violence or sexual violence and emotionally abusive, harassing and controlling behaviour that occurs between current or former established intimate partners. Children's experiences of intimate partner violence between parents are included in this category
Non-partner sexual violence	Sexual harassment, threats, trafficking or assault perpetrated by someone who is not an established intimate partner, such as a stranger, friend, acquaintance or romantic interest
Child-to-parent violence	Physical violence, sexual violence or emotionally abusive, harassing and controlling behaviour perpetrated by an individual against their parent or carer. This includes forms of adolescent family violence and elder abuse against parents
Extended family violence	Physical violence or emotionally abusive, harassing and controlling behaviour perpetrated by extended family members against someone in a current, past or proposed intimate partner relationship. This includes dowry abuse, "honour" killings, forced marriages and extended family and in-law abuse

Specific definitions of the types of intimate partner, child-to-parent and extended family violence included in the Evidence Portal are captured in Table 5.

Table 5: Types of intimate partner, child-to-parent and extended family violence

Type of violence	Definition
Physical and sexual violence	The occurrence, attempt or face-to-face threat of physical assault, including: • forcing someone into sexual activities against their will • choking, grabbing, shoving, beating, punching, slapping, biting, kicking, stabbing, shooting with a gun, or throwing things at them • reproductive coercion and abuse, such as forced pregnancy or abortion, passing on a sexually transmitted infection, or preventing access to contraceptives
Emotionally abusive, harassing or controlling behaviour	Any behaviour aimed at controlling someone's behaviour or causing them emotional or psychological harm, including: • controlling their movements and access to people, education, employment, money, means of communication and transport • depriving them of basic needs and damaging their property • constantly verbally abusing, undermining, gaslighting or humiliating them • preventing them practicing their beliefs, or using beliefs against them • lying to friends, family and children with the intent of turning these people against them • distributing images of them without consent • stalking, which includes loitering outside their home, workplace or place of social activities; following or watching them in person or using technology; repeated, unwanted communication with or about them

Specific definitions of the types of non-partner sexual violence included in the Evidence Portal are captured in Table 6.

Table 6: Types of non-partner sexual violence

Type of violence	Definition
Sexual harassment and threats	Unwelcome behaviour of a sexual nature that could reasonably make someone feel offended, humiliated or intimated, including: • unwelcome sexual comments and advances made in person, online or over the phone • indecent exposure • momentary unwanted touching, kissing, hugging or cornering • distributing images of them without consent • exposure to sexual content • threats or stalking of a sexual nature
Sexual assault	Any sexual act carried out against a person's will using physical force, intimidation or coercion, including any attempts to do this, such as: • rape and attempted rape • aggravated sexual assault with a weapon • sexual activity and attempted sexual activity that did not end in penetration, including indecent assault
Sexual trafficking	Any acts to traffic or otherwise directed against a person's sexuality using coercion

We include interventions that target certain types of child-to-parent violence and extended family violence (see Table 4). However, we exclude programs designed to specifically address violence against children, including:

- gender-based violence that predominately affects girls, such as:
  - female genital mutilation
  - sexual abuse of children by adults and juveniles
  - child marriage
- parental abuse of children
- child-to-child violence, including bullying
- inter-sibling violence.

While we recognise that some forms of gendered violence – such as female genital mutilation and child marriage – predominately affect children (WHO, 2012e), it is beyond the current scope of the Evidence Portal to include interventions that are designed to address violence against children. For examples of other reviews and EGMs covering these violence types, see Albers et al. (2019), Eggins et al. (2021), Pundir et al. (2020) and Saran et al. (2020).

Our conceptualisation of violence against women encompasses the definitions captured in Tables 4, 5 and 6. Hereafter, when we broadly refer to violence against women, we mean that which falls under these definitions.

Study participants

The study participant eligibility criteria by the target population of the intervention are provided in Table 7. We place no restrictions on the target population in interventions which seek to prevent violence against women at the general population or at-risk population level. Interventions that seek to identify, respond to, or assist recovery and healing, must target perpetrators or victims and survivors and adhere to our eligibility criteria around gender to fit the definition of violence against women provided above.

Studies need to state the gender of their samples or adhere to the eligibility criteria outlined in Table 7. That is, at least 50 per cent of participants must be women (for victims and survivors) or men (for perpetrators), or the outcomes for each population must be reported separately. We include people who are cisgender, transgender and non-binary. If a study uses biological sex to describe participants instead of gender, we include it and apply the same criteria for men and women. We also include adolescent girls and boys (following the WHO [2022] definition as those aged 10 and over), to capture adolescents who may be victims and survivors or perpetrators of dating violence.

We also include studies where the intervention participants are staff or practitioners, regardless of their gender. These studies are included if they meet the participant eligibility criteria by the target population of the intervention.

Table 7: Eligible participants by target population of studies

Target population	Participant eligibility criteria
General population and population at risk of perpetrating or experiencing violence against women as defined in Tables 4, 5 and 6	No restrictions on participants
Victims and survivors of violence against women as defined in Tables 4, 5 and 6, who identify as women (cis women and trans women)	At least 50% of the participants must be women who have experienced violence against women, or the outcomes of this group must be reported separately
Perpetrators of violence against women as defined in Tables 4, 5 and 6, who identify as men (cis men and trans men)	At least 50% of the participants must be men who have perpetrated violence against women, or the outcomes for this group must be reported separately
Children who have experienced parental intimate partner violence as defined in Table 5	At least 50% of the participants must be children (any gender) who have experienced parental or caregiver[a] intimate partner violence, or the outcomes for this group must be reported separately

Note: a A caregiver can include a kinship carer, with kinship care referring to the placement of children with relatives, with persons without a blood relation but who have a relationship with the child or family, or with persons from the child's or family's community (Bromfield & Osborn, 2007).

Outcomes measured

We include studies that measure the impact of an intervention on victims and survivors, children who experienced parental intimate partner violence, perpetrators, or the broader community. Eligible studies may measure these outcomes using self-report and observational or official/administrative data. While we acknowledge the importance of process evaluations in understanding how an intervention is implemented (Ellard & Parsons, 2010), it was beyond the scope of this project to include implementation outcomes.

To limit the scope of the Evidence Portal and retain focus on impact evaluation, we exclude studies that only measure process or implementation outcomes, such as:

- whether the participants reported that the intervention was acceptable or appropriate
- retention, or drop-out and completion rates
- fidelity, or degree to which the intervention was implemented as intended
- feasibility
- cost of an intervention
- sustainability, or extent to which the intervention is maintained or institutionalised
- practitioner self-reported confidence or change in skills, abilities or knowledge.

Participant perceptions of, or satisfaction with, practitioners were considered eligible outcomes, as was practitioner identification of violence or reporting rates (i.e. behaviours).

Study design

The Evidence Portal includes primary studies that use quantitative and qualitative impact evaluation methods, as well as systematic reviews. We define evaluation as "any systematic process to judge merit, worth or significance by combining evidence and values" (BetterEvaluation, 2022a). Evaluation involves taking a series of planned steps to better understand an intervention. Studies eligible for the Evidence Portal may examine the impact of the intervention on outcomes by:

- comparing participants who did and did not receive an intervention, and/or
- comparing participants' experiences pre- and post-receiving the intervention, and/or
- examining participants' experiences of the intervention following participation only.

Primary studies can be in the form of quantitative, qualitative or mixed methods impact evaluations.

Eligible quantitative impact evaluation designs provide an assessment of how an intervention affects or changes outcomes using a counterfactual analysis. A counterfactual analysis involves a comparison of outcomes in the presence of an intervention versus outcomes when the intervention is absent (i.e. using a comparison group; see BetterEvaluation, 2022b; Organisation for Economic Co-operation and Development, n.d). We include both RCTs and quasi-experimental designs with a comparison group (see Waddington et al., 2022). See Table 8 for the full definitions of these study designs. For studies with a comparison group, we include no treatment, placebo, treatment-as-usual, waitlist control, and alternative treatment groups.

We also include quantitative single-group pre–post evaluations that compare intervention participants' outcomes before and after they receive an intervention. To broaden the scope of the Evidence Portal, qualitative studies, where participants' experiences of the intervention following participation are discussed, are also eligible. Likewise, evaluations using mixed methods are eligible.

Qualitative impact evaluations are included because the Evidence Portal seeks to provide a comprehensive survey of literature on interventions that complements the quantitative evidence base (see Simonovich & Florczak, 2018). Indeed, given the broad definition of intervention used for this project, the Evidence Portal seeks to capture some complex intervention types (such as public policy responses, universal campaigns, or multi-level reforms) that are often more difficult and expensive to assess via traditional quantitative impact evaluation designs (Wall, 2013). Further, we recognise that qualitative data can offer rich and diverse perspectives regarding participants' experiences and perspectives of an intervention that cannot necessarily be garnered from quantitative research. While it is difficult to make claims about the effectiveness of interventions using qualitative methods, they are highly valuable for providing insight into the broad and complex nature of interventions.

To be included, qualitative evaluations need to clearly state that they report on the impact of an eligible intervention with eligible participants and outcomes. Because "impact" is a more difficult concept to measure with qualitative data, we explicate that this refers to an assessment of an intervention's merit, worth or significance. Qualitative evaluations can use any research methods to collect data, such as (but not limited to) focus groups, interviews, ethnographies, case studies and action research.

Finally, we also include systematic reviews of eligible primary studies. To be eligible, a systematic review must include studies that meet our intervention, participant, outcome and study design criteria. Systematic reviews need to report and use a clearly defined methodology for inclusion criteria and to systematically search for and screen literature for eligibility. They may or may not include meta-analyses of intervention effectiveness.

We acknowledge that there are limitations to our study design criteria. By only including impact evaluations, and by excluding staff and implementation outcomes, we are unable to use the Evidence Portal to answer research questions around process evaluation or implementation. We recognise that implementation evaluations in particular hold value, as the context around the intervention (e.g. who is targeted, where it is implemented) can broaden our understanding of program effectiveness. Additionally, research examining the mechanisms, moderators and implementation of interventions can lead to a better understanding of how these can be applied by policymakers (Croci et al., 2022). In recognition of this, the Evidence Portal provides links to additional resources in a dedicated section of the intervention reviews.

Table 8: Quantitative study design definitions[a]

Research design	Definition
RCT	The key characteristic of an RCT is that researchers randomly allocate participants to a treatment or intervention group(s) and a control or comparison group(s) before the intervention is conducted. RCTs are therefore prospective experimental designs
Controlled clinical trial or quasi-randomised trial	A prospective experimental design where researchers allocate participants to a treatment or intervention group(s) and a control or comparison group(s) before the intervention is conducted, but the allocation method is not random
Regression discontinuity designs	A prospective experimental design where researchers allocate participants to a treatment or intervention group(s) and a control or comparison group(s) before the intervention is conducted, and the allocation is based on a cut-off score on a pre-intervention measure
Cohort analytic with or without baseline measures of the outcome(s)	In this design the researchers do not control whether the participant receives the intervention. Instead, groups are formed retrospectively, based on whether the participants have already received the intervention. Participants are members of the treatment or intervention group(s) if they have received the intervention and are considered members of the comparison group(s) if they have not received the intervention. In this design, all participants must have been measured on outcomes after the intervention but may also have been measured on the outcome measure(s) before the intervention (baseline) and possibly at multiple time points after the intervention. The groups may or may not also be statistically matched on key variables
Case-control design	Case-control studies are typically conducted to examine rare outcomes. In this design the researchers do not control whether the participant receives the intervention. Instead, groups are formed retrospectively, based on whether the participants have already displayed the outcome of interest. The groups are then examined to determine if they differ based on their prior exposure to the intervention
Multiple regression analyses	These are analytic techniques that can be applied to cross-sectional or longitudinal data to control for the potential impact of other key variables in the analysis. In multiple regression analysis the intervention is treated as one of a set of predictor or independent variables and the outcome of interest is treated as the dependent variable in the model. Multiple regression models attempt to statistically control for the influence of potential confounders by controlling for the effect of multiple predictor or independent variables
Bivariate correlational design	In this design the researchers typically do not control whether the participant receives the intervention. The design uses cross-sectional data to calculate the bivariate correlation between the level of the intervention (e.g. intervention presence or absence, or intervention dose) and the level of the outcome among participants. Although this design compares outcomes in participants who received the intervention (or who received more of the intervention) to outcomes in participants who did not receive the intervention (or who received less of the intervention), a bivariate correlational design does not attempt to control for alternate influences on the outcome. A conceptual equivalent is the analysis of cross-sectional data using a bivariate or simple regression model with only the intervention variable as an explanatory variable to predict the presence, absence or level of the outcome of interest

Table 8: Quantitative study design definitions[a] *continued*

Research design	Definition
Interrupted time-series design with comparison group(s)	In this design an aggregate measure of an outcome is observed over multiple time points (e.g. daily, weekly, monthly) before and after the intervention. The outcome is measured for both an intervention group and a comparison group. (Note that synthetic controls are considered a comparison group.) There are several ways that an interrupted time-series design with comparison group can be analysed, but a key characteristic is that the comparison group controls for the impact of alternative influences on the outcome over time
Long interrupted time-series design without comparison group	In this design an aggregate measure of an outcome is observed over multiple time points (e.g. daily, weekly, monthly) for a single group that receives the intervention. A long interrupted time-series has 25 or more observations before the intervention and 25 or more observations after the intervention. There are several ways that a long interrupted time-series design can be analysed, but a key characteristic is that the pre-treatment observations function as the comparison group for the post-treatment observations. If the study design has these characteristics and has fewer than 25 pre-intervention and post-intervention observations, it is a short interrupted time-series design
Single-group pre–post design	In this design there is only one group and all members of that group receive the intervention. There is no comparison group. Participants are measured on the outcome before and after the intervention. These designs can be prospective or retrospective

Note: a These definitions were developed by Professor Angela Higginson and Dr Elizabeth Eggins and are drawn from the ANROWS Instrument for assessing Risk of bias in quantitative Impact Studies (ANROWS-IRIS): Risk of bias tool guidance document.

3.2 Systematic search strategy

Database search

The systematic search was developed according to the Preferred Reporting Items for Systematic reviews and Meta-Analyses (PRISMA) guidelines (Page et al., 2021). The search combined a large and comprehensive set of terms used to describe violence against women with evaluation and intervention terms (see Appendix H). Search strings were constructed using Boolean operators on the following fields, adjusting for each database as needed: title, abstract, keywords and indexing/subject terms. We searched 39 academic databases spanning the social and psychological sciences, criminology and health (see Appendix I). The search was piloted in June 2022 to check for relevancy of terms and test the clauses, and later finalised in October 2022.

This initial search for the Evidence Portal was executed between November 2022 and April 2023, and captured literature published between 1 January 1994 and 31 December 2022. Due to the nature of the Evidence Portal as a living and ongoing web-based resource, the search will be updated at regular intervals and may evolve with the state of knowledge in the field (e.g. new terms for violence against women may be added).

Grey literature search

We conducted an extensive grey literature search to identify studies not published in academic databases. Grey literature is broadly defined as "a body of information that may not be published in conventional sources such as books or journal articles" (Kugley et al., 2017, p. 15). To identify as much relevant evidence as possible, and reduce the risk of publication bias, we searched the websites of high-income country government agencies/departments as well as research and practice organisations in the violence against women and social services space. In addition, we reviewed the Campbell Collaboration's suggested grey literature list, and added any sources that were deemed relevant to this project (Thompson & Durland, 2015 as cited in Kugley et al., 2017). To search the grey literature sources, we followed a pre-determined template with accompanying instructions using Excel. Appendix J provides the complete list of search sources included in the Evidence Portal.

Scope of the systematic search

There are some limitations to the systematic search for the Evidence Portal. First, while it is unlikely given how comprehensive our search is, there is a chance that we may have missed some eligible studies. This may occur, for example, where studies have been published in journals that are not indexed by our search sources, where agencies or organisations have not published their evaluations, or where the database indexing an eligible study has not used our search terms. Second, our systematic search is conducted in English, and papers written in languages other than English are excluded during screening. It is likely that we will exclude some otherwise eligible studies from the Evidence Portal using this approach, but at the time of writing, resourcing constraints mean we cannot conduct the extensive and complex search in other languages. Third, our search terms may not have captured all possible terms used in qualitative evaluation research. Given the diversity in terminology used in qualitative research, we chose to include terms that may be indicative of interventions (e.g. "program"), rather than using generic terms such as "qualitative research" that risk expanding the number of search results to an unmanageable size. This approach was tested during piloting to verify this was the case.

3.3 Screening

All search results (citations or records; hereafter referred to as records) are exported into the reference management software EndNote. At this stage, we make all efforts to remove duplicates and clearly ineligible document types. We then upload all records to the web-based systematic review software DistillerSR (Evidence Partners, 2022), and perform a second phase of data cleaning to quarantine any remaining duplicate records. All screening is completed in DistillerSR in the following stages:

1. **title and abstract screening**
    a) phase 1
    b) phase 2
2. **full-text screening.**

Title and abstract screening

We conduct title and abstract screening on records in two phases. Both stages of screening are subject to quality assurance processes that involve standardised training materials, screening interrater reliability, a cross-checking process, and machine learning. The title and abstract screening was split into two phases to account for screener expertise.

First, before independent screening at both phase 1 and phase 2, team members are trained using standardised materials that detail the screening criteria unique to each phase and are then asked to independently complete a screening simulation of a number of titles and abstracts to ensure consistency and understanding between screeners. At phase 1, team members are required to screen the same 10 titles and abstracts, and at phase 2, team members are required to screen a different set of 20 titles and abstracts.

Second, to account for interrater reliability, feedback is provided to team members based on their responses to the screening simulation. A senior member of the team also cross-checks and double-screens 5 per cent of all team members' exclusion screenings at each phase to ensure ongoing consistency and accuracy (see McDonagh et al., 2013). All complex studies are discussed during team meetings with senior staff to determine eligibility.

Third, we use DistillerSR's artificial intelligence machine learning function at both title and abstract phases. This feature ranks studies on their likelihood of being progressed to the next stage based on the previous decisions made by the human screeners. The feature increases the efficiency of the screening process as the studies most likely to be eligible are presented first to screeners. In addition, the DistillerSR artificial intelligence uses the human screeners' decisions to calculate the number of potentially eligible records that have been identified from the full corpus. Using this feature, title and abstract screening continued until 95 per cent of the potentially eligible studies were found. This approach has been employed by authors of several Campbell Collaboration systematic reviews (e.g. Sarma et al., 2022; see also Hamel et al., 2020).

Phase 1 title and abstract screening

Records are screened based on their title and abstract following six exclusion criteria. A record is excluded at this level if it is:

1. not available in English language
2. not an eligible document type
3. not conducted in a high-income country
4. reporting on a purely pharmacological, hormonal or surgical intervention
5. not focused on gender-based violence against adult women or children's exposure to this form of violence
6. not reporting on an intervention.

Phase 2 title and abstract screening

Once a record was included at the first title and abstract phase, records were screened against a further four exclusion criteria. A record is excluded at this level if it is:

1. not focused on gender-based violence against adult women or children's exposure to this form of violence in high-income countries
2. not using an eligible population
3. only measuring staff or implementation outcomes
4. not an evaluation of an intervention or systematic review of interventions.

Full-text screening

Following the title and abstract screening, we conduct literature retrieval to locate the full text electronic documents of each record and upload these documents to DistillerSR. For records for which the full text cannot be located online, we endeavour to order these through institutional libraries. If documents cannot be sourced via these methods, we add these to a reference list of studies pending classification.

Records that are included at phase 2 of the title and abstract screening and whose full text document is located progress to full-text screening. As with the earlier screening phases, this phase includes standardised training materials detailing the screening criteria and an independent simulation comprising 10 studies to ensure understanding and consistency across screeners. A senior member of the team also cross-checks and double-screens 5 per cent of all team members' exclusion screenings to ensure ongoing consistency and accuracy. Additionally, all complex studies are discussed during team meetings to determine eligibility. DistillerSR's artificial intelligence machine learning function is not used at the full-text stage, and 100 per cent of documents are screened. Studies not excluded based on the full-text criteria are eligible for the Evidence Portal, and progress to the data extraction stage.

Some screening criteria used at the title and abstract screening stage are repeated here to account for screener expertise, and also because full-text documents have more information that may allow a screener to exclude them across any of the criteria. A record is excluded at the full-text screening stage if it is:

1. not available in English language
2. not an eligible document type
3. not conducted in a high-income country
4. reporting on a purely pharmacological, hormonal or surgical intervention
5. not reporting on an evaluation of an intervention aiming to address violence against women
6. using an ineligible population
7. only measuring staff or implementation outcomes.

At the point of eligibility, we classify records based on the following broad study designs: quantitative studies with or without a comparison group, qualitative studies, and systematic reviews.

4. Data extraction and critical appraisal

4.1 Data extraction

We conduct data extraction of the included studies using DistillerSR. All data extraction forms have been piloted to ensure they flow logically and capture the information required for the EGMs and intervention reviews. The data extraction was designed and segmented across five forms: study details; intervention details; study methods, based on the selection of quantitative, qualitative or systematic review methods; outcomes; and findings data for the intervention reviews. The full data extraction forms and associated questions are presented in Appendix K.

The study details form collects the country the study was conducted in and the publication type (e.g. journal article, book chapter, thesis). For Australian studies only, the form also collects information about the state or territory that the intervention was conducted in, and information regarding the funding body (if a study was funded).

The intervention details form was informed by the Template for Intervention Description and Replication (TIDieR) checklist (Hoffmann et al., 2014). This form collects details such as the intervention name, core curriculum, theory of change, who delivered the intervention, mode of delivery, length and duration, setting, materials and costs. The form collects information on the type of violence and population that the intervention targets. Additionally, the intervention categorisation for the EGM framework occurs as part of this form.

The methods form (which has unique questions and response sets for each of the quantitative, qualitative and systematic review data types) collects information regarding the study design, type of control group, sample size and sample characteristics.

The outcomes form collects information regarding the broad outcome domain and specific outcome types as per the EGM framework. It also collects details on how the data were collected (e.g. self-report, administrative data) and the exact measures of the tools used to collect the data.

The findings form collects the results for each outcome. This data is only used to inform our effectiveness estimates as part of the intervention reviews, and the form collects information on the timeframe in which the outcome was measured, the type of analysis used to assess effectiveness (e.g. effect size, p-value), and findings relating to both group differences and timepoints.

As with the screening phases, all staff members who participate in data extraction are trained using standardised materials and complete a screening simulation to ensure consistency and accuracy between responses. Additionally, a second staff member cross-checks a random 10 per cent of each person's data extractions. All complex studies are also flagged with the team and discussed at team meetings.

4.2 Critical appraisal

Critical appraisal assesses the extent to which features of the design, conduct and analysis of a study leads to biased results or reporting (Boutron et al., 2019). It is an important component of evidence-based research and practice and can help to determine the credibility of conclusions drawn from studies of intervention effectiveness. The Campbell Collaboration guidance for producing EGMs state that it is recommended but not mandatory to critically appraise included studies (White et al., 2020).

In line with these guidelines, we conduct critical appraisal for both primary quantitative studies and systematic reviews included in the Evidence Portal. We worked with systematic review experts to produce a bespoke tool, the ANROWS Instrument for assessing Risk of bias in quantitative Impact Studies (ANROWS-IRIS), to assess the risk of bias of primary quantitative impact evaluations. The development of this tool is detailed in our report, *Development of the ANROWS Instrument for assessing Risk of bias in quantitative Impact Studies (ANROWS-IRIS): Technical report.* To critically appraise eligible systematic reviews, we use a pre-established tool, A MeaSurement Tool to Assess systematic Reviews 2 (AMSTAR 2; Shea et al., 2017), which has been validated and found to be reliable (e.g. Lorenz et al., 2019). We do not conduct critical appraisal on qualitative studies, given they are not used to comment on intervention effectiveness (see our forthcoming intervention review report that will provide further detail).

The ANROWS-IRIS covers six domains of potential risk of bias of primary studies via 19 signalling questions. The domains covered by the tool are study design, selection bias, confounders, data collection methods, withdrawals and dropouts, and intervention integrity. A rating of low, medium or high is assigned to each of the six domains, which are then combined into an overall rating of the study. The overall six ratings are very low, low, moderate, moderate-high, high or very high risk of bias. The AMSTAR 2 comprises 16 signalling questions (with items 2, 4, 7, 9, 11, 13 and 15 being considered critical). This tool considers elements of systematic reviews and meta-analysis from conceptualisation of the study protocol and inclusion criteria through to screening, data extraction and analysis. A systematic review rated on the AMSTAR 2 receives an overall rating framed around confidence in the study, rather than risk of bias, across four ratings of high, moderate, low and critically low confidence. It is important to note that this means the direction of the overall critical appraisal differs for the primary studies and the systematic reviews. Indeed, a "high" rating on the AMSTAR 2 reflects our greater confidence in the review's findings, whereas a "low" rating on the ANROWS-IRIS indicates less bias in the study and fewer potential threats to study credibility.

All team members who conduct critical appraisal for both primary quantitative studies and systematic reviews are trained using standardised training materials. Additionally, all team members independently assess a set of the same 10 studies prior to undertaking the critical appraisal. Critical appraisal is conducted in DistillerSR by a single team member, with a more senior member of the team periodically double-rating 10 per cent of studies. Due to the high volume of projected eligible studies, we iteratively critically appraise the studies as required for the intervention reviews. We also present the critical appraisal on each EGM. For primary studies, we show the overall ratings assessed using the ANROWS-IRIS as a filter on each EGM, displayed as very low, low, moderate, moderate-high, high or very high risk of bias. For systematic reviews, we present our confidence in the results of the systematic review as a filter on each EGM according to the AMSTAR 2 overall rating of high, moderate, low or critically low confidence. Studies shown on the EGMs that are yet to be critically appraised are displayed as "classification pending".

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Appendix A: Mapping of other evidence portals

Evidence portal	Focus	Target audience	Methods	Evidence and gap maps	Written evidence reviews	Effectiveness rating	Types of studies
3ie Development Evidence Portal by International Initiative for Impact Evaluation **Head offices:** India, United Kingdom and United States	Social, economic and health interventions in low- and middle-income countries	Decision-makers in governments and other organisations, policymakers	SR	Yes[a]	Yes	Bespoke	SR, RCT, and QED
Benefit–Cost Results by Washington State Institute for Public Policy **Host country:** United States	Public policy areas of Washington legislative interest, predominantly United States	Washington State Legislature, policymakers, budget writers	SR	No	Yes	Bespoke	RCT and QED
Best practice portal – Evidence database by European Monitoring Centre for Drugs and Drug Addiction **Host country:** Portugal	Drug-related prevention, treatment, and harm reduction within Europe	Professionals, policymakers, researchers	SR	No	Yes	Meta-analysis	SR only
Blue Menu of Evidence-based Psychosocial Interventions for Youth by PracticeWise **Host country:** United States	Psychosocial interventions for youth	Practitioners, educators, youth, families	NR	No	No	Bespoke	RCT and QED
Blueprints for Healthy Youth Development by Blueprints **Host country:** United States	Youth development, worldwide	Government agencies, schools, foundations, community organisations	Components of an SR	No	Yes	Bespoke	RCT and QED
California Evidence-based Clearinghouse for Child Welfare (CEBC) by CEBC **Host country:** United States	Child safety and family stability, worldwide	Professionals that serve children and families within the child welfare system	Components of an SR	No	Yes	Bespoke	RCT and QED
Communities for Children Facilitating Partners by Australian Institute of Family Studies **Host country:** Australia	Child safety and family stability within Australia	Not reported	Components of an SR	No	Yes	Not reported	RCT and QED
Crime Reduction Toolkit by College of Policing **Host country:** United Kingdom	Crime reduction	Anyone working across policing	Components of an SR	No	Yes	EMMIE framework	SR only
CrimeSolutions by the National Institute of Justice **Host country:** United States	Criminal justice, juvenile justice and crime victim services	Criminal justice practitioners, policymakers, trainers, researchers	SR	No	Yes	Bespoke	RCT and QED
Early Intervention Foundation Guidebook by the Early Intervention Foundation **Host country:** United Kingdom	Early interventions for children's social care (note interventions must be transferable to the United Kingdom)	Commissioners and practitioners	SR	No	Yes	Bespoke	RCT and QED
European Platform for Investing in Children (EPIC) by the European Commission **Host:** Europe	Children's wellbeing within Europe	Policymakers and practitioners	Components of an SR	No	Yes	Bespoke	RCT and QED
Evidence Portal by NSW Government Department of Communities and Justice **Host country:** Australia	Preventive (not curative) interventions for child maltreatment in high-income countries	Department of Communities and Justice staff and service providers, targeted earlier intervention sector	SR	No	Yes	Bespoke	SR, RCT, QED, dismantling studies
Evidence toolkit by Transforming Access and Student Opportunities in Higher Education **Host country:** United Kingdom	Access to higher education	Not specified	NR	No	Yes	Bespoke	SR, RCT, QED

Note: a Open access no longer available.

Appendix A: Mapping of other evidence portals

Evidence portal	Focus	Target audience	Methods	Evidence and gap maps	Written evidence reviews	Effectiveness rating	Types of studies
Gender Action Portal by Harvard Kennedy School **Host country:** United States	Gender equity	Not reported	NR	No	No	No	SR, RCT, QED, audit studies, retrospective observations
Home Visiting Evidence of Effectiveness review (HomVEE) by the Administration for Children and Families within the US Department of Health and Human Services **Host country:** United States	Early childhood home visiting models	Policymakers and program administrators	SR	No	Yes	Bespoke	RCT and QED
Intervention Tool by Centre for Homelessness Impact **Host country:** United Kingdom	Homelessness	Personnel working in the homelessness sector		SR	Yes		SR, RCT, QED, qualitative
Menu of Evidence by Victorian Government Department of Families, Fairness and Housing **Host country:** Australia	Child maltreatment and family preservation and reunification	Child and families service sector and department	SR	Yes	Bespoke	Bespoke	SR, RCT, QED
Model Programs Guide by the Office of Juvenile Justice and Delinquency Prevention **Host country:** United States	Juvenile justice	Practitioners and communities	SR	No	Yes	Bespoke	RCT and QED
Student mental health and wellbeing – Toolkit by the What Works Centre for Wellbeing **Host country:** United Kingdom	Student mental health in higher education	Universities and colleges	NR	No	No	Bespoke	RCT and QED
Teaching and Learning Toolkit by Evidence for Learning **Host country:** Australia	Teaching and learning in schools	Educators and educational leaders	SR	No	Yes	Bespoke	SR, RCT, QED, RR
Teaching and Learning Toolkit by the Education Endowment Foundation **Host country:** United Kingdom	Teaching and learning in schools	Educators and educational leaders	SR	No	Yes	Bespoke	SR, RCT, QED, RR
Title IV-E Prevention Services Clearinghouse by the Administration for Children and Families within the US Department of Health and Human Services **Host country:** United States	Children, families and foster care placements	Administrators, service developers, researchers and evaluators	SR	No	Yes	Bespoke	RCT and QED
What Works Clearinghouse by the Institute of Education Sciences **Host country:** United States	Teaching and learning in US schools	Teachers, administrators, policymakers	RR	No	Yes	Bespoke	RCT and QED
Evidence Hub by What Works to Prevent Violence Against Women and Girls Global Programme **Host country:** United Kingdom	Prevention of violence against women and girls	The UK Department of International Development, developing country governments, international partners	RR	No	Yes	Bespoke	SR, RCT, QED
Youth Employment Evidence and Gap Map by Youth Futures Foundation **Host country:** United Kingdom	Youth employment	Professionals helping young people find employment	SR	Yes	Yes	No	SR, RCT, QED
Youth Endowment Fund Toolkit by the Youth Endowment Fund **Host country:** United Kingdom	Youth violence	Police, local authorities, youth charities, school leaders	SR	Yes	Yes	Meta-analysis	SR

Note: 3ie=International Initiative for Impact Evaluation; SR=systematic review; RCT=randomised controlled trial; RR=rapid or scoping review; QED=quasi-experimental design; EMMIE=Effect, Mechanisms, Moderators, Implementation, Economic impact; NR=not reported.

Appendix B: Indicative intervention framework for preventing violence against women

Focus	Intervention category	Examples of specific interventions
Media and communication campaigns	Social norms campaigns	Posters
		Public service announcements
		Mass media campaigns
		Online fact sheets and toolkits
Community-wide mobilisation and activism	Community groups	Male-only discussion groups
		Community discussion groups
		Culturally specific community programs
	Advocate programs and activism	Male ambassador programs
		Survivor advocacy programs
		Day of activism
Laws, policies and government	Laws and policies	Alcohol restriction or reduction policy
		Economic policy
		Domestic violence disclosure scheme
	Government commissions and reviews	Royal commissions
		Fatality reviews
		Domestic and family violence death review boards
Built environments	Situational and environmental prevention strategies	Zoning
		Security guards
		Lighting
Family-based programs	Parent–infant[a]/child support programs	Parent and infant programs
		Parent-led dating violence and consent programs
		Parent-led female risk reduction programs
	Parenting education and training programs	Parent and child early childhood programs
		Group parenting programs
	Relationship enhancement programs	Relationship courses
		Couples therapy
		Couples' relationship enhancement program

Note: a We consider an infant to be from birth until 1 year of age.

Appendix B: Indicative intervention framework for preventing violence against women

Focus	Intervention category	Examples of specific interventions
Health programs	Maternal mental health support programs	Home visiting programs for mothers
	Health education programs	Sexual health and IPV education program
Youth relationship skills education	Respectful relationship promotion and violence prevention programs	Theatre-based respectful relationships programs
		Coach-delivered respectful relationships programs
		Gender transformative respectful relationship programs
		Culturally specific respectful relationship programs
	Gender equality educational programs	Gender equality educational programs for school students
Youth sexual assault prevention programs	Sexual assault and harassment prevention programs	Sexual assault prevention for university students
Youth bystander interventions	Bystander programs for sexual violence prevention	Sexual assault prevention for school students
		Sexual education and consent programs
		Brief video-based bystander programs
		Online bystander programs
Risk reduction programs	Safety skills training	Empowerment self-defence programs
		Safety awareness programs
		Sexual communication assertiveness programs
	Health risk programs	Alcohol reduction programs
	Therapeutic programs	Brief motivational interviewing session for adolescents (e.g. by school nurse in at-risk group)
		Anger management programs
		Acceptance and mindfulness programs
	Health-based programs	Prenatal care counselling
	Financial skills programs	Financial education programs
Organisational and workplace initiatives	Whole-of-educational institution initiatives	Whole-of-school bystander programs
		Whole-of-school sexual assault prevention programs
	Workplace training programs	Workplace sexual harassment prevention training
		Employee bystander action training
	Organisational policies and leadership training	Sexual harassment policies
		Leadership training

Appendix C: Indicative intervention framework for identifying violence against women

Focus	Intervention category	Examples of specific interventions
Screening, referral, and information for identifying victimisation	Primary healthcare	Face-to-face screening and referral for IPV
		Technology-assisted screening and referral for IPV
		Screening and counselling for IPV
		Screening, referral, mentor support and home visitation
		Self-administered screening tool
		Child and adolescent screening for experiences of parental IPV
		Mandatory reporting
	Sexual and reproductive healthcare	Face-to-face screening and referral
		Technology-assisted screening and referral
		Screening and counselling
	Maternity care[a]	Face-to-face screening, response and referral
		Technology-assisted screening and referral
		Screening plus educational sessions
		Home visiting programs for mothers
		Mandatory reporting of child abuse
	Emergency departments	Face-to-face screening and referral
		Technology-assisted screening and referral
		Combined screening, with motivational interviewing response
		Mandatory reporting
	Community and mental health services	Face-to-face screening and referral
		Relationship counselling
		Helplines
		Case management
	Child protection services	Face-to-face screening and referral
	Justice and legal services	Risk assessment and referral
		Screening for victimisation in courts (e.g. family court proceedings)

Note: a We define maternity care as the collection of health services provided to a woman, infant or the wider family by any health physician, nurse, midwife, hospital, or birthing centre, inclusive of care before pregnancy (prenatal), during pregnancy (antenatal) as well as after delivery and up to 2 years after (postnatal care).

Appendix C: Indicative intervention framework for identifying violence against women

Focus	Intervention category	Examples of specific interventions
Screening, referral and information for identifying perpetration	Primary healthcare	Face-to-face screening and referral
	Emergency departments	Face-to-face screening and referral
	Community and mental health services	Men's helplines
		Face-to-face screening and referral
	Justice and legal services	Face-to-face screening and referral
	Alcohol and other drug (AOD) services	Face-to-face screening and referral
	Child protection services	Face-to-face screening and referral
	Correctional services	Face-to-face screening and referral
Staff training for violence identification, assessment and referral	Primary healthcare	Staff training for identification, assessment and referral
	Emergency departments	Staff training for identification, assessment and referral
	Maternity care	Staff training for identification, assessment and referral
	Community and mental health services	Staff training for identification, assessment and referral
	Justice and legal services	Police training for IPV identification and referral
		Police training for primary aggressor IPV identification and referral
	Alcohol and other drug (AOD) services	Staff training for identification, assessment and referral
	Child protection services	Staff training for identification, assessment and referral
	Correctional services	Staff training for identification, assessment and referral

Appendix D: Indicative intervention framework for responding to violence against women

Focus	Intervention category	Examples of specific interventions
Criminal justice responses	Legal responses	Protection orders
		Domestic violence liaison officers
		Photographic evidence collection/presentation
		Integrated/multi-agency responses
	Courts	Specialist courts
		Domestic and family violence courts
		Expert testimony
		Mediation
		Injury and biological evidence collection/ presentation
	Laws and law reform	Family law reform
		Homicide defence laws
		Immigration law reform
		Strangulation law reform
	Policing responses	Specialised domestic violence units
		Second responder programs
		Female police officers or agencies
		Risk assessment tools
		Police attendance
		General arrest policies
		Mandatory arrest policies
		Pro-arrest policies
		Discretionary arrest policies
		Focused deterrence programs (proactive policing)
	Restorative justice responses	Restorative justice mediation
		Restorative justice conferencing
		Restorative justice circle and forum sentencing
	Child protection services	Legal aid
		Legal advocacy and support

Appendix D: Indicative intervention framework for responding to violence against women

Focus	Intervention category	Examples of specific interventions
Healthcare responses	Emergency department responses for victims and survivors	Forensic nurse examiner programs
		Forensic injury documentation services
		Psychoeducational video
		Psychological emergency protocol
	Primary healthcare responses for victims and survivors	Sexual health and intimate partner violence education program
		Healthcare system-based advocacy services
	Maternity care responses	Maternity care case management
Therapeutic responses	Relationship-based therapies	Couples therapy
		Group psychoeducational intervention for couples
		Communication skills training for couples
	Whole-of-family therapies	Adolescent family violence therapy
Community and specialist service responses for victims and survivors	Case management	Individual case management
	Safety planning	Face-to-face safety planning
		Online safety planning
	Housing support	Shelters
		Emergency housing
		Transitional housing
		Long-term housing
		Housing assistance schemes
		Safe at Home programs
	Employment and financial support	Financial assistance schemes
		Financial education programs
		Employment support programs
	Advocacy and mentoring services	Community-based victim and survivor advocate outreach
		General advocacy services
		Advocacy for partners of perpetrator programs
		Non-professional individual mentoring

Appendix D: Indicative intervention framework for responding to violence against women

Focus	Intervention category	Examples of specific interventions
Community and specialist service responses for perpetrators	Community and mental health services	Counselling
		Men's helplines
	Community supervision and reintegration programs	Electronic monitoring
		Intensive bail supervision
		Specialised probation
		Intensive supervision program for sex offenders
		Sex offender coordinated community transition and monitoring plan
		Circles of Support and Accountability
	Housing support	Emergency housing for perpetrators
Perpetrator behaviour change programs	Cognitive behavioural therapy (CBT)-based behaviour change programs	Group-based CBT for IPV
		Individual CBT for IPV
		Combined group and individual CBT for IPV
		Integrated CBT and psychodynamic therapy
		Group-based CBT for sex offenders
		Combined group and individual CBT for sex offenders
		Group-based CBT plus speech and language therapy for sex offenders with intellectual disabilities
	Motivational interviewing-based behaviour change programs	Group-based motivational interviewing program
		Individual telephone-based motivational interviewing
		Combined group and individual integrated CBT and motivational interviewing
	Duluth-based behaviour change programs	Group-based Duluth program
		Combined group and individual Duluth program
		Combined group and individual integrated CBT and Duluth program
		Pre-intervention motivational interviewing and group-based Duluth program
		Group Duluth program and restorative justice

Appendix D: Indicative intervention framework for responding to violence against women

Focus	Intervention category	Examples of specific interventions
Perpetrator behaviour change programs	Psychotherapeutic programs	Shame transformation therapy
		Abuser schema therapy
		Narrative therapy
		Mindfulness-based stress reduction therapy
		Acceptance and commitment-based therapy
		Dialectical behaviour therapy
	Healing programs	Indigenous healing programs
		CBT for sex offenders with Indigenous healing component
	Parenting-based behaviour change programs	Behaviour change programs for fathers
		Behaviour change programs for fathers, case management and victim and survivor outreach
	Substance use–focused programs	Integrated CBT and substance program
		Integrated motivational interviewing and substance use program
		Integrated CBT and substance program plus selective serotonin reuptake inhibitor
		Standalone substance use program
	Therapy with administration of medication	CBT for sex offenders plus testosterone-lowering medication
Workplace responses	Organisational policies	Workplace domestic violence leave
Multisystem responses	Coordination and colocation of services	Coordinated and integrated sexual assault services (i.e. medical, forensic and psychological)
		Co-located domestic violence advisors within emergency department and maternity services in hospitals
		Co-located centres
		High risk teams (e.g. police, health, child protection)
		Coordinated interventions that triage high-risk families
		Common risk assessment tool
Staff training for responses	Justice and legal services	Training for legal practitioners
		Training for police
		Awareness-raising training workshops for police

Appendix E: Indicative intervention framework for recovery and healing from violence against women

Focus	Intervention category	Examples of specific interventions
Psychological and therapeutic programs	Cognitive behavioural therapy (CBT)	Individual CBT
		Group CBT
		Online CBT
		Cognitive processing therapy
		Individual CBT for children experiencing parental IPV
	Acceptance and commitment therapy	Individual acceptance and commitment therapy
	Interpersonal psychotherapy	Individual interpersonal psychotherapy
	Motivational interviewing programs	Individual motivational interviewing
	Schema therapy	Individual schema therapy
	Psychodynamic therapy	Individual psychodynamic therapy
	Trauma therapy	Eye movement desensitisation and reprocessing
	Mindfulness-based therapy	Individual mindfulness-based therapy
		Group mindfulness-based therapy
		Stress reduction program
		Group trauma-sensitive yoga
		Group meditation
	Emotion-focused therapy	Individual emotion-focused therapy
		Integrated emotion-focused therapy and clinician-assisted emotional disclosure
	Creative therapy	Art therapy
		Drama therapy
	Animal-assisted therapy	Equine-assisted psychotherapy
	Therapy with administration of medication	CBT plus antipsychotic medication
	Healing programs	Aboriginal-led healing programs
		Holistic healing programs

Focus	Intervention category	Examples of specific interventions
Parenting and parent–child programs	Parenting psychoeducational programs	Group parent psychoeducational training
	Parent–child dyad programs	Group psychoeducation programs for mothers and children
		Parent–child dyad psychotherapeutic interventions
Community and specialist support services	Peer support, mentoring and social networks	Non-professional individual mentoring
		Informal support networks
		Peer support groups
	Social and material supports	Financial education and employment support
	Case management	Case management for partners of men in perpetrator interventions
	Advocacy services	General DFV advocacy services
		Counselling delivered by DFV advocates
		Community DFV advocacy training
	Integrated substance use services	Online counselling for IPV and substance use
Health support and services	Health advocacy services	Health system-based advocacy programs
	Health counselling services	Counselling by general healthcare providers
		Counselling provided in perinatal care
	Physical activity programs	Group exercise program
		Integrated individual CBT and physical activity program
Whole-of-family approaches	Whole-family counselling	Family CBT program
Staff training for recovery and healing	Culturally informed healing training for staff	Training for Aboriginal and Torres Strait Islander-led services to deliver healing-informed services

Appendix F: Standardised outcomes framework

Table: Violence against women outcomes

Outcome domain	Outcome sub-domain	Definition
Intimate partner violence	**Physical violence**	The occurrence, attempt or threat of physical use of force with the intent to harm or frighten a person (Australian Bureau of Statistics, 2023)
	Psychological or emotional violence	When a person is subjected to certain behaviours or actions that are aimed at preventing or controlling their behaviour, causing them emotional harm or fear. These behaviours are characterised in nature by their intent to manipulate, control, isolate or intimidate the person they are aimed at (Australian Bureau of Statistics, 2023)
	Intimate partner sexual violence	Any sexual harassment and/or sexual assault (see separate definitions below) perpetrated by an intimate partner
	Intimate partner stalking	Various behaviours, such as loitering and following, which the person believed were being undertaken with the intent to cause them fear or distress (Australian Bureau of Statistics, 2023)
	Coercive control	A pattern of abusive behaviours against another person over time, rather than individual isolated incidents, with the effect of reinforcing control and dominance by one person over another (Commonwealth of Australia, 2022)
	Technology-facilitated abuse	Interpersonal violence and abuse using mobile, online and other digital technologies, including harassing behaviours, sexual violence and image-based sexual abuse, monitoring and controlling behaviours, and emotional abuse and threats (Commonwealth of Australia, 2022)
	Financial abuse	A pattern of control, exploitation or sabotage of money and finances which affects a person's ability to obtain, use or maintain economic resources, threatening their economic security and potential for self-sufficiency and independence (Commonwealth of Australia, 2022)
	Spiritual abuse	The use of spiritual or religious beliefs to hurt, scare or control. It can involve forcing participation in spiritual or religious practices against a person's wishes or refusing to allow a person to participate in spiritual or religious practices that are important to them (Commonwealth of Australia, 2022)

Table: Violence against women outcomes *continued*

Outcome domain	Outcome sub-domain	Definition
Intimate partner violence	**Reproductive coercion**	Behaviour that actively interferes with a person's reproductive autonomy, including contraception sabotage, stealthing, forced abortion or preventing a desired abortion (UNFPA, 2022; Macdonald et al., 2023)
	Intimate partner homicide	Murders (or attempted murders) where the victim and offender have a current or former intimate relationship, including same-sex and extramarital relationships (AIHW, 2019)
	Non-specific or combined intimate partner violence	Intimate partner violence not further specified (e.g. by physical, emotional, or other abuse) or combined measures of IPV, for example combined reports of physical and sexual IPV (see separate definitions)
Non-partner sexual violence	**Sexual harassment**	Any unwelcome sexual advance, sexual favours request or other unwelcome conduct of a sexual nature which makes a person feel offended, humiliated and/or intimidated, where a reasonable person would anticipate that reaction in the circumstances (Commonwealth of Australia, 2022)
	Sexual assault	An act of a sexual nature carried out against a person's will through the use of physical force, intimidation or coercion, including any attempts to do this. This includes rape, attempted rape, aggravated sexual assault (assault with a weapon), indecent assault, penetration by objects, forced sexual activity that did not end in penetration and attempts to force a person into sexual activity (Commonwealth of Australia, 2022)
	Stalking	Various behaviours, such as loitering and following, which the person believed were being undertaken with the intent to cause them fear or distress (Australian Bureau of Statistics, 2023)
	Non-specific or combined non-partner sexual violence	Non-partner sexual violence that is not further defined or combined measures (e.g. sexual assault and stalking)
Children experiencing parental intimate partner violence	**Parental physical and sexual violence**	Any physical and/or sexual violence (see separate definitions above) perpetrated by a parent against another that a child is experiences
	Parental emotionally abusive, harassing or controlling behaviours	Any emotionally abusive, harassing or controlling behaviours (see separate definitions above) perpetrated by a parent against another that a child experiences
	Non-specific or combined child experience of parental IPV	Child experiences of parental IPV that is not further defined or combined measures (e.g. physical violence and controlling behaviours)

Table: Violence against women outcomes *continued*

Outcome domain	Outcome sub-domain	Definition
Child-to-parent violence	**Adolescent-to-parent physical or sexual violence**	Any physical or sexual behaviour used by a young person to control, dominate or coerce parents. It is intended to threaten and intimidate, placing family safety at risk (QCDFVR, 2021)
	Adolescent-to-parent emotional violence	Any emotionally abusive behaviour used by a young person to control, dominate or coerce parents. It is intended to threaten and intimidate, placing family safety at risk (QCDFVR, 2021)
	Adolescent-to-parent violence combined or non-specific	Adolescent-to-parent violence that is not further defined or combined measures (e.g. physical and emotionally violence)
	Elder abuse	A single or repeated act or lack of appropriate action occurring within any relationship in which there is expectation of trust that causes harm or distress to an older person (aged 60 years and older; WHO, 2022)
Extended family violence	**Dowry abuse**	Any act of coercion, violence or harassment associated with the giving or receiving of dowry at any time before, during or after marriage is a form of abuse. Dowry-related abuse commonly involves claims that dowry was not paid and coercive demands for further money or gifts from a woman and her extended family (Department of Social Services, 2019)
	Forced marriage	A modern slavery crime where someone is married without freely and fully consenting to the marriage because of threats, deception or coercion, or the individual is incapable of understanding the nature and effect of the marriage ceremony, or the individual is under the age of 16 years (Commonwealth of Australia, 2022)
	Honour killings (attempted or completed)	Murders (or attempted murders) of a girl and woman by a male or female family member for an actual or assumed sexual or behavioural transgression, including adultery, sexual intercourse or pregnancy outside marriage – or even for being raped (WHO, 2012d)
	Other extended family violence combined or non-specific	Extended family violence that is not further defined or combined measures (e.g. dowry abuse and forced marriage)

Table: All other outcomes

Outcome domain	Outcome sub-domain	Definition
Health	**Physical health**	Exercise, sleep, quality-adjusted life years, disability-adjusted life years, physical disability, chronic health conditions, death (not including gender-based violence-related deaths or suicide)
	Mental health	Depression symptoms, anxiety symptoms, posttraumatic stress disorder (PTSD) symptoms, trauma-related cognitions, suicidal ideation, suicide (attempted or completed), general psychopathology, cognitive functioning
	Sexual and reproductive health	Sexual risk behaviours, condom use, birth control use, sexually transmitted infection (STI), STI-related discussion, cumulative subsequent births, maternal birthing complications, foetal death rate
	Substance use	Tobacco smoking and/or vaping, cannabis use, alcohol use, motivation/confidence to reduce substance use, illicit drug use (excluding cannabis), prescription drug misuse, substance abuse disorder
Wellbeing and emotions	**Wellbeing**	Self-esteem, quality of life, general wellbeing, spiritual wellbeing, sense of self-control, contentment, empowerment, mindfulness skills, satisfaction with life, satisfaction with life goals, financial strain
	Emotions and emotional skills	Empathy, emotional or self-regulation, happiness, stress, distress, anger, impulsivity, hostility, guilt, avoidance, self-silencing, loneliness, fear of perpetrator, fear of not being believed
Knowledge and attitudes	**Recognition and acceptance**	Recognition of victimisation (i.e. experiencing violence), recognition of perpetration (i.e. own use of violence), recognition of impact of violence on children, acceptance of responsibility of perpetration, acceptance of violence use towards others, rape myth acceptance, readiness to change violent behaviour
	Knowledge	Knowledge of gender-based violence, financial knowledge, sexual knowledge, knowledge of resistance tactics, self-defence knowledge
	Attitudes	Towards gender equality, sexual violence, women, gender-based violence, depression and anti-depressant medication, criminal thinking
	Beliefs	Beliefs about IPV
	Norms and values	Perceived norms of IPV, adherence to gender roles and norms, condoning of violence

Table: All other outcomes *continued*

Outcome domain	Outcome sub-domain	Definition
Behaviours	**Safety behaviours**	Sense of safety, plans to leave perpetrator, safety self-efficacy, readiness to leave the perpetrator, decision-making for leaving a partner, return to abusive perpetrator
	Help-seeking behaviours	Sought depression care, sought help for significant family problems, engagement with alcohol and other drug services, sought help from police, sought help from social services, sought help from healthcare, sought informal help (e.g. from friend), any help-seeking behaviours combined
	Bystander behaviours	Intention to intervene, confidence to intervene, action or intervention
	Self-protective behaviours	Intention to use resistance tactics, use of resistance tactics, willingness to engage in collective action, self-efficacy in responding to risky dating situation, self-protective dating behaviours
	Confidence and assertiveness	Confidence, assertiveness, sexual assertiveness, self-blame and silencing
Relationships	**Interpersonal**	Social adjustment, social connectedness, interpersonal skills, interpersonal adjustment, jealousy
	Communication	Communication skills, conflict resolution, emotion-decoding abilities, socially desirable responding/deception
	Intimacy	Intimacy in relationships, sexual communication skills, intimate partner relationship satisfaction
Social and material support	**Social support**	Quality of social support, satisfaction with social support, awareness of community supports
	Housing support	Housing stability, homelessness, use of housing support, quality of housing support, satisfaction with housing support
	Financial support	Employment, financial security, quality of financial support, satisfaction with financial support
System	**Police response to incidents of violence**	Time spent at scene, collection of written and oral evidence statements, decision to arrest, charges, police protection orders, police enforcement of orders, temporary separation of victim and accused, provision of transport, contacting shelter
	Crime and disorder	Drink-driving charges, arrests, crime rates, disorder (e.g. graffiti, dilapidated builings)
	Community Corrections	Probation or parole conditions
	Court processing of violence cases	Case processing times, court mandating to rehabilitation programs, fines, length of sentence, protection orders
	Satisfaction and compliance with systems	Trust in criminal justice system, satisfaction with police response, confidence in police, compliance with police, compliance with probation/parole conditions, electronic monitoring, incarceration

Table: All other outcomes *continued*

Outcome domain	Outcome sub-domain	Definition
Identifying violence, screening and support	**Disclosures and identification**	Disclosures, rate of lifetime IPV disclosure, acceptance of assessment, reporting to child protection, reporting to police
	Screening	IPV screening rates
	Risk assessment	IPV-specific risk assessment, general risk, likelihood to rape, likelihood to commit sexual assault
	Discussions and referral to services	Discussion about access to weapons, fear of perpetrator, IPV, and reproductive coercion, perceived helpfulness of discussions. referral to specialist IPV services, referral to couples counselling, referral acceptance
	Safety planning	Safety plans developed during initial screening or referral, safety plans developed with other services
Parenting and parent–child interaction	**Parent and child/infant relationship**	Attachment, interactions, conflict, parents' sense of control with children
	Protective parent's parenting behaviours and skills	Warmth, cognitions and conduct, stress, authoritarian parenting, general involvement in child's life, parenting skills and practices, discipline, acceptance/rejection
	Perpetrating parent's parenting behaviours and skills	Warmth, cognitions and conduct, stress, authoritarian parenting, general parenting skills and practices, involvement in child's life, frequency of contact between perpetrator and child, acceptance/rejection, parenting and child-rearing attitudes, conflict over child-rearing, co-parenting attitudes
Child health, behaviour and development	**Child safety and fear**	Child's sense of safety, fear of perpetrator
	Child physical and mental health	Posttraumatic stress disorder (PTSD) symptoms, depression symptoms, anxiety symptoms, birth weight, Apgar score
	Child behaviour	Externalising behaviours, internalising behaviours, harmful sexual behaviours, violence and aggression, peer conflict, anger, conduct problems
	Child wellbeing and development	General wellbeing, self-esteem, hope, play skills, personal support systems, awareness of community supports
	Child education	School completion, attendance, learning success
Lived experience	**Perceptions**	Perception of intervention
	Satisfaction with services	Satisfaction with intervention, satisfaction with support received

Appendix G: High-income countries

A - F	G - N	O - V
Andorra	Germany	Oman
Antigua and Barbuda	Gibraltar	Panama
Aruba	Greece	Poland
Australia	Greenland	Portugal
Austria	Guam	Puerto Rico
Bahamas, The	Hong Kong	Qatar
Bahrain	Hungary	Romania
Barbados	Iceland	San Marino
Belgium	Ireland	Saudi Arabia
Bermuda	Isle Of Man	Seychelles
British Virgin Islands	Israel	Singapore
Brunei Darussalam	Italy	Sint Maarten (Dutch part)
Canada	Japan	Slovak Republic (Slovakia)
Cayman Islands	Korea Republic (South Korea)	Slovenia
Channel Islands	Kuwait	Spain
Chile	Latvia	St. Kitts and Nevis
Croatia	Liechtenstein	St. Martin (French part)
Curacao	Lithuania	Sweden
Cyprus	Luxembourg	Switzerland
Czech Republic	Macao SAR (China)	Trinidad and Tobago
Denmark	Malta	Turks and Caicos Islands
Estonia	Monaco	United Arab Emirates
Faroe Islands	Nauru	United Kingdom
Finland	Netherlands	United States
France	New Caledonia	Uruguay
French Polynesia	New Zealand	Virgin Islands (US)
	Northern Mariana Islands	
	Norway	

Source: World Bank. (2022). High income countries. https://data.worldbank.org/income-level/high-income?view=chartS

Appendix H: Search terms and structure[a]

Line	Terms
1	"comparison condition*" OR "comparison group*" OR "control condition*" OR "control group*" OR effective* OR efficac* OR evaluat* OR experiment* OR interven* OR "matched group*" OR pilot* OR program* OR "propensity score*" OR quasi-experiment* OR "quasi experiment*" OR random* OR RCT OR service* OR therap* OR train* OR treat* OR trial* OR "what works" OR review* OR synthesi* OR meta-analy* OR qual* OR interview* OR "focus group*" OR (indigenous* NEAR/3 method*)
2	"coercive* control*"
3	(femicide* OR feminicide*)
4	(infanticide* OR filicide OR neonaticide*)
5	uxoricide*
6	couple* NEAR/3 (abus* OR aggress* OR assault* OR batter* OR "beat" OR beats OR beater* OR beating* OR coerc* OR depriv* OR harm* OR homicid* OR humiliat* OR intimidat* OR isolat* OR kill* OR lethal* OR maltreat* OR manslaughter* OR murder* OR terror* OR threat* OR victim* OR violen* OR weapon*)
7	date* NEAR/3 (abus* OR aggress* OR assault* OR batter* OR "beat" OR beats OR beater* OR beating* OR coerc* OR depriv* OR harm* OR homicid* OR humiliat* OR intimidat* OR isolat* OR kill* OR lethal* OR maltreat* OR manslaughter* OR murder* OR terror* OR threat* OR victim* OR violen* OR weapon*)
8	dating NEAR/3 (abus* OR aggress* OR assault* OR batter* OR "beat" OR beats OR beater* OR beating* OR coerc* OR depriv* OR harm* OR homicid* OR humiliat* OR intimidat* OR isolat* OR kill* OR lethal* OR maltreat* OR manslaughter* OR murder* OR terror* OR threat* OR victim* OR violen* OR weapon*)
9	elder* NEAR/3 (abus* OR aggress* OR assault* OR batter* OR "beat" OR beats OR beater* OR beating* OR coerc* OR depriv* OR harm* OR homicid* OR humiliat* OR intimidat* OR isolat* OR kill* OR lethal* OR maltreat* OR manslaughter* OR murder* OR terror* OR threat* OR victim* OR violen* OR weapon*)
10	domestic* NEAR/3 (abus* OR aggress* OR assault* OR batter* OR "beat" OR beats OR beater* OR beating* OR coerc* OR depriv* OR harm* OR homicid* OR humiliat* OR intimidat* OR isolat* OR kill* OR lethal* OR maltreat* OR manslaughter* OR murder* OR terror* OR threat* OR victim* OR violen* OR weapon*)
11	family NEAR/3 (abus* OR aggress* OR assault* OR batter* OR "beat" OR beats OR beater* OR beating* OR coerc* OR depriv* OR harm* OR homicid* OR humiliat* OR intimidat* OR isolat* OR kill* OR lethal* OR maltreat* OR manslaughter* OR murder* OR terror* OR threat* OR victim* OR violen* OR weapon*)
12	familial NEAR/3 (abus* OR aggress* OR assault* OR batter* OR "beat" OR beats OR beater* OR beating* OR coerc* OR depriv* OR harm* OR homicid* OR humiliat* OR intimidat* OR isolat* OR kill* OR lethal* OR maltreat* OR manslaughter* OR murder* OR terror* OR threat* OR victim* OR violen* OR weapon*)
13	families NEAR/3 (abus* OR aggress* OR assault* OR batter* OR "beat" OR beats OR beater* OR beating* OR coerc* OR depriv* OR harm* OR homicid* OR humiliat* OR intimidat* OR isolat* OR kill* OR lethal* OR maltreat* OR manslaughter* OR murder* OR terror* OR threat* OR victim* OR violen* OR weapon*)

Note: a Search replicated as closely as possible across all databases, subject to database functionality. Search fields used: Title, Abstract, Author-Supplied Keywords, Subject. Where possible, additional lines using the thesaurus or index of the databases was also combined with the free-text terms.

Line	Terms
14	female* NEAR/3 (abus* OR aggress* OR assault* OR batter* OR "beat" OR beats OR beater* OR beating* OR coerc* OR depriv* OR harm* OR homicid* OR humiliat* OR intimidat* OR isolat* OR kill* OR lethal* OR maltreat* OR manslaughter* OR murder* OR terror* OR threat* OR victim* OR violen* OR weapon*)
15	gender* NEAR/3 (abus* OR aggress* OR assault* OR batter* OR "beat" OR beats OR beater* OR beating* OR coerc* OR depriv* OR harm* OR homicid* OR humiliat* OR intimidat* OR isolat* OR kill* OR lethal* OR maltreat* OR manslaughter* OR murder* OR terror* OR threat* OR victim* OR violen* OR weapon*)
16	girl* NEAR/3 (abus* OR aggress* OR assault* OR batter* OR "beat" OR beats OR beater* OR beating* OR coerc* OR depriv* OR harm* OR homicid* OR humiliat* OR intimidat* OR isolat* OR kill* OR lethal* OR maltreat* OR manslaughter* OR murder* OR terror* OR threat* OR victim* OR violen* OR weapon*)
17	grandmother* NEAR/3 (abus* OR aggress* OR assault* OR batter* OR "beat" OR beats OR beater* OR beating* OR coerc* OR depriv* OR harm* OR homicid* OR humiliat* OR intimidat* OR isolat* OR kill* OR lethal* OR maltreat* OR manslaughter* OR murder* OR terror* OR threat* OR victim* OR violen* OR weapon*)
18	intimate NEAR/3 (abus* OR aggress* OR assault* OR batter* OR "beat" OR beats OR beater* OR beating* OR coerc* OR depriv* OR harm* OR homicid* OR humiliat* OR intimidat* OR isolat* OR kill* OR lethal* OR maltreat* OR manslaughter* OR murder* OR terror* OR threat* OR victim* OR violen* OR weapon*)
19	maternal* NEAR/3 (abus* OR aggress* OR assault* OR batter* OR "beat" OR beats OR beater* OR beating* OR coerc* OR depriv* OR harm* OR homicid* OR humiliat* OR intimidat* OR isolat* OR kill* OR lethal* OR maltreat* OR manslaughter* OR murder* OR terror* OR threat* OR victim* OR violen* OR weapon*)
20	mother* NEAR/3 (abus* OR aggress* OR assault* OR batter* OR "beat" OR beats OR beater* OR beating* OR coerc* OR depriv* OR harm* OR homicid* OR humiliat* OR intimidat* OR isolat* OR kill* OR lethal* OR maltreat* OR manslaughter* OR murder* OR terror* OR threat* OR victim* OR violen* OR weapon*)
21	partner* NEAR/3 (abus* OR aggress* OR assault* OR batter* OR "beat" OR beats OR beater* OR beating* OR coerc* OR depriv* OR harm* OR homicid* OR humiliat* OR intimidat* OR isolat* OR kill* OR lethal* OR maltreat* OR manslaughter* OR murder* OR terror* OR threat* OR victim* OR violen* OR weapon*)
22	relation* NEAR/3 (abus* OR aggress* OR assault* OR batter* OR "beat" OR beats OR beater* OR beating* OR coerc* OR depriv* OR harm* OR homicid* OR humiliat* OR intimidat* OR isolat* OR kill* OR lethal* OR maltreat* OR manslaughter* OR murder* OR terror* OR threat* OR victim* OR violen* OR weapon*)
23	relative* NEAR/3 (abus* OR aggress* OR assault* OR batter* OR "beat" OR beats OR beater* OR beating* OR coerc* OR depriv* OR harm* OR homicid* OR humiliat* OR intimidat* OR isolat* OR kill* OR lethal* OR maltreat* OR manslaughter* OR murder* OR terror* OR threat* OR victim* OR violen* OR weapon*)
24	spous* NEAR/3 (abus* OR aggress* OR assault* OR batter* OR "beat" OR beats OR beater* OR beating* OR coerc* OR depriv* OR harm* OR homicid* OR humiliat* OR intimidat* OR isolat* OR kill* OR lethal* OR maltreat* OR manslaughter* OR murder* OR terror* OR threat* OR victim* OR violen* OR weapon*)
25	woman NEAR/3 (abus* OR aggress* OR assault* OR batter* OR "beat" OR beats OR beater* OR beating* OR coerc* OR depriv* OR harm* OR homicid* OR humiliat* OR intimidat* OR isolat* OR kill* OR lethal* OR maltreat* OR manslaughter* OR murder* OR terror* OR threat* OR victim* OR violen* OR weapon*)
26	women NEAR/3 (abus* OR aggress* OR assault* OR batter* OR "beat" OR beats OR beater* OR beating* OR coerc* OR depriv* OR harm* OR homicid* OR humiliat* OR intimidat* OR isolat* OR kill* OR lethal* OR maltreat* OR manslaughter* OR murder* OR terror* OR threat* OR victim* OR violen* OR weapon*)
27	wife NEAR/3 (abus* OR aggress* OR assault* OR batter* OR "beat" OR beats OR beater* OR beating* OR coerc* OR depriv* OR harm* OR homicid* OR humiliat* OR intimidat* OR isolat* OR kill* OR lethal* OR maltreat* OR manslaughter* OR murder* OR terror* OR threat* OR victim* OR violen* OR weapon*)
28	wives NEAR/3 (abus* OR aggress* OR assault* OR batter* OR "beat" OR beats OR beater* OR beating* OR coerc* OR depriv* OR harm* OR homicid* OR humiliat* OR intimidat* OR isolat* OR kill* OR lethal* OR maltreat* OR manslaughter* OR murder* OR terror* OR threat* OR victim* OR violen* OR weapon*)

Line	Terms
29	Marriage* NEAR/3 (abus* OR aggress* OR assault* OR batter* OR "beat" OR beats OR beater* OR beating* OR coerc* OR depriv* OR harm* OR homicid* OR humiliat* OR intimidat* OR isolat* OR kill* OR lethal* OR maltreat* OR manslaughter* OR murder* OR terror* OR threat* OR victim* OR violen* OR weapon*)
31	married NEAR/3 (abus* OR aggress* OR assault* OR batter* OR "beat" OR beats OR beater* OR beating* OR coerc* OR depriv* OR harm* OR homicid* OR humiliat* OR intimidat* OR isolat* OR kill* OR lethal* OR maltreat* OR manslaughter* OR murder* OR terror* OR threat* OR victim* OR violen* OR weapon*)
31	(chok* OR "grab" OR grabb* OR punch* OR shoot* OR "shove" OR shoves OR shoving* OR "stab" OR "stabs" OR stabbing* OR strangl* OR strangul*) AND (couple* OR date OR dating OR elder* OR domestic* OR family OR familial OR families OR female* OR gender* OR girl* OR grandmother* OR intimate OR maternal* OR mother* OR partner* OR relation* OR relative* OR spous* OR woman OR women OR wife OR wives OR marriage OR married)
32	(abuse* OR aggress* OR attack* OR harm* OR initimidat* OR threat* OR victim* OR victim* OR violen*) NEAR/3 (technolog* OR spirit* OR image* OR financ* OR relig* OR "revenge porn*" OR video* OR material* OR cyber* OR internet* OR online*)
33	order* NEAR/3 (protect* OR restrain* OR violen*)
34	stalk*
35	((coerc* OR forc*) NEAR/3 (marry OR marriage* OR "wed" OR wedding*)) OR (dowr* OR "servile marriage*" OR servitude* OR slave* OR "debt bondage*" OR joutuk)
36	(bride* OR bridal OR brides) NEAR/3 (burn OR burns OR burning OR fire* OR flame* OR flammable)
37	(coerc* OR forc*) NEAR/3 (porn* OR prostitut* OR "sex work*")
38	adolesc* NEAR/3 ("family violen*" OR "parent* abus*" OR "parent* violen*" OR "violence in the home")
39	(filio AND violen*)
40	((violen* OR abus*) NEAR/3 (toward* OR against)) AND parent*
41	sex* NEAR/3 (abus* OR assault* OR coerc* OR crime* OR exploit* OR forc* OR harass* OR harm* OR indecen* OR misconduct* OR offen* OR perpetrat* OR rape* OR rapist* OR threat* OR traffick* OR slave* OR unwanted OR violen*)
42	reproducti* NEAR/3 (abus* OR assault* OR coerc* OR crime* OR exploit* OR harass* OR harm* OR misconduct* OR offen* OR perpetrat* OR rape* OR rapist* OR traffick* OR slave* OR unwanted OR violen*)
43	male* NEAR/3 (coerc* OR control* OR violen* OR hostil* OR intimidat*)
44	("unequal power" NEAR/3 relationship*) OR "unhealthy relationship*"
45	(coerc* OR forc*) NEAR/3 (pregnan* OR abort* OR reproduce*)
46	((honor OR honour) NEAR/3 (kill* OR murder* OR homicid* OR execut*)) OR fratricide*
47	((baby OR babies OR child* OR youth* OR teen* OR minor* OR juvenile* OR adoles* OR paediatric* OR pediatric* OR preschool* OR pre-school* OR pre-teen* OR preteen OR teenager* OR toddler* OR infant* OR infancy) NEAR/3 (expos* OR witness*)) AND (abus* OR aggress* OR assault* OR batter* OR "beat" OR beats OR beater* OR beating* OR coerc* OR chok* OR control* OR depriv* OR forc* OR "grab" OR grabb* OR punch* OR harm* OR homicid* OR humiliat* OR intimidat* OR isolat* OR kill* OR lethal* OR maltreat* OR manslaughter* OR murder* OR injur* OR shoot* OR "shove" OR shoves OR shoving* OR stab* OR strangl* OR strangul* OR terror* OR threat* OR victim* OR violen* OR weapon*)
48	#2 OR...#47
49	#48 AND #1

Appendix I: Academic search sources

Database	Platform
Cochrane Database of Systematic Reviews	Cochrane
Cochrane Central Register of Controlled Trials (CENTRAL)	Cochrane
Database of Abstracts of Reviews of Effectiveness	Cochrane
Criminal Justice Abstracts	EBSCO
Cumulative Index to Nursing and Allied Health Literature (CINAHL)	EBSCO
Embase	Elsevier
Scopus	Elsevier
Australian Criminology Database (CINCH)	Informit
Families and Society Collection	Informit
Family and Society Abstracts (FAMILY)	Informit
Health Collections	Informit
Humanities and Social Sciences Collection	Informit
Indigenous Collection	Informit
Australian Federal Police Digest (AFPD)	Informit
POLICY database from Analysis & Policy Observatory (APO)	Informit
Joanna Briggs Institute EBP Database	Ovid
Medline	Ovid
PsycEXTRA (grey literature)	Ovid
PsycINFO	Ovid
Criminal Justice Database	ProQuest
Dissertation and Theses Global	ProQuest
Family Health	ProQuest
Health and Medical Complete	ProQuest
International Bibliography of the Social Sciences	ProQuest
Nursing and Allied Health	ProQuest
Psychology Journals	ProQuest
PTSDPubs	ProQuest
Public Health Database	ProQuest
PubMed	National Library of Medicine
Research Library	ProQuest
Social Science Database	ProQuest
Social Services Abstracts	ProQuest
Sociological Abstracts	ProQuest
Sociology Database	ProQuest
Book Citation Index – Social Sciences & Humanities	ProQuest
Conference Proceedings Citation Index – Social Sciences & Humanities	Web of Science
Emerging Sources Citation Index	Web of Science
Social Science Citation Index	Web of Science
Campbell Systematic Reviews	Wiley

Appendix J: Grey literature sources

Source	URL
AUSTRALIA	
1800RESPECT	https://www.1800respect.org.au
Analysis & Policy Observatory (APO)	https://apo.org.au/
Australia's National Research Organisation for Women's Safety (ANROWS)	https://www.anrows.org.au/
Australian Centre for the Study of Sexual Assault (ACSSA)	https://vawnet.org/publisher/australian-centre-study-sexual-assault-acssa
Australian Domestic & Family Violence Clearinghouse	https://www.snaicc.org.au/australian-domestic-family-violence-clearinghouse-website/
Australian Government Department of Health	https://www.health.gov.au
Australian Government Department of Social Services (DSS)	https://www.dss.gov.au/
Australian Human Rights Commission (AHRC)	https://humanrights.gov.au/
Australian Indigenous HealthInfoNet	https://healthinfonet.ecu.edu.au/
Australian Institute of Aboriginal and Torres Strait Islander Studies (AIATSIS)	https://aiatsis.gov.au/
Australian Institute of Criminology (AIC)	https://www.aic.gov.au
Australian Institute of Family Studies (AIFS)	https://aifs.gov.au/
Australian Institute of Health and Welfare (AIHW)	https://www.aihw.gov.au/
Australian Women Against Violence Alliance (AWAVA)	https://awava.org.au
Centre Against Sexual Assault (CASA House)	https://www.casahouse.com.au
Closing the Gap Clearinghouse	https://web.archive.org/web/20150331044108/http://www.aihw.gov.au:80/closingthegap/
Crime Statistics Agency	https://www.crimestatistics.vic.gov.au
Domestic Violence Resource Centre Victoria	https://www.dvrcv.org.au/
Family and Community Services Insights, Analysis and Research (FACSIAR)	https://www.facs.nsw.gov.au/resources
Family Safety Victoria	https://www.vic.gov.au/family-safety-victoria
Far West Indigenous Family Violence Service Australia	https://www.cach.org.au/

Appendix J: Grey literature sources

Source	URL
Gender Equity Victoria	https://www.genvic.org.au/
Gendered Violence Research Network, UNSW	https://www.unsw.edu.au/arts-design-architecture/our-research/research-centres-institutes/research-networks-clusters-labs/gendered-violence-research-network
Harmony Alliance	https://harmonyalliance.org.au/
Monash Gender and Family Violence Prevention Centre	https://www.monash.edu/arts/gender-and-family-violence
National Aboriginal and Torres Strait Islander Women's Alliance (NATSIWA)	http://natsiwa.org.au/
National Domestic and Family Violence Bench Book	https://dfvbenchbook.aija.org.au/contents
National Indigenous Australians Agency (NIAA)	https://www.niaa.gov.au/
No to Violence	https://ntv.org.au/
NSW Bureau of Crime Statistics and Research (BOCSAR)	https://www.bocsar.nsw.gov.au/
NSW Corrective Services	https://www.correctiveservices.justice.nsw.gov.au
NSW Government Aboriginal Affairs	https://www.aboriginalaffairs.nsw.gov.au/
NSW Victims Services	https://www.victimsservices.justice.nsw.gov.au
Our Watch	https://www.ourwatch.org.au
Queensland Centre for Domestic and Family Violence Research (QCDFVR)	https://noviolence.org.au/
Respect Victoria	https://www.respectvictoria.vic.gov.au
Safe and Equal	https://safeandequal.org.au/
Sexual Assault Support Service (SASS)	https://www.sass.org.au
Secretariat of National Aboriginal and Islander Child Care (SNAICC)	https://www.snaicc.org.au/
Tangentyere Council	https://www.tangentyere.org.au/
The Healing Foundation	https://healingfoundation.org.au/
The Victorian Health Promotion Foundation (VicHealth)	https://www.vichealth.vic.gov.au
Victorian Centres Against Sexual Assault Forum (CASA)	https://www.casa.org.au
WESNET	https://wesnet.org.au
White Ribbon	https://www.whiteribbon.org.au/
Women's Health Victoria	https://whv.org.au
First Peoples – State Relations Victorian Government	https://www.firstpeoplesrelations.vic.gov.au/

Appendix J: Grey literature sources

Source	URL
National Aboriginal Community Controlled Health Organisation	https://www.naccho.org.au/
National Network for Aboriginal and Torres Strait Islander Health Researchers	https://www.nhmrc.gov.au/funding/find-funding/national-network-aboriginal-and-torres-strait-islander-health-researchers
Sexual Violence Research and Prevention Unit	https://www.usc.edu.au/about/structure/schools/school-of-law-and-society/sexual-violence-research-and-prevention-unit/our-publications#tab-understand_94410
VicHealth	https://www.vichealth.vic.gov.au/
Relationships Australia	https://relationships.org.au/documents/?ds=&post_type=document&dcat=&dtag=family-domestic-and-sexual-violence
Rise Above the Pack	https://riseabovethepack.com.au/
NSW Department of Communities	https://www.dcj.nsw.gov.au/
Marninwarntikura Women's Resource Centre	https://mwrc.com.au/pages/research-and-reports
Indigenous Justice Clearinghouse	https://www.indigenousjustice.gov.au/
Audit Office of New South Wales	https://www.audit.nsw.gov.au/
CANADA	
Canadian Centre for Policy Alternatives	http://www.policyalternatives.ca/
Canadian Femicide Observatory for Justice and Accountability (CFOJA)	http://www.femicideincanada.ca/
Canadian Research Institute for Social Policy	http://www.unb.ca/crisp/index.php
Canadian Women's Foundation	https://canadianwomen.org/
CD Howe Institute	http://www.cdhowe.org/
Centre for the Study of Social and Legal Responses to Violence	https://www.violenceresearch.ca/
Childcare Resource and Research Unit (CRRU)	http://www.childcarecanada.org/
Community University Institute for Social Research	https://cuisr.usask.ca/
National Clearinghouse on Family Violence (NCFV)	https://www.canada.ca/en/public-health/services/health-promotion/stop-family-violence.html
Statistics Canada	https://www.statcan.gc.ca/en/start
Prevent Domestic Violence Canada	https://preventdomesticviolence.ca/what-we-do/#research
Government of Canada Publications	https://publications.gc.ca/site/eng/home.html

Appendix J: Grey literature sources

Source	URL
UNITED STATES	
Academy of Violence and Abuse	https://www.avahealth.org/
American Institutes for Research	http://www.air.org/
Center for Migration Studies	http://www.cmsny.org/
Center for Problem-Oriented Policing	https://popcenter.asu.edu/
Center for the Study and Prevention of Violence	https://cspv.colorado.edu
Centers for Disease Control and Prevention (CDC)	https://www.cdc.gov/injury/
Minnesota Center Against Violence and Abuse Electronic Clearinghouse	https://www.cehd.umn.edu/ssw/centers/mincava/
National Sexual Violence Resource Center	https://www.nsvrc.org/
Population Reference Bureau	https://www.prb.org
Safe & Together Institute	https://safeandtogetherinstitute.com/
Cornell Higher Education Research Institute	https://www.ilr.cornell.edu/faculty-and-research
National Bureau of Economic Research	http://www.nber.org
Child Welfare Information Gateway	http://www.childwelfare.gov/index.cfm
Engaging Men	https://www.futureswithoutviolence.org/engaging-men/
ACE (American Council on Education)	https://www.acenet.edu/
GPO ACCESS Catalog of US Government Publications	http://catalog.gpo.gov/F
Crime Solutions	https://www.crimesolutions.gov/about_OJP.aspx
Domestic Violence Evidence Project	https://www.dvevidenceproject.org/
Institute on Violence, Abuse and Trauma (IVAT)	https://www.ivatcenters.org/
National Institute of Justice	https://nij.ojp.gov/
National Resource Center on VAW	https://vawnet.org/
IPV Prevention Council	https://preventipv.org/
UNITED KINGDOM	
Centre for Gender and Violence Research	www.bris.ac.uk/sps/research/centres/genderviolence/
Complete Evidence Base	http://www.preventviolence.info/
Foreign, Commonwealth & Development Office	https://www.gov.uk/government/organisations/foreign-commonwealth-development-office

Appendix J: Grey literature sources

Source	URL
Eldis	https://www.eldis.org/
DFID Data Base	https://www.gov.uk
Galop	https://galop.org.uk/
Imkaan	https://www.imkaan.org.uk/
Institute for Development Studies	https://www.ids.ac.uk/
Respect Network	https://www.respect.uk.net/
Standing Together	https://www.standingtogether.org.uk/
Surviving Economic Abuse (SEA)	https://survivingeconomicabuse.org/
Women's Aid	https://www.womensaid.org.uk/
Social Care Institute for Excellence	http://www.scie.org.uk/
National Institute for Health and Care Excellence (NICE)	https://www.nice.org.uk/
Social Care Online (affiliated with Social Care Institute for Excellence	https://www.scie-socialcareonline.org.uk/
EPPI Centre	http://eppi.ioe.ac.uk/cms/
Resource & Support Hub	https://safeguardingsupporthub.org/documents
NEW ZEALAND	
New Zealand Family Violence Clearinghouse	https://nzfvc.org.nz/
Family Violence and Sexual Violence Research	https://www.justice.govt.nz/justice-sector-policy/research-data/family-violence-and-sexual-violence-research/
INTERNATIONAL FOCUS	
Abdul Latif Jameel Poverty Action Lab (J-PAL)	https://www.povertyactionlab.org/evaluations?sector=All&intervention_type=All&country=All&status=All&region=All&target_group=13054&outcome_of_interest=All
Campbell Systematic Reviews	https://campbellcollaboration.org/
Sexual Violence Research Initiative (SVRI)	https://www.svri.org/
United Nations Children's Fund (UNICEF)	https://www.unicef-irc.org/partnerships_links/VL/
United Nations Trust Fund to End Violence against Women	https://untf.unwomen.org/en/learning-hub/evaluations
United Nations Official Documents	http://documents.un.org/welcome.asp?language=E

Appendix J: Grey literature sources

Source	URL
INTERNATIONAL FOCUS	
World Bank	https://www.worldbank.org/
World Health Organization (WHO)	https://apps.who.int/violence-info/studies/
RAND Institute on Education and Training	https://www.rand.org/
Social Science Research Network	http://www.ssrn.com/
United Nations Children's Fund (UNICEF)	https://www.unicef-irc.org/partnerships_links/VL/
United Nations Trust Fund to End Violence against Women	https://untf.unwomen.org/en/learning-hub/evaluations
United Nations Official Documents	http://documents.un.org/welcome.asp?language=E
World Bank	https://www.worldbank.org/
World Health Organization (WHO)	https://apps.who.int/violence-info/studies/
RAND Institute on Education and Training	https://www.rand.org/
Social Science Research Network	http://www.ssrn.com/
UNESCO	http://www.unesco.org/
Virtual Knowledge Center to End Violence Against Women and Girls	http://www.endvawnow.org/en/modules/view/9-men-boys.html
World Bank Documents and Reports	http://www.worldbank.org/reference/
SIGLE (System for Information on Grey Literature)	https://opengrey.eu/
Organisation for Economic Co-operation and Development (OECD)	http://oecd.org
Women Against Violence Europe	https://www.wave-network.org/
European Network for the Work with Perpetrators of Domestic Violence	https://www.work-with-perpetrators.eu/resources/literature
OTHER HIGH-INCOME COUNTRIES	
Government of Andorra, Department of Social Affairs, Equality (Andorra)	https://www.aferssocials.ad/igualtat
Statistics Austria (Austria)	https://www.statistik.at/en/
Institute for the Equality of Women and Men (Belgium)	https://igvm-iefh.belgium.be/en
Ghent University, Department of Human Structure and Repair (Belgium)	https://www.ugent.be/ge/hsr/en
Advisory Committee for the Prevention and Combating of Domestic Violence (Cyprus)	http://www.familyviolence.gov.cy/

Appendix J: Grey literature sources

Source	URL
Julkari [Ministry of Social Affairs and Health] (Finland)	https://www.julkari.fi/
Finish Institute for Health and Welfare	https://thl.fi/en/web/thlfi-en
Stop the Violence (France)	https://arretonslesviolences.gouv.fr/
Women for Women France (France)	https://www.womenforwomenfrance.org/en/
Femicide Observation Center Germany (Germany)	https://focg.org/science/
The Website Against Women's Violence (Greece)	https://womensos.gr/en/ereynes/
University of Hong Kong, Women's Studies Research Centre (Hong Kong)	https://www.wsrcweb.hku.hk/research
Hong Kong Federation of Women's Centres (Hong Kong)	https://womencentre.org.hk/En/
The Women's Foundation (Hong Kong)	https://www.twfhk.org/
RIKK Institute for Gender, Equality and Difference (Iceland)	https://rikk.hi.is/rannsoknir-utgafa/skyrslur/
Icelandic Women's Rights Association (Iceland)	https://kvenrettindafelag.is/en/
Women's Aid (Ireland)	https://www.womensaid.ie/
Rape Crisis Network Ireland (Ireland)	https://www.rcni.ie/
Space4Action (Isle of Man)	https://www.space4action.info/
Italian National Institute of Statistics (Italy)	https://www.istat.it/en/violence-against-women/survey-results
Gender Equality Bureau Cabinet Office (Japan)	https://www.istat.it/en/
Ministry of Gender Equality and Family (South Korea)	http://www.mogef.go.kr/eng/index.do
Korean Women's Development Institute (South Korea)	https://eng.kwdi.re.kr/main/main.do
MARTA Centre (Latvia)	https://marta.lv/en/
Women's Information Center (Lithuania)	https://lygus.lt/
Vilnius University, Center for Gender Studies (Lithuania)	https://www.lsc.vu.lt/
Portal for Gender Equality (Luxembourg)	https://mega.public.lu/fr.html
National Commission for the Promotion of Equality (Malta)	https://ncpe.gov.mt/en/Pages/NCPE_Home.aspx
Stop Violence: Commission on Gender-based Violence and Domestic Violence (Malta)	https://www.stopviolence.gov.mt/
IMSEE Monaco Statistics (Monaco)	https://www.monacostatistics.mc/
National Action Programme (Netherlands)	https://www.government.nl/

Appendix J: Grey literature sources

Source	URL
Institute on Gender Equality and Women's History (Netherlands)	https://institute-genderequality.org/
The Grenelle Against Domestic Violence (New Caledonia)	https://gouv.nc/dossiers/le-grenelle-contre-les-violences-conjugales
Norwegian Centre for Violence and Traumatic Stress Studies (Norway)	https://www.nkvts.no/english/
The Domestic Violence Research Programme (Norway)	https://uni.oslomet.no/voldsprogrammet/
The Oman Centre for Human Rights (Oman)	https://ochroman.org/eng/
Interdisciplinary Center for Gender Studies (Portugal)	http://cieg.iscsp.ulisboa.pt/
Association of Women for Action and Research (Singapore)	https://www.aware.org.sg/
University of Barcelona (Spain)	https://web.ub.edu/en/
The National Centre for Knowledge on Men's Violence Against Women (Sweden)	https://www.nck.uu.se/en/
The Research and Collaboration Programme on Gender-based Violence (Sweden)	https://ki.se/en/gender-programme
Institute of Gender and Development Studies (Trinidad and Tobago)	https://sta.uwi.edu/igds/expertise-gender-based-violence
Dubai Foundation for Women and Children (United Arab Emirates)	https://www.dfwac.ae/

Appendix K: Data extraction forms

Form	Question
Study details (all studies)	1. Citation 2. Title only 3. Publication type 4. Country 5. State/city (Australia only) 6. Funder (Australia only) 7. If a country is not reported, please include the location/affiliation of the first author 8. Notes from the full-text screener about this study 9. New notes from the coder about this study (if any)
Intervention details (all studies)	**Intervention details** 1. Study identifier number 2. Intervention name 3. Best short description of the intervention 4. Intervention was delivered by 5. Delivered by – further details 6. Was the intervention delivered in an individual or group format? 7. Mode of delivery 8. In what setting/s was the intervention delivered? 9. Setting – further details 10. Did the authors specify what materials were used to deliver the intervention? 11. Specify the materials used to deliver the intervention 12. Was the cost of the intervention reported in the study? 13. If cost was reported, please specify here 14. Did the intervention explicitly mandate attendance for participants? 15. Core curriculum and/or activities involved in the intervention 16. If the authors described the theory of change behind the intervention, please briefly describe it here 17. If the authors described the length and/or duration of intervention, please briefly describe it here **Intervention target population** 18. Key population 19. Type of violence targeted by this intervention 20. Target population – experiences of violence 21. Target group 22. If the intervention targeted Indigenous groups or reported on Indigenous people within the sample of participants, please record here 23. Was the intervention explicitly targeted to CALD groups or particular cultures? 24. Was the intervention explicitly targeted to women who identified as non-heterosexual? 25. Was the intervention explicitly targeted to any other specific subgroups or demographics?

Appendix K: Data extraction forms

Form	Question
Intervention details (all studies)	25. Was the intervention explicitly targeted to any other specific subgroups or demographics? 26. Please record the population subgroup/s and/or demographic/s targeted by the intervention 27. Free-text box to note any pertinent target population details 28. Was the target population considered to be at risk of perpetrating or experiencing violence based on a validated tool? 29. Risk based on a validated tool – further detail 30. If there were any population characteristics that made a population explicitly ineligible for participation, please briefly note here **Intervention categorisation** 31. Domain 32. Focus 33. Specific intervention
Methods (quantitative)	1. Is this a protocol for a study? 2. Study design 3. Control group (if applicable) a. Were intervention and comparison groups statistically matched? 4. Does the evaluation include qualitative data alongside quantitative?
Sample (quantitative)	1. Intervention sample (recruited/pre-intervention/post-intervention/follow-up) 2. Control sample (recruited/pre-intervention/post-intervention/follow-up) 3. Total sample (recruited/pre-intervention/post-intervention/follow-up) 4. Who were the participants that received the intervention? 5. Had participants experienced violence? 6. What profession were the practitioners or staff? 7. Participant group 8. Did the authors report any pertinent details about the sample's cultural or ethnic background? 9. Did the authors report any other pertinent demographic details in the sample?
Methods (qualitative)	1. Study design 2. Control group (if applicable) 3. Qualitative methods
Sample (qualitative)	1. Intervention sample (recruited/pre-intervention/post-intervention/follow-up) 2. Control sample (recruited/pre-intervention/post-intervention/follow-up) 3. Total sample (recruited/pre-intervention/post-intervention/follow-up) 4. Had participants experienced violence? 5. Did the authors report any pertinent details about the sample's cultural or ethnic backgrounds? 6. Did the authors report any other pertinent demographic details in the sample?

Appendix K: Data extraction forms

Form	Question
Outcomes (all studies)	1. How was the outcome described in the authors' own words? 2. Outcome domain 3. How was the outcome reported? 4. Who was the data collected by? 5. Did the authors use an established tool or a self-developed tool?
Study details (systematic review)	1. Citation 2. Title only 3. Publication type 4. Number of included studies 5. Country (eligibility criteria/included studies/exact countries of included studies) 6. Years (eligibility criteria/included studies/start date/end date) 7. Study designs (eligibility criteria/included studies) 8. Type of analysis (planned/actual) 9. Type of interventions (eligibility criteria/actual included studies) 10. Outcomes (eligibility criteria/actual included studies) 11. Breadth of the systematic review

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to Reduce Violence against Women & their Children