


# The Effectiveness of Women and Girls Safe Spaces: A Systematic Review of Evidence to Address Violence Against Women and Girls in Humanitarian Contexts

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Lindsay Stark<sup>1</sup> , Mackenzie V. Robinson<sup>1</sup>, Ilana Seff<sup>1,2</sup> ,  
Alli Gillespie<sup>1</sup> , Jonathan Colarelli<sup>1</sup>, and Debbie Landis<sup>3</sup>

## Abstract

One in three women and girls will experience violence in their lifetime. In conflict and postconflict settings, the incidence of violence against women and girls (VAWG) is exacerbated, resulting in increased negative social, economic, health, and psychosocial effects. In an attempt to prevent and respond to the occurrence of VAWG in humanitarian settings, Women and Girls Safe Spaces (WGSS) have been promoted as a promising intervention. The authors conducted a systematic review to examine the current quantitative evidence available on the impact and effectiveness of WGSS programs. The authors reviewed relevant peer-reviewed and gray literature using predefined search terms for potential inclusion. Seven records met inclusion criteria. Records included evaluations of WGSS programs implemented in the Democratic Republic of the Congo, Ethiopia, Uganda, Tanzania, Kenya, Bangladesh, and Pakistan. While none of the studies reported reductions in exposure to or incidence of VAWG among program participants, three evaluations demonstrated moderate improvements in psychosocial well-being, social support, and attitudes toward rites of passage. Additionally, only three of the seven evaluations employed rigorous methodologies. This study illustrates the paucity of existing quantitative evidence around the impact of WGSS and the need for further research examining the potential benefits of this widely implemented intervention for women and girls. A stronger evidence base has the potential to inform policy and program development and to help governments, organizations, and communities better allocate limited resources in response to VAWG.

## Keywords

safe spaces, evaluation, conflict, gender-based violence, systematic review

In 1993, the United Nations (UN) General Assembly issued the Declaration on the Elimination of Violence Against Women, formally affirming that violence against women and girls (VAWG) is a human rights violation and charging UN states with eliminating physical, sexual, and psychological violence targeted against women and girls (IASC, 2006; UN General Assembly, 1994). In humanitarian settings, which are typically characterized by destabilization of local infrastructure, breakdown of social supports, and impunity for perpetrators, the risk of VAWG is often elevated (Aas, 2010; Farr, 2009; IASC, 2006; Marsh et al., 2006; Robles, 2014; Stark et al., 2017; United Nations Population Fund [UNFPA], 2019; United Nations, 2015). In these settings, women and girls may face higher levels of disruption to education, forced or early marriage, exploitation, and physical and sexual violence (Stark et al., 2020). Sexual violence can be deployed as a conflict tactic in order to displace communities, seize land and resources, recruit young males, and establish repression, terror, and control (El-Mouelhy, 2004; Farr, 2009; Marsh et al., 2006;

Stark & Wessells, 2012; UN Secretary-General, 2019). Additionally, despite the elevated risk in humanitarian settings of violence perpetrated by combatants, intimate partner violence (IPV) remains the most prevalent form of violence experienced by women and girls (Stark & Ager, 2011; Stark et al., 2010, 2017).

In an attempt to prevent and respond to violence experienced by women and girls in humanitarian settings, international aid organizations have promoted Women and Girls Safe

<sup>1</sup> Brown School, Washington University in St. Louis, MO, USA

<sup>2</sup> Mailman School of Public Health, Columbia University, New York, NY, USA

<sup>3</sup> CARE USA, Washington, DC, USA

## Corresponding Author:

Lindsay Stark, Brown School, Washington University in St. Louis, Campus Box 1196, One Brookings Drive, St. Louis, MO 63130, USA.

Email: lindsaystark@wustl.edu

Spaces (WGSS) as a promising intervention. WGSS are defined as

a structured place where women and girls' physical and emotional safety is respected and where women and girls are supported through processes of empowerment to seek, share, and obtain information, access services, express themselves, enhance psychosocial wellbeing, and more fully realize their rights. (Gender-Based Violence Area of Responsibility [GBV AoR] and UNFPA, 2019)

WGSS programs generally aim to achieve five objectives: (1) provide an entry point for survivors to receive information, support, and health and protection services; (2) access resources to help mitigate the risk of violence; (3) build knowledge and skills on a wide range of topics; (4) enhance women and girls' social networks and offer psychosocial support; and (5) facilitate women and girls' empowerment (GBV AoR and UNFPA, 2019; Noble et al., 2019; Robles, 2014; Wachter et al., 2018). The benefits of WGSS are thus thought to encompass the human, social, physical, and financial well-being of program beneficiaries (Falb et al., 2016), and it is believed that the establishment of women- and/or girl-only spaces help to reduce risks and prevent further harm during emergency responses (Department for International Development, 2013).

Achieving these five objectives that span multiple domains of well-being necessitates coordination across multiple sectors of the humanitarian response, including health, security, education, justice, and others. At the same time, WGSS programming is a recognized example of vertical programming to ensure women and girls receive safe and specialized services that meet their specific needs. While WGSS are intended to be adaptable across contexts and may comprise a variety of activities, recommended standard components of and approaches for WGSS are outlined in the recently published Interagency Minimum Standards for Gender-Based Violence in Emergencies (GBViE) Programming (GBV AoR and UNFPA, 2019). The Minimum Standards note that successful WGSS generally utilize discrete referral systems and case management, support groups, recreational activities to build life skills, formal job training, income-generating activities, and information campaigns. Given the unique risks faced by adolescent girls in humanitarian settings as well as the difficult life transitions they may be experiencing (Stark et al., 2020), it is also recommended that WGSS offer a safe space for adolescent girls only within the broader safe space. In addition to linking girls to the services and activities related to the five objectives listed above, these protective spaces may provide an added dimension of mentorship and peer friendship for this younger population (Austrian and Ghati, 2010).

Although the WGSS model has been increasingly adopted by humanitarian organizations (GBV AoR and UNFPA, 2019; IASC, 2006), WGSS are multifaceted and may employ a range of activities, making them difficult to expand and evaluate on a larger scale. Further, no formal review of evidence supporting the use of WGSS has been conducted to date. In this article, we

seek to synthesize existing evidence regarding the impact and effectiveness of WGSS interventions and identify remaining learning gaps related to this widely endorsed approach.

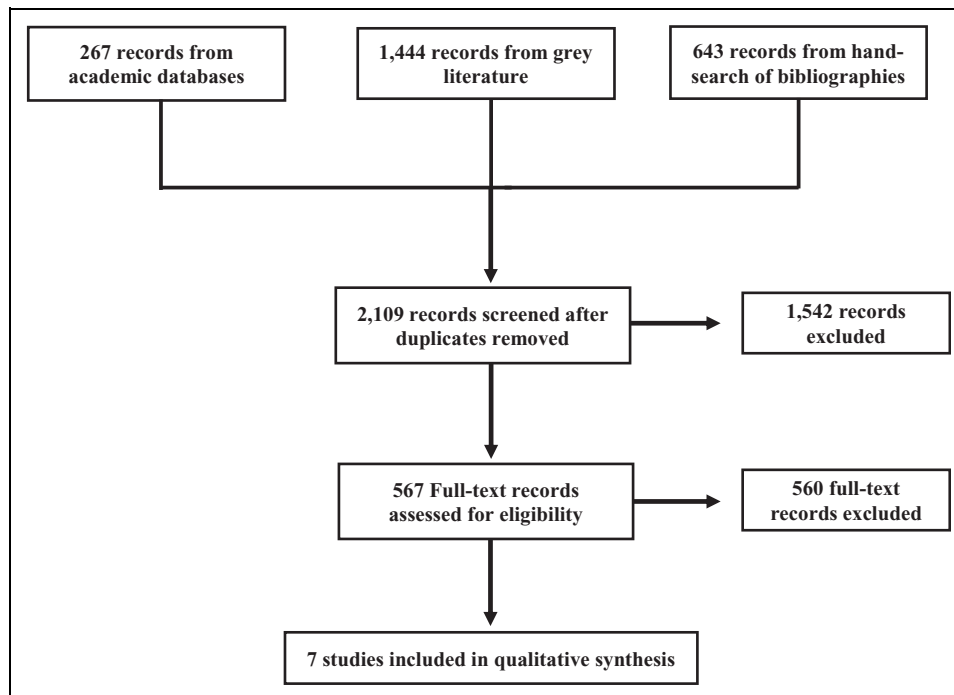
## Method

The research team conducted a systematic literature review from August to November 2019 to identify studies evaluating the effectiveness of WGSS in humanitarian settings. The review sought to assess the primary outcome of violence exposure among women and girls as well as secondary outcomes that align with the minimum standard objectives outlined above. The methodology for this exercise was guided by the preferred reporting items for systematic reviews and meta-analyses standards (Moher et al., 2009). Search terms and eligibility criteria were guided by the study's Population, Intervention, Comparison, and Outcomes statement: *What is the current evidence available on the impact and effectiveness of WGSS?* In order to account for all variations of the search terms, Boolean search terms were used. Peer-reviewed literature was identified through a structured search of key bibliographic databases, including SCOPUS, EBSCO, MEDLINE, and CINAHL (see Online Supplemental Annex A), using various combinations of women, girls, females, and safe spaces as the search terms. Records were extracted from databases if the title, abstract, or key words included (women OR woman OR girl\* OR female) within 10 words of ("safe space" OR "safe spaces") OR (WGSS). A gray literature search was also conducted from relevant organizational websites including the World Health Organization, International Rescue Committee (IRC), and UN agencies. Additionally, a hand search of qualifying articles' bibliographies was conducted. Finally, emails were sent to organizations that have implemented safe space programs in various countries to solicit gray literature related to WGSS evaluations.

### Eligibility Criteria

Eligibility criteria for study inclusion comprised the following: (i) The record was published in English, (ii) the record stated the use of a safe space intervention that explicitly focused on activities meant to achieve at least one of the five objectives outlined in the Minimum Standards (GBV AoR and UNFPA, 2019), and (iii) the study was published in 2004 or later (see Online Supplemental Annex B for complete inclusion/exclusion criteria).

Humanitarian settings were defined as contexts explicitly described as pertaining to refugees, armed conflict, or natural disasters, in accordance with the definition of humanitarian contexts used in other similar studies (Cerna-Turoff et al., 2019; Noble et al., 2019; Rubenstein et al., 2020; Vu et al., 2014). Other terms that were used to refer to WGSS within the records included "women-friendly safe spaces" or "women-friendly spaces"; however, these terms were not included in the search strategy.



**Figure 1.** Preferred reporting items for systematic reviews and meta-analyses flowchart for analysis.

### Study Selection

As shown in Figure 1, 2,354 records were extracted from databases, gray literature, and email sources; after removing duplicates, 2,109 records remained for initial screening. During the initial screening, records were reviewed for inclusion of the phrase “safe spaces.” If the term “safe spaces” was included in the title or abstract, the context was analyzed to determine whether the evaluation referred to a WGSS intervention that implemented activities according to the inclusion criteria mentioned previously. Systematic and literature reviews were excluded from full-text review but were used for bibliography hand searches. Records that discussed safe space activities but where settings were unspecified were included for full-text review. A total of 567 records underwent full-text review, while those determined not to fit the study’s inclusion criteria were removed. After full-text review, seven records met all inclusion criteria and were analyzed for this review. Two reviewers conducted the initial screening and full-text review of all included articles, and a third reviewer adjudicated any differences between the two reviewers in both rounds.

### Results

Among the seven studies that met our final inclusion criteria, only one included women as primary participants while all seven targeted adolescent girls. All seven interventions employed mentor-facilitated life skills programming, and four also provided caregiver sessions to supplement adolescent programming. Topics discussed during sessions varied by program and included gender-based violence, social network building, reproductive health, personal and menstrual hygiene, and

financial literacy. Two interventions were implemented in Asia (Pakistan and Bangladesh) while the remaining interventions were conducted in Sub-Saharan Africa (Uganda, Kenya, Tanzania, Ethiopia, and Democratic Republic of the Congo [DRC]). All seven evaluations employed a mixed methods approach to collecting data; however, only quantitative data were analyzed for this review.

### Intervention Components

All seven studies employed various activities based on the safe space model, including life skills curricula, mentorship, and caregiver-targeted trainings/activities. However, only activities with clearly articulated and measured outcomes were reviewed for the purposes of this study. Six of the studies’ intervention activities were further reviewed to determine which of the Minimum Standards objectives were met. The seventh did not discuss specific activities conducted within its report and was thus unable to be evaluated (see Table 1). While the authors recognize the Minimum Standards deem a WGSS as being required to fulfill all five objectives, the records evaluated were published prior to the release of the Standards and can serve as illustrative references of what has (and has not) been highlighted in the literature (see Table 2).

Three of the seven interventions were implemented as part of the multicountry safe space intervention “Creating Opportunities through Mentorship, Parental Involvement, and Safe Spaces” (COMPASS). The COMPASS evaluations were undertaken in three countries (Ethiopia, DRC, and Pakistan) to evaluate the impact of the intervention on adolescent girls’ psychosocial well-being and exposure to violence. Activities

**Table 1.** Interagency Gender-Based Violence in Emergencies Minimum Standard Objectives Met by Study.<sup>a</sup>

Objective	Stark, Asghar, et al. (2018)	Stark, Seff, et al. (2018)	Asghar et al. (2018)	Danish Refugee Council (2014)	International Rescue Committee (IRC; 2013)	Seema & Rahman (2019)	IRC (2014)
1. Provide a vital entry point for female survivors of GBV to safely access information, specialized services, and referrals to health, protection, and other services	X	X	X	—	X	X	—
2. Serve as a place where women and girls can access information, resources, and support to reduce the risk of violence	X	X	X	X	X	X	—
3. Facilitate women's and girls' access to knowledge, skills, and services	X	X	X	X	X	X	—
4. Support women's and girls' psychosocial well-being, create social networks to reduce isolation or seclusion, and enhance integration into community life	X	X	X	—	—	X	—
5. Generate conditions for women's and girls' empowerment	X	—	X	X	—	X	—

Note. — indicates that information was not provided.

<sup>a</sup>Objectives were deemed as met/unmet based on the activities described in the record reviewed. It is possible interventions included other activities that met other objectives but were not described in the records.

conducted at each of the three sites used similar content and modalities, namely, mentor-facilitated life skills programming administered in dedicated safe spaces to improve knowledge and attitudes of gender norms, sexual and reproductive health, early marriage, social network-building, and education. COMPASS Ethiopia (Stark, Asghar, et al., 2018) was implemented over 10 months where adolescent participants discussed gender-based violence awareness and social network building. Caregiver sessions consisted of eight monthly meetings to complement these sessions and aid caregivers in supporting the skills developed with their adolescents. COMPASS DRC's (Stark, Seff, et al., 2018) activities were similar but differed in the number of sessions offered (32 sessions in DRC vs. 30 sessions in Ethiopia) and the ages of the adolescents targeted (ages 10–14 vs. 13–19). COMPASS Pakistan's (Asghar et al., 2018) adolescent activities were modified for that particular context, integrating livelihoods training alongside the life skills curriculum so that male guardians and gatekeepers would allow their adolescent girls to participate.

The remaining four interventions varied slightly from the COMPASS model. The Adolescent Girls' Program pre-post analysis (IRC, 2013) evaluated the effects of a safe space program in Ethiopia. Like the COMPASS intervention, activities included a mentor-facilitated life skills curriculum and parent/caregiver involvement over an 11-month period, with a greater emphasis on financial literacy than the COMPASS curriculum.

The Mentoring Girls Through Livelihoods Midline Report (Danish Refugee Council, 2014) and the midline evaluation of the Adolescent Girls' Project and Empowerment Initiative (IRC, 2014) evaluated the effects of safe space programs in

the Kyaka II Settlement in Uganda and the Nyarugusu Refugee Camp in Tanzania, respectively. Activities were implemented over an 11-month period at Kyaka and 12 months at Nyarugusu. The Kyaka program focused on promoting financial self-reliance among adolescent participants as a way to increase their resilience in the face of violence. While the Nyarugusu report did not explicitly mention which topics were discussed during programming, the evaluation sought to determine its impact on adolescent participants' "livelihood skills and financial assets, access to safety nets, and their sense of safety."

The final intervention reviewed, the WGSS program for the Rohingya Refugee Response report (Seema & Rahman, 2019), discussed preliminary results from a safe space program in Cox's Bazaar, Bangladesh. Numerous activities and services were provided, including referrals to health services, psychosocial counseling, separate groups for women and girls where participants discussed topics of empowerment and agency, livelihood skills training, and basic literacy/numeracy. However, the exact timelines for the intervention and evaluation were not reported.

### Evaluation Designs

The outcomes measured across all seven studies varied. For all three COMPASS studies, the outcomes of interest were similar and included girls' attitudes around rites of passage, psychosocial well-being, and exposure to physical, sexual, and emotional violence. COMPASS Ethiopia and DRC employed cluster-randomized control trials, with end line data collection following the end of the intervention. Of note, these two studies

**Table 2.** Study Characteristics.

Study	Setting	Intervention Components	Evaluation Design	Sample	Outcome(s)
Stark, Asghar, et al. (2018)	Bambasi, Tongo, Sherkole Refugee Camps, and Ethiopia Postconflict	Mentor-facilitated weekly sessions of a fixed life skills curriculum over 10 months; eight monthly sessions for caregivers	Cluster randomized control trial	Intervention n = 457, clusters = 31 Control n = 462, clusters = 31 Sudanese/South Sudanese adolescents (13–19 years old)	Attitudes around rites of passage Grade to complete in school $\beta = 1.08^{**}$ (0.44–1.76) Age of marriage $1.88^*$ (1.07–3.28) Age of first child $2.04^{**}$ (1.25–3.34) Incidence of child marriage Working outside of the home after marriage Social support Have friends $1.71^{**}$ (1.18–2.49) Have trusted nonfamily female adult $2.00^{***}$ (1.44–2.76) Violence exposure <sup>a</sup> Psychosocial outcomes <sup>a</sup> Parenting style Parents' warmth/affection $\beta = -1.08^{**}$ (-1.79 to -0.35) Parental rejection $\beta = -2.08^{***}$ (-3.20 to -0.96) Violence exposure <sup>a</sup> Attitudes around rites of passage <sup>a</sup> Psychosocial outcomes <sup>a</sup> Safety Number of places visited outside the home in past month Median number increased from 1 (IQR = 1–2) to 2 <sup>**</sup> Psychosocial outcomes Self-esteem Median score increased from 30 (IQR = 29–33) to 34 <sup>***</sup> (IQR = 30–36) Hope Median score increased from 3.67 (IQR = 3.00–4.17) to 4.00 <sup>***</sup> (IQR = 3.33–4.33) Perceived capability to achieve goals Median score increased from 3.00 (IQR = 2.33–3.67) to 3.67 <sup>***</sup> (IQR = 3.00–4.33) Attitudes around rites of passage Girls can have a job outside the home after marriage $1.39^{***}$ (1.14–1.70) Girls should have same opportunities as boys $1.43^{***}$ (1.19–1.72) Social support Have friends $1.27^{**}$ (1.07–1.50) Have trusted nonfamily female adult $1.63^*$ (1.02–2.60) Knowledge of services Knowledge of services available for physical violence <sup>a</sup> Violence exposure <sup>a</sup> Engagement in livelihood activities (e.g., being able to borrow money, tracking spending, saving) <sup>b</sup> Social support <sup>b</sup> Psychosocial outcomes <sup>b</sup> Attitudes around gender norms (e.g., attitudinal acceptance of IPV) <sup>b</sup> Safety planning (e.g., plan if harassed or hurt) <sup>b</sup> Social support <sup>b</sup> Attitudes around gender norms <sup>b</sup> Reproductive health (e.g., knowledge and aware of help-seeking options) <sup>b</sup> Financial literacy <sup>b</sup> Decision-making (e.g., agency to make decisions within relationship) <sup>b</sup> Psychosocial outcome <sup>b</sup>
Stark, Seff, et al. (2018)	South Kivu Province, Democratic Republic of the Congo Postconflict	Mentor-facilitated weekly sessions of a fixed life skills curriculum over 8 months; 13 monthly sessions for caregivers	Cluster randomized control trial	Intervention n = 408, clusters = 18 Control n = 377, clusters = 17 Congolesse adolescents (10–14 years old)	
Asghar, et al. (2018)	Khyber-Pakhtunkhwa Province and Jalozi Refugee Camp, Pakistan Postconflict	Mentor-facilitated weekly sessions of a fixed life skills curriculum over 6.5 months; 14 monthly sessions for caregivers; service-provider training	Single-group within-participant pretest/posttest	78 Internally displaced and host community adolescents (12–19 years old)	
Danish Refugee Council (2014)	Kyaka II Refugee Settlement, Uganda Postconflict	Mentor-facilitated sessions on financial self-reliance over 12 months	Single-group within-participant baseline and midline assessments	58 Internally displaced and refugee adolescents (13–18 years old)	
International Rescue Committee (IRC; 2013)	Hagadera Refugee Camp, Kenya Postconflict	Mentor-facilitated weekly sessions of a fixed life skills curriculum over 2–3 months; quarterly sessions for caregivers	Single-group within-participant pretest/posttest	200 Somali and Ethiopian refugee adolescents (10–15 years old)	

(continued)

**Table 2.** (continued)

Study	Setting	Intervention Components	Evaluation Design	Sample	Outcome(s)
Seema & Rahman (2019)	Cox's Bazaar, Bangladesh During ongoing armed conflict in refugees' home country	Mentor-facilitated weekly sessions of a curriculum focused on female empowerment, life skills, community outreach, and awareness raising; time frame is unreported	Single-group within-participant posttest	140 Rohingya refugee women (18–35 years old) and adolescents (12–18 years old)	Gender-based violence knowledge (e.g., knowledge of where to seek help) <sup>b</sup> Attitudes around gender norms <sup>b</sup> Livelihood skills (e.g., reported certain skills and being aware of certain community issues) <sup>b</sup> Psychosocial outcomes <sup>b</sup> Health (e.g., self-reported knowledge of health services and menstrual hygiene) <sup>b</sup>
IRC (2014)	Nyarugusu Refugee Camp, Tanzania Postconflict	Mentor-facilitated sessions on financial self-reliance over 11 months	Single-group within-participant pretest/posttest	189 Refugee adolescents (10–16 years old)	Social support <sup>b</sup> Attitudes around gender norms (e.g., attitudinal acceptance of IPV) <sup>b</sup> Psychosocial outcomes <sup>b</sup> Safety planning (e.g., plan if harassed or hurt) <sup>b</sup> Financial literacy (e.g., track or save money) <sup>b</sup>

Note. Study title derived from first author and year of publication. IPV = intimate partner violence.

<sup>a</sup> Findings were not found to be statistically significant. <sup>b</sup> Evaluation did not employ statistical methods to analyze outcome.

\* $p < .05$ . \*\* $p < .01$ . \*\*\* $p < .001$ .

noted delays related to the start of the intervention. As a result, end line data immediately followed the end of the intervention, resulting in an overlap between the reference period for the primary outcome and the period of intervention delivery and potentially masking reductions in violence attributable to the program. While COMPASS Ethiopia sought to evaluate the impact of the girls and caregiver intervention on girls' exposure to various forms of violence, COMPASS DRC focused on the additive effect of the caregiver component, compared to programming for adolescent girls only.

COMPASS Pakistan, the Adolescent Girls' Program, the Nyarugusu Camp evaluation, and the WGSS program for the Rohingya Refugee Response in Bangladesh evaluations utilized a single-group pretest–posttest design to compare the changes in proportion of participants who improved in outcomes measured. While both COMPASS Pakistan and the Adolescent Girls' Program sought to evaluate the impact of the intervention on participants' knowledge of and attitudes toward violence prevention, reproductive health, financial literacy, and life skills, only the COMPASS study evaluated these determinants' effects on exposure to violence. Additionally, the Rohingya program sought to measure the feasibility and overall satisfaction of the intervention from the point of view of the women and adolescent girl participants and service providers. While the evaluation's research question was not meant to measure the impact of the intervention on health and psychosocial outcomes, the report did discuss changes in women's and girls' attitudes toward rites of passage and sense of agency/empowerment. Additionally, the evaluation mentioned that the complex network of organizations feeding into the safe spaces compromised the effectiveness of the referral system's success rate due to inadequate coordination and considerable turnover among service providers. None of these four evaluations included a control or comparison group, which presented a limitation in allowing evaluators to determine the interventions' direct effects on desired outcomes compared to women and girls not enrolled in the programs.

The Kyaka II Settlement evaluation was the only evaluation that conducted data collection at baseline and midline (specifically, 11 months after baseline), as opposed to baseline and end line. The Nyarugusu Camp evaluation collected data at baseline and end line, which occurred 12 months after baseline. Both interventions sought to evaluate the impact of the intervention on livelihood skills and financial assets, access to social supports, and perceived sense of safety. In addition to a lack of a control or comparison group, this study sustained significant loss to follow-up, contributing to smaller sample sizes at midline/end line.

### Evaluation Results

Evaluation results across all seven studies varied. While the COMPASS Ethiopia evaluation reported no significant effects on improvements in adolescents' psychosocial outcomes and exposure to violence, it did report improvements in attitudes on rites of passage, social support/networks, and child marriage—

important markers along the articulated theory of change. For instance, safe space participants exhibited greater odds of believing in delaying marriage and child-rearing until after the age of 18 (adjusted odds ratio [aORs] of 1.88 and 2.04, respectively). As with Ethiopia, COMPASS DRC reported no significant effects on primary outcomes of interest. However, caregivers' outcomes improved through decreases in the Parental Acceptance-Rejection Questionnaire subscale scores (Rohner et al., 1978), showing that caregivers exhibited greater warmth and affection and lower overall rejection compared to the control group.

COMPASS Pakistan also reported improvements in attitudes on rites of passage and social support/networks, with safe space participants exhibiting greater odds of believing girls can work outside of the home after marriage and that girls should have the same opportunities as boys (aORs of 1.39 and 1.43, respectively). COMPASS Pakistan reported improvements in adolescents' psychosocial outcomes, measured using the Rosenberg Self-Esteem Scale (Rosenberg, 1979) and the Children's Hope Scale (Snyder et al., 1997), though effect sizes were minimal. For instance, while the study noted statistically significant increases in median self-esteem and hope, both values were still within the medium range of positive perception of self-capacity to achieve goals (Bickman et al., 2010).

Using  $\chi^2$  tests, the Adolescent Girls' Program pre–post evaluation reported statistically significant improvements in participants' psychosocial outcomes, social network-building skills, perceptions of gender norms, and reproductive health knowledge. However, while the evaluation reported a statistically significant increase in the proportion of participants who knew where to receive reproductive health services (from 19% to 100%), values of statistical significance and detailed description of study methods were not provided within the report, preventing reviewers from being able to discern the validity of the results.

The Kyaka II Settlement, Nyarugusu Camp, and WGSS for the Rohingya Refugee Response evaluations lacked rigorous evaluation components, including the use of appropriate statistical methods. These evaluations did not report any statistical analysis of the outcomes data measured, limiting the reviewers' abilities to determine the impact of the interventions. The report on the WGSS program for Rohingya refugees showed varying posttest proportions of women and girls agreeing with statements around empowerment but did not provide pretest proportions for comparison. In all three reports, not only are the values of statistical significance unreported, but a detailed description of analytical methods used are not provided, preventing reviewers from being able to discern the validity of the methods used and results obtained.

### Quality Assessment of Primary Results

Studies were assessed for their quality according to seven criteria developed and adapted by previous studies: (1) use of a counterfactual/comparison group, (2) adequate sample size, (3) adequate response rate (reported and >80%), (4) use of an

established instrument for measuring association with violence, (5) clearly stated definitions of predictors, (6) study design accounts for temporality between predictors and outcome, and (7) analysis controls for confounding/effect modifying variables (e.g., linear regression, multinomial regression; Alhabib et al., 2010; Rubenstein et al., 2020; Shamu et al., 2011). Some criteria were not reported on in four of the records and are denoted as such within Table 3.

The quality of the COMPASS studies varied, with Ethiopia meeting all seven criteria, DRC meeting six, and Pakistan meeting three. Reasons for COMPASS Pakistan's lower score were its small sample size ( $n = 78$ ), low response rate (40.6%), and its nonuse of comparison groups. The Kyaka II Settlement, Hagadera, Nyarugusu, and Rohingya Refugee Response reports scored low using this assessment tool as many of the criteria were not reported on, making it difficult to discern whether the criteria were or were not met.

## Discussion

The present review identified only seven studies evaluating WGSS in humanitarian contexts. This significant gap in the evidence suggests that efforts within the humanitarian sector to address the needs of women and girls through WGSS have not been based on a quantitative understanding of program impact or effectiveness. The limited evidence that emerged through this review suggests moderate improvements among adolescent girls between the ages of 10 and 19 years old for the outcomes measured. This finding is an important step forward for a population often overlooked by both the child protection and GBViE sectors due to an intersection of vulnerabilities related to their age and gender (Mootz et al., 2019; Stark et al., 2020). At the same time, the majority of evaluations did not include adult women, thus excluding a large proportion of the target population for WGSS programs, and those who also experience high levels of violence. Such realities highlight the need for inclusion of women in evaluations to ensure a robust evidence base for programming that purports to attend to their unique needs (United Nations Office for the Coordination of Humanitarian Affairs [OCHA], 2019).

Significant variation was observed among the studies' methodological dimensions. Given the numerous positive impacts WGSS are intended to confer on women and girls, the range of primary and secondary outcomes observed in the included evaluations was expected. However, the lack of concordance across studies in how similar outcomes were operationalized for data collection and analysis made comparisons difficult. Further, while four studies omitted vital information concerning the research methodologies applied, these records nonetheless reported positive impacts of their programming. The establishment and reporting of standardized outcomes and measurement parameters may help to systematically boost the evidence base around WGSS (Ager et al., 2013; Augustinavicius et al., 2018).

An examination of the studies extracted in the original search, but deemed ineligible for inclusion in the final review, also highlights areas for improvement in future implementation

and evaluations of WGSS. The majority of records in the gray literature were excluded because they failed to provide information beyond program outputs (including access to care, awareness of program, and satisfaction with services). Program implementers may be able to better conceptualize and define program outcomes through the development of a theory of change specific to a particular WGSS. Given the five related but distinct objectives of WGSS, as well as the range of activities that can be included in programming, it can be difficult to distill all of these complexities into a one-size-fits-all theory of change. However, in their recently released guidance document for WGSS, IRC and the International Medical Corps provide a theory of change template for organizations to think through according to the specific goals they hope to achieve and activities and approaches they plan to employ (Megevand & Marchesini, 2019). The COMPASS program in Ethiopia (Stark, Asghar, et al., 2018) and multipronged VAWG interventions in Rwanda (ActionAid, 2018) and Lebanon (Marsh et al., 2016) offer examples of interventions that leveraged program-specific theories of change to help organize and define how program plans align with outcomes of interest. Excluded studies also point to a need for greater cross-sector coordination in defining WGSS, as definitions and components of WGSS were inconsistent across sectors and settings. Furthermore, the limited results included in this review underscore previously cited concerns about the lack of technical expertise in GBViE programming on the ground, which further inhibits evaluation capacity (UNICEF Multicountry GBViE Programme Evaluation: Annexes 3–18, n.d.).

The paucity of evidence may also stem, at least in part, from a consistent lack of donor funds being directed to women and girls' safety. Indeed, recent analyses show only 0.12% of all humanitarian funding granted from 2016 to 2018 was directed toward VAWG programming (Marsh & Blake, n.d.). Such funding gaps force the sector into the position of having to either withhold services from women and girls to ensure adequate funding for research and learning or to implement programming that is not evidence-based. Having to make such decisions is both unethical and a disservice to women and girls. In what may be a more positive sign of progress, four of the studies identified through this review were published in the past 2 years, potentially signaling an emerging interest in equipping researchers and practitioners with the funding and data needed to better advocate for effective interventions. Similarly, we note recent large-scale programs such as "What Works to Prevent Violence" (n.d.) and the "Global Partnership to End Violence Against Children" (n.d.), which signal significant investments in distilling evidence-based practice.

As researchers and practitioners continue to invest in more rigorous evaluations of WGSS, it will be important to plan for longer term follow-up in order to assess the impact of programming over time. While the initial evidence presented in this review hints at certain positive impacts of WGSS in humanitarian settings, none of the included studies measured any outcomes at time points beyond those collected immediately following WGSS participation. Identifying whether WGSS can



**Table 3.** Quality Assessment Criteria for Studies Included in Analysis.

Criteria	Stark, Asghar, et al. (2018)	Stark, Seff, et al. (2018)	Asghar, et al. (2018)	Danish Refugee Council (2014)	International Rescue Committee (IRC; 2013)	Seema & Rahman (2019)	IRC (2014)
Use of counterfactual/comparison group	X	X					
Adequate sample size	X	X	X				
Adequate response rate (reported and >80%)	X	X				reported	
Use of an established instrument for measuring association with violence	X	X		Not reported	Not reported	Not reported	Not reported
Clearly stated definitions for predictors	X	X	X				
Study design accounts for temporality between predictors and outcomes	X	X	X	X	X	X	X
Analysis controls for confounding/effect modifying variables	X	X	X				
Total	7/7	7/7	4/7	1/7	1/7	1/7	1/7

Note. Any criterion stated as “not reported” was counted as a 0 toward total score.

induce sustainable improvements for women and girls—and understanding which activities leverage the longest lasting impacts—can help practitioners utilize evidence-based claims when advocating for funding as well as tailor WGSS activities to optimize impact. The recent release of the Interagency Minimum Standards for GBViE programming provides a valuable starting point for this standardization process—both for program implementation and for evaluation. While the Minimum Standards focus predominantly on process indicators, they do offer a common definition and a coherent framework for WGSS as a holistic package of services. A complementary tool kit offers further guidance on WGSS implementation, monitoring, and evaluation—an important step in elucidating how to evaluate WGSS (Megevand & Marchesini, 2019).

Both of these sets of guidance may offer a clearer framework for the way in which WGSS programming is presented and evaluated in the literature moving forward. Importantly, the evaluations reviewed provided data on select components of WGSS. The humanitarian sector has also seen recent advances in evaluations of Child Friendly Space (CFS) programming—a child protection intervention that uses similar components to those typically contained within the WGSS model, although not designed as a VAWG intervention (Ager et al., 2013; Hermosilla et al., 2019; Metzler et al., 2019). These CFS evaluations were able to look at the impacts on children offered by a “package of interventions.” A similar approach could be usefully adapted in tandem with the new Minimum Standards to build a much broader evidence base in support of WGSS.

Additionally, promising evidence from similar interventions in *nonemergency* settings, including the Empowerment and Livelihood for Adolescents program in Uganda (Bandiera

et al., 2015) and the Safe and Smart Savings Products for Vulnerable Adolescent Girls program in Kenya and Uganda (Austrian & Muthengi, 2013), has shown these programs can reduce the incidence of violence among girl participants. Similarly, a systematic review from Marcus and colleagues (2017) outlines evidence from numerous “girls’ club” interventions and life skills programs across the globe, demonstrating these interventions’ positive impacts on girls’ psychosocial well-being (Marcus et al., 2017). Interventions that included educational components and financial literacy were seen to extend the beneficial impacts of “safe space” programming among adolescent girls, components that carry equal relevance and importance for girls in emergency settings. Incorporating lessons learned from evaluations of comparable interventions in nonemergency settings may further improve WGSS programming and effectiveness in emergencies.

This review is not without limitations. Inclusion criteria for this review required that included studies involve a formal quantitative evaluation of a WGSS intervention. Future reviews might consider assessing evidence derived from qualitative and participatory assessments, which can provide further insights on WGSS’ effectiveness. Furthermore, many organizations that implement WGSS may not have the resources needed to design and conduct rigorous evaluations of their programs, potentially overlooking valuable contributions to the already limited evidence base.

## Conclusion

Reflecting the international community’s growing prioritization of keeping women and girls safe, the fifth sustainable development goal calls for the elimination of violence against all women and girls by 2030 (Interagency and Expert Group on

SDG Indicators, 2016). In humanitarian settings, where women's and girls' risks of violence are further elevated, commitment to reaching this goal becomes all the more critical (United Nations OCHA, 2019). Despite increased programming seeking to prevent and respond to VAWG in emergency contexts, more evidence is needed to assess the impact and relative effectiveness of current approaches. Given the popularity of WGSS, the dearth of evaluations of this intervention presents significant barriers to understanding the role these programs play in the lives of women and girls and the degree to which current approaches are effective. Nevertheless, while some lessons can be learned from in-house monitoring and evaluation, more robust evaluations of WGSS are still needed to elucidate outcomes that benefit women and girls. Further research is urgently needed in order to inform future WGSS implementation and ensure that the safety, well-being, and empowerment of women and girls in humanitarian contexts can be promoted.

### Critical Findings

- Limited quantitative evidence exists on the impact of WGSS on VAWG and related outcomes in humanitarian settings.
- Recently released guidance on how to implement WGSS activities has contributed to emerging consensus on program delivery, but limited agreement around measuring outcomes has created discordance in standardized measurements of impact.
- Although safe spaces are designed to serve both women and girls, evaluations to date have tended to focus on outcomes for girls only.

### Implications on Practice, Policy, and Research

#### Practice.

- The recent release of the Interagency Minimum Standards for GBViE Settings Programming offers important steps forward in providing a standardized framework for WGSS and offers new opportunities for improving the limited evidence base.

#### Policy.

- High-level commitments to ending VAWG need to be met with a robust evidence base for effective interventions. WGSS offer a holistic package of services and remain one of the more popular interventions in humanitarian settings.
- The gender-based violence sector remains critically underfunded. Policy makers should prioritize funding for effective WGSS program implementation and evaluation of near- and long-term outcomes without compromising service delivery to women and girls.

#### Research.

- There is a need for more rigorous evaluation of WGSS as a holistic "package of interventions" that incorporates

and tests the newly defined Interagency Minimum Standards for GBViE Settings Programming.

- Longitudinal studies with substantial follow-up are needed to better determine long-term effects of WGSS programming on individual- and community-level outcomes.
- While not losing focus on the impact of safe space programming for girls, there is a critical need to bolster evaluations targeting adult women as well.

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### ORCID iDs

Lindsay Stark  <https://orcid.org/0000-0002-8775-9735>

Ilana Seff  <https://orcid.org/0000-0002-2569-995X>

Alli Gillespie  <https://orcid.org/0000-0002-1632-3272>

### Supplemental Material

Supplemental material for this article is available online.

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### Author Biographies

**Lindsay Stark**, DrPH, is an internationally recognized expert with more than 15 years of experience leading applied research on the protection and well-being of women and children in humanitarian settings across the globe. She currently serves as an associate professor at the Brown School, Washington University in St. Louis and the codirector of the Center for Violence and Injury Prevention.

**Mackenzie V. Robinson**, MPH, is a research manager at the Brown School, Washington University in St. Louis. Her research interests

include reproductive, maternal, and newborn health and the application of dissemination and implementation science in resource-limited settings.

**Ilana Seff**, DrPH, is a Research Assistant Professor at Washington University in St. Louis. Her research focuses on the prevention of violence against women and girls in humanitarian settings, measurement of social norms around violence against women, and mental health of refugees and displaced populations.

**Alli Gillespie**, BA, is an MSW/MPH candidate at the Brown School at Washington University in St. Louis. Her research interests include organizational culture and policy in international humanitarian response, queer diasporas, and the relationship between forced displacement and prevention of/response to sexual- and gender-based violence.

**Jonathan Colarelli**, BS, BSC, is an MSW candidate at the Brown School at Washington University in St. Louis. Through coursework and research, he analyzes community-wide initiatives to reduce the incidence of childhood trauma and toxic stress. Eventually, he hopes to promote systemic changes that create more safe and stable homes for youth.

**Debbie Landis**, PhD, is currently a Senior Gender in Emergencies Policy Specialist at CARE USA, with more than 15 years of applied research and program management experience with international humanitarian organizations. Her research focuses on global protection issues and the intersections between violence, formal education, and child marriage among adolescent girls in the humanitarian settings.