





Risk factors for violence against women in high-prevalence settings: a mixed-methods systematic review and meta-synthesis

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ABSTRACT

Introduction Violence against women (VAW) affects one in three women globally. In some countries, women are at much higher risk. We examined risk factors for VAW in countries with the highest 12-month prevalence estimates of intimate partner violence (IPV) to develop understanding of this increased risk.

Methods For this systematic review, we searched PUBMED, CINAHL, PROQUEST (Middle East and North Africa; Latin America and Iberia; East and South Asia), Web of Science, EMBASE and PsycINFO (Ovid) for records published between 1 January 2000 and 1 January 2021 in English, French and Spanish. Included records used quantitative, qualitative, or mixed-methods, reported original data, had VAW as the main outcome, and focused on at least one of 23 countries in the highest quintile of prevalence figures for women's self-reported experiences of physical and/or sexual violence in the past 12 months. We used critical interpretive synthesis to develop a conceptual model for associations between identified risk factors and VAW.

Results Our search identified 12 044 records, of which 241 were included for analysis (2 803 360 women, 40 276 men, 274 key informants). Most studies were from Bangladesh (74), Uganda (72) and Tanzania (43). Several quantitative studies explored community-level/region-level socioeconomic status and education as risk factors, but associations with VAW were mixed. Although fewer in number and representing just one country, studies reported more consistent effects for community-level childhood exposure to violence and urban residence. Theoretical explanations for a country's high prevalence point to the importance of exposure to other forms of violence (armed conflict, witnessing parental violence, child abuse) and patriarchal social norms.

Conclusion Available evidence suggests that heightened prevalence of VAW is not attributable to a single risk factor. Multilayered and area-level risk analyses are needed to ensure funding is appropriately targeted for countries where VAW is most pervasive.

PROSPERO registration number The review is registered with PROSPERO (CRD42020190147).

Key messages

What is already known?

- There are large differences in the prevalence of violence against women both within and between countries.
- There is limited understanding of which contextual factors drive high rates of violence against women (VAW) in certain countries.
- Countries with the highest VAW prevalence estimates have largely been excluded from previous reviews.

What are the new findings?

- This is the first review of VAW risk factors to focus specifically on high-prevalence settings.
- Multiple, overlapping risks are responsible for a heightened prevalence of VAW, rather than a single factor.
- Population-level exposure to other forms of violence (armed conflict, witnessing parental violence, child abuse) and patriarchal social norms appear to drive high levels of violence against women.

What do the new findings imply?

- There is a dearth of evidence on how the risk factors operating at community, regional, national and global levels impact on violence, and on how risk factors may change over time.
- Additional longitudinal and cross-national analyses are needed to inform VAW interventions in high-prevalence settings.

INTRODUCTION

Violence against women (VAW) has severe consequences for women's health and well-being globally.¹ While violence affects women in every country, it does so unevenly, with large differences in prevalence both within and between countries. Recent estimates suggest that between 10% and 53% of ever-partnered women have experienced physical and/or sexual violence by an intimate

partner in their lifetime, with past 12-month prevalence estimates ranging between 2% and 36%.² Some of the highest VAW prevalence estimates are found in informal settlements,³ Indigenous communities,⁴ conflict zones⁵ and certain regions of the world, such as the Pacific.⁶ Contextual factors proposed to shape violent behaviours towards women include inequalities in income and education, gendered cultural norms and practices, exposure to other forms of violence, and racial or class-based discrimination.^{7,8}

Currently, however, there is limited understanding of which contextual factors drive high rates of VAW in certain settings. Armed conflict has been proposed as one such risk factor, as highlighted in Afghanistan and the Democratic Republic of Congo (DRC), where prevalence estimates of intimate partner violence (IPV) in the past 12 months measured 46% and 37%, respectively.^{9,10} Yet many countries with a high prevalence of IPV have not experienced recent conflict, including Fiji and the Marshall Islands (where lifetime exposure to IPV measured 64% and 51%, respectively).¹¹ Feminist scholars have focused on patriarchal norms as a critical driver of VAW globally.¹² However, countries such as Sweden and Denmark, where gender equality is supported by relevant policy and frameworks, have relatively high levels of lifetime exposure to physical and/or sexual violence (28% and 32% respectively), an anomaly often referred to as the Nordic paradox.¹³

Countries with the highest prevalence estimates have largely been excluded from previous reviews. Research from such countries often fails to meet methodological or review inclusion criteria,^{14–17} and recent reviews have tended to focus on risk factors rather than settings, including reviews of the public justification of violence,¹⁸ community-level correlates,¹⁹ child abuse,²⁰ natural disasters,²¹ forms of violence²² or subpopulations such as pregnant women,^{23,24} and elderly women.²⁵

To our knowledge, this is the first review of risk factors to focus on high-prevalence settings. It builds on other reviews that have taken an area or regional focus.^{26–28} We aim to identify the risk factors for VAW in the highest prevalence countries to (1) inform analyses of relationships between risk factors, (2) identify gaps to be addressed through further research and (3) inform policy priorities for the leave-no-woman-behind agenda.²⁹ The review was designed to identify the broadest possible list of potential risk factors and draws together both quantitative and qualitative evidence.

METHODS

Search strategy and selection criteria

We developed a rigorous search strategy (online supplemental file 1) and searched 19 databases for records in English, French or Spanish published between January 2000 and January 2021. The year 2000 represents the start of data collection using the WHO methodology, widely recognised as best practice for measuring VAW at

a population level.³⁰ Bibliographic databases included EMBASE, MEDLINE (PubMed), PsycINFO, Web of Science, CINAHL, Latin America & Iberia Database (ProQuest), Middle East & Africa Database (ProQuest), East and South Asia (ProQuest), Scielo, Latin America and Caribbean Health Science Library (PAHO). Additionally, we searched 10 databases for grey literature, including World Bank Open Knowledge Repository, WHO Prevent Violence Evidence Base and Resources, WHO Institutional Repository for Information Sharing, UNFPA regional websites, UNDP, UN Women, WHO Reproductive Health Library, Human Rights Watch, Relief Web, Observatorio de Igualdad de Género de América Latina y el Caribe. Search terms were divided into two strings: the first related to types of VAW, high-prevalence countries and risk factors; the second related to VAW in general, risk factor analyses and the global/cross-national level. We also identified records through expert referrals, handsearching relevant journals and citation chaining.

Twenty-three countries were identified as high-prevalence settings for the review. These countries represent the top quintile of prevalence figures for women's self-reported experiences of physical or sexual violence in the past 12 months (table 1). By classifying high-prevalence countries according to currently available WHO data, we have only included countries for which these data were available.³¹

The selection criteria used for abstract screening included primary research studies that were either qualitative (eg, used in-depth interviews, focus group discussions, or observations) or quantitative (eg, used cohort, case-control, cross-sectional or experimental designs). Titles and abstracts were double screened in Endnote by two reviewers (RM and LB) for records in high-prevalence countries that included at least one risk factor for violence against adult women (18 years or older) as the outcome. We excluded opinion pieces, editorials, policy briefs, general reports that did not present new empirical data, and conference abstracts. Disagreements over whether a record should be included were resolved by a third reviewer (JM).

We updated the initial database search in January 2021, resulting in 22 additional records, followed by a second search using a modified strategy that incorporated a new list of risk factors, resulting in 24 additional records. The list of risk factors for the first search was created from coding risk factors and relevant definitions from existing reviews and compiling these into a working template.³² For the second search, we modified this a priori template to include new risk factors or changes in definitions based on new codes identified during initial screening (online supplemental material), as a means of ensuring all potentially relevant risk factors had been included. No new risk factors were identified after the second search.

Table 1 Countries included in the review, by relevant characteristics

Country	Prevalence of past 12-month experience of physical and or sexual IPV (%)*	WHO region	GINI coefficient†	High/ middle/ low income‡	Armed conflict since 1990§
Angola	25.9 (DHS 2016)	African	0.513	Lower-middle	Yes
Burundi	27.8 (DHS 2017)	African	0.386	Low	Yes
Cameroon	32.7 (MICS 2014)	African	0.466	Lower-middle	Yes
Central African Republic	26.3 (MICS 2006)	African	0.562	Low	Yes
DRC	36.8 (DHS 2014)	African	0.421	Low	Yes
Equatorial Guinea	43.6 (DHS 2011)	African	Not available	Upper middle	Yes
Gabon	31.5 (DHS 2012)	African	0.380	Upper middle	Yes
Liberia	36.3 (DHS 2007)	African	0.353	Low	Yes
Sierra Leone	28.7 (DHS 2013)	African	0.357	Low	Yes
Sao Tome and Principe	27.9 (DHS 2009)	African	0.563	Lower middle	No
Tanzania	29.6 (DHS 2016)	African	0.405	Lower middle	Yes
Uganda	29.9 (DHS 2016)	African	0.428	Low	Yes
Zambia	26.7 (DHS 2014)	African	0.571	Lower middle	No
Afghanistan	46.1(DHS 2015)	Eastern Mediterranean	Not available	Low	Yes
Bangladesh	28.8 (UNFPA 2015)	South-East Asian	0.324	Lower middle	Yes
Timor-Leste	34.6 (DHS 2016)	South-East Asian	0.287	Lower middle	Yes
Bolivia	27.1 (PAHO 2016)	The Americas	0.416	Lower middle	Yes
Fiji	29.7(National Research on Women's Health and Life Experiences 2011)	Western Pacific	0.367	Upper middle	Yes
Kiribati	36.1(Family Health and Safety Study 2008)	Western Pacific	0.370	Lower middle	Yes
Micronesia	26.0 (Family Health and Safety Study 2014)	Western Pacific	0.401	Lower middle	No
Solomon Islands	41.8(Family health and safety study 2008)	Western Pacific	0.371	Lower middle	No
Tuvalu	25.0 (DHS 2007)	Western Pacific	0.391	Upper middle	No
Vanuatu	44.0 (National Survey on Women's Lives and Family Relationships 2009)	Western Pacific	0.376	Lower middle	No

*Data compiled by the WHO as part of commitment to United Nations Sustainable Development Goals Intimate Partner Violence data indicator 5.2.1, <https://unstats.un.org/sdgs/unsdg>

†The GINI coefficient, a statistical representation of income inequality within a country that ranges from 0 (perfect equality) to 1 (perfect inequality), <https://data.worldbank.org/indicator/SI.POV.GINI>

‡Income classifications source: <https://datahelpdesk.worldbank.org/knowledgebase/articles/906519-world-bank-country-and-lending-groups>

§Heidelberg Institute for International Conflict Research HIIK database <https://hiik.de/data-and-maps/datasets/?lang=en>
DHS, Demographic and Health Surveys; DRC, Democratic Republic of Congo; IPV, intimate partner violence; MICS, Multiple Indicator Cluster Surveys.

Data analysis

Four reviewers (HL, RM, LB and JM) completed full text review of a subsection of records and extracted study characteristics, effect estimates and a summary of findings from included articles using a piloted form. Any discrepancy or query about data extraction was discussed by the review team. We developed a tailored approach to quality assessment which involved using set criteria as part of a fatal flaw analysis across all study types, consistent with the critical interpretive synthesis (CIS) approach used for meta-synthesis of the data (online supplemental materials).³³ This approach to quality assessment prioritises the conceptual relevance of included studies over

the degree to which they meet particular methodological standards for minimising the risk of bias, and is particularly useful for mixed-methods reviews that aim to make a theoretical or conceptual contribution.³⁴

We first categorised identified risk factors thematically as part of a narrative literature summary. We then used CIS to generate theoretical insights from the integration of qualitative, quantitative and mixed-methods studies.³⁴ CIS is differentiated from other meta-synthesis methods by its critical stance towards the presentation of the literature by primary authors, and its ability to generate theoretical insights through synthesis.³³ HL and RM developed summary statements for each record (eg,

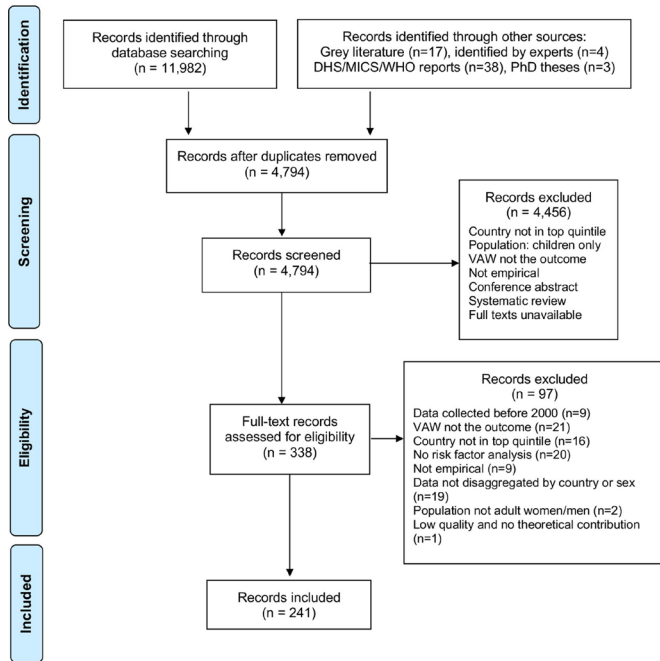


Figure 1 Study selection. Adapted from Moher *et al.*¹⁸⁹ HS, Demographic and Health Surveys; MICS, Multiple Indicator Cluster Surveys; VAW, violence against women.

how specific risk factors are linked to VAW), and grouped these statements into thematic categories. The review team then used these summary statements to develop a synthetic construct for how each risk factor was related to VAW and to other risk or protective factors. These synthetic constructs were linked together visually and formed our conceptual framework (figure 1).

We collated quantitative estimates measured at the community, district and region-level and presented these as ORs or incidence rate ratios in a forest plot to provide a visual summary of area-level risk factors, their effect sizes and directions of association with VAW. We presented area-level rather than individual-level estimates (and included studies that used aggregated individual data to create area-level measures), as these provide insights into contextual and structural factors shaping high prevalence settings. We decided against a meta-analysis because few records reported on the same risk factors at area level, and because of heterogeneity in how exposures and outcomes were measured.

RESULTS

Our search identified 12 044 records. We screened titles and abstracts of 4794 unique records. A total of 338 met the criteria for full-text review. Records were excluded at the full review stage if VAW was not the outcome (n=21), there were no data on targeted countries (n=16), no risk factor analysis was included (n=20), data were not disaggregated by country or sex (n=19), no empirical data were provided (n=9), data were collected before 2000 (n=9), the population were not adult women or men (n=2), or the paper was of low quality and made no theoretical

contribution (n=1) (see figure 2). Table 2 summarises characteristics of the 241 included records.

figure 3 presents included quantitative studies that measured area-level (community, district, region) risk factors. This provides a visual account of the rather limited information currently available about associations between the characteristics of high-prevalence settings and VAW. Education was the most explored risk factor (with higher education seen as protective), with a total of seven separate studies from four different countries looking at its area-level association with VAW.^{35–41} However, with different directions of effect and not all associations significant, the evidence for the association between area-level education and VAW was mixed and appears to be context-specific.^{35–41} Area-level poverty was also relatively frequently explored, but while the five separate studies from four different countries that looked at this found consistent directions of association,^{35 38 39 41 42} only two were significant.^{38 39} Mixed directions of association were also found for normalisation of violence and social norms of male dominance, but the direction of the only significant associations^{38 43} suggested increasing normalisation was associated with increased risk of VAW. Community-level childhood abuse (men) and witnessing parental violence (women) were only looked at in one study each^{37 43} but statistically significant effect sizes suggest some evidence for their role in VAW perpetration and experience.

At the individual and relational level, the most commonly studied risk factors in quantitative analyses were education, age, alcohol use and socioeconomic status. Less commonly studied risk factors included natural and environmental disasters, male partner's experiences of violence, social support networks (for non-pregnant women), and the influence of peer networks. A more substantial picture of the drivers of VAW in high-prevalence settings arises from the results of all quantitative, qualitative and mixed-methods studies together, which are organised thematically.

Economic factors

Food insecurity was associated with different forms of VAW across numerous studies.^{44–49} An association between VAW and household socioeconomic status or asset wealth index was also observed at individual^{50–54} and regional levels.⁵⁵ Theoretically, this association has been linked to how poverty-related stress increases the use of violence in households or between individuals who perceive it as an appropriate response to conflict.⁵⁶ Contrary to theory, however, a study in Zambia found violence to be significantly higher among non-poor women compared with other women.⁵⁷

Qualitative and quantitative data supported an association between women's higher earnings and lower levels of past-year physical IPV.^{58–60} However, context played an important role. When women contributed equally or more than their husbands in Bangladesh, they were less likely to experience psychological, physical and sexual

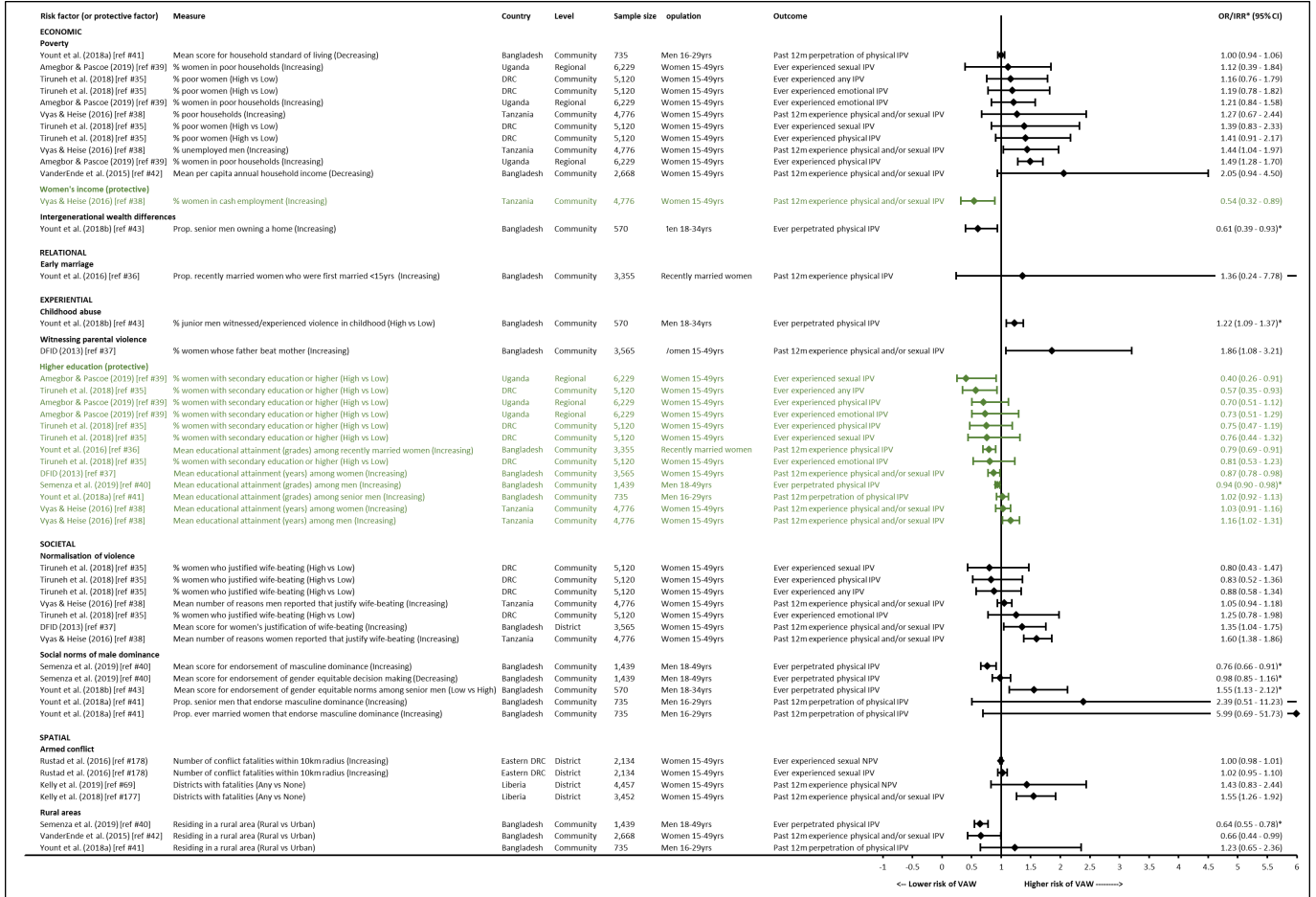


Figure 2. Forest plot of risk factors for VAW measured at area level (risk factors presented in black and protective factors in green). VAW: Violence against women. OR: Odds Ratio. IRR: Incidence Rate Ratio. IPV: Intimate partner violence. NPV: Non-partner violence. NB: Risk factors and violence outcomes were operationalised differently across studies (with some studies including multiple measures for each). Estimates from fully-adjusted models shown. Exact wording of some measures altered and direction of some estimates reversed for consistency. We have not presented associations that were measured as OLS coefficients as these couldn't be presented on the same scale; these results were however not excluded from the narrative summary of findings.

Figure 2 Forest plot of risk factors for VAW measured at area level. VAW, violence against women.

IPV than when their husbands contributed more or all income.⁶¹ In Tanzania, however, women had a greater risk of experiencing physical and sexual IPV when their financial contributions were greater than their partners'.⁵⁸ In Bangladesh, young men were also less likely to perpetrate physical IPV in communities where more senior men owned homes, suggesting that intergenerational wealth differences may also be a risk factor for VAW.⁴³

Relational factors

Compared with being unmarried and being in a cohabiting relationship, being married offered women protection against IPV in several studies.^{41 49-51} This finding could align with commitment theories that assert that cohabitation is an indicator of weakened relationships,⁶² or it could be that women are less likely to marry their violent partners. Being married was also protective against IPV when compared with being separated or divorced,^{63 64} although this may also be a reflection of women who experience violence leaving their violent partners. However, being married was found to increase the risk of sexual IPV compared with being unmarried,^{65 66} while single and unmarried women appeared to

be at the highest risk of non-partner sexual⁶⁷ and physical violence.⁶⁸

Younger age at marriage was associated with increased domestic violence (from a partner or other family member),⁶⁹ and with IPV.^{52 70-73} An association between the village-level prevalence of child marriage (<15 years) and IPV was found in Bangladesh, suggesting that women who lived in villages with high levels of child marriage were also at increased risk of IPV even if they married as adults themselves.³⁶ In Afghanistan, women who were married before age 15 were reported to have a higher risk of sexual violence, compared with those married as adults (≥18 years).⁷⁴ Generally, the risk of past year IPV reduced as marital duration increased,⁷⁵⁻⁷⁸ while lifetime IPV increased.^{72 79 80}

Polygyny, often classified as an indicator of gender inequality, was strongly associated with increased IPV across several studies.^{44 81-84} A qualitative study from Bangladesh suggested polygyny created conflict between partners, with several female participants believing their inquiries about co-wives led to them being physically beaten.⁸⁵ In Uganda, unequal love, neglect and jealousy created conflict in relationships that led to IPV.⁸⁶

Table 2 Characteristics of included records

Characteristic	No of records (%)
Year of publication	
2000–2010	41 (17.0)
2011–2021	200 (83.0)
Publication type	
Peer-reviewed journal article	222 (92.1)
Grey literature report	12 (5.0)
DHS/MICS/WHO reports	4 (1.7)
PhD theses	3 (1.2)
Country	
Bangladesh	74
Uganda	72
Tanzania	43
Zambia	23
Democratic Republic of the Congo	23
Cameroon	12
Sierra Leone	10
Bolivia	10
Liberia	9
Timor-Leste	9
Afghanistan	8
Burundi	7
Gabon	6
Sao Tome and Principe	5
Angola	5
Central African Republic	2
Vanuatu	2
Micronesia	2
Kiribati	1
Solomon Islands	1
Fiji	1
Equatorial Guinea	0
Tuvalu	0
Data source	
Primary	133 (55.2)
Secondary	104 (43.2) (62% DHS)
Both primary and secondary	4 (1.6)
Methods	
Quantitative	175 (72.6)
Qualitative	58 (24.1)
Mixed	8 (3.3)
Study methods	
Quantitative designs	
Cross-sectional	169 (70.1)

Continued

Table 2 Continued

Characteristic	No of records (%)
Longitudinal (prospective cohort n=2, retrospective cohort n=1, longitudinal analysis of baseline/endline data n=2)	5 (2.1)
Retrospective	1 (0.4)
Qualitative methods	
Individual interviews	26 (10.8)
Focus group discussions	9 (3.7)
Ethnography	2 (0.8)
Case study	1 (0.4)
Combination of qualitative methods	20 (8.3)
Type of violence studied	
Physical	211
Sexual	163
Psychological	87
Economic	22
Controlling behaviour	11
Language	
English	239 (99.2)
Spanish	2 (0.8)
Total studies=241	

Percentages not included for country and type of violence because some studies included data from more than one country and for more than one type of violence.
DHS, Demographic and Health Surveys; MICS, Multiple Indicator Cluster Surveys.

In Tanzania, polygyny was an indicator of women’s lower status, which increased their vulnerability to IPV.⁶⁰

Women whose marriages involved dowry payment were more likely to experience IPV than women whose marriages did not.^{87–90} This was supported by qualitative data from Uganda and Tanzania where bride price was perceived to worsen gender inequalities by representing women as ‘bought’, reducing their decision-making power and increasing their risk of violence.^{91–93} Issues surrounding unpaid or partially paid dowry were highlighted as an additional source of relationship conflict triggering violence.^{85 94}

There were strong, consistent associations between controlling behaviours and multiple types of IPV (physical, sexual and psychological) across countries.^{35 49 51 54 61 72 80 88 95–101} A study in Uganda found that male partners’ controlling behaviours were the strongest predictors of sexual IPV.¹⁰² This was supported by qualitative evidence demonstrating how IPV ensures a woman’s submissiveness and obedience and reaffirms her partner’s perceived masculinity,^{85 103} consistent with theoretical assertions that coercive control forms part of the overall pattern of women’s experiences of violence.¹⁰⁴

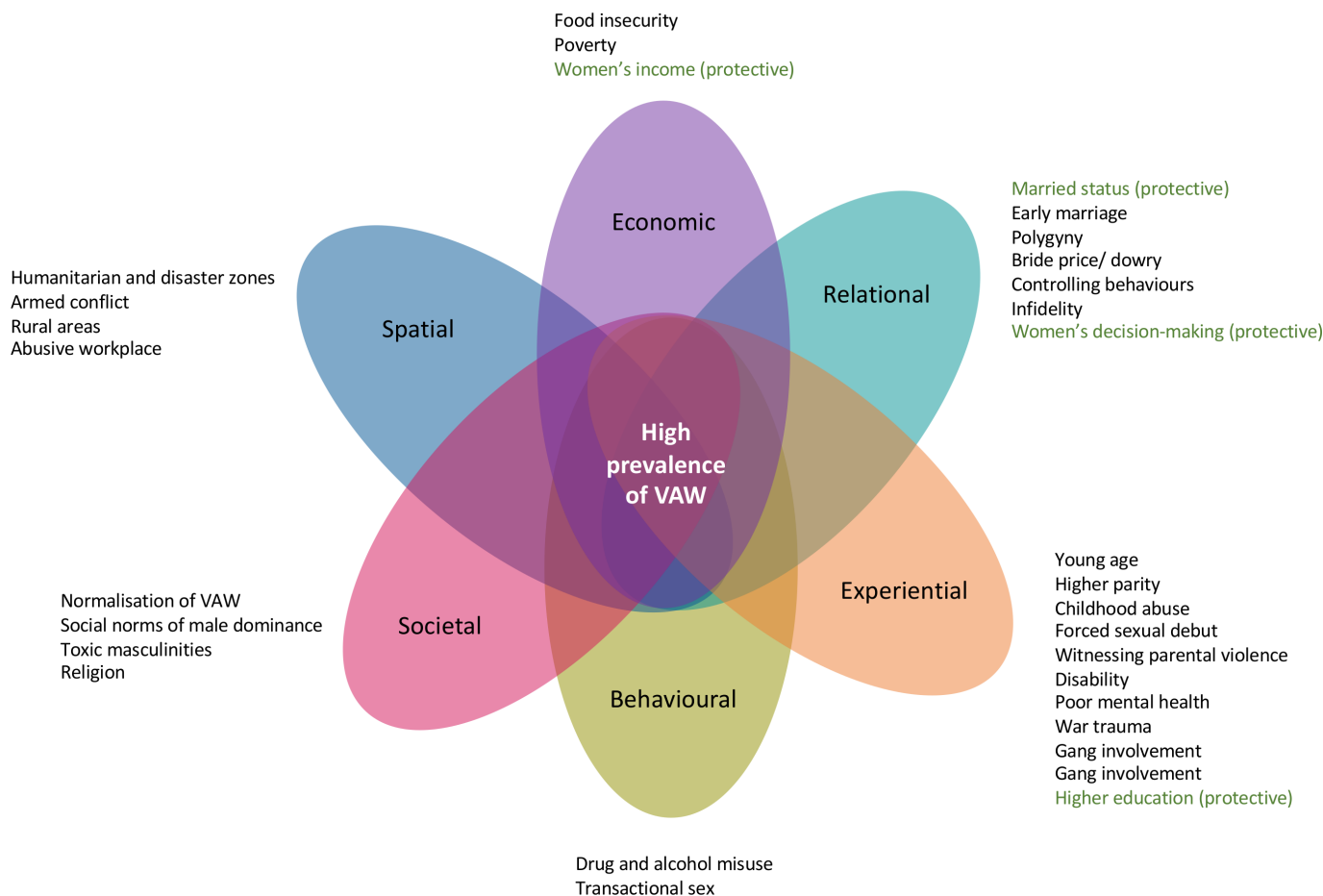


Figure 3 Overlapping risk factors for VAW in high-prevalence settings. VAW, violence against women.

A number of studies demonstrated that women who were involved in more egalitarian household decision making were less likely to experience IPV.^{35 59 70 105–107} However, a study from Bangladesh found that women's risk of experiencing physical or sexual IPV increased with greater participation in household decision making.¹⁰⁸

Infidelity by men was found to be a risk factor for IPV in both quantitative and qualitative studies.^{54 100 101 109–111} In Bangladesh, women whose partners had other sexual relationships were more likely to experience IPV than women whose partners did not.⁸⁷ Moreover, when men suspected their female partner's infidelity, or vice versa, women were more likely to experience IPV.^{51 60 98}

Experiential factors

Young age was associated with increased risk of VAW in many studies.^{72 81 106 111–119} Ever-married or cohabiting women aged 20–24 years were significantly more likely to experience past year physical or sexual IPV than women aged 35 years or over.¹¹⁷ Having a greater number of children was also associated with an increased risk of IPV among women,^{49 59 63 64 69 72 106 111 113 120–125} possibly suggesting higher parity reinforces structural norms keeping women dependent on their partners.

Childhood abuse was associated with IPV perpetration (among men) or victimisation (among women) in a large number of studies.^{48 53 54 96 100 101 111 116 126 127} In Cameroon,

a woman's experience of physical abuse in childhood predicted sexual IPV victimisation in adulthood, which the authors suggested was the result of poor conflict resolution skills in adulthood.¹²⁸ Childhood maltreatment was a strong predictor of IPV perpetration in adulthood among men in Burundi.¹²⁹ Across many countries, forced sexual debut was a risk factor for IPV in later life among female sex workers,^{88 126 130 131} and among adolescent girls and young women.^{111 116 132}

Witnessing IPV between parents during childhood was associated with IPV victimisation and perpetration in adulthood at the individual level,^{50 53 54 72 82 101 111 133} and at the community level.³⁷ Qualitative data from Uganda highlighted negative role modelling in families and how boys from households with parental IPV were growing up to become violent husbands themselves.¹²

Women with disabilities were more likely to experience physical, sexual and emotional violence than women without disabilities.^{134–137} Qualitative findings from the DRC suggested that this may be related to an inability to fulfil expected gender roles in the household.¹³⁸ Women who experienced mental ill health were similarly at risk of experiencing violence in intimate relationships and family settings,^{46 47 63 139} but also in the workplace¹⁴⁰ and by strangers.^{47 141} VAW was perpetrated by caregivers,

partners (including men who also suffered with poor mental health) and strangers.^{96 142–144}

In conflict and postconflict settings including Afghanistan, Liberia, Uganda and Sierra Leone, war violence exposure was associated with increased IPV perpetration among men and IPV victimisation among women.^{46 139 145–147} In Liberia, this association was independently mediated by anxious attachment styles and attitudes justifying wife beating.¹³⁹ In South Kivu, DRC, men discussed how their experiences of wartime violence were a risk factor for their perpetration of rape.¹⁴⁸ In Timor Leste, women linked men's war exposure to increased emotional problems and alcohol consumption, increasing IPV risk in the home.¹⁴⁹ Men who were involved with gangs were more likely to perpetrate both physical and sexual IPV,⁹⁶ as were men involved in fights with other men.^{95 100 101 111 132}

Although the effect of education on VAW varied across different geographies and population groups, higher levels were generally associated with reduced violence perpetration and victimisation.^{35 50 86 87 112 120} Women's higher education protected against IPV at both the individual and community level in Bangladesh and DRC,^{35 37} and at the regional level in Uganda.^{39 150} Participants in Bangladesh linked high rates of VAW to poverty and a lack of education, suggesting that deprivation leads to violence,⁹⁴ while others suggested that women's increased education reduced IPV through expanding opportunities for income generation.¹⁵¹

Behavioural

Several studies across countries supported the hypothesis that alcohol use affects cognitive functioning, raises aggression and increases men's perpetration of VAW.^{35 48 50 54 82–84 100 101 111 152 153} Partner's illicit drug use was also associated with increased IPV perpetration in Vanuatu¹⁵⁴ and Bangladesh.^{75 120}

Past year transactional sex was associated with increased verbal, physical, and sexual IPV among women in Uganda.^{155 156} Adolescent girls and young women who were out of school and engaged in sex work within the past 6 months in Tanzania were also at increased risk of IPV.⁶³ Evidence from Cameroon, the DRC and Uganda points to how stigmatisation and structural discrimination of sex work leads to further violence, for example, from the police.^{130 157–159}

Societal factors

A large number of studies found that acceptance of violence among both men and women was a strong predictor of men's perpetration and women's experiences of different types of violence,^{50 54 68 77 79 80 83 87 100 101 116 126 133 139 160} with the strongest associations found when both partners supported the use of violence in relationships.^{82 161} Similarly, the severity of IPV increased when male partners had more accepting attitudes to violence.¹⁶² This widespread normalisation of violence was evident in qualitative reports of misogyny in Afghanistan's social and

institutional frameworks,¹⁶³ and quantitative evidence of an association between community-level attitudes that support the use of VAW in relationships and an increase in women's experiences of IPV in Tanzania.³⁸

There is strong qualitative evidence supporting the role of patriarchal social norms and masculine ideals in contributing to VAW. In Bangladesh, men's views on gender and sexuality were aligned with patriarchal norms suggesting that wives should obey their husbands, which helped justify VAW when women transgressed or men felt the need to reinforce these gender roles.^{12 164} In Tanzania and postconflict DRC, men discussed using violence against their wives to reassert their authority and position as household head.^{165 166} Hegemonic masculinities that see a violent man as the ideal also contributed to IPV.¹⁶⁷

Religious affiliation, often measured as a sociodemographic variable, was associated with IPV in several studies.^{79 84 120 161 168–170} However, this was context-specific: while two studies found that identifying as Muslim was protective against IPV,^{120 161} others showed an increased risk associated with identifying as Muslim,^{84 89 169} or belonging to 'other religions'.^{79 170}

Spatial

Two studies explored violence against internally displaced persons (IDPs) in refugee camps. In an IDP camp in Northern Uganda, participants described how existing drivers of VAW, such as gender inequality, economic deprivation and alcohol abuse, were exacerbated and led to increased VAW, as did the physical layout and social characteristics of the camp itself.¹⁷¹ Qualitative data from four refugee camps in Uganda suggested that unequal power relations, poverty and unequal access to resources increased VAW.¹⁷²

In Northern Uganda and Afghanistan, armed conflict has exacerbated existing structural factors that contribute to VAW, including gender inequalities, police corruption and poverty.^{163 173 174} Living in districts that experienced conflict increased women's risk of experiencing IPV and non-partner sexual violence at the district level.^{68 175 176} Rape and gang rape of civilian women was widespread in conflict settings, with violent events often taking place in women's homes during the night.^{67 177}

Two studies explored the relationship between environmental shocks and VAW.^{178 179} In a qualitative study in Bangladesh, participants perceived VAW as having worsened immediately before, during, and after cyclones due to the need to move to shelters, staying in damaged homes and having to travel to collect relief and receive healthcare.¹⁷⁹

Women living in rural areas were at greater risk of IPV than women in urban areas in Afghanistan, Liberia, Zambia and Bangladesh.^{74 81 86 161 180} Conversely, living in a rural area protected women against IPV in Zambia, Bolivia and Tanzania.^{53 79 113} One study suggested that urban social environments may be more stressful triggering conflict in relationships that leads to violence.⁷⁹

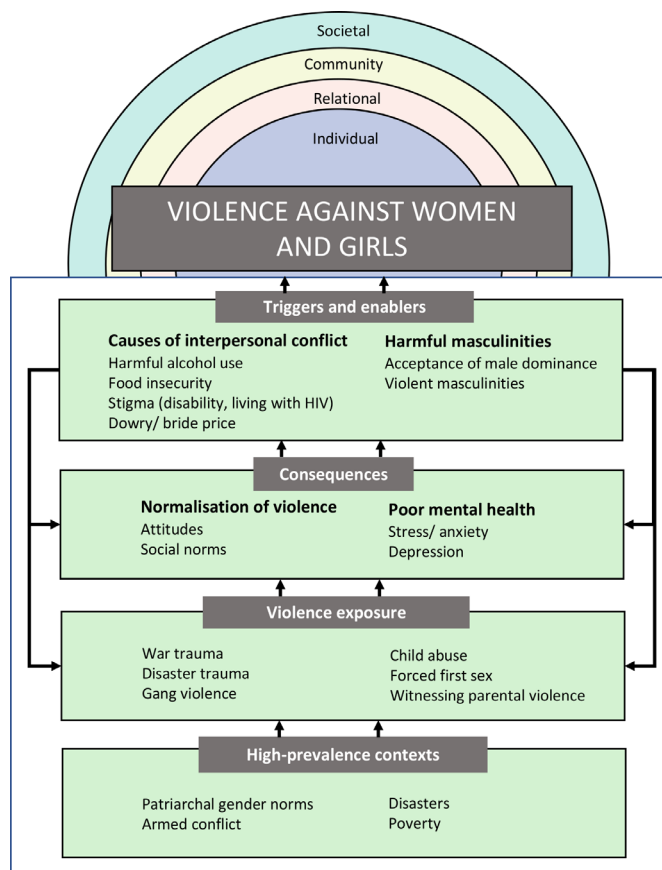


Figure 4 Conceptualising pathways of how structural country characteristics contribute to high VAW prevalence. VAW, violence against women.

A study in Bangladesh examined violence experienced by women working in the garment industry, including emotional abuse, physical and sexual violence, and economic control in the workplace and the home.¹⁸¹ Another study, also from Bangladesh, suggested that workplace VAW was driven by manager pressure to ensure intense productivity and the hierarchical structure within factories that fostered a culture of violence.¹⁴⁰

Figure 4 visually represents risk factors identified in all quantitative, qualitative and mixed-methods records. It highlights how overlapping categories magnify the risk of experiencing violence for women living in high-prevalence settings.

For example, VAW may result from the widespread social acceptance of violence, economic challenges that magnify interpersonal conflict, gender norms that condone male violence towards women, or as a response to unresolved trauma. Studies from high-prevalence countries included in this review draw attention to the extent of the violence in contexts where there is evidence all of these factors occur at the same time.

DISCUSSION

This is the first review, to our knowledge, to assess risk factors for VAW with a focus on high-prevalence countries. The evidence suggests that multiple and overlapping risk

factors drive high rates of VAW in these settings, rather than a single risk factor such as armed conflict or gender inequalities. While some risk factors can be considered ‘universal’ with robust support across countries at both individual and area levels (ie, child marriage, child abuse, witnessing parental IPV, social norms of violence and hegemonic masculinities of men as naturally violent), other risk factors behave differently in different contexts, including education, women’s employment and religious affiliation.

These findings point to several potential pathways between risk factors and VAW. The theorised pathways with the strongest supporting evidence across settings are summarised in figure 1. Structural characteristics observed in many high-prevalence settings (eg, armed conflict, gender inequality, widespread poverty) expose large numbers of people to violent events, increasing mental ill health and consolidating acceptance of violence as normal. This subsequently instigates VAW when interpersonal relationships are arranged patriarchally and interpersonal conflict is triggered (eg, via harmful alcohol use, food insecurity, stigma). This conceptualisation of how area-level risks lead to the use of violence within interpersonal relationships contributes to recent discussions of how risk factors for VAW may be interrelated.⁷

Our review highlights notable gaps in analyses of risk factors at an area level (including regional, national and global spheres). Global drivers of risk for VAW are increasingly recognised as important,¹⁸² but vastly understudied in high-prevalence settings. This obscures critical understandings of how financial flows, remittances and global aid might influence the national prevalence of VAW,¹⁸³ or the role of global communication and new technology in the rise of alternative forms of violence, including cyber sexual abuse and trafficking.¹⁸⁴ Other sizeable gaps include studies of forms of violence other than IPV and non-partner sexual violence. Although IPV is the most common form of VAW globally,¹ the focus on IPV has largely obscured attention to VAW in obstetrics,¹⁸⁵ child and forced marriage¹⁸⁶ and femicide.¹⁸⁷

Perhaps most surprising is that after over 20 years of VAW risk factor research and thousands of published studies on the topic, our capacity to draw meaningful conclusions about why some countries have higher rates of VAW than others is limited. Many countries with the highest prevalence of VAW are under-researched for example, Fiji, Equatorial Guinea and Tuvalu. Most research in high-prevalence settings focuses on only three countries: Bangladesh, Uganda and Tanzania (67% of included studies). There are also few longitudinal or cross-national risk factor studies, leaving a weak body of evidence around the context-specific nature of risks, which risk factors are potentially modifiable or how they may change over time.

Inevitably, the recent COVID-19 pandemic has also changed patterns of risk for VAW in high-prevalence settings. There has been an increase in evidence around

the impact of lockdown measures on the perpetuation of VAW globally,¹⁸⁸ which has not been captured by this review. While the evidence synthesised in the review remains relevant for thinking about contextual risks more broadly, the pandemic is likely to corroborate evidence on the role of natural disasters in perpetrating VAW.

The review has several limitations. First, we decided against a broader review strategy that would allow for a comparison between risk factors in high-prevalence settings with risk factors in countries with lower prevalence. We decided to prioritise the identification of risk factors from both qualitative and quantitative evidence from an under-represented list of countries over and above this comparative analysis. As highlighted by our results, there is a need for more cross-comparative analyses of VAW risk and its associations with national characteristics, but these are better suited to quantitative analyses of secondary data than systematic review methods. The measure used to assess high prevalence in this review was past year physical and/or sexual IPV because of widespread availability of these data as part of Sustainable Development Goal country assessments, but this may have limited the inclusion of countries that experience high levels of other forms of VAW, notably Papua New Guinea. The limited number of studies examining area-level risk factor for VAW constrain what we were able to say about high-prevalence settings, and we were unable to compare differences in prevalence and associated risk factors within countries, which would be useful areas for future research. In addition, some countries included in the review may have publication records in languages other than English, French or Spanish (eg, Angola) that were not found through our search.

While an extensive body of evidence exists on risk factors for VAW globally, the breadth of research is limited for the highest prevalence countries. Extensive researcher time and energy have gone into secondary analyses of Demographic and Health Surveys data. This has been helpful in mapping context-specific risk profiles, but VAW research in high-prevalence settings must expand beyond a handful of well-researched countries and risks. Further area-level analyses that look at under-researched contexts, forms of violence and protective factors are needed to inform future interventions in areas where VAW is pervasive.

Addressing multiple intersecting forms of violence and discrimination as part of the leave-no-woman-behind agenda will require improved understandings of how certain contexts can contribute to a woman's increased risk of violence. At a global level, such analyses can help contribute to more targeted and appropriate multicomponent programming for VAW prevention programmes, offering a valuable tool for international donors. For policy-makers in countries with high VAW prevalence, better understandings of the contextual factors driving within-country variations are essential for addressing structural inequalities and uneven access to existing services, and for identifying protective factors that could

be better leveraged as part of national strategies. However, this requires a meaningful shift away from national analyses of risk factors and towards more advanced understandings of the contexts that create them.

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Contributors JM, DD, NM, DO, AP, LG and GS conceptualised the study and developed the registered protocol for the review. JM and HL completed the searches, and HL, RM and LB screened abstracts and full texts, with JM acting as a fourth reviewer when needed. HL, RM and LB extracted the data and completed the meta-synthesis. LB, HL and NM analysed the quantitative data and produced figure 2 summarising effect sizes of relevant studies. JM and HL drafted the manuscript, with substantial written input from HAFMJ, SV, AP, DD, LB, RM and DO. All authors reviewed and edited multiple versions of the manuscript, and all authors approved the final version. JM acquired funding for the study and is the guarantor.

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Supplementary material:

Risk factors for violence against women in high-prevalence settings: A mixed methods systematic review and meta-synthesis

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Table 1: Search strategy for risk factors of VAW in the highest prevalence settings: [#2 AND #3 AND #4] + [#1 AND #2 AND #4 AND #5]

	Concept 1	Concept 2	Concept 3	Concept 4	Concept 5
Key concepts	(1) Violence against women	(2) Types of violence	(3) High-prevalence settings	(4) Risk analysis	(5) Global
Free text terms / natural language terms (synonyms, UK/US terminology, medical/laymen's terms, acronyms/abbreviations, drug brands, more narrow search terms) <i>Consider: phrase searching, proximity operators, truncation, wildcards, field qualification (e.g. textword)</i>	"violence against women" "gender-based violence" "gender violence" "gender-associated violence" "gender-related violence" "women's health" "women's rights"	"intimate partner violence" [MeSH] "domestic violence" [MeSH] "spouse abuse" [MeSH] "battered women" [MeSH] "family violence" "partner abuse" maltreatment "marital rape" "forced sex" "non-partner sexual violence" killings "forced marriage"	Equatorial Guinea Afghanistan Vanuatu Solomon Islands Kiribati Democratic Republic of the Congo Liberia Timor-Leste Gabon Cameroon Fiji Uganda Tanzania Burundi Sierra Leone Bangladesh Bolivia Micronesia Zambia Sao Tome and Principe Central African Republic Tuvalu Angola	"risk factor" [MeSH] "socioeconomic factors" [MeSH] "social determinants of health" [MeSH] "risk marker" predictor pathway correlate* driver <u>Specific risk factors:</u> education age alcohol "social norm" attitude "substance use" "employment status" "child abuse" ethnicity married religion "male authority" disability "mental health" conflict poverty	global multinational multi country "cross national" international

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	Concept 1	Concept 2	Concept 3	Concept 4	Concept 5
				"gender inequality" <u>Risk factors added after first round search</u> "microcredit participation" "HIV status" "witnessing violence" "natural disaster" "food insecurity" parity "sex work" infidelity polygamy "duration of marriage" income dowry autonomy empowerment "circumstances of first sex" "media exposure" "peer network"	

Supplementary material:**Risk factors for violence against women in high-prevalence settings: A mixed methods systematic review and meta-synthesis****Table 2: Search strings**

Database	Search string (second round search highlighted)	Results (#)
PUBMED/ CINAHL	<p>(1) (((((((((((("domestic violence"[MeSH Terms]) OR ("intimate partner violence"[MeSH Terms]) OR ("spouse abuse"[MeSH Terms]) OR ("battered women"[MeSH Terms]) OR (family violence) OR (partner abuse) OR (maltreatment) OR (marital rape) OR (forced sex) OR (non-partner sexual violence) OR (honour killings) OR (forced marriage) AND (2000:2021[pdat]) AND (((((((((((((((((((equatorial guinea) or (afghanistan) or (vanuatu) or (solomon islands) or (kiribati) or (democratic republic of the congo) or (liberia) or (timor-leste) or (gabon) or (cameroon) or (fiji) or (uganda) or (tanzania) or (burundi) or (sierra leone) or (bangladesh) or (bolivia) or (micronesia) or (zambia) or (sao tome and principe) or (central african republic) or (tuvalu) or (angola) AND (2000:2021[pdat])) AND (((((((((((((((((((("socioeconomic factors"[MeSH Terms]) OR ("risk factors"[MeSH Terms]) OR ("social determinants of health"[MeSH Terms]) OR (risk marker) OR (predictor) OR (pathway) OR (correlate*) OR (driver) OR (education) OR (age) OR (alcohol) OR (social norm) OR (attitude) OR (substance use) OR (employment status) OR (child abuse) OR (jealousy) OR (ethnicity) OR (married) OR (religion) OR (male authority) OR (poverty) OR (disability) OR (mental health) OR (gender inequality) OR (armed conflict) OR (microcredit participation) OR (HIV status) OR (witnessing violence) OR (natural disaster) OR (food insecurity) OR (parity) OR (sex work) OR (infidelity) OR (polygamy) OR (duration of marriage) OR (income) OR (dowry) OR (autonomy) OR (empowerment) OR (circumstances of first sex) OR (media exposure) OR (peer network) AND (2000:2021[pdat]))</p> <p>(2) (((("violence against women"[All Fields]) OR ("gender based violence"[All Fields]) OR ("gender violence"[All Fields]) AND (2000:2021[pdat])) AND (((("global"[All Fields]) OR (multinational) OR ("cross national"[All Fields]) OR ("multi country"[All Fields]) OR (international) AND (2000:2021[pdat])) AND (((((((((((((((((((("socioeconomic factors"[MeSH Terms]) OR ("risk factors"[MeSH Terms]) OR ("social determinants of health"[MeSH Terms]) OR (risk marker) OR (predictor) OR (pathway) OR (correlate*) OR (driver) OR (education) OR (age) OR (alcohol) OR (social norm) OR (attitude) OR (substance use) OR (employment status) OR (child abuse) OR (ethnicity) OR (married) OR (religion) OR (male authority) OR (poverty) OR (disability) OR (mental health) OR (gender inequality) OR (armed conflict) OR (microcredit participation) OR (HIV status) OR (witnessing violence) OR (natural disaster) OR (food insecurity) OR (parity) OR (sex work) OR (infidelity) OR (polygamy) OR (duration of marriage) OR (income) OR (dowry) OR (autonomy) OR (empowerment) OR (circumstances of first sex) OR (media exposure) OR (peer network) AND (2000:2021[pdat])) AND (((((((((((("domestic violence"[MeSH Terms]) OR ("intimate partner violence"[MeSH Terms]) OR ("spouse abuse"[MeSH Terms]) OR ("battered women"[MeSH Terms]) OR (family violence) OR (partner abuse) OR (maltreatment) OR (marital rape) OR (forced sex) OR (non-partner sexual violence) OR (honour killings) OR (forced marriage) AND (2000:2021[pdat]))</p>	<p>PUBMED results = (1)997 + (2)555 = 1,552 [Search date 05/01/21]</p> <p>CINAHL results = (1)301 + (2)0 = 301 [Search date 05/01/21]</p>

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Database	Search string (second round search highlighted)	Results (#)
PROQUEST Middle East and North Africa/ Latin America and Iberia/ East and South Asia	<p>(1) "violence against women" or "gender-based violence" or "gender violence"</p> <p>(2) "intimate partner violence" or "domestic violence" or "family violence" or "partner abuse" or "spous* abuse" or "battered women" or maltreatment or "marital rape" or "forced sex" or "non-partner sexual violence" or "hono* killings" or "forced marriage"</p> <p>(3) "equatorial guinea" or afghanistan or vanuatu or "solomon islands" or Kiribati or "democratic republic of the congo" or Liberia or timor-leste or gabon or Cameroon or fiji or Uganda or tanzania or burundi or "sierra leone" or bangladesh or bolivia or micronesia or zambia/ or "sao tome" or "central african republic" or tuvalu or angola</p> <p>(4) "risk marker" or "risk factor" or predictor or correlate or driver or "socioeconomic factors" or "social determinants" or age or alcohol or "social norm" or attitude or employment or "child abuse" or married or religion or "male authority" or disability or "mental health" or conflict or poverty or "gender inequality" or "microcredit participation" or "HIV status" or "witnessing violence" or "natural disaster" or "food insecurity" or "parity" or "sex work" or "infidelity" or "polygamy" or "duration of marriage" or "income" or "dowry" or "autonomy" or "empowerment" or "circumstances of first sex" or "media exposure" or "peer network"</p> <p>(5) global or multinational or "multi country" or "cross national" or international</p>	<p>MIDDLE EAST NORTH AFRICA results = (2,3,4)456 + (1,2,4,5)461 = 917 [Search date 05/01/21]</p> <p>EAST AND SOUTH ASIA results = (2,3,4)121 + (1,2,4,5)139 = 260 [Search date 06/01/21]</p> <p>LATIN AMERICA AND IBERIA results = (2,3,4)161 + (1,3,4,5)386 = 547 [Search date 05/01/21]</p>
WEB OF SCIENCE	<p>(1) ("intimate partner violence" OR "domestic violence" OR "family violence" OR "partner abuse" OR "spous* abuse" OR "battered women" OR maltreatment OR "marital rape" OR "forced sex" OR "non-partner sexual violence" OR "hono* killings" OR "forced marriage") AND ("equatorial guinea" OR afghanistan OR vanuatu OR "solomon islands" OR kiribati OR "democratic republic of the congo" OR liberia OR timor-leste OR gabon OR cameroon OR fiji OR uganda OR tanzania OR burundi OR "sierra leone" OR bangladesh OR bolivia OR micronesia OR zambia OR "sao tome" OR "central african republic" OR tuvalu OR angola OR kenya) AND ("risk marker" OR "risk factor" OR predictor OR correlate OR driver OR "socioeconomic factors" OR "social determinants" OR age OR alcohol OR "social norm" OR attitude OR employment OR "child</p>	<p>Web of Science results = (1)1,247 + (2)1,035 = 2,282</p>

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Database	Search string (second round search highlighted)	Results (#)
	<p>abuse" OR married OR religion OR "male authority" OR disability OR "mental health" OR conflict OR poverty OR "gender inequality" OR "microcredit participation" OR "HIV status" OR "witnessing violence" OR "natural disaster" OR "food insecurity" OR parity OR "sex work" OR infidelity OR polygamy OR "duration of marriage" OR income OR dowry OR autonomy OR empowerment OR "circumstances of first sex" OR "media exposure" OR "peer network")</p> <p>(2) ("violence against women" or "gender-based violence" or "gender violence") AND ("intimate partner violence" OR "domestic violence" OR "family violence" OR "partner abuse" OR "spous* abuse" OR "battered women" OR maltreatment OR "marital rape" OR "forced sex" OR "non-partner sexual violence" OR "hono* killings" OR "forced marriage") AND ("risk marker" OR "risk factor" OR predictor OR correlate OR driver OR "socioeconomic factors" OR "social determinants" OR age OR alcohol OR "social norm" OR attitude OR employment OR "child abuse" OR married OR religion OR "male authority" OR disability OR "mental health" OR conflict OR poverty OR "gender inequality" OR "microcredit participation" OR "HIV status" OR "witnessing violence" OR "natural disaster" OR "food insecurity" OR parity OR "sex work" OR infidelity OR polygamy OR "duration of marriage" OR income OR dowry OR autonomy OR empowerment OR "circumstances of first sex" OR "media exposure" OR "peer network") AND (global or multinational or "multi country" or "cross national" or international)</p>	
EMBASE / PSYINFO (Ovid)	<p>(1) violence against women/ or gender-based violence/ or gender violence.mp. [mp=title, abstract, heading word, drug trade name, original title, device manufacturer, drug manufacturer, device trade name, keyword, floating subheading word, candidate term word]</p> <p>(2) intimate partner violence/ or domestic violence/ or family violence/ or partner abuse/ or spous* abuse/ or battered women/ or maltreatment/ or marital rape/ or forced sex/ or non-partner sexual violence/ or hono* killings/ or forced marriage.mp. [mp=title, abstract, heading word, drug trade name, original title, device manufacturer, drug manufacturer, device trade name, keyword, floating subheading word, candidate term word]</p> <p>(3) equatorial guinea/ or afghanistan/ or vanuatu/ or solomon islands/ or kiribati/ or democratic republic of the congo/ or liberia/ or timor-leste/ or gabon/ or cameroon/ or fiji/ or uganda/ or tanzania/ or burundi/ or sierra leone/ or bangladesh/ or bolivia/ or micronesia/ or zambia/ or sao tome/ or central african republic/ or tuvalu/ or angola.mp. [mp=title, abstract, heading word, drug trade name, original title, device manufacturer, drug manufacturer, device trade name, keyword, floating subheading word, candidate term word]</p> <p>(4) risk marker/ or risk factor/ or predictor/ or correlate/ or driver/ or socioeconomic factors/ or social determinants/ or age/ or alcohol/ or social norm/ or attitude/ or employment/ or child abuse/ or married/ or religion/ or male authority/ or disability/ or mental health/ or conflict/ or poverty/ or gender inequality/ or microcredit participation/ or HIV status/ or witnessing violence/ or natural disaster/ or food insecurity/ or parity/ or sex work/ or infidelity/</p>	<p>EMBASE results = (2,3,4)346 + (1,2,4,5)8 = 354 [Search date 06/01/21]</p> <p>PsychInfo results = (2,3,4)21 + (1,3,4,5)2 = 23 [Search date 06/01/21]</p>

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Database	Search string (second round search highlighted)	Results (#)
	<p>or polygamy/ or duration of marriage/ or income/ or dowry/ or autonomy/ or empowerment/ or circumstances of first sex/ or media exposure/ or peer network.mp. [mp=title, abstract, heading word, drug trade name, original title, device manufacturer, drug manufacturer, device trade name, keyword, floating subheading word, candidate term word]</p> <p>(5) global/ or multinational/ or multi country/ or cross national/ or international*.mp. [mp=title, abstract, heading word, drug trade name, original title, device manufacturer, drug manufacturer, device trade name, keyword, floating subheading word, candidate term word]</p>	

Supplementary material:**Risk factors for violence against women in high-prevalence settings: A mixed methods systematic review and meta-synthesis****Table 3: Inclusion criteria**

	Inclusion criteria	Exclusion criteria
Population: women survivors/ men as perpetrators	Individuals identifying as women (survivors of violence) or men (perpetrators of violence), including transgender women and men.	<ul style="list-style-type: none"> - Children or adolescents under 18 years old - Male victims of violence
Outcome: violence against women	Violence against women as the outcome including “any act of gender-based violence that results in, or is <u>likely to result in</u> , physical, sexual or psychological harm or suffering to women, <u>including threats</u> of such acts, coercion or arbitrary deprivation of liberty, <u>whether occurring in public or in private life.</u> ”	<ul style="list-style-type: none"> - Mental health outcomes - Human trafficking - Modern slavery - Female genital mutilation/cutting - Child marriage
Type of study: reporting on primary data	Any publication reporting original data (peer reviewed, PhD theses or grey literature)	<ul style="list-style-type: none"> - Opinion pieces and editorials - MSc dissertations/theses - policy papers not reporting original data - general reports
Study location: High prevalence countries	Global studies of violence against women without a focus on any specific country Studies taking place in high prevalence countries including: <ul style="list-style-type: none"> - Equatorial Guinea - Afghanistan - Vanuatu - Solomon Islands - Kiribati - Democratic Republic of the Congo - Liberia - Timor-Leste - Gabon - Cameroon - Fiji - Uganda - Tanzania - Burundi - Sierra Leone 	Studies focused on countries not on the included country list

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	<ul style="list-style-type: none">- Bangladesh- Bolivia- Micronesia- Zambia- Sao Tome and Principe- Central African Republic- Tuvalu- Angola	
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Supplementary material:**Risk factors for violence against women in high-prevalence settings: A mixed methods systematic review and meta-synthesis****Table 4: Risk factor template**

Risk factor	Concepts captured by term	Selection procedure
education	individual level of education; relative spousal education	Selected a-priori based on previous systematic reviews and search strategies.
age	individual age; relative spousal age; age at marriage	
alcohol	individual alcohol (mis)use; alcohol use before sex; alcohol use before/during violence	
social norm	social norms related to the use of violence and gender roles	
attitude	justification, normalisation and acceptance of violence	
substance use	individual substance (mis)use; substance use before sex; substance use before violence	
employment status	individual employment status; unemployment; job type	
child abuse	experiences of any type of abuse during childhood	
ethnicity	identification with an ethnic group; discrimination based on ethnic group identification	
married	marital status (married, single, cohabiting, informal relationship, divorced, widowed)	
religion	identification with a religious group; discrimination based on religious group identification	
male authority	male (partner, in-laws, other family members, manager, client) controlling behaviour	
disability	disability status; disability stigma and discrimination	
mental health	mental health illnesses (e.g. depression, anxiety, PTSD); mental health stigma and discrimination	
armed conflict	residing in conflict zone; experience of violence during conflict; participation in violence during conflict; displacement due to conflict	
poverty	low socioeconomic status; wealth index	Iteratively added to the risk factor template based on screening of papers retrieved from the first round of searching. Risk factors were labelled based on database searching to determine most commonly used term for each risk factor, also considering
gender inequality	unequal gender norms; gender disparities (e.g. income, education); sexism and discrimination	
microcredit participation	participation in microcredit programmes; NGO membership	
HIV status	HIV status discordance; HIV seropositivity; HIV stigma and discrimination	
witnessing violence	witnessing parental IPV; witnessing violence during conflict; witnessing environmental violence	
natural disaster	environmental shocks (e.g. draught, cyclone)	
food insecurity	experiences of lack of food and hunger	
parity	number of children	
sex work	transactional sex; sex work stigma and discrimination	
infidelity	extra-marital sex; adultery	
polygamy	polygyny; multiple wives/partners; experience of being a co-wife	
duration of marriage	length of marriage/relationship	
income	individual income level; relative spousal income	
dowry	dowry practices; bride price practices	
autonomy	women's decision-making power	
empowerment	women's empowerment (including economic empowerment)	

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circumstances of first sex	forced first sex; age at sexual initiation	MeSH terms.
media exposure	TV/radio/phone ownership; reads newspaper	
peer network	peer group influence; peer network norms	

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Table 5: Criteria for assessing fatal flaws in study design

Criteria for assessing fatal flaws across study designs	
Are the aims and objectives of the research clearly stated?	<input type="checkbox"/>
Is the research design clearly specified and appropriate for the aims and objectives of the research?	<input type="checkbox"/>
Do the researchers provide a clear account of the process by which their findings were reproduced?	<input type="checkbox"/>
Do the researchers display enough data to support their interpretations and conclusions?	<input type="checkbox"/>
Is the method of analysis appropriate and adequately explicated?	<input type="checkbox"/>
Additional comments:	

Reference: Dixon-Woods, M., Cavers, D., Agarwal, S., Annandale, E., Arthur, A., Harvey, J., Hsu, R., Katbamna, S., Olsen, R., Smith, L. and Riley, R., 2006. Conducting a critical interpretive synthesis of the literature on access to healthcare by vulnerable groups. *BMC medical research methodology*, 6(1), pp.1-13.

Supplementary material:**Risk factors for violence against women in high-prevalence settings: A mixed methods systematic review and meta-synthesis****Table 6:** All included records, by study

Study name/design	Reference	Focus	VAW type(s)	Perpetrator(s)	Highest level of analysis	Sample
Afghanistan						
DHS 2015 Quantitative; cross-sectional	Qamar, M., Harris, M. A., & Tustin, J. L. (2020). The Association Between Child Marriage and Domestic Violence in Afghanistan. <i>Journal of Interpersonal Violence</i> , online.	Child marriage and IPV experience among women.	Physical, sexual, psychological	Partner	Individual/relational	Women n= 21,324
Women for Women Trial Quantitative; cross-sectional	Jewkes, R., Corboz, J., & Gibbs, A. (2019). Violence against Afghan women by husbands, mothers-in-law and siblings-in-law/siblings: Risk markers and health consequences in an analysis of the baseline of a randomised controlled trial. <i>PLoS ONE</i> , 14(2).	Risk factors for domestic violence among women.	Physical	Partner, family member	Individual/relational	Women n= 1,436
	Gibbs, A., Corboz, J., & Jewkes, R. (2018). Factors associated with recent intimate partner violence experience amongst currently married women in Afghanistan and health impacts of IPV: A cross sectional study. <i>BMC Public Health</i> , 18(1).	Risk factors for IPV among married women.	Physical, psychological	Partner	Individual/relational	
	Jewkes, R., Corboz, J., & Gibbs, A. (2018). Trauma exposure and IPV experienced by Afghan women: Analysis of the baseline of a randomised controlled trial. <i>PLoS ONE</i> , 13(10).	Trauma exposure and IPV experience among women.	Physical	Partner, family member	Individual/relational	
Qualitative; in-depth interviews	Mannell, J., Grewal, G., Ahmad, L., & Ahmad, A. (2020). A Qualitative Study of Women's Lived Experiences of Conflict and Domestic Violence in Afghanistan. <i>Violence Against Women</i> . Online.	Women's lived experiences of conflict and domestic violence.	Physical, psychological	Partner		Women n= 20
Qualitative; in-depth interviews	Ahmad, L., & Ancil Avoine, P. (2018). Misogyny in 'post-war' Afghanistan: the changing frames of sexual and gender-based violence. <i>Journal of Gender Studies</i> , 27(1), 86–101.	Misogyny and gender-based violence in post-war Afghanistan.	Physical, sexual, psychological	Partner, family member, stranger		Women n= 40
Angola						
Cooperation on Research and Development in Angola Qualitative; focus group discussions	Strønen, I., Nangacovie, M., (2016). <i>Violence against women in the urban poverty of Angola</i> . Chr. Michelsen Institute. Brief volume 15, no. 16).	Violence against women in the context of urban poverty in Angola.	Physical, sexual	Partner		Women n= 20
DHS 2016 Quantitative; cross-sectional	Yaya, S., Kunnuji, M., & Bishwajit, G. (2019). Intimate Partner Violence: A Potential Challenge for Women's Health in Angola. <i>Challenges</i> , 10(1), 21.	Risk factors for IPV experience among women.	Physical, sexual, psychological	Partner	Individual/relational	Women n= 7,699
	Yaya, S., & Ghose, B. (2019). Alcohol Drinking by Husbands/Partners Is Associated with Higher Intimate Partner	Partner's alcohol use and IPV among	Physical, sexual,	Partner	Individual/relational	

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Study name/design	Reference	Focus	VAW type(s)	Perpetrator(s)	Highest level of analysis	Sample
	Violence against Women in Angola. <i>Safety</i> , 5(5).	women.	psychological			
Quantitative; cross-sectional	Nimi, T., Fraga, S., Costa, D., et al. (2019). Prevalence, determinants, and effects of violence during pregnancy: A maternity-based cross-sectional study in Luanda, Angola. <i>Journal of Public Health in Africa</i> , 10(2), 116–122.	Prevalence and risk factors for violence among pregnant women.	Physical, psychological	Partner, family member	Individual/relational	Women n= 995
Bangladesh						
DHS 2003 Quantitative; cross-sectional	Johnson, K. B., & Das, M. B. (2009). Spousal violence in Bangladesh as reported by men: Prevalence and risk factors. <i>Journal of Interpersonal Violence</i> , 24(6), 977–995.	Prevalence and risk factors for IPV perpetration among men.	Physical	Partner	Individual/relational	Men n= 4,297
	Aklimunnessa, K., Khan, M. M. H., Kabir, M., & Mori, M. (2007). Prevalence and correlates of domestic violence by husbands against wives in Bangladesh: evidence from a national survey. <i>The Journal of Men's Health & Gender</i> , 4(1), 52–63.	Prevalence and risk factors for IPV perpetration among men.	Physical, sexual	Partner	Individual/relational	
	Silverman, J. G., Decker, M. R., Kapur, N. A., et al. (2006). Violence against wives, sexual risk and sexually transmitted infection among Bangladeshi men. <i>Sexually Transmitted Infections</i> , 83(3), 211–215.	Men's sexual behaviours and IPV perpetration.	Physical, sexual	Partner	Individual/relational	
DHS 2007 Quantitative; cross-sectional	Afiaz, A., Biswas, R. K., Shamma, R., & Ananna, N. (2020). Intimate partner violence (IPV) with miscarriages, stillbirths and abortions: Identifying vulnerable households for women in Bangladesh. <i>PLoS ONE</i> , 15(7).	Risk factors for IPV among women and association with reproductive health outcomes.	Physical	Partner	Individual/relational	Women n= 4,489 Men n= 3,339
	Sanawar, S. B., Islam, M. A., Majumder, S., & Misu, F. (2019). Women's empowerment and intimate partner violence in Bangladesh: investigating the complex relationship. <i>Journal of Biosocial Science</i> , 51(2), 188–202.	Relationship between women's empowerment and IPV.	Physical, sexual	Partner	Individual/relational	
	Murshid, N. S., & Murshid, N. (2018). Intergenerational Transmission of Marital Violence: Results From a Nationally Representative Sample of Men. <i>Journal of Interpersonal Violence</i> , 33(2), 211–227.	Intergenerational transmission of IPV among men.	Partner	Partner	Individual/relational	
	Yount, K. M., Roof, K. A., & Naved, R. T. (2018). Multilevel influences on men's partner violence justification, control over family decisions, and partner violence perpetration in Bangladesh. <i>Psychology of Violence</i> , 8(3), 367–378.	Influences on men's IPV perpetration.	Physical	Partner	Community	
	Islam, M. J., Rahman, M., Broidy, L., Haque, et al. (2017). Assessing the link between witnessing inter-parental violence and the perpetration of intimate partner violence in	Intergenerational transmission of IPV among men.	Physical, sexual	Partner	Individual/relational	

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Study name/design	Reference	Focus	VAW type(s)	Perpetrator(s)	Highest level of analysis	Sample
	Bangladesh. <i>BMC Public Health</i> , 17(1).					
	Murshid, N. S. (2017). Men's Report of Domestic Violence Perpetration in Bangladesh: Correlates From a Nationally Representative Survey. <i>Journal of Interpersonal Violence</i> , 32(2), 290–307.	Risk factors for men's IPV perpetration.	Physical, sexual	Partner	Individual/relational	
	Akhter, R., & Wilson, J. K. (2016). Using an Ecological Framework to Understand Men's Reasons for Spousal Abuse: An Investigation of the Bangladesh Demographic and Health Survey 2007. <i>Journal of Family Violence</i> , 31(1), 27–38.	Risk factors for IPV perpetration among men.	Physical	Partner	Individual/relational	
	Murshid, N. S. (2016). Men's response to their wives' participation in microfinance: perpetration and justification of intimate partner violence in Bangladesh. <i>Public Health</i> , 141, 146–152.	Wife's microfinance participation and male perpetration of IPV.	Physical, sexual	Partner	Individual/relational	
	Murshid, N. S., Akincigil, A., & Zippay, A. (2015). Microfinance Participation and Domestic Violence in Bangladesh: Results From a Nationally Representative Survey. <i>Journal of Interpersonal Violence</i> , 31(9), 1579–1596.	Wife's microfinance participant and female experience of IPV.	Physical, sexual	Partner	Individual/relational	
	Islam, T. M., Tareque, M. I., Sugawa, M., & Kawahara, K. (2015). Correlates of Intimate Partner Violence Against Women in Bangladesh. <i>Journal of Family Violence</i> , 30(4), 433–444.	Risk factors for women's experience of IPV.	Physical, sexual	Partner	Individual/relational	
	Islam, T. M., Tareque, I., Tiedt, A. D., & Hoque, N. (2014). The intergenerational transmission of intimate partner violence in Bangladesh. <i>Global Health Action</i> , 7(1).	Intergenerational transmission of IPV among women.	Physical, sexual	Partner	Individual/relational	
	Rahman, M., Hoque, M. A., Mostofa, M. G., & Makinoda, S. (2014). Association between adolescent marriage and intimate partner violence: A study of young adult women in Bangladesh. <i>Asia-Pacific Journal of Public Health</i> , 26(2), 160–168.	Adolescent marriage and IPV among women.	Physical, sexual	Partner	Individual/relational	
	Bajracharya, A., & Amin, S. (2013). Microcredit and Domestic Violence in Bangladesh: An Exploration of Selection Bias Influences. <i>Demography</i> , 50(5), 1819–1843.	Microcredit participation and IPV.	Physical	Partner	Individual/relational	
	Dalal, K., Dahlström, Ö., & Timpka, T. (2013). Interactions between microfinance programmes and non-economic empowerment of women associated with intimate partner violence in Bangladesh: a cross-sectional study. <i>BMJ Open</i> , 3(12).	Microfinance, non-economic empowerment and IPV among women.	Physical, sexual	Partner	Individual/relational	
	Department for International Development. (2013). From Evidence to Policy: Addressing Gender-Based Violence	Risk factors for IPV.	Physical, sexual	Partner	Community	

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Study name/design	Reference	Focus	VAW type(s)	Perpetrator(s)	Highest level of analysis	Sample
	against Women and Girls in Bangladesh. London, UK.					
	Rahman, M., Nakamura, K., Seino, K., & Kizuki, M. (2013). Does gender inequity increase the risk of intimate partner violence among women? Evidence from a national Bangladeshi sample. <i>PLoS ONE</i> , 8(12).	Gender inequity and IPV experience among women.	Physical, sexual	Partner	Individual/relational	
	Rapp, D., Zoch, B., Khan, M. M. H., Pollmann, T., & Krämer, A. (2012). Association between gap in spousal education and domestic violence in India and Bangladesh. <i>BMC Public Health</i> , 12(1).	Spousal education gap and IPV.	Physical	Partner	Individual/relational	
	Rahman, M., Hoque, M. A., & Makinoda, S. (2011). Intimate Partner Violence Against Women: Is Women Empowerment a Reducing Factor? A Study from a National Bangladeshi Sample. <i>Journal of Family Violence</i> , 26(5), 411–420.	Women's empowerment and IPV experience.	Physical, sexual	Partner	Individual/relational	
	De, P. K., & Christian, A. (2020). Microfinance participation and intimate partner violence among women in Bangladesh. <i>Oxford Economic Papers</i> , 72(2), 435–452.	Microfinance participation and IPV among women.	Physical	Partner	Individual/relational	Women n= 12,662 Men n= 9,847 (urban health survey dataset)
	Sambisa, W., Angeles, G., Lance, P. M., Naved, R. T., & Thornton, J. (2011). Prevalence and correlates of physical spousal violence against women in slum and nonslum areas of urban Bangladesh. <i>Journal of Interpersonal Violence</i> , 26(13), 2592–2618.	Prevalence and risk factors for IPV experience among urban women.	Physical	Partner	Individual/relational	
	Sambisa, W., Angeles, G., Lance, P. M., Naved, R. T., & Curtis, S. L. (2010). Physical and Sexual Abuse of Wives in Urban Bangladesh: Husbands' Reports. <i>Studies in Family Planning</i> , 41(3), 165–178.	Risk factors for IPV perpetration among men.	Physical, sexual	Partner	Individual/relational	
BRISC trial 2020 Quantitative; cross-sectional and longitudinal	Hamadani, J. D., Hasan, M. I., Baldi, A. J., et al. (2020). Immediate impact of stay-at-home orders to control COVID-19 transmission on socioeconomic conditions, food insecurity, mental health, and intimate partner violence in Bangladeshi women and their families: an interrupted time series. <i>The Lancet Global Health</i> , 8(11), e1380–e1389.	Impact of covid-19 lockdown orders on IPV (among other outcomes).	Physical, sexual, psychological	Partner	Individual/relational	Women n= 2,424
Gender Ideology, Microcredit & Marital Violence in Rural Bangladesh 2009 Quantitative; cross-sectional	Karim, K. M. R., & Law, C. K. (2016). Microcredit and Marital Violence: Moderating Effects of Husbands' Gender Ideology. <i>Journal of Family Violence</i> , 31(2), 227–238.	Microcredit, gender ideology and IPV perpetration among men.	Physical, sexual, psychological	Partner	Individual/relational	Men n= 243
HERrespect	Gibbs, A., Jewkes, R., Willan, S., et al. (2019). Workplace	Risk factors for	Physical,	Manager	Individual/	Women n=

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Study name/design	Reference	Focus	VAW type(s)	Perpetrator(s)	Highest level of analysis	Sample
Intervention 2016 Quantitative; cross-sectional	violence in Bangladesh's garment industry. <i>Social Science and Medicine</i> , 235.	workplace violence among female garment workers.	psychological		relational	800 Men n= 395
	Naved, R. T., al Mamun, M., Parvin, K., et al. (2018). Magnitude and correlates of intimate partner violence against female garment workers from selected factories in Bangladesh. <i>PLoS ONE</i> , 13(11).	Prevalence and risk factors for IPV experience among female garment workers.	Physical, sexual, economic	Partner	Individual/relational	
Healthy Fertility Study (HFS) 2007 Quantitative; cross-sectional	Stake, S., Ahmed, S., Tol, W., et al. (2020). Prevalence, associated factors, and disclosure of intimate partner violence among mothers in rural Bangladesh. <i>Journal of Health, Population and Nutrition</i> , 39(1).	Prevalence and risk factors for IPV experience among mothers.	Physical, sexual	Partner	Individual/relational	Women n= 3,966
Suchana 2016 – 2017 Quantitative; cross-sectional	Haque, M. A., Choudhury, N., Ahmed, S. M. T et al. (2020). Factors Associated with Domestic Violence in Rural Bangladesh. <i>Journal of Interpersonal Violence</i> . Online.	Risk factors for domestic violence.	Physical, psychological	Partner, family member	Individual/relational	Women n= 5,440
UN Multi-Country Study on Men and Violence 2011 Quantitative; cross-sectional	Semenza, D. C., Roof, K. A., James-Hawkins, L., Cheong, Y. F., Naved, R. T., & Yount, K. M. (2019). Gender-Equitable Parental Decision Making and Intimate Partner Violence Perpetration in Bangladesh. <i>Journal of Marriage and Family</i> , 81(4), 920–935.	Gender-equitable parental decision-making and IPV perpetration among men.	Physical	Partner	Community	Men n= 2,400
	James-Hawkins, L., Cheong, Y. F., Naved, R. T., & Yount, K. M. (2018). Gender norms, violence in childhood, and men's coercive control in marriage: A multilevel analysis of young men in Bangladesh. <i>Psychology of Violence</i> , 8(5), 580–595.	Gender norms, childhood violence and controlling behaviour in marriage among men.	Controlling behaviour	Partner	Community	
	Yount, K. M., James-Hawkins, L., Cheong, Y. F., & Naved, R. T. (2018). Men's perpetration of partner violence in Bangladesh: Community gender norms and violence in childhood. <i>Psychology of Men and Masculinity</i> , 19(1), 117–130.	Community gender norms, childhood violence and IPV perpetration among men.	Physical	Partner	Community	
Quantitative; cross-sectional	Aktaruzzaman, K., & Farooq, O. (2020). Microfinance and domestic violence. <i>Journal of Adult Protection</i> , 22(5).	Microfinance and IPV experience among women.	Physical, psychological	Partner	Individual/relational	Women n= 1,037
	Reiss, K., Andersen, K., Pearson, E., et al. (2019). Unintended consequences of mHealth interactive voice messages promoting contraceptive use after menstrual regulation in Bangladesh: Intimate partner violence results from a	mHealth intervention promoting contraceptive use and IPV.	Physical	Partner	Individual/relational	Women n= 772

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Study name/design	Reference	Focus	VAW type(s)	Perpetrator(s)	Highest level of analysis	Sample
	randomized controlled trial. <i>Global Health Science and Practice</i> , 7(3), 386–403.					
	Chowdhury, M. A. K., Rahman, A. E., Morium, S., et al. (2018). Domestic Violence Against Women in Urban Slums of Bangladesh: A Cross-Sectional Survey. <i>Journal of Interpersonal Violence</i> , online.	Risk factors for IPV experience among women.	Physical	Partner	Individual/relational	Women n= 87
	Karim, R., & Swahnberg, K. (2018). Does Female Authority Prevent Male Marital Violence? Evidence From Rural Bangladesh. <i>Journal of Interpersonal Violence</i> . Online.	Female authority and IPV perpetration among men.	Physical, sexual, psychological	Partner	Individual/relational	Men n= 342
	Schuler, S. R., & Nazneen, S. (2018). Does Intimate Partner Violence Decline as Women's Empowerment becomes Normative? Perspectives of Bangladeshi Women. <i>World Development</i> , 101, 284–292.	Women's empowerment and IPV experience.	Physical	Partner	Individual/relational	Women n= 74
	Islam, M. J., Mazerolle, P., Broidy, L., & Baird, K. (2017). Exploring the Prevalence and Correlates Associated With Intimate Partner Violence During Pregnancy in Bangladesh. <i>Journal of Interpersonal Violence</i> , online.	Prevalence and risk factors for IPV among pregnant women.	Physical, sexual, psychological	Partner	Individual/relational	Women n= 426
	Yount, K. M., Crandall, A. A., Cheong, Y. F., et al. (2016). Child Marriage and Intimate Partner Violence in Rural Bangladesh: A Longitudinal Multilevel Analysis. <i>Demography</i> , 53(6), 1821–1852.	Child marriage and IPV experience among women.	Physical	Partner	Community	Women n= 3,355
	Hasan, T., Muhaddes, T., Camellia, S., Selim, N., & Rashid, S. F. (2014). Prevalence and Experiences of Intimate Partner Violence Against Women With Disabilities in Bangladesh: Results of an Explanatory Sequential Mixed-Method Study. <i>Journal of Interpersonal Violence</i> , 29(17), 3105–3126.	IPV among women with disabilities.	Physical, sexual, psychological	Partner	Individual/relational	Women n= 226
	Heath, R. (2014). Women's Access to Labor Market Opportunities, Control of Household Resources, and Domestic Violence: Evidence from Bangladesh. <i>World Development</i> , 57, 32–46.	Women's access to labour market opportunities, control of household resources and IPV.	Physical	Partner	Individual/relational	Women n= 1,395
	Dalal, K., Rahman, F., & Jansson, B. (2009). Wife abuse in rural Bangladesh. <i>Journal of Biosocial Science</i> , 41(5), 561–573.	Risk factors for IPV among women in Bangladesh.	Physical, psychological, controlling behaviours	Partner	Individual/relational	Women n= 4,411
	Bhuiya, A., Sharmin, T., & Hanifi, M. A. (2003). Nature of domestic violence against women in a rural area of Bangladesh: Implication for preventive Interventions. <i>Journal of Health Population and Nutrition</i> , 21(1), 48–54.	Risk factors for VAW among couples.	Physical, psychological	Partner	Individual/relational	Women n= 19

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Study name/design	Reference	Focus	VAW type(s)	Perpetrator(s)	Highest level of analysis	Sample
Qualitative; in-depth interviews	Schuler, S. R., Lenzi, R., Badal, S. H., & Bates, L. M. (2017). Women's Empowerment as a Protective Factor Against Intimate Partner Violence in Bangladesh: A Qualitative Exploration of the Process and Limitations of Its Influence. <i>Violence Against Women</i> , 23(9), 1100–1121.	Women's perspectives on IPV and empowerment.	Physical	Partner		Women n= 74
	Murshid, N. S., & Zippay, A. (2017). Microfinance Participation and Marital Violence in Bangladesh: A Qualitative Inquiry. <i>Violence Against Women</i> , 23(14), 1752–1770.	Microfinance and IPV in marriage.	Physical, psychological	Partner		Women n= 30
	Das, T. K., Alam, Md. F., Bhattacharyya, R., & Pervin, A. (2015). Causes and Contexts of Domestic Violence: Tales of Help-Seeking Married Women in Sylhet, Bangladesh. <i>Asian Social Work and Policy Review</i> , 9(2), 163–176.	Stories of help-seeking among married women experiencing IPV.	Physical, psychological, controlling behaviours, economic	Partner		Women n= 42
	Islam, Md. M., & Karim, K. M. R. (2012). Men's Views on Gender and Sexuality in a Bangladesh Village. <i>International Quarterly of Community Health Education</i> , 32(4), 339–354.	Men's views on gender and sexuality.	Physical, sexual	Partner		Men n= 10
	Naved, R. T., Blum, L. S., Chowdhury, et al. (2012). Violence against women with chronic maternal disabilities in rural Bangladesh. <i>Journal of Health, Population and Nutrition</i> , 30(2), 181–192.	Violence against women with chronic maternal disabilities.	Physical, sexual, psychological	Partner, family member		Women n= 17
	Karim, K. M. R. (2006). Men's Arrack Drinking and Domestic Violence against Women in a Bangladeshi Village. <i>International Quarterly of Community Health Education</i> , 25(4), 367–380.	Men's arrack drinking and domestic violence.	Physical, sexual, psychological	Partner		Women n= 50 Men n= 50
	Khan, M. E., Townsend, J. W., & D'Costa, S. (2002). Behind closed doors: A qualitative study of sexual behaviour of married women in Bangladesh. <i>Culture, Health & Sexuality</i> , 4(2), 237–256.	Qualitative study of sexual behaviour of married women.	Physical, sexual	Partner		Women n= 54
Qualitative; combination of methods	Akhter, R., Wilson, J. K., Haque, S. E., & Ahamed, N. (2020). Like a Caged Bird: The Coping Strategies of Economically Empowered Women Who Are Victims of Intimate Partner Violence in Bangladesh. <i>Journal of Interpersonal Violence</i> . Online.	Coping strategies among economically empowered women who experience IPV.	Physical	Partner		Women n= 19 Key informants n= 8
	Samuels, F., le Masson, V., & Gupta, T. (2019). One Step Forwards half a Step Backwards: Changing Patterns of Intimate Partner Violence in Bangladesh. <i>Journal of Family Violence</i> , 34(2), 107–118.	Changing patterns of intimate partner violence in Bangladesh.	Physical, psychological, sexual, controlling behaviours, economic	Partner		Women n= 6 Men n= 17 Key informants n= 40

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Study name/ design	Reference	Focus	VAW type(s)	Perpetrator(s)	Highest level of analysis	Sample
	Islam, M. M., Jahan, N., & Hossain, M. D. (2018). Violence against women and mental disorder: a qualitative study in Bangladesh. <i>Tropical Medicine and Health</i> , 46(1), 5.	Violence against women and mental disorder.	Physical, sexual, psychological, controlling behaviours, economic	Partner, family members		Women n= 19 Key informants n= 7
	Naved, R., Rahman, T., Willan, S., et al. (2018). Female garment workers' experiences of violence in their homes and workplaces in Bangladesh: A qualitative study. <i>Social Science & Medicine</i> , 196, 150–157.	Female garment workers' experiences of IPV and workplace violence.	Physical, sexual, psychological, economic	Partner, manager		Women n= 41
	Schuler, S. R., Lenzi, R., Huda Badal, S., & Nazneen, S. (2017). Men's perspectives on women's empowerment and intimate partner violence in rural Bangladesh. <i>Culture, Health & Sexuality</i> , 20(1), 113–127.	Men's perspectives on women's empowerment and IPV.	Physical	Partner		Women n= 74
	Schuler, S. R., Lenzi, R., Badal, S. H., & Bates, L. M. (2017). Women's Empowerment as a Protective Factor Against Intimate Partner Violence in Bangladesh: A Qualitative Exploration of the Process and Limitations of Its Influence. <i>Violence Against Women</i> , 23(9), 1100–1121.	Women's empowerment as protection against IPV.	Physical	Partner		Women n= 61 Men n= 46
	Anwary, A. (2015). Construction of hegemonic masculinity: Violence against wives in Bangladesh. <i>Women's Studies International Forum</i> , 50, 37–46.	Hegemonic masculinity and IPV.	Physical	Partner		Not specified
	Schuler, S. R., Lenzi, R., Nazneen, S., & Bates, L. M. (2013). Perceived Decline in Intimate Partner Violence Against Women in Bangladesh: Qualitative Evidence. <i>Studies in Family Planning</i> , 44(3), 243–257.	Perceived decline in IPV against women in Bangladesh.	Physical	Partner		Women n= 62 Men n= 16 FGDs n= 11 (breakdown not available)
Qualitative; case study	Rezwana, N., & Pain, R. (2020). Gender- based violence before, during and after cyclones: slow violence and layered disasters. <i>Disasters</i> . 45, 741-761.	Gender-based violence before, during and after cyclones.	Physical, sexual, psychological	Partner, family member, stranger		Women n= 29 Men n= 8 Key informants n=8
Mixed methods	Karim, K. M. R., Emmelin, M., Resurreccion, B. P., & Wamala, S. (2012). <i>International Water Development Projects and Marital Violence: Experiences From Rural Bangladesh</i> .	Water development projects and IPV.	Physical	Partner		Women n= 16 Key informants n=5
	Schuler, S. R., & Islam, F. (2008). Women's Acceptance of Intimate Partner Violence within Marriage in Rural Bangladesh. <i>Studies in Family Planning</i> , 39(1), 49–58.	Women's acceptance of IPV in marriage.	Physical	Partner		Women n= 606
	Naved, R. T., & Persson, L. Å. (2005). Factors Associated with Spousal Physical Violence against Women in Bangladesh.	Risk factors for IPV among women.	Physical	Partner		Women n= 2,730

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Study name/design	Reference	Focus	VAW type(s)	Perpetrator(s)	Highest level of analysis	Sample
	<i>Family Planning</i> , 36(4). Bates, L. M., Schuler, S. R., Islam, F., & Islam, M. K. (2004). Socioeconomic Factors and Processes Associated With Domestic Violence in Rural Bangladesh. <i>International Family Planning Perspectives</i> , 30(04), 190–199.	Socioeconomic factors associated with IPV.	Physical	Partner		Women n= 1,276
WHO Multi-Country Study on Women's Health and Domestic Violence against Women 2000 – 2004 Quantitative; cross-sectional	VanderEnde, K. E., Sibley, L. M., Cheong, Y. F., et al. (2015). Community Economic Status and Intimate Partner Violence Against Women in Bangladesh: Compositional or Contextual Effects? <i>Violence Against Women</i> , 21(6), 679–699.	Community economic status and IPV among women.	Physical, sexual	Partner	Individual/relational	Women n= 3,130
	Naved, R. T. (2013). Sexual violence towards married women in Bangladesh. <i>Archives of Sexual Behavior</i> , 42(4), 595–602.	Risk factors for sexual IPV experience among women.	Sexual	Partner	Individual/relational	
	Naved, R. T., & Persson, L. A. (2008). Factors associated with physical spousal abuse of women during pregnancy in Bangladesh. <i>International Family Planning Perspectives</i> , 34(2), 71–78.	Risk factors for physical IPV during pregnancy.	Physical	Partner	Individual/relational	
Bolivia						
Bolivia DHS 2008 Quantitative; cross-sectional	Camargo, E. (2019). Gender inequality and intimate partner violence in Bolivia. <i>Revista Colombiana de Sociologia</i> , 42(2), 257–277.	Gender inequality and women's experience of IPV.	Physical, psychological	Partner	Individual/relational	Women n= 10,188 Men n= 2,795
	Meekers, D., Pallin, S. C., & Hutchinson, P. (2013). Prevalence and correlates of physical, psychological, and sexual intimate partner violence in Bolivia. <i>Global Public Health</i> , 8(5), 588–606.	Prevalence and risk factors for IPV among women.	Physical, sexual, psychological	Partner	Individual/relational	
Quantitative; cross-sectional	Stieglitz, J., Trumble, B. C., Kaplan, H., & Gurven, M. (2018). Marital violence and fertility in a relatively egalitarian high-fertility population. <i>Nature Human Behaviour</i> , 2(8), 565–572.	Exploring marital violence and fertility among Tsimané forager-horticulturalists.	Physical	Partner	Individual/relational	Women n= 105
	Stieglitz, J., Gurven, M., Kaplan, H., & Winking, J. (2012). Infidelity, jealousy, and wife abuse among Tsimané forager-farmers: testing evolutionary hypotheses of marital conflict. <i>Evolution and Human Behavior</i> , 33(5), 438–448.	Infidelity, jealous and IPV among Tsimané forager horticulturalists.	Not specified	Partner	Individual/relational	Women n= 25 Men n= 21
	Stieglitz, J., Kaplan, H., Gurven, M., et al. (2011). Spousal violence and paternal disinvestment among Tsimané forager-horticulturalists. <i>American Journal of Human Biology</i> , 23(4), 445–457.	IPV and paternal disinvestment among Tsimané forager horticulturalists.	Physical	Partner	Individual/relational	Women n= 49
Burundi						
Quantitative;	Nandi, C., Elbert, T., Bambonye, M., Weierstall, R., Reichert,	IPV perpetration	Physical,	Partner	Individual/	Men n= 381

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Study name/design	Reference	Focus	VAW type(s)	Perpetrator(s)	Highest level of analysis	Sample
cross-sectional	M., Zeller, A., & Crombach, A. (2017). Predicting domestic and community violence by soldiers living in a conflict region. <i>Psychological Trauma: Theory, Research, Practice, and Policy</i> , 9(6), 663–671.	among soldiers in a conflict region.	sexual, psychological		relational	
	Crombach, A., & Bambonyé, M. (2015). Intergenerational violence in Burundi: Experienced childhood maltreatment increases the risk of abusive child rearing and intimate partner violence. <i>European Journal of Psychotraumatology</i> , 6, 26995.	Intergenerational transmission of VAW among men and women.	Physical, sexual, controlling behaviours	Partner	Individual/relational	Women n= 141 Men n= 141
Cameroon						
Quantitative; cross-sectional	Wadji, D. L., Ketcha Wanda, G. J. M., Wicky, C., et al. (2020). From the Mother to the Child: The Intergenerational Transmission of Experiences of Violence in Mother–Child Dyads Exposed to Intimate Partner Violence in Cameroon. <i>Journal of Interpersonal Violence</i> , online.	Intergenerational transmission of violence among women.	Physical, sexual	Partner	Individual/relational	Women n=74
	Eze Eze, D. (2019). Microfinance programs and domestic violence in northern Cameroon; the case of the Familial Rural Income Improvement Program. <i>Review of Economics of the Household</i> , 17(3), 947–967.	Microfinance programmes and IPV among women.	Physical, psychological	Partner	Individual/relational	Women n= 320
	Parmar, P., Agrawal, P., Greenough, P. G., Goyal, R., & Kayden, S. (2012). Sexual violence among host and refugee population in Djohong District, Eastern Cameroon. <i>Global Public Health</i> , 7(9), 974–994.	Risk factors for IPV among host and refugee populations.	Sexual	Partner, family member, stranger	Individual/relational	Women n= 600
Qualitative; combination of methods	Lim, S., Peitzmeier, S., Cange, C., et al. (2015). Violence against female sex workers in Cameroon: Accounts of violence, harm reduction, and potential solutions. <i>Journal of Acquired Immune Deficiency Syndromes</i> , 68, S241–S247.	Violence against female sex workers in Cameroon.	Physical, sexual	Client		Women n= 101
Central African Republic						
Qualitative; in-depth interviews	Human Rights Watch. (2017). “They Said We Are Their Slaves.” <i>Sexual Violence by Armed Groups in the Central African Republic</i> . United States.	Sexual violence by armed groups.	Sexual	Combatants		Women n= 296
Democratic Republic of the Congo						
DRC DHS 2007 Quantitative; cross-sectional	Tlapek, S. M. (2015). Women’s Status and Intimate Partner Violence in the Democratic Republic of Congo. <i>Journal of Interpersonal Violence</i> , 30(14), 2526–2540.	Women’s status and experience of IPV.	Physical, sexual, psychological	Partner	Individual/relational	Women n= 3,436
	Peterman, A., Palermo, T., & Bredenkamp, C. (2011). Estimates and determinants of sexual violence against women in the Democratic Republic of Congo. <i>American Journal of Public Health</i> , 101(6), 1060–1067.	Risk factors for sexual violence among women.	Sexual	Partner, stranger	Individual/relational	

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Study name/design	Reference	Focus	VAW type(s)	Perpetrator(s)	Highest level of analysis	Sample
DRC DHS 2014 Quantitative; cross-sectional	Tiruneh, F. N., Chuang, K.-Y., Ntenda, P. A. M., & Chuang, Y.-C. (2018). Unwanted pregnancy, pregnancy loss, and other risk factors for intimate partner violence in the Democratic Republic of the Congo. <i>Women & Health, 58</i> (9), 983–1000.	Unwanted pregnancy, pregnancy loss and risk factors for IPV.	Physical, sexual, psychological	Partner	Community	Women n= 5,120
	Rustad, S. A., Østby, G., & Nordås, R. (2016). Artisanal mining, conflict, and sexual violence in Eastern DRC. <i>The Extractive Industries and Society, 3</i> , 475–484. https://doi.org/10.1016/j.exis.2016.01.010	Artisanal mining, conflict and sexual violence among women.	Sexual	Partner, stranger	Individual/relational	
Engaging with Faith Groups to Prevent Violence Against Women and Girls in Conflict-affected Communities 2015 – 2017 Quantitative; cross-sectional	le Roux, E., Corboz, J., Scott, N., Sandilands, M., Lele, U. B., Bezzolato, E., & Jewkes, R. (2020). Engaging with faith groups to prevent VAWG in conflict-affected communities: Results from two community surveys in the DRC. <i>BMC International Health and Human Rights, 20</i> (1).	Engaging with faith groups to prevent VAWG in conflict-affected communities.	Physical, sexual, psychological	Partner	Individual/relational	Women n= 988 Men n= 961
Pigs for Peace (livestock microfinance intervention) Qualitative; in-depth interviews	Kohli, A., Perrin, N., Mpanano, R. M., et al. (2015). Family and community driven response to intimate partner violence in post-conflict settings. <i>Social Science & Medicine, 146</i> , 276–284.	Family and community responses to IPV in post-conflict settings.	Physical, sexual	Partner		Women n= 13 Men n= 5
Safe at Home 2018 Quantitative; cross-sectional	Scolese, A., Asghar, K., Pla Cordero, et al. (2020). Disability status and violence against women in the home in North Kivu, Democratic Republic of Congo. <i>Global Public Health, 15</i> (7), 985–998.	Disability status and IPV experience among women.	Physical, sexual	Partner	Individual/relational	Women n= 98
Quantitative; retrospective cohort	Bartels, S. A., Scott, J. A., Mukwege, D., Lipton, R. I., et al. (2010). Patterns of sexual violence in Eastern Democratic Republic of Congo: reports from survivors presenting to Panzi Hospital in 2006. <i>Conflict and Health, 4</i> (1), 9.	Prevalence of sexual violence.	Sexual	Combatants	Individual/relational	Women n= 1,021
Qualitative; in-depth interviews	Kiernan, B., Mishori, R., & Masoda, M. (2016). 'There is fear but there is no other work': a preliminary qualitative exploration of the experience of sex workers in eastern Democratic Republic of Congo. <i>Culture, Health & Sexuality, 18</i> (3), 237–248.	Experiences of female sex-workers.	Physical, sexual	Clients		Women n= 8
	Elbert, T., Hinkel, H., Maedl, A., et al. (2013). <i>Sexual and Gender-Based Violence in the Kivu Provinces of the</i>	Insights from combatants on VAW.	Sexual	Stranger		Men n= 213

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Study name/design	Reference	Focus	VAW type(s)	Perpetrator(s)	Highest level of analysis	Sample
	<i>Democratic Republic of Congo: Insights from Former Combatants</i> . World Bank, Washington, DC.					
	Human Rights Watch. (2009). <i>Soldiers who rape, commanders who condone: Sexual violence and military reform in the Democratic Republic of Congo</i> . New York, USA.	Sexual violence and military reform in the Democratic Republic of Congo.	Sexual	Partner, stranger		Women n= 36
Qualitative; focus group discussions	Kelly, J., Kabanga, J., Cragin, W., et al. (2012). 'If your husband doesn't humiliate you, other people won't': Gendered attitudes towards sexual violence in eastern Democratic Republic of Congo. <i>Global Public Health</i> , 7(3), 285–298.	Gendered attitudes towards sexual violence in eastern DRC.	Sexual	Stranger		Women n= 45 Men n= 41
Qualitative; combination of methods	International Rescue Committee. (2019). <i>"Everything on her shoulders" Rapid assessment on gender and violence against women and girls in the Ebola outbreak in Beni, DRC</i> . New York, USA.	Gender and violence against women and girls in the Ebola outbreak	Physical, sexual, psychological	Partner, stranger		FGDs with men and women n= 34 (breakdown not available) Key informants n= 24
Fiji						
Quantitative; cross-sectional	Fiji Women's Crisis Center. (2011). <i>Somebody's Life, Everybody's Business!</i> National Research on Women's Health and Life Experiences in Fiji (2010/2011): A survey exploring the prevalence, incidence and attitudes to intimate partner violence in Fiji. Suva, Fiji.	Risk factors for IPV experience among women.	Physical, sexual	Partner	Individual/relational	Women n= 2,872
Kiribati						
Kiribati Family Health and Support Study 2010 Quantitative; cross-sectional	Secretariat of the Pacific Community. (2010). <i>Kiribati Family Health and Support Study: A study on violence against women and children</i> . Noumea, New Caledonia.	Risk factors for IPV experience among women.	Physical, sexual	Partner	Individual/relational	
Liberia						
DHS 2007 Quantitative; cross-sectional	Kelly, J., Colantuoni, E., Robinson, C., & Decker, M. R. (2019). From political to personal violence: Links between conflict and non-partner physical violence in post-conflict Liberia. <i>Global Public Health</i> , 14(12), 1639–1652.	Political conflict and non-partner physical violence experience among women.	Physical	Non-partner	Individual/relational	Women n= 4,502
	Kelly, J. T. D., Colantuoni, E., Robinson, C., & Decker, M. R. (2018). From the battlefield to the bedroom: a multilevel analysis of the links between political conflict and intimate partner violence in Liberia. <i>BMJ Global Health</i> , 3(2).	Political conflict and IPV experience among women.	Physical, sexual	Partner	Individual/relational	

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Study name/design	Reference	Focus	VAW type(s)	Perpetrator(s)	Highest level of analysis	Sample
Quantitative; cross-sectional	Sileo, K. M., Kershaw, T. S., Gilliam, et al (2019). Trauma Exposure and Intimate Partner Violence Among Young Pregnant Women in Liberia. <i>Journal of Interpersonal Violence</i> , online.	Trauma exposure and IPV experience among young pregnant women.	Physical, sexual, psychological	Partner	Individual/relational	Women n= 183
	Allen, M., & Devitt, C. (2012). Intimate Partner Violence and Belief Systems in Liberia. <i>Journal of Interpersonal Violence</i> , 27(17), 3514–3531.	Belief systems and IPV.	Physical, sexual, psychological, economic	Partner	Individual/relational	Women n= 229
Micronesia						
Family Health and Safety Study Quantitative; cross-sectional)	FSM Department of Health and Social Affairs. (2014). <i>Federated States of Micronesia Family Health and Safety Study</i> . Palikir, FSM.	Risk factors for IPV experience among women.	Physical, sexual	Partner	Individual/r relational	Women n= 822
Qualitative; ethnography	Smith, S. A. (2019). Gender, Relationships and Sexual Violence in the Lives of Women from Chuuk, Micronesia. <i>Journal of Aggression, Maltreatment and Trauma</i> , 28(2), 146–165.	Gender, relationships and sexual violence in the lives of women from Chuuk, Micronesia.	Sexual	Partner		Women n= 15
Mixed methods	Dugwen, G. L., Hancock, W. T., Gilmar, J., et al. (2013). Domestic violence against women on Yap, Federated States of Micronesia. <i>Hawai'i Journal of Medicine & Public Health</i> , 72(9), 318–322.	Prevalence and perceptions of IPV.	Physical, sexual	Partner		Women n= 8
Sierra Leone						
Longitudinal Study of War-Affected youth in Sierra Leone (LSWAY) 2008 Quantitative; cross-sectional	Alleyne-Green, B., Kulick, A., Matsuzaka, S., & Betancourt, T. S. (2019). War Violence Exposure, Reintegration Experiences and Intimate Partner Violence Among a Sample of War-Affected Females in Sierra Leone. <i>Global Social Welfare</i> , 6(2), 97–106.	War violence exposure, reintegration experiences and IPV among war-affected females.	Physical, sexual, psychological	Partner	Individual/relational	Women n= 76 Men n= 92
	Alleyne-Green, B., Kulick, A., Grocher, K., & Betancourt, T. S. (2018). Physical and Sexual Violence Experienced by Male War-Affected Youth: Implications for Post-Conflict Functioning and Intimate Relationships. <i>Journal of Interpersonal Violence</i> . Online.	Experience of war-time violence and IPV among war-affected males.	Physical, sexual, psychological	Partner	Individual/relational	
Quantitative; cross-sectional	Amowitz, L. L. (2002). Prevalence of War-Related Sexual Violence and Other Human Rights Abuses Among Internally Displaced Persons in Sierra Leone. <i>JAMA</i> , 287(4), 513.	Prevalence of sexual violence among internally displaced persons.	Physical, sexual	Combatants	Individual/relational	Women n= 994
Qualitative; in-	Human Rights Watch. (2009). "We'll Kill You If You Cry"	Sexual Violence in	Sexual	Partner,		Women n=

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Study name/design	Reference	Focus	VAW type(s)	Perpetrator(s)	Highest level of analysis	Sample
depth interviews	Sexual Violence In The Sierra Leone Conflict. New York, USA.	the Sierra Leone Conflict.		stranger		300
Solomon Islands						
Solomon Islands Family Health and Safety Study 2009 Quantitative; cross-sectional	Solomon Islands Ministry of Women Youth and Children's Affairs. (2009). <i>Solomon Islands Family Health and Safety Study: A study on violence against women and children.</i> Honiara, Solomon Islands.	Risk factors for IPV experience among women.	Physical, sexual	Partner	Individual/relational	Women n= 2,246
Tanzania						
Tanzania DHS 2010 Quantitative; cross-sectional	Vyas, S., & Heise, L. (2014). Using Propensity Score Matching to Estimate an "Unbiased Effect-Size" Between Women's Employment and Partner Violence in Tanzania. <i>Journal of Interpersonal Violence, 29</i> (16), 2971–2990.	Propensity score matching to estimate effect-size between women's employment and IPV.	Physical, sexual, psychological	Partner	Individual/relational	Women n= 5,688
	Vyas, S., & Heise, L. (2016). How do area-level socioeconomic status and gender norms affect partner violence against women? Evidence from Tanzania. <i>International Journal of Public Health, 61</i> (8), 971–980.	Impact of area-level socioeconomic status and gender norms on IPV among women.	Physical, sexual	Partner	Community	
	Reese, B. M., Chen, M. S., Nekkanti, M., & Mulawa, M. I. (2017). Prevalence and Risk Factors of Women's Past-Year Physical IPV Perpetration and Victimization in Tanzania. <i>Journal of Interpersonal Violence.</i> Online.	Prevalence and risk factors for IPV among women.	Physical	Partner	Individual/relational	
Tanzania DHS 2015 Quantitative; cross-sectional	Vyas, S., & Jansen, H. A. F. M. (2018). Unequal power relations and partner violence against women in Tanzania: a cross-sectional analysis. <i>BMC Women's Health, 18</i> (1), 185.	Unequal power relation and IPC among men and women.	Physical, sexual	Partner	Individual/relational	Women n= 1,278 Men n= 1,278
MAISHA trial Quantitative; cross-sectional and longitudinal	Abramsky, T., Kapinga, I., Mshana, G., et al (2020). Couples data from north-western Tanzania: Insights from a survey of male partners of women enrolled in the MAISHA cluster randomized trial of an intimate partner violence prevention intervention. <i>PLoS ONE, 15</i> (10).	Risk factors for IPV using couples data.	Physical, sexual	Partner	Individual/relational	Women n= 1,940 Men n= 452
	Abramsky, T., Lees, S., Stöckl, H., et al. (2019). Women's income and risk of intimate partner violence: Secondary findings from the MAISHA cluster randomised trial in North-Western Tanzania. <i>BMC Public Health, 19</i> (1).	Women's income and IPV experience.	Physical, sexual, economic	Partner	Individual/relational	
	Kapiga, S., Harvey, S., Muhammad, A. K., Stöckl, H., Mshana, G., Hashim, R., Hansen, C., Lees, S., & Watts, C. (2017). Prevalence of intimate partner violence and abuse and	Prevalence and risk factors for IPV among women.	Physical, sexual, psychological,	Partner	Individual/relational	

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Study name/design	Reference	Focus	VAW type(s)	Perpetrator(s)	Highest level of analysis	Sample
	associated factors among women enrolled into a cluster randomised trial in northwestern Tanzania. <i>BMC Public Health</i> , 17(1).		economic, controlling behaviours			
MAP project (Men as Partners) Quantitative; cross-sectional	Kazaura, M. R., Ezekiel, M. J., & Chitama, D. (2016). Magnitude and factors associated with intimate partner violence in mainland Tanzania. <i>BMC Public Health</i> , 16(1).	Risk factors for IPV experience among women.	Physical, sexual, psychological	Partner	Individual/relational	Women n= 471
Sauti project 2015 Quantitative; cross-sectional	Nyato, D., Materu, J., Kuringe, E., et al. (2019). Prevalence and correlates of partner violence among adolescent girls and young women: Evidence from baseline data of a cluster randomised trial in Tanzania. <i>PLoS ONE</i> , 14(10)	Prevalence and risk factors for IPV among adolescent girls and young women.	Physical, sexual, psychological	Partner	Individual/relational	Women n= 2,276
Shikamana Project 2015 – 2016 Quantitative; cross-sectional	Hendrickson, Z. M., Leddy, A. M., Galai, N., et al. (2018). Work-related mobility and experiences of gender-based violence among female sex workers in Iringa, Tanzania: A cross-sectional analysis of baseline data from Project Shikamana. <i>BMJ Open</i> , 8(9).	Work-related mobility and violence among female sex-workers.	Physical, sexual	Partner, non-partner	Individual/relational	Women n= 496
Vijana Vijiweni II 2013 – 2014 Quantitative; cross-sectional	Mulawa, M. I., Reyes, H., Foshee, et al. (2018). Associations Between Peer Network Gender Norms and the Perpetration of Intimate Partner Violence Among Urban Tanzanian Men: a Multilevel Analysis. <i>Prevention Science</i> , 19(4), 427–436.	Peer network gender norms and IPV perpetration among urban men.	Physical	Partner	Individual/relational	Men n= 1,113
	Mulawa, M., Kajula, L. J., Yamanis, T. et al. (2018). Perpetration and Victimization of Intimate Partner Violence Among Young Men and Women in Dar es Salaam, Tanzania. <i>Journal of Interpersonal Violence</i> , 33(16), 2486–2511.	Risk factors for IPV experience and perpetration among young men and women.	Physical, sexual, psychological	Partner	Community	
Vijana Vijiweni II 2013 – 2014 Qualitative; in-depth interviews	Mulawa, M. I., Kajula, L. J., & Maman, S. (2018). Peer network influence on intimate partner violence perpetration among urban Tanzanian men. <i>Culture, Health and Sexuality</i> , 20(4), 474–488.	Peer network influence on IPV perpetration among urban men.	Physical	Partner		Men n= 40
WHO Multi-Country Study on Women's Health and Domestic Violence against Women 2000 – 2004 Quantitative; cross-sectional	Vyas, S., Jansen, H. A. F. M., Heise, L., & Mbwambo, J. (2015). Exploring the association between women's access to economic resources and intimate partner violence in Dar es Salaam and Mbeya, Tanzania. <i>Social Science and Medicine</i> , 146, 307–315.	Women's access to economic resources and IPV experience.	Physical, sexual	Partner	Community	Women n= 3,270
	Stöckl, H., Watts, C., & Kilonzo Mbwambo, J. K. (2010). Physical violence by a partner during pregnancy in Tanzania: Prevalence and risk factors. <i>Reproductive Health Matters</i> , 18(36), 171–180.	Prevalence and risk factors for physical IPV during pregnancy.	Physical	Partner	Individual/relational	

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Study name/design	Reference	Focus	VAW type(s)	Perpetrator(s)	Highest level of analysis	Sample
Quantitative; cross-sectional	Aloyce, Z., Larson, E., Komba, A., Mwimba, A., Kaale, A., Minja, A., Siril, H., Kamala, J., Somba, M., Ngakongwa, F., Kaaya, S., & Fawzi, M. C. S. (2020). Prevalence and factors associated with intimate partner violence after HIV status disclosure among pregnant women with depression in Tanzania. <i>AIDS Care</i> , 1–7.	Prevalence and risk factors for IPV after HIV disclosure among pregnant women.	Physical, sexual, psychological	Partner	Individual/relational	Women n= 659
	Messersmith, L. J., Halim, N., Steven Mzilangwe, E., et al. (2017). Childhood Trauma, Gender Inequitable Attitudes, Alcohol Use and Multiple Sexual Partners: Correlates of Intimate Partner Violence in Northern Tanzania. <i>Journal of Interpersonal Violence</i> , online.	Childhood trauma, gender inequitable attitudes, alcohol use, multiple partners and IPV among women.	Physical, sexual, psychological, economic	Partner	Individual/relational	Women n= 450 Men n= 450
	Sigalla, G. N., Rasch, V., Gammeltoft, T., et al. (2017). Social support and intimate partner violence during pregnancy among women attending antenatal care in Moshi Municipality, Northern Tanzania. <i>BMC Public Health</i> , 17(1).	Social support and IPV during pregnancy among women attending antenatal care.	Physical, sexual, psychological	Partner	Individual/relational	Women n= 1,116
	Laisser, R., Nyström, L., & Emmelin, M. (2014). Health-care workers' attitudes and perceptions of intimate partner violence against women in Tanzania. <i>African Journal of Midwifery and Women's Health</i> , 8(1), 28–35.	Healthcare workers' perceptions of IPV.	Physical, sexual, psychological	Partner	Individual/relational	Men n= 75
	Prabhu, M., Mchome, B., Ostermann, J., et al. (2011). Prevalence and correlates of intimate partner violence among women attending HIV voluntary counseling and testing in northern Tanzania, 2005-2008. <i>International Journal of Gynecology & Obstetrics</i> , 113(1), 63–67.	Prevalence and risk factors for IPV among women attending HIV testing and counselling.	Physical, sexual, psychological	Partner	Individual/relational	Women n= 2,436
	McCloskey, L. A., Williams, C., & Larsen, U. (2005). Gender inequality and intimate partner violence among women in Moshi, Tanzania. <i>International Family Planning Perspectives</i> , 31(3), 124–130.	Gender inequality and IPV experience among women.	Physical, sexual	Partner	Individual/relational	Women n= 1,444
	Qualitative; in-depth interviews	Vyas, S., Mbwambo, J., & Heise, L. (2015). Women's Paid Work and Intimate Partner Violence: Insights from Tanzania. <i>Feminist Economics</i> , 21(1), 35–58.	Women's perspectives on paid work and IPV.	Physical, sexual, economic	Partner	
Lary, H., Maman, S., Katebalila, M., & Mbwambo, J. (2004). Exploring the Association between HIV and Violence: Young People's Experiences with Infidelity, Violence and Forced Sex in Dar es Salaam, Tanzania. <i>Family Planning Perspectives</i> , 30(4), 200–206.		Young people's experiences with infidelity, violence and forced sex.	Physical, sexual	Partner, family member		Women n= 20 Men n= 40
Qualitative; focus group discussions	Abeid, M., Muganyizi, P., Olsson, P., et al. (2014). Community perceptions of rape and child sexual abuse: a qualitative study	Community perceptions of rape	Sexual	Partner, family member,		Community members n=

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Study name/design	Reference	Focus	VAW type(s)	Perpetrator(s)	Highest level of analysis	Sample
	in rural Tanzania. <i>BMC International Health and Human Rights</i> , 14(1), 23.	and child sexual abuse.		stranger		54
	Laisser, R. M., Nyström, L., Lugina, H. I., & Emmelin, M. (2011). Community perceptions of intimate partner violence - a qualitative study from urban Tanzania. <i>BMC Women's Health</i> , 11(1), 13.	Community perceptions of intimate partner violence.	Physical, sexual	Partner		Key informants n = 75
Qualitative; combination of methods	Manji, K., Heise, L., & Cislighi, B. (2020). Couples' Economic Equilibrium, Gender Norms and Intimate Partner Violence in Kirumba, Tanzania. <i>Violence against Women</i> , 26(15–16), 2062–2082.	Couples' economic equilibrium, gender norms and intimate partner violence.	Physical, economic	Partner		Women n= 58 Men n= 58
Qualitative; ethnographic	Kenny, E. (2019). Narrating Rape: An Ethnographic Case-Study of Non-Consensual Sexual Debut in Tanzania. <i>Journal of Aggression, Maltreatment and Trauma</i> , 28(1), 106–125.	An ethnographic case-study of non-consensual sexual debut in Tanzania.	Sexual	Stranger		Women n= 1
Mixed methods	Rehema, M., & Prisca, K. (2016). The Causes of Intimate Partner Violence in Babati District - University College London. <i>International Journal of Innovation and Applied Studies</i> , 17(4).	Causes of IPV.	Physical, sexual, economic	Partner		Women n= 50 Men n= 20 Key informants n= 24
	Grabe, S., Grose, R. G., & Dutt, A. (2015). Women's Land Ownership and Relationship Power: A Mixed Methods Approach to Understanding Structural Inequities and Violence Against Women. <i>Psychology of Women Quarterly</i> , 39(1), 7–19.	Women's land ownership, relationship power and violence against women.	Physical, psychological	Partner		Women n= 225
Timor-Leste						
DHS 2016 Quantitative; cross-sectional	Pengpid, S. (2018). Intimate partner victimization and perpetration among female adolescents and adults in Timor-Leste. <i>Gender & Behaviour</i> , 16(1), 11055–11064.	Risk factors for IPV among female adolescents and women.	Physical, sexual	Partner	Individual/ relational	Women n= 3,694
DILI birth cohort study data 2013 – 2015 Quantitative; cross-sectional	Rees, S., Mohsin, M., Tay, et al. (2018). Risk of perpetrating intimate partner violence amongst men exposed to torture in conflict-affected Timor-Leste. <i>Global Mental Health</i> , 5, e23.	Exposure to torture during conflict and IPV perpetration among men.	Physical, sexual, psychological	Partner	Individual/ relational	Women n= 1,672 Men n= 889
	Rees, S., Mohsin, M., Tay, A. K., et al. (2017). Associations between bride price stress and intimate partner violence amongst pregnant women in Timor-Leste. <i>Globalization and Health</i> , 13(1).	Bride price stress and IPV among pregnant women.	Physical, psychological	Partner	Individual/ relational	
Qualitative; combination of methods	Rees, S., Thorpe, R., Tol, W., et al. (2015). Testing a cycle of family violence model in conflict-affected, low-income countries: A qualitative study from Timor-Leste. <i>Social Science</i>	Intergenerational transmission of violence within	Physical	Partner		Women n= 77

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Study name/design	Reference	Focus	VAW type(s)	Perpetrator(s)	Highest level of analysis	Sample
	<i>and Medicine</i> , 130, 284–291.	families.				
Uganda						
DHS 2006 Quantitative; cross-sectional	Ogland, E. G., Xu, X., Bartkowski, J. P., & Ogland, C. P. (2014). Intimate Partner Violence Against Married Women in Uganda. <i>Journal of Family Violence</i> , 29(8), 869–879.	Risk factors for married women's experience of IPV.	Physical, sexual, psychological	Partner	Individual/relational	Women n= 2,087
	Tumwesigye, N. M., Kyomuhendo, G. B., Greenfield, T. K., & Wanyenze, R. K. (2012). Problem drinking and physical intimate partner violence against women: evidence from a national survey in Uganda. <i>BMC Public Health</i> , 12(1), 399.	Men's alcohol use and women's experience of IPV.	Physical	Partner	Individual/relational	
	Speizer, I. S. (2010). Intimate partner violence attitudes and experience among women and men in Uganda. <i>Journal of Interpersonal Violence</i> , 25(7), 1224–1241.	IPV attitudes and experience among men and women.	Physical, sexual	Partner	Individual/relational	
DHS 2011 Quantitative; cross-sectional	Kadengye, D. T., Iddi, S., Hunter, L., & McCoy, S. I. (2019). Effectiveness of Potential Interventions to Change Gendered Social Norms on Prevalence of Intimate Partner Violence in Uganda: a Causal Inference Approach. <i>Prevention Science</i> , 20(7), 1043–1053.	Causal inference approach to changing gendered social norms and IPV.	Physical, sexual, psychological	Partner	Community	Women n = 2,056
	Zegenhagen, S., Ranganathan, M., & Buller, A. M. (2019). Household decision-making and its association with intimate partner violence: Examining differences in men's and women's perceptions in Uganda. <i>SSM - Population Health</i> , 8, 100442.	Men's and women's household decision-making and IPV experience.	Physical	Partner	Individual/relational	
	Odimegwu, C., & Frade, S. (2018). The influence of adolescent age at first union on physical intimate partner violence and fertility in Uganda: A path analysis. <i>SAJCH South African Journal of Child Health</i> , 12(Special Issue), S51–S56.	Age at first union, IPV experience and fertility among women.	Physical	Partner	Individual/relational	
	Wandera, S. O., Kwagala, B., Ndugga, P., & Kabagenyi, A. (2015). Partners' controlling behaviors and intimate partner sexual violence among married women in Uganda Global health. <i>BMC Public Health</i> , 15(1).	Partner's controlling behaviour and women's experience of sexual IPV.	Sexual	Partner	Individual/relational	
	Kwagala, B., Wandera, S. O., Ndugga, P., & Kabagenyi, A. (2013). Empowerment, partner's behaviours and intimate partner physical violence among married women in Uganda. <i>BMC Public Health</i> , 13(1).	Empowerment, partner's behaviour and women's IPV experience.	Physical	Partner	Individual/relational	
DHS 2016 Quantitative; cross-sectional	Gubi, D., Nansubuga, E., & Wandera, S. O. (2020). Correlates of intimate partner violence among married women in Uganda: a cross-sectional survey. <i>BMC Public Health</i> , 20(1).	Risk factors for IPV experience among women.	Physical, sexual, psychological	Partner	Individual/relational	Women n= 9,319
	Amegbor, P. M., & Pascoe, L. (2019). Variations in Emotional, Sexual, and Physical Intimate Partner Violence Among Women in Uganda: A Multilevel Analysis. <i>Journal of</i>	National variations in risk factors for IPV.	Physical, sexual, psychological	Partner	Regional	

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Study name/ design	Reference	Focus	VAW type(s)	Perpetrator(s)	Highest level of analysis	Sample
	<i>Interpersonal Violence</i> . Online. Amegbor, P. M., & Rosenberg, M. W. (2019). What geography can tell us? Effect of higher education on intimate partner violence against women in Uganda. <i>Applied Geography</i> , 106, 71–81.	Geographical variation in effect of higher education on IPV.	Physical, sexual, psychological	Partner	District	
DHS 2006 and 2011 Quantitative; cross-sectional	Valentine, A., Akobirshoev, I., & Mitra, M. (2019). Intimate Partner Violence among Women with Disabilities in Uganda. <i>International Journal of Environmental Research and Public Health</i> , 16(6), 947.	Disability and risk of IPV among women.	Physical, sexual, psychological	Partner	Individual/relational	Women n= 8,592
CRANE survey 2012 Quantitative; cross-sectional)	Schwitters, A., Swaminathan, M., Serwadda, D., et al. (2015). Prevalence of Rape and Client-Initiated Gender-Based Violence Among Female Sex Workers: Kampala, Uganda, 2012. <i>AIDS and Behavior</i> , 19(1), 68–76.	Prevalence of rape and client-initiated violence among female sex workers.	Sexual, psychological, economic	Client	Individual/relational	Women n= 1,467
Essential Child Health and Nutrition Project in Uganda Quantitative; cross-sectional	Karamagi, C. A. S., Tumwine, J. K., Tylleskar, T., & Heggenhougen, K. (2006). Intimate partner violence against women in eastern Uganda: Implications for HIV prevention. <i>BMC Public Health</i> , 6.	Risk factors for IPV among women.	Physical, sexual	Partner	Individual/relational	Women n= 457
Gulu Sexual Health Project 2012 Quantitative; cross-sectional	Erickson, M., Goldenberg, S. M., Muzaaya, G., et al. (2017). Interpersonal and structural contexts of intimate partner violence among female sex workers in conflict-affected northern Uganda. <i>Women & Health</i> . 58(7), 759-773.	Risk factors for IPV among female sex workers.	Physical, sexual	Partner	Individual/relational	Women n= 379
Rakai Community Open Cohort Study data 2000 – 2018 Quantitative; cross-sectional	Zablotska, I. B., Gray, R. H., Koenig, M. A., et al. (2009). Alcohol use, intimate partner violence, sexual coercion and HIV among women aged 15-24 in Rakai, Uganda. <i>AIDS and Behavior</i> , 13(2), 225–233.	Alcohol use, IPV, sexual coercion and HIV among women.	Physical, sexual	Partner	Individual/relational	Women n= 15,081 Men n= 6,531
	Kouyoumdjian, F. G., Calzavara, L. M., Bondy, et al. (2013). Risk factors for intimate partner violence in women in the Rakai Community Cohort Study, Uganda, from 2000 to 2009. <i>BMC Public Health</i> , 13(1), 566.	Risk factors for IPV experience among women.	Physical, sexual, psychological	Partner	Individual/relational	
	Sabri, B., Wirtz, A. L., Ssekasanvu, J., et al. (2019). Intimate partner violence, HIV and sexually transmitted infections in fishing, trading and agrarian communities in Rakai, Uganda. <i>BMC Public Health</i> , 19(1), 1–16.	IPV, HIV and sexually transmitted infections among men and women.	Physical, sexual	Partner	Individual/relational	
	Miller, A. P., Pitpitan, E. v., Nabukalu, D., et al. (2020). Transactional Sex, Alcohol Use and Intimate Partner Violence Against Women in the Rakai Region of Uganda. <i>AIDS and</i>	Transactional sex, alcohol use and IPV experience among	Physical, sexual, psychological	Partner	Individual/relational	

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Study name/ design	Reference	Focus	VAW type(s)	Perpetrator(s)	Highest level of analysis	Sample
	<i>Behavior.</i>	women.				
SASA! Trial 2007 – 2012 Quantitative; cross-sectional	Abramsky, T., Devries, K. M., Michau, L. et al. (2016). Ecological pathways to prevention: How does the SASA! community mobilisation model work to prevent physical intimate partner violence against women? <i>BMC Public Health</i> , 16(1), 339.	Community mobilisation intervention to prevent violence against women.	Physical, sexual	Partner	Community	Women n= 4,385
	Abramsky, T., Devries, K., Kiss, L., et al. (2014). Findings from the SASA! Study: a cluster randomized controlled trial to assess the impact of a community mobilization intervention to prevent violence against women and reduce HIV risk in Kampala, Uganda. <i>BMC Medicine</i> , 12(1), 122.	Community mobilisation intervention to prevent violence against women.	Physical	Partner	Community	
	Francisco, L. v. (2010). The synergy between intimate partner violence and HIV: baseline findings from the SASA! study, a cluster randomised controlled community trial in Kampala, Uganda. Thesis submitted to Johns Hopkins University, Baltimore, USA.	Risk factors for IPV and HIV.	Physical, sexual, psychological	Partner	Individual/relational	
SASA! Trial 2007 – 2012 Qualitative; in-depth interviews	Kyegombe, N., Starmann, E., Devries, K. M., et al. (2014). "SASA! is the medicine that treats violence". Qualitative findings on how a community mobilisation intervention to prevent violence against women created change in Kampala, Uganda. <i>Global Health Action</i> , 7(1).	How a community mobilisation intervention to prevent violence against women created change.	Physical, sexual, economic	Partner		Women n= 20 Men n= 20
Survey of War Affected Youth Qualitative; in-depth interviews	Annan, J., & Brier, M. (2010). The risk of return: Intimate partner violence in Northern Uganda's armed conflict. <i>Social Science and Medicine</i> , 70(1), 152–159.	IPV during Northern Uganda's armed conflict.	Physical, sexual, psychological	Partner		Women n= 21
Uganda AIDS Rural Treatment Outcomes (UARTO) cohort 2011 – 2015 Quantitative; cross-sectional	Young, C. R., Kaida, A., Kabakyenga, J., et al. (2018). Prevalence and correlates of physical and sexual intimate partner violence among women living with HIV in Uganda. <i>PLoS ONE</i> , 13(8).	Prevalence and risk factors for IPV among HIV positive women.	Physical, sexual	Partner	Individual/relational	Women n= 455
	Conroy, A. A., Tsai, A. C., Clark, G. et al (2016). Relationship Power and Sexual Violence Among HIV-Positive Women in Rural Uganda. <i>AIDS and Behavior</i> , 20(9), 2045–2053.	Relationship and IPV among HIV positive women.	Sexual	Partner	Individual/relational	
Uganda national survey of HIV-infected women in care 2016 Quantitative;	Kabwama, S. N., Bukonya, J., Matovu, J. K. B. et al. (2019). Intimate partner violence among HIV positive women in care - Results from a national survey, Uganda 2016. <i>BMC Women's Health</i> , 19(1).	Risk factors for IPV among HIV positive women in care.	Physical, sexual	Partner	Individual/relational	Women n= 5,198

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Study name/design	Reference	Focus	VAW type(s)	Perpetrator(s)	Highest level of analysis	Sample
cross-sectional						
Quantitative; cross-sectional	Black, E., Worth, H., Clarke, S., et al. (2019). Prevalence and correlates of intimate partner violence against women in conflict affected northern Uganda: A cross-sectional study. <i>Conflict and Health</i> , 13(1).	Prevalence and risk factors for IPV among women affected by conflict.	Physical, sexual, psychological	Partner	Individual/relational	Women n= 409
	Eputai, J., Udho, S., Auma, A. G., & Nabirye, R. C. (2019). Intimate partner violence among pregnant women in Uganda. <i>African Journal of Midwifery and Women's Health</i> , 13(2), 1–5.	Risk factors for IPV among pregnant women.	Physical, sexual, psychological	Partner	Individual/relational	Women n= 181
	Logie, C. H., Okumu, M., Mwima, S., et al. (2019). Social ecological factors associated with experiencing violence among urban refugee and displaced adolescent girls and young women in informal settlements in Kampala, Uganda: A cross-sectional study. <i>Conflict and Health</i> , 13(1), 60.	Risk factors for violence among urban refugee and displaced adolescent girls and young women.	Physical, sexual, psychological	Partner	Community	Women n= 333
	Mootz, J. J., Muhanguzi, F. K., Panko, P., Mangen, P. O., Wainberg, M. L., Pinsky, I., & Khoshnood, K. (2018). Armed conflict, alcohol misuse, decision-making, and intimate partner violence among women in Northeastern Uganda: a population level study. <i>Conflict and Health</i> , 12(1), 37.	Armed conflict, alcohol misuse, decision-making and IPV among women.	Physical, psychological	Partner	Individual/relational	Women n= 605
	Kinyanda, E., Weiss, H. A., Mungherera, Met al. (2016). Intimate partner violence as seen in post-conflict eastern Uganda: prevalence, risk factors and mental health consequences. <i>BMC International Health and Human Rights</i> , 16(1), 5.	Risk factors for IPV among women.	Physical, sexual, psychological	Partner	Individual/relational	Women n= 1,110
	Lundberg, P., Nakasujja, N., Musisi, S., et al. (2015). Sexual risk behavior, sexual violence, and HIV in persons with severe mental illness in Uganda: Hospital-based cross-sectional study and national comparison data. <i>American Journal of Public Health</i> , 105(6), 1142–1148.	Sexual risk behaviour, sexual violence and HIV among people with mental illness.	Sexual	Partner, stranger	Individual/relational	Women n= 602
	Anyango, J. F., & Muliira, J. K. (2009). Intimate partner violence among pregnant women in rural Uganda. <i>African Journal of Midwifery and Women's Health</i> , 3(4), 187–192.	Risk factors for IPV among pregnant women.	Physical, sexual, psychological	Partner	Individual/relational	Women n= 120
	Saile, R., Neuner, F., Ertl, V., & Catani, C. (2013). Prevalence and predictors of partner violence against women in the aftermath of war: A survey among couples in Northern Uganda. <i>Social Science and Medicine</i> , 86, 17–25.	Prevalence and risk factors for IPV among women.	Physical, sexual, psychological, controlling behaviours	Partner	Individual/relational	Women n= 235 Men n= 235
	Shuaib, F. M. B., Ehiri, J. E., Jolly, P., Zhang, Q., Emusu, D., Ngu, J., Foushee, H., Katongole, D., Kirby, R., & Wabwire-	Risk factors for IPV among women in HIV	Sexual	Partner	Individual/relational	Women n= 250

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Study name/design	Reference	Focus	VAW type(s)	Perpetrator(s)	Highest level of analysis	Sample
	Mangen, F. (2012). Sexual violence and associated factors among women in HIV discordant and concordant relationships in Uganda. <i>International Journal of Adolescent Medicine and Health</i> , 24(2), 125–133.	concordant and discordant unions.				
	Agardh, A., Tumwine, G., Asamoah, B. O., & Cantor-Graae, E. (2012). The Invisible Suffering: Sexual Coercion, Interpersonal Violence, and Mental Health - A Cross-Sectional Study among University Students in South-Western Uganda. <i>PLoS ONE</i> , 7(12).	Risk factors for sexual violence among female university students.	Sexual	Partner, stranger	Individual/relational	Women n= 633
	Osinde, M. O., Kaye, D. K., & Kakaire, O. (2011). Intimate partner violence among women with HIV infection in rural Uganda: Critical implications for policy and practice. <i>BMC Women's Health</i> , 11(1), 50.	Risk factors for IPV among HIV positive women.	Physical, sexual, psychological	Partner	Individual/relational	Women n= 317
	Maclachlan, E., Neema, S., Luyirika, E., et al. (2009). Women, economic hardship and the path of survival: HIV/AIDS risk behavior among women receiving HIV/AIDS treatment in Uganda. <i>AIDS Care</i> , 21(3), 355–367.	Economic hardship, HIV and IPV among women receiving HIV treatment.	Sexual	Partner, stranger	Individual/relational	Women n= 377
	Koenig, M. A., Lutalo, T., Zhao, F., et al. (2003). Domestic violence in rural Uganda: Evidence from a community-based study. <i>Bulletin of the World Health Organization</i> , 81(1), 53–60.	Risk factors for IPV among women.	Physical, psychological	Partner	Individual/relational	Women n= 5,109
Quantitative; prospective cohort	Emusu, D. (2007). <i>Sexual Violence and Correlates Among Women in HIV Discordant Union</i> . University of Alabama at Birmingham.	Risk factors for sexual violence among women in HIV discordant unions.	Sexual	Partner	Individual/relational	Women n= 250
Qualitative; in-depth interviews	Lundberg, P., Johansson, E., Okello, E., et al. (2012). Sexual risk behaviours and sexual abuse in persons with severe mental illness in Uganda: A qualitative study. <i>PLoS ONE</i> , 7(1).	Sexual risk behaviour and abuse in people with mental illness.	Sexual	Partner, stranger		Men n= 20
	Hague, G., Thiara, R. K., & Turner, A. (2011). Bride-price and its links to domestic violence and poverty in Uganda: A participatory action research study. <i>Women's Studies International Forum</i> , 34(6), 550–561.	Bride-price and its links to domestic violence and poverty.	Physical, psychological, sexual, economic	Partner, family member		Women n= 170 Men n= 57 Key informants n = 27
	Emusu, D., Ivankova, N., Jolly, P., et al. (2009). Experience of sexual violence among women in HIV discordant unions after voluntary HIV counselling and testing: a qualitative critical incident study in Uganda. <i>AIDS Care</i> , 21(11), 1363–1370.	Sexual violence among women in HIV discordant unions.	Sexual	Partner		Women n= 26
Qualitative; focus group discussions	Ager, A., Bancroft, C., Berger, E., & Stark, L. (2018). Local constructions of gender-based violence amongst IDPs in northern Uganda: analysis of archival data collected using a	Constructions of gender-based violence among	Physical, sexual	Partner, stranger		FGDs n= 64 (breakdown of participants)

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Study name/design	Reference	Focus	VAW type(s)	Perpetrator(s)	Highest level of analysis	Sample
	gender- and age-segmented participatory ranking methodology. <i>Conflict and Health</i> , 12(1), 10.	internally displaced persons.				not available)
	Mullinax, M., Higgins, J., Wagman, J., et al. (2013). Community understandings of and responses to gender equality and empowerment in Rakai, Uganda. <i>Global Public Health</i> , 8(4), 465–478.	Community understandings of and responses to gender equality and empowerment.	Not specified	Partner		Women n= 48 Men n= 46
	Cash, K. (2011). What's shame got to do with it: forced sex among married or steady partners in Uganda. <i>African Journal of Reproductive Health</i> , 15(3), 25–40.	Forced sex among married or steady partners in Uganda.	Sexual	Partner		Women n= 202 Men n= 248
Qualitative; combination of methods	Kwiringira, J. N., Mutabazi, M. M., Mugumya, F., et al. (2018). Experiences of Gender Based Violence among Refugee Populations in Uganda: Evidence from Four Refugee Camps. <i>Eastern Africa Social Science Research Review</i> , 34(1), 291–311.	Experiences of gender-based violence among refugee populations.	Physical, sexual, psychological, economic	Partner, family member, stranger		Women n= 16 FGDs with men and women n= 20 (breakdown not available)
	Mootz, J. J., Stabb, S. D., & Mollen, D. (2017). Gender-Based Violence and Armed Conflict. <i>Psychology of Women Quarterly</i> , 41(3), 368–388.	Gender-based violence and armed conflict.	Physical, sexual, psychological, economic	Partner, family members		Women n= 34 Men n = 43
	Namy, S., Carlson, C., O'Hara, K., et al. (2017). Towards a feminist understanding of intersecting violence against women and children in the family. <i>Social Science and Medicine</i> , 184, 40–48.	Feminist understanding of intersecting violence against women and children in the family.	Physical	Partner		Women n= 28 Men n= 27
	Kaye, D. K., Mirembe, F., Ekstrom, A., et al. (2005). Implications of bride price on domestic violence and reproductive health in Wakiso District, Uganda. <i>African Health Sciences</i> , 5(4), 300–303.	Bride price and domestic violence in Wakiso district, Uganda.	Physical, sexual	Partner		FGDs n= 10 (breakdown not available) Key informants n= 12
	Kaye, D. K., Mirembe, F., Ekstrom, A. et al. (2005). The social construction and context of domestic violence in Wakiso District, Uganda. <i>Culture, Health and Sexuality</i> , 7(6), 625–635.	The social construction and context of domestic violence in Wakiso district, Uganda.	Physical, sexual, psychological	Partner		FGDs n= 10 (breakdown not available)
Vanuatu						
Vanuatu National Survey on Women's Lives	Vanuatu National Statistics Office. (2011). <i>Vanuatu National Survey on Women's Lives and Family Relationships</i> . Vanuatu Women's Centre. Port Villa, Vanuatu.	Risk factors for IPV experience among women.	Physical, sexual	Partner	Individual/relational	Women n= 2,337

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Study name/ design	Reference	Focus	VAW type(s)	Perpetrator(s)	Highest level of analysis	Sample
and Family Relationships Quantitative; cross-sectional						
Quantitative; cross-sectional	McKelvie, S., Leodoro, B., Sala, T., Tran, T., & Fisher, J. (2020). Prevalence, Patterns, and Determinants of Intimate Partner Violence Experienced by Women Who Are Pregnant in Sanma Province, Vanuatu. <i>Journal of Interpersonal Violence</i> , online.	Prevalence and risk factors for IPV among pregnant women.	Physical, sexual, psychological, controlling behaviours	Partner	Individual/relational	Women n= 192
Zambia						
DHS 2001 Quantitative; cross-sectional	Okenwa, L., & Lawoko, S. (2010). Social indicators and physical abuse of women by intimate partners: A study of women in Zambia. <i>Violence and Victims</i> , 25(2), 278–288.	Risk factors for IPV among women.	Physical	Partner	Individual/relational	Women n= 5,029
	Klomegah, R. Y. (2008). Intimate Partner Violence (IPV) in Zambia: An Examination of Risk Factors and Gender Perceptions. <i>Journal of Comparative Family Studies</i> , 39(4), 557–569.	Risk factors for IPV among women.	Physical	Partner	Individual/relational	
DHS 2007 Quantitative; cross-sectional	Shinabarger Reed, C. K., (2010). <i>Intimate Partner Violence and Infertility in Zambia</i> . Texas Woman's University, Denton, Texas.	Infertility and IPV among women.	Physical, sexual, psychological	Partner	Individual/relational	Women n= 5,029
Zambia Emory HIV Research Project 2012 – 2015 Quantitative; cross-sectional	Malama, K., Sagaon-Teyssier, L., Parker, R., (2019). Client-Initiated Violence Against Zambian Female Sex Workers: Prevalence and Associations With Behavior, Environment, and Sexual History. <i>Journal of Interpersonal Violence</i> . Online.	Prevalence and risk factors of client-initiated violence among female sex-workers.	Physical	Clients	Individual/relational	Women n= 419
Maternity waiting home intervention 2016 (quantitative; cross-sectional)	Munro-Kramer, M. L., Scott, N., Boyd, C. J., Veliz, P. T., Murray, S. M., Musonda, G., & Lori, J. R. (2018). Postpartum physical intimate partner violence among women in rural Zambia. <i>International Journal of Gynecology and Obstetrics</i> , 143(2), 199–204.	Risk factors for IPV experience among postpartum women.	Physical	Partner	Individual/relational	Women n= 2,381
Stamping Out and Preventing Gender Based Violence in Zambia (STOP GBV)] Qualitative; in-	Samuels, F., Ndubani, P., Walker, D., & Simbaya, J. (2015). <i>Baseline Study: Stamping Out and Preventing Gender Based Violence (STOP GBV) in Zambia</i> . Overseas Development Institute. London, UK.	Preventing gender-based violence.	Physical, psychological, economic	Partner, family member		Women n= 116 Men n= 109

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Study name/design	Reference	Focus	VAW type(s)	Perpetrator(s)	Highest level of analysis	Sample
depth interviews, FGDs						
Violence and Alcohol Treatment Study Trial Quantitative; cross-sectional	Fine, S. L., Kane, J. C., Murray, S. M., et al. (2019). The Role of Violence Acceptance and Inequitable Gender Norms in Intimate Partner Violence Severity Among Couples in Zambia. <i>Journal of Interpersonal Violence</i> . Online.	Violence acceptance, gender norms and IPV severity among couples.	Physical, sexual	Partner		Women n= 247 Men n= 247
Quantitative; cross-sectional	Birbeck, G., Chomba, E., Atadzhanov, et al. (2007). The social and economic impact of epilepsy in Zambia: a cross-sectional study. <i>The Lancet Neurology</i> , 39.	Epilepsy and risk of IPV among women.	Physical, sexual	Partner, family member	Individual/relational	Women n= 338
Qualitative; in-depth interviews	Sichimba, F., Cindy Nakazwe, K., & Phiri, T. (2020). Untold Stories of Women Living in Violence: Lived Realities of Why Women Stay: A Case Study of Ngombe and Kanyama Compounds in Lusaka. <i>Journal of Aggression, Maltreatment & Trauma</i> , 29(7), 767–784.	Women's experiences of staying in violent relationships.	Physical, psychological	Partner		Women n= 25
	Murray, L. K., Haworth, A., Semrau, K., et al. (2006). Violence and abuse among HIV-infected women and their children in Zambia: A qualitative study. <i>Journal of Nervous and Mental Disease</i> , 194(8), 610–615.	Violence and abuse among HIV-infected women and their children.	Physical	Partner		Key informants n= 22
Qualitative; combination of methods	Murray, S. M., Skavenski Van Wyk, S., et al. (2021). A qualitative exploration of mechanisms of intimate partner violence reduction for zambian couples receiving the Common Elements Treatment Approach (CETA) intervention. <i>Social Science and Medicine</i> , 268.	Mechanisms of IPV reduction for couples receiving the CETA intervention.	Physical, sexual, psychological	Partner		Women n= 50 Men n= 50
Multi-country studies (including at least one high-prevalence setting)						
GENACIS (Gender, Alcohol, and Culture: An International Study) 2000 – 2001 Quantitative; cross-sectional	Bernards, S., & Graham, K. (2013). The Cross-Cultural Association Between Marital Status and Physical Aggression Between Intimate Partners. <i>Journal of Family Violence</i> , 28(4), 403–418.	Marital status and physical IPV among men and women.	Physical	Partner	Individual/relational	Women n= 657 Men n= 612
	Graham, K., Bernards, S., Wilsnack, S. C., & Gmel, G. (2011). Alcohol may not cause partner violence but it seems to make it worse: A cross national comparison of the relationship between alcohol and severity of partner violence. <i>Journal of Interpersonal Violence</i> , 26(8), 1503–1523.	Alcohol use and severity of IPV among men and women.	Physical	Partner	Individual/relational	
Qualitative; focus-group discussions	Holmila, M., Beccaria, F., Ibanga, A., Graham, K., Hettige, S., Magri, R., Munné, M., Plant, M., Rolando, S., & Tumwesigye, N. (2014). Gender, alcohol and intimate partner violence: Qualitative comparative study. <i>Drugs: Education, Prevention</i>	Gender, alcohol and intimate partner violence.	Physical, psychological	Partner		Women n= 7 Men n= 6

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Study name/ design	Reference	Focus	VAW type(s)	Perpetrator(s)	Highest level of analysis	Sample
	<i>and Policy</i> , 21(5), 398–407.					
International Men and Gender Equality Survey (IMAGES) 2012 Quantitative; cross-sectional	Flemming, P. J., Mc-Cleary-Sills, J., Morton, et al. (2015). Risk Factors for Men's Lifetime Perpetration of Physical Violence against Intimate Partners: Results from the International Men and Gender Equality Survey (IMAGES) in Eight Countries. <i>PloS One</i> , 10(5).	Risk factors for men's IPV perpetration.	Physical	Partner	Individual/ relational	Men n= 539
DHS datasets Quantitative; cross-sectional	Akinyemi, J. O., Somefun, O., Olamijuwon, E. O., de Wet, N., & Odimegwu, C. O. (2020). How long was the honeymoon? Accelerated failure time model of spousal violence onset among women in sub-Saharan Africa. <i>Women & Health</i> , 60(9), 987–999.	Accelerated failure time model of onset of IPV.	Physical	Partner	Individual/ relational	All women Tanzania n=5,795 Uganda n= 5,504 Zambia n= 5,437 Burundi n= 5,839
	Coll, C. V. N., Ewerling, F., García-Moreno, C., Hellwig, F., & Barros, A. J. D. (2020). Intimate partner violence in 46 low-income and middle-income countries: an appraisal of the most vulnerable groups of women using national health surveys. <i>BMJ Global Health</i> , 5(1).	Risk factors for IPV among women in 46 LMICs.	Physical, sexual, psychological	Partner	Individual/r elational	All women DRC n=5,691 Cameroon n= 4,006 Sierra Leone n= 4,315 Tanzania n= 7,597 Uganda n= 7,536 Zambia n= 9,416 Angola n= 7,669 Afghanistan n= 21,324 Timor Leste n= 3,694 Gabon n= 4,147 Burundi n= 7,366
	Epstein, A., Bendavid, E., Nash, D., Charlebois, E. D., &	Drought and IPV	Physical,	Partner	Societal	All women

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Study name/design	Reference	Focus	VAW type(s)	Perpetrator(s)	Highest level of analysis	Sample
	Weiser, S. D. (2020). Drought and intimate partner violence towards women in 19 countries in sub-saharan Africa during 2011-2018: A population-based study. <i>PLoS Medicine</i> , 17(3).	among women in 19 countries in sub-Saharan Africa.	sexual, psychological			Zambia n=7,577 Burundi n=6,364 Cameroon n=3,396 DRC n=4,557 Gabon n=3,112 Sierra Leone n=3,877 Tanzania n=6,452 Uganda n=6,119 Angola n=6,004
	Kiwuwa-Muyingo, S., & Kadengye, D. T. (2020). Prevalence and Risk Factors for Women's Reports of Past-Year Intimate Partner Violence: A Comparative Analysis of Six East African National Surveys. <i>Journal of Interpersonal Violence</i> . Online.	Prevalence and risk factors for IPV among women in 6 East African countries.	Physical, sexual, psychological	Partner	Individual/relational	All women Uganda n=7,536 Burundi n=7,366 Tanzania n=7,597
	Wilson, N. (2019). Socio-economic Status, Demographic Characteristics and Intimate Partner Violence. <i>Journal of International Development</i> , 31(7), 632–657.	Socio-economic status, demographic characteristics and IPV among women.	Physical, sexual, psychological	Partner	Individual/relational	Not provided for individual countries included in study
	Behrman, J. A., Peterman, A., & Palermo, T. (2017). Does Keeping Adolescent Girls in School Protect Against Sexual Violence? Quasi-Experimental Evidence From East and Southern Africa. <i>Journal of Adolescent Health</i> , 60(2), 184–190.	Protective effect of girls' education on experience of sexual violence.	Sexual	Partner and stranger	Individual/relational	Women n=1,028
	Cools, S., & Kotsadam, A. (2017). Resources and Intimate Partner Violence in Sub-Saharan Africa. <i>World Development</i> , 95, 211–230.	Resources and IPV among women in sub-Saharan Africa.	Physical, sexual	Partner	Society	Not provided for individual countries included in study
	Decker, M. R., Latimore, A. D., Yasutake, S., et al. (2015).	Age and IPV among	Physical,	Partner	Individual/r	All women

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Study name/ design	Reference	Focus	VAW type(s)	Perpetrator(s)	Highest level of analysis	Sample
	Gender-based violence against adolescent and young adult women in low- and middle-income countries. <i>Journal of Adolescent Health</i> , 56(2), 188–196.	adolescent and young adult women in LMICs.	sexual		relational	Tanzania n=2,249 Uganda n=723 Zambia n=1,756 Cameroon n=1,388 DRC n=1,339 Liberia n=1,342 Sao Tome and Principe n=586 Bangladesh n=2,840 Timor-Leste n=640 Bolivia n=3,470
	Bamiwuye, S. O., & Odimegwu, C. (2014). Spousal violence in sub-Saharan Africa: Does household poverty-wealth matter? <i>Reproductive Health</i> , 11(1).	Household poverty-wealth and IPV in sub-Saharan Africa.	Physical, sexual, psychological	Partner	Individual/relational	All women Cameroon n=3,691 Zambia n=3,010
	Bott, S., Guedes, A., Goodwin, M., & Adams Mendoza, J. (2012). <i>Violence Against Women in Latin America and the Caribbean: A comparative analysis of population-based data from 12 countries</i> . Pan American Health Organization. Washington DC, USA.	Risk factors for IPV among women in Latin America and the Caribbean.	Physical, sexual	Partner	Individual/relational	Not provided for individual countries included in study
	Alio, A. P., Clayton, H. B., Garba, M., et al. (2011). Spousal Concordance in Attitudes Toward Violence and Reported Physical Abuse in African Couples. <i>Journal of Interpersonal Violence</i> , 26(14), 2790–2810.	Spousal concordance in attitudes towards VAW and physical IPV.	Physical	Partner	Individual/relational	Not provided for individual countries included in study
Violence against children survey Quantitative; cross-sectional	Stark, L., Seff, I., Hoover, A., Gordon, R., Ligiero, D., & Massetti, G. (2019). Sex and age effects in past-year experiences of violence amongst adolescents in five countries. <i>PLoS ONE</i> , 14(7).	Age and sex effects on violence among young people.	Physical, sexual	Partner, family member, stranger	Individual/relational	Women n=1,968 Men n=1,771
WHO Multi-	Stöckl, H., March, L., Pallitto, C., & Garcia-Moreno, C. (2014).	Prevalence and risk	Physical,	Partner	Individual/	Bangladesh

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Study name/design	Reference	Focus	VAW type(s)	Perpetrator(s)	Highest level of analysis	Sample
Country Study on Women's Health and Domestic Violence against Women 2000 – 2004 Quantitative; cross-sectional	Intimate partner violence among adolescents and young women: Prevalence and associated factors in nine countries: A cross-sectional study. <i>BMC Public Health</i> , 14(1).	factors for IPV among adolescents and young women in 9 countries.	sexual		relational	women n= 3,130
	Abramsky, T., Watts, C. H., Garcia-Moreno, et al. (2011). What factors are associated with recent intimate partner violence? findings from the WHO multi-country study on women's health and domestic violence. <i>BMC Public Health</i> , 11(1), 109.	Risk factors for IPV experience among women.	Physical, sexual	Partner	Individual/relational	Tanzania women n= 3,270
	Garcia-Moreno, C., Jansen, H. A., Ellsberg, M., et al. (2006). Prevalence of intimate partner violence: findings from the WHO multi-country study on women's health and domestic violence. <i>Lancet</i> , 368(9543), 1260–1269.	Prevalence of IPV among women.	Physical, sexual	Partner	Individual/relational	
Quantitative; cross-sectional	Chirwa, E., Jewkes, R., van der Heijden, I., & Dunkle, K. (2020). Intimate partner violence among women with and without disabilities: a pooled analysis of baseline data from seven violence-prevention programmes. <i>BMJ Global Health</i> , 5(11).	Disability and IPV experience among women.	Physical, psychological, economic	Partner	Individual/relational	Women n= 933
	Instituto Nacional de Estadística Avenida. (2017). <i>Encuesta de prevalencia y características de la Violencia contra las mujeres 2016</i> . La Paz, Bolivia.	Prevalence and risk factors for VAW.	Physical, sexual, psychological, economic	Partner, stranger, manager	Individual/relational	Not reported for individual countries
	Andersson, N., Ho-Foster, A., Mitchell, et al. (2007). Risk factors for domestic physical violence: national cross-sectional household surveys in eight southern African countries. <i>BMC Women's Health</i> , 7(1), 11.	Risk factors for IPV experience among women.	Physical	Partner	Individual/relational	Women n= 1,605
Qualitative; in-depth interviews	Atim, L., Mwangoka, M., Martins, L., & Rickard, S. (2020). <i>Sexual and Gender-Based Violence in the Mining Sector in Africa. Evidence and reflections from the DRC, South Africa, Tanzania & Uganda</i> . German Federal Ministry for Economic Cooperation and Development (BMZ).	Sexual and Gender-Based Violence in the Mining Sector in Africa.	Physical, psychological, sexual, economic	Partner, stranger		22 key informants
Qualitative; combination of methods	Falb, K., Asghar, K., Pardo, N. M., Hategekimana, J. D. D., Kakay, H., Roth, D., & O'Connor, M. (2020). Developing an Inclusive Conceptual Model for Preventing Violence in the Home in Humanitarian Settings: Qualitative Findings From Myanmar and the Democratic Republic of Congo. <i>Journal of Interpersonal Violence</i> . Online.	Conceptual model for preventing violence in the home in humanitarian settings.	Physical, sexual, psychological	Partner, family members		Women n= 75 Men n= 73
	Tanabe, M., Nagujjah, Y., Rimal, N., et al. (2015). Intersecting Sexual and Reproductive Health and Disability in Humanitarian Settings: Risks, Needs, and Capacities of Refugees with	Intersecting sexual and reproductive health and disability	Sexual	Stranger		Women n= 15 Men n=17

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Study name/ design	Reference	Focus	VAW type(s)	Perpetrator(s)	Highest level of analysis	Sample
	Disabilities in Kenya, Nepal, and Uganda. <i>Sexuality and Disability</i> , 33(4), 411–427.	in humanitarian settings.				
				Total:	Women = 280,360 Men = 40,276 Key informants = 274	

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Table 7: Quality assessment, by first author

First author	Aims and objectives	Research design	Process for producing findings	Data supports interpretation	Appropriate method of analysis	Additional comments
Abeid (2014)	yes	yes	yes	yes	yes	
Abramsky (2011)	yes	yes	yes	yes	yes	
Abramsky (2014)	yes	yes	yes	yes	yes	
Abramsky (2019)	yes	yes	yes	yes	yes	
Abramsky (2020)	yes	yes	yes	yes	yes	
Afiaz (2020)	yes	yes	yes	yes	yes	
Agardh (2012)	yes	yes	yes	yes	yes	
Ager (2018)	yes	yes	yes	yes	yes	
Ahmad (2018)	yes	yes	yes	yes	yes	
Akhter (2016)	yes	yes	yes	yes	yes	
Akhter (2020)	yes	yes	yes	yes	yes	
Akinyemi (2020)	yes	yes	yes	yes	yes	
Aklimunnessa (2007)	yes	yes	yes	yes	yes	
Aktaruzzaman (2020)	yes	yes	yes	yes	yes	
Alio (2011)	yes	yes	yes	yes	yes	
Allen (2012)	yes	yes	yes	yes	yes	
Alleyne-Green (2018)	yes	yes	yes	yes	yes	
Alleyne-Green (2019)	yes	yes	yes	yes	yes	
Aloyce (2020)	yes	yes	yes	yes	yes	

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First author	Aims and objectives	Research design	Process for producing findings	Data supports interpretation	Appropriate method of analysis	Additional comments
Ambramsky (2016)	yes	yes	yes	yes	yes	
Amegbor (2019a)	yes	yes	yes	yes	yes	
Amegbor (2019b)	yes	yes	yes	yes	yes	
Amowitz (2002)	yes	yes	yes	yes	yes	
Andersson (2007)	yes	yes	yes	yes	yes	
Annan (2010)	yes	yes	yes	yes	yes	
Anwary (2015)	yes	yes	yes	yes	yes	
Anyango (2013)	yes	yes	yes	yes	yes	
Atim (2020)	yes	yes	yes	yes	yes	
Bajracharya (2013)	yes	yes	yes	yes	yes	
Bamiwuye (2014)	yes	yes	yes	yes	yes	
Bartels (2010)	yes	yes	yes	yes	yes	
Bates (2004)	yes	yes	yes	yes	yes	
Behrman (2017)	yes	yes	yes	yes	yes	
Bernards (2013)	yes	yes	yes	yes	yes	
Bhuiya (2003)	yes	yes	yes	yes	yes	
Birbeck (2007)	yes	yes	yes	yes	yes	
Black (2019)	yes	yes	yes	yes	yes	
Bott (2012)	yes	yes	yes	yes	yes	
Camargo (2019)	yes	yes	yes	yes	yes	
Cash (2011)	yes	yes	yes	yes	yes	

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First author	Aims and objectives	Research design	Process for producing findings	Data supports interpretation	Appropriate method of analysis	Additional comments
Chirwa (2020)	yes	yes	yes	yes	yes	
Chowdury (2018)	yes	yes	yes	yes	yes	
Coll (2020)	yes	yes	yes	yes	yes	
Conroy (2016)	yes	yes	yes	yes	yes	
Cools (2017)	yes	yes	yes	yes	yes	
Crombach (2015)	yes	yes	yes	yes	yes	
Dalal (2009)	yes	yes	yes	yes	yes	
Dalal (2013)	yes	yes	yes	yes	yes	
Das (2015)	yes	yes	yes	yes	yes	
De (2020)	yes	yes	yes	yes	yes	
Decker (2015)	yes	yes	yes	yes	yes	
DfID (2013)	yes	yes	yes	yes	yes	
Dugwen (2013)	yes	yes	yes	yes	yes	
Ehiri (2010)	yes	yes	yes	yes	yes	
Elbert (2013)	yes	yes	yes	yes	yes	
Emusu (2009)	yes	yes	yes	yes	yes	
Epstein (2020)	yes	yes	yes	yes	yes	
Epuitai (2019)	yes	yes	yes	yes	yes	
Erickson (2018)	yes	yes	yes	yes	yes	
Eze (2019)	yes	yes	yes	yes	yes	
Falb (2020)	yes	yes	yes	yes	yes	

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First author	Aims and objectives	Research design	Process for producing findings	Data supports interpretation	Appropriate method of analysis	Additional comments
Fiji Women's Crisis Centre (2011)	yes	yes	yes	yes	yes	
Fine (2019)	yes	yes	yes	yes	yes	
Fleming (2015)	yes	yes	yes	yes	yes	
Francisco (2010)	yes	yes	yes	yes	yes	
FSM Department of Health and Social Affairs (2014)	yes	yes	yes	yes	yes	
Fulu (2013)	yes	yes	yes	yes	yes	
Garcia-Moreno (2006)	yes	yes	yes	yes	yes	
Gibbs (2018)	yes	yes	yes	yes	yes	
Gibbs (2019)	yes	yes	yes	yes	yes	
Grabe (2015)	yes	yes	yes	yes	yes	
Graham (2010)	yes	yes	yes	yes	yes	
Gubi (2020)	yes	yes	yes	yes	yes	
Hague (2011)	yes	yes	yes	yes	yes	
Hamadani (2020)	yes	yes	yes	yes	yes	
Haque (2020)	yes	yes	yes	yes	yes	
Hasan (2014)	yes	yes	yes	yes	yes	
Heath (2014)	yes	yes	yes	yes	yes	
Hendrickson (2018)	yes	yes	yes	yes	yes	
Holmila (2014)	yes	yes	yes	yes	yes	
Human Rights Watch (2009a)	yes	yes	yes	yes	yes	
Human Rights Watch (2009b)	yes	yes	yes	yes	yes	

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First author	Aims and objectives	Research design	Process for producing findings	Data supports interpretation	Appropriate method of analysis	Additional comments
Human Rights Watch (2013)	yes	yes	yes	yes	yes	
Instituto Nacional de Estadística Avenida (2016)	yes	yes	yes	yes	yes	
International Rescue Committee (2019)	yes	yes	yes	yes	yes	
Islam (2012)	yes	yes	yes	yes	yes	
Islam (2014)	yes	yes	yes	yes	yes	
Islam (2015)	yes	yes	yes	yes	yes	
Islam (2017)	yes	yes	yes	yes	yes	
Islam (2017)	yes	yes	yes	yes	yes	
Islam (2018)	yes	yes	yes	yes	yes	
Izugbara (2018)	yes	yes	no	no	yes	Unusually high odds ratios and confidence intervals
James-Hawkins (2018)	yes	yes	yes	yes	yes	
Jewkes (2018)	yes	yes	yes	yes	yes	
Jewkes (2019)	yes	yes	yes	yes	yes	
Johnson (2009)	yes	yes	yes	yes	yes	
Kabwama (2019)	yes	yes	yes	yes	yes	
Kadengye (2019)	yes	yes	yes	yes	yes	
Kapiga (2017)	yes	yes	yes	yes	yes	
Karamagi (2006)	yes	yes	yes	yes	yes	
Karim (2007)	yes	yes	yes	yes	yes	
Karim (2012)	yes	yes	yes	yes	yes	

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First author	Aims and objectives	Research design	Process for producing findings	Data supports interpretation	Appropriate method of analysis	Additional comments
Karim (2016)	yes	yes	yes	yes	yes	
Karim (2018)	yes	yes	yes	yes	yes	
Kaye (2005a)	yes	yes	yes	yes	yes	
Kaye (2005b)	yes	yes	yes	yes	yes	
Kazaura (2016)	yes	yes	yes	yes	yes	
Kelly (2012)	yes	yes	yes	yes	yes	
Kelly (2018)	yes	yes	yes	yes	yes	
Kelly (2019)	yes	yes	yes	yes	yes	
Kenny (2019)	yes	yes	yes	yes	yes	
Khan (2002)	yes	yes	yes	yes	yes	
Kiernan (2016)	yes	yes	yes	yes	yes	
Kinyanda (2016)	yes	yes	yes	yes	yes	
Kiwuwa-Muyingo (2020)	yes	yes	yes	yes	yes	
Klomegah (2008)	yes	yes	yes	yes	yes	
Koenig (2003)	yes	yes	yes	yes	yes	
Kohli (2015)	yes	yes	yes	yes	yes	
Kouyoumdjian (2013)	yes	yes	yes	yes	yes	
Kwagala (2013)	yes	yes	yes	yes	yes	
Kwiringira (2018)	yes	yes	yes	yes	yes	
Kyegombe (2014)	yes	yes	yes	yes	yes	
Laisser (2011)	yes	yes	yes	yes	yes	

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First author	Aims and objectives	Research design	Process for producing findings	Data supports interpretation	Appropriate method of analysis	Additional comments
Laisser (2014)	yes	yes	yes	yes	yes	
Lary (2004)	yes	yes	yes	yes	yes	
Le Roux (2016)	yes	yes	yes	yes	yes	
Lim (2015)	yes	yes	yes	yes	yes	
Logie (2019)	yes	yes	yes	yes	yes	
Lundberg (2012)	yes	yes	yes	yes	yes	
Lundberg (2015)	yes	yes	yes	yes	yes	
MacLachlan (2009)	yes	yes	yes	yes	yes	
Malama (2019)	yes	yes	yes	yes	yes	
Manji (2020)	yes	yes	yes	yes	yes	
Mannell (2020)	yes	yes	yes	yes	yes	
McCloskey (2005)	yes	yes	yes	yes	yes	
McKelvie (2020)	yes	yes	yes	yes	yes	
Meekers (2013)	yes	yes	yes	yes	yes	
Messersmith (2017)	yes	yes	yes	yes	yes	
Miller (2020)	yes	yes	yes	yes	yes	
Mootz (2017)	yes	yes	yes	yes	yes	
Mootz (2018)	yes	yes	yes	yes	yes	
Mulawa (2018a)	yes	yes	yes	yes	yes	
Mulawa (2018b)	yes	yes	yes	yes	yes	
Mulawa (2018c)	yes	yes	yes	yes	yes	

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First author	Aims and objectives	Research design	Process for producing findings	Data supports interpretation	Appropriate method of analysis	Additional comments
Mullinax (2013)	yes	yes	yes	yes	yes	
Munro-Kramer (2018)	yes	yes	yes	yes	yes	
Murray (2006)	yes	yes	yes	yes	yes	
Murray (2021)	yes	yes	yes	yes	yes	
Murshid (2016)	yes	yes	yes	yes	yes	
Murshid (2016)	yes	yes	yes	yes	yes	
Murshid (2017)	yes	yes	yes	yes	yes	
Murshid (2017)	yes	yes	yes	yes	yes	
Murshid (2018)	yes	yes	yes	yes	yes	
Namy (2017)	yes	yes	yes	yes	yes	
Nandi (2017)	yes	yes	yes	yes	yes	
Naved (2006)	yes	yes	yes	yes	yes	
Naved (2008)	yes	yes	yes	yes	yes	
Naved (2012)	yes	yes	yes	yes	yes	
Naved (2013)	yes	yes	yes	yes	yes	
Naved (2018)	yes	yes	yes	yes	yes	
Naved (2018)	yes	yes	yes	yes	yes	
Nimi (2020)	yes	yes	yes	yes	yes	
Nyato (2019)	yes	yes	yes	yes	yes	
Odimegwu (2018)	yes	yes	yes	yes	yes	
Ogland (2014)	yes	yes	yes	yes	yes	

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First author	Aims and objectives	Research design	Process for producing findings	Data supports interpretation	Appropriate method of analysis	Additional comments
Okenwa (2010)	yes	yes	yes	yes	yes	
Osinde (2011)	yes	yes	yes	yes	yes	
Parmar (2012)	yes	yes	yes	yes	yes	
Pengpid (2018)	yes	yes	yes	yes	yes	
Peterman (2011)	yes	yes	yes	yes	yes	
Prabhu (2011)	yes	yes	yes	yes	yes	
Qamar (2020)	yes	yes	yes	yes	yes	
Rahman (2011)	yes	yes	yes	yes	yes	
Rahman (2013)	yes	yes	yes	yes	yes	
Rahman (2014)	yes	yes	yes	yes	yes	
Rapp (2012)	yes	yes	yes	yes	yes	
Rees (2017)	yes	yes	yes	yes	yes	
Rees (2018)	yes	yes	yes	yes	yes	
Rees (2015)	yes	yes	yes	yes	yes	
Reese (2017)	yes	yes	yes	yes	yes	
Rehema (2016)	yes	yes	yes	yes	yes	
Reiss (2019)	yes	yes	yes	yes	yes	
Rezwana (2020)	yes	yes	yes	yes	yes	
Rustad (2016)	yes	yes	yes	yes	yes	
Sabri (2019)	yes	yes	yes	yes	yes	
Saile (2013)	yes	yes	yes	yes	yes	

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First author	Aims and objectives	Research design	Process for producing findings	Data supports interpretation	Appropriate method of analysis	Additional comments
Sambisa (2010)	yes	yes	yes	yes	yes	
Sambisa (2011)	yes	yes	yes	yes	yes	
Samuels (2015)	yes	yes	yes	yes	yes	
Samuels (2019)	yes	yes	yes	yes	yes	
Sanawar (2019)	yes	yes	yes	yes	yes	
Schuler (2008)	yes	yes	yes	yes	yes	
Schuler (2013)	yes	yes	yes	yes	yes	
Schuler (2017)	yes	yes	yes	yes	yes	
Schuler (2018a)	yes	yes	yes	yes	yes	
Schuler (2018b)	yes	yes	yes	yes	yes	
Schuler (2018)	yes	yes	yes	yes	yes	
Schwitters (2015)	yes	yes	yes	yes	yes	
Scolese (2020)	yes	yes	yes	yes	yes	
Secretariat of the Pacific Community (2010)	yes	yes	yes	yes	yes	
Semenza (2019)	yes	yes	yes	yes	yes	
Shinabarger Reed (2008)	yes	yes	yes	yes	yes	
Shuaib (2012)	yes	yes	yes	yes	yes	
Sichimba (2020)	yes	yes	yes	yes	yes	
Sigalla (2017)	yes	yes	yes	yes	yes	
Sileo (2019)	yes	yes	yes	yes	yes	
Silverman (2007)	yes	yes	yes	yes	yes	

Supplementary material:

Risk factors for violence against women in high-prevalence settings: A mixed methods systematic review and meta-synthesis

First author	Aims and objectives	Research design	Process for producing findings	Data supports interpretation	Appropriate method of analysis	Additional comments
Smith (2019)	yes	yes	yes	yes	yes	
Solomon Islands Ministry of Women Youth and Children's Affairs (2008)	yes	yes	yes	yes	yes	
Speizer (2010)	yes	yes	yes	yes	yes	
Stake (2020)	yes	yes	yes	yes	yes	
Stark (2019)	yes	yes	yes	yes	yes	
Stieglitz (2011)	yes	yes	yes	yes	yes	
Stieglitz (2018)	yes	yes	yes	yes	yes	
Stiglitz (2012)	yes	yes	yes	yes	yes	
Stöckl (2010)	yes	yes	yes	yes	yes	
Stöckl (2014)	yes	yes	yes	yes	yes	
Strønen (2016)	yes	yes	yes	yes	yes	
Tanabe (2015)	yes	yes	yes	yes	yes	
Tiruneh (2018)	yes	yes	yes	yes	yes	
Tlapek (2015)	yes	yes	yes	yes	yes	
Tumwesigye (2012)	yes	yes	yes	yes	yes	
Valentine (2019)	yes	yes	yes	yes	yes	
VanderEnde (2015)	yes	yes	yes	yes	yes	
Vanuatu National Statistics Office (2011)	yes	yes	yes	yes	yes	
Vyas (2014)	yes	yes	yes	yes	yes	
Vyas (2015a)	yes	yes	yes	yes	yes	
Vyas (2015b)	yes	yes	yes	yes	yes	

Supplementary material:

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First author	Aims and objectives	Research design	Process for producing findings	Data supports interpretation	Appropriate method of analysis	Additional comments
Vyas (2016)	yes	yes	yes	yes	yes	
Vyas (2018)	yes	yes	yes	yes	yes	
Wadji (2020)	yes	yes	yes	yes	yes	
Wandera (2015)	yes	yes	yes	yes	yes	
Wilson (2019)	yes	yes	yes	yes	yes	
Yaya (2019a)	yes	yes	yes	yes	yes	
Yaya (2019b)	yes	yes	yes	yes	yes	
Young (2018)	yes	yes	yes	yes	yes	
Yount (2016)	yes	yes	yes	yes	yes	
Yount (2018a)	yes	yes	yes	yes	yes	
Yount (2018b)	yes	yes	yes	yes	yes	
Zablotska (2009)	yes	yes	yes	yes	yes	
Zegenhagen (2019)	yes	yes	yes	yes	yes	