

FINAL REPORT



Developing research priorities on gender-based violence in higher education institutions in low- and middle-income countries



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Executive summary

Gender-based violence (GBV) in higher education institutions (HEIs) is a widespread yet understudied issue in low- and middle-income countries (LMICs), particularly in Africa and the Middle East. While GBV in HEIs has received growing attention globally, most evidence originates from high-income countries. This study, led by the Sexual Violence Research Initiative (SVRI) with support from the International Development Research Centre (IDRC), addresses critical evidence and policy gaps in LMIC contexts through a comprehensive, multi-method research project.

The study includes a scoping review of literature, a nested policy study, and a research priority-setting exercise. The scoping review found that while the evidence base on GBV in HEIs across Africa and the Middle East is growing, it remains fragmented, uneven, and heavily concentrated in a small number of countries such as Egypt, Ethiopia, Jordan, and South Africa. Studies vary widely in quality and methodology, with inconsistent use of definitions and limited focus on under-researched populations such as LGBTQI+ students, students with disabilities, and HEI staff. Most research focuses on sexual harassment and sexual violence, with far less attention to other forms of GBV like bullying, gender microaggressions, and technology-facilitated violence. There is a significant lack of data on perpetration, help-seeking, and the long-term impacts of GBV on educational and professional outcomes. Overall, the review highlights critical gaps in coverage, quality, and inclusivity that limit the field's ability to inform effective policy and practice.

The policy review analysed nearly 1,000 university websites across Africa and the Middle East and found only 84 policies from 75 universities; fewer than 10% of universities had publicly accessible GBV-related policies. Where policies exist, implementation is uneven and hampered by limited resources, stigma, and lack of institutional accountability. Attention to intersectionality is weak, with minimal inclusion of LGBTQI+ people and people with disabilities.

Complementing these findings, SVRI engaged researchers, practitioners, and university staff in four focus group discussions conducted in Arabic, English and French. In addition, 93 experts participated in an online survey to validate the findings, refine key research questions, and prioritise urgent areas for investigation. Through this process, five priority research domains were validated, with the top ranked questions per domain presented below.

- **Domain 1: Understanding the Issue:** What are the prevalence of and risk and protective factors for different types of GBV in higher education institutions, including under-researched forms (e.g., 'sex for grades', gender microaggressions, and technology-facilitated GBV) and among under-researched groups (e.g., LGBTQI+ individuals and people with disabilities)?
- **Domain 2: Knowledge, Perceptions, Attitudes, and Norms:** What is the impact of normative barriers—such as stigma, shame, and victim-blaming—on GBV survivors' help-seeking, case reporting, and access to services in higher education institutions, and how does this vary across different intersectional groups (e.g., gender, ethnicity, disability, and socioeconomic background)?
- **Domain 3: Impacts and Consequences of GBV:** What are the quantifiable short- and long-term educational and professional consequences of GBV for students and staff, measured by indicators such as academic performance, retention and graduation rates, and career progression?
- **Domain 4: GBV Interventions and Policies:** How effective are GBV prevention: interventions in reducing the incidence of GBV in higher education institutions, including those targeting social norms and behaviour change, and how does this vary across intersectional groups?

- **Domain 5: Measures and Methodologies:** What are the most reliable, valid, and sensitive standardised tools for measuring sexual harassment in higher education settings, including both online and offline forms?

The research shows that higher education institutions have strong potential to serve as important sites for preventing and responding to GBV - but this potential is not yet being fully realised. Unlocking it will take greater investment in institutional capacity, stronger and more inclusive policies, better use of evidence, and deeper connections between HEIs and the systems around them. The findings point clearly to where future efforts should focus - building a more inclusive, locally grounded evidence base; addressing harmful institutional norms and cultures that silence survivors; ensuring policies are implemented and enforced with accountability; investing in the research capacity of LMIC-based institutions and researchers; and strengthening links between HEI-based interventions and broader community, school, and policy systems. Together, these shifts can help create safer and more equitable learning environments for all.

A NOTE ON TERMINOLOGY

There is debate in the field about appropriate terminology to describe gendered patterns of violence. The SVRI has chosen to use the term GBV because the language 'violence against women' excludes non-binary and gender-nonconforming people and people with other marginalised gender identities who are at high risk of experiencing GBV in HEIs.

GBV in HEIs encompasses a range of types of violence, including dating violence and IPV (i.e., emotional, economic, physical and sexual IPV), NPSV (including rape), sexual harassment, sexual exploitation and abuse (including what is frequently referred to as 'sex for grades') and bullying and peer victimisation. Some of these types of violence are also, and increasingly, perpetrated through technology-facilitated abuse.

We also classify gender microaggressions as a form of GBV. Sue (2010: 1) defines microaggressions as "the everyday verbal, nonverbal, and environmental slights, snubs, or insults, whether intentional or unintentional, which communicate hostile derogatory, or negative messages to target persons based solely upon their marginalized group membership". Sue also notes that women and LGBTQI+ people are common targets of microaggressions. More recently, the literature has located gender microaggressions on a GBV continuum, as a 'gateway' to sexual harassment and sexual violence (Gartner & Sterzing 2016), and it is increasingly being recognised as a common type of violence in educational and workplace settings (Gartner 2021; Suresh, Singh, Bargujar & Behmani 2023).

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Introduction

Gender-based violence (GBV) in higher education institutions (HEIs) is endemic and has achieved increasing attention over the last forty years, although the evidence is predominantly concentrated in high-income countries (HICs), particularly the United States. Less is known about GBV in HEIs in low- and middle-income countries (LMICs), and the gaps in research that need to be addressed to drive forward an agenda for improving policy and practice in this area.

To address these gaps in the field, the International Development Research Centre (IDRC) funded the Sexual Violence Research Initiative (SVRI) to conduct research and research priority setting on GBV in HEIs in Africa and the Middle East over an 18-month period. This project has consisted of several phased pieces of research including a scoping review of the literature on GBV in HEIs, a qualitative study on GBV policies in HEIs and their implementation and a research priority setting exercise on GBV in HEIs. This report presents the key findings of this research and research priority setting project.

Problem

The problem statement identifying the key evidence gaps that the research seeks to fill has three axes: geographical coverage, potential for prevention and a research agenda to build a vision for the future.

1. Geographical. Research on GBV in HEIs is predominantly concentrated in HICs, with a smaller, albeit growing, evidence base in LMICs. This evidence base has been expanding particularly in the African region, and it was assumed that there was a small evidence base also emerging in MENA. However, the research so far has found that the evidence base is quite large in both geographical settings, although there are gaps in the quality of evidence being produced and the coverage of certain thematic areas.

2. Potential for prevention. While HEIs have clearly been an important setting for GBV prevention in HICs, GBV prevention in LMICs until now has been much more focused on community, family or school (primary and secondary education) settings. Thus, little is known about the extent to which HEIs offer an effective entry-point to GBV prevention, how they provide a mechanism for scale-up, or how they could link to other types of prevention interventions, including in other settings. As the research progresses, the team's initial assumptions about challenges in the implementation of GBV policies in higher education settings and the gaps in GBV prevention in LMICs holds.

3. Research agenda. A comprehensive review of the evidence base and a synthesis of what we know about GBV in LMICs has not been conducted but is very much needed. Further, while several papers have been published recently on the future direction of research in the GBV in HEI field in HICs, corresponding work has not been done in LMICs.



Research Questions

The following research questions and sub-questions guided the research.

1. What is the current state of the evidence on GBV in HEIs in Africa and the Middle East?
 - What are the types, characteristics, prevalence, and correlates of GBV in HEIs in Africa and the Middle East?
 - What are the consequences of GBV in HEIs in Africa and the Middle East, including physical, psychosocial, educational, and professional impacts?
 - Which types of GBV response and prevention interventions¹ have been developed and implemented in HEIs in Africa and the Middle East and with what effect?
2. What is the current state of GBV-related institutional policies in HEIs in Africa and the Middle East?
 - What policies on GBV prevention and response have been developed and implemented in Africa and the Middle East?
 - What are the key characteristics of policies targeting GBV in HEIs, and what are the strengths and limitations?
 - To what extent are GBV-related policies implemented as intended?
 - What works to implement GBV-related policies in HEIs?
 - What are the barriers to successful implementation of GBV-related policies, and how can these barriers be reduced?
3. What are the key gaps in the evidence related to GBV in HEIs in Africa and the Middle East that need to be addressed to advance the field?
 - What are the priority research questions that will advance the field in 5-10 years?
 - How do research priorities differ in different sub-regions and according to different expert characteristics (e.g., gender, professional role, disability, etc.)?
4. To what extent do HEIs offer an effective entry-point to GBV response and prevention?
 - How does this entry point compare with other types of GBV response and prevention interventions and why?
 - What are the possible linkages between GBV prevention and response in HEIs and other settings (e.g., community, secondary schools, other workplace settings), including interventions with different modalities (e.g., community or organisational mobilisation, social norms and behaviour change, group training)?
 - Are HEIs a potential mechanism for taking GBV prevention to scale?

¹ Including interventions developed by universities, governments and other national, regional or international organisations.

Methodology

To answer the research questions, the research team adopted a mixed-methods sequential approach with three key components: (1) a scoping review of the literature on GBV in HEIs; (2) a nested study on GBV policies in HEIs; and (3) a priority setting exercise for research on GBV in HEIs. These were supported throughout with consultation with and validation from with the project's Advisory Group.

SCOPING REVIEW

The scope of the review was framed around four key pillars:

1. Geographical scope, with a focus on Africa and the Middle East.
2. Diverse types of GBV found in HEIs, including IPV and dating violence, non-partner sexual violence, sexual harassment, sexual exploitation and abuse, bullying and peer victimisation and gender microaggressions.
3. Four languages, including Arabic, English, French and Portuguese.
4. A defined data range, from January 2010 to December 2023.

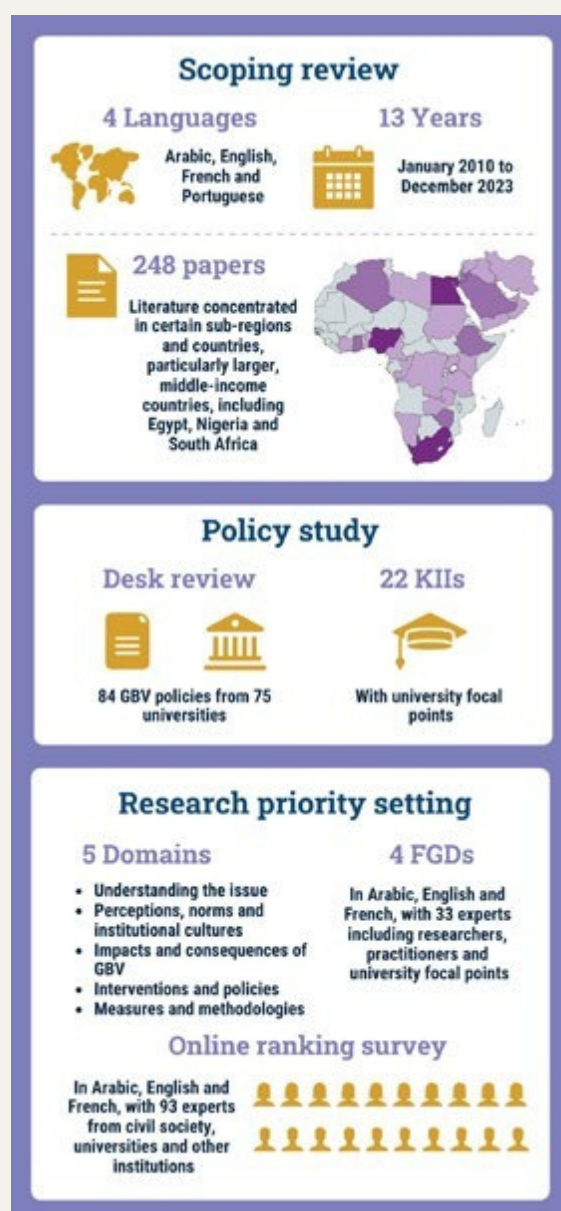
A total of 248 papers were reviewed, with the literature found to be spread across sub-regions, but concentrated in certain sub-regions and countries, particularly larger, middle-income countries. Full details of the scope, information sources, search strategies, inclusion and exclusion criteria, screening and selection process, and analytical framework for the review are included in Annex A (Methodology).

GBV POLICY STUDY

The second component of the research, which started in parallel to the scoping review, is a nested policy study on GBV in HEIs in Africa and the Middle East. The nested policy study is aligned with the second research objective of the project: to analyse GBV prevention and response policies in HEIs in Africa and the Middle East and the extent to which policies are implemented as intended.

The GBV policy study adopted two key methods: an online desk review of HEI policies related to GBV and key informant interviews (KIIs) with HEI staff. These methods are summarised below, with full details included in Annex A (Methodology).

Policy desk review: The review comprised an online search and synthesis of GBV policies from websites of universities in Africa and the Middle East, complemented by additional policies provided by members of the project's Advisory Group and key informants participating in interviews (see below). A total of 84 GBV policies from 74 universities were reviewed.



KIIs with staff: KIIs were conducted with university staff in Africa and the Middle East to analyse the implementation of policies, including enablers and barriers to effective implementation. These interviews were conducted with staff engaged with policy development or implementation. A total of 22 IDIs were conducted, drawing from two sampling approaches: targeted sampling, and open calls for participation through SVRI's weekly newsletter.

A full description of the methods used is included in Annex A (Methodology).

RESEARCH PRIORITY SETTING

The third component of the research comprised a research priority setting exercise drawing from an adapted Child Health and Nutrition Research Initiative (CHNRI) approach, which is an example of a metrics-based priority setting approach that pools individual rankings of research priorities and reduces the dominance of the voices of a few, powerful stakeholders. The priority setting exercise is aligned with the third objective of the overarching research project: to establish key priority research questions on GBV in HEIs in Africa and the Middle East for the next five to ten years, with an emphasis on equitable inclusion of diverse voices, particularly those from the target regions.

The research team adapted and simplified the CHNRI approach and implemented it through four key methodological steps:

- Domain development: Developing a set of domains to guide the classification of research questions.
- Generation of questions: Drawing from the systematic review and policy study results to generate a set of research questions to address evidence gaps.
- Focus group discussions: Conducting four focus group discussions (FGDs) in Arabic, English and French with 33 experts in the field to validate research questions and expand understanding of research priorities.
- Online ranking survey: Disseminating an online survey to rank research questions, completed by 93 experts (researchers, academics and practitioners) in the field.

A full description of the methods used is included in Annex A (Methodology).

Findings

This section presents a synthesis of the key findings of the study according to the research questions. The comprehensive findings of each component of the study can be found in Annex B (Scoping Review), Annex C (GBV Policy study) and Annex D (Research priority setting).

WHAT IS THE CURRENT STATE OF THE EVIDENCE ON GBV IN HEIS IN AFRICA AND THE MIDDLE EAST?

The evidence base on gender-based violence (GBV) in higher education institutions (HEIs) across Africa and the Middle East is growing, but remains uneven, fragmented, and underdeveloped—especially in low-income countries and among marginalised populations. The scoping review identified 126 studies from Africa and 122 from the Middle East and North Africa (MENA), with significant gaps in geographic coverage, inconsistent methodologies, and limited data on marginalised groups. Research is concentrated in a few countries, particularly in middle income settings, with Egypt, Ethiopia, Jordan, Nigeria and South Africa accounting for a substantial portion of the literature.

Studies often lack gender-disaggregated or perpetrator data, and very few use longitudinal designs. Methodological inconsistencies—particularly in definitions and measurements—limit comparability across contexts and over time. There is also weak documentation of institutional responses and little evidence on the sustainability or long-term impact of interventions.

What are the types, characteristics, prevalence, correlates of GBV in HEIs in Africa and the Middle East?

GBV in HEIs across both regions includes sexual harassment, sexual violence, cyberbullying, bullying, and other forms of peer and staff abuse. Prevalence rates are consistently high but vary widely depending on study design and setting. In Ethiopia, for example, reported rates of sexual violence range from 21% to 61%, and sexual harassment from 52% to 80% (Temesgan et al., 2021; Esayas et al., 2023; Mamaru et al., 2015). Similar patterns are found in Egypt, where up to 97% of students report experiencing harassment (Elmohsen Abo El Nour et al., 2022).

Correlates of GBV are underexplored, though some studies identify alcohol and drug use as significant predictors of victimisation and, to a lesser extent, perpetration (Adinew & Hagos, 2017; Olaleye & Ajuwon, 2012). Research in the MENA region often focuses on cyber violence, reflecting growing digital engagement. Yet, critical gaps remain in understanding GBV among LGBTQI+ students, students with disabilities, and higher education staff.

What are the consequences of GBV in HEIs in Africa and the Middle East?

The consequences of GBV in HEIs are wide-ranging and affect students' physical, psychological, academic, and professional lives.

- Psychosocial and health impacts include low self-esteem, depression, anxiety, suicidal ideation, and psychological insecurity, particularly among survivors of cyberbullying and sexual harassment (Alsawalqa, 2021; Ghandour et al., 2023; Farouk Mahmoud & Awadin Ali Hassan, 2021). LGBTQI+ students report especially severe consequences, including forced conversion practices and identity concealment (Mavhandu & Sandy, 2015; Okanlawon, 2017).
- Educational and professional consequences include poor academic performance, course failure, absenteeism due to injury or pregnancy, reduced concentration, and intent to drop out (Ghandour et al., 2023; Adams et al., 2013; Amber & Ibrahim, 2022). For staff, GBV has been linked to stress, diminished performance, and job insecurity (Anierobi et al., 2021; Al-Harayza, 2020).

Victim-blaming attitudes and rape myths—often embedded in institutional cultures—further compound these effects, silencing survivors and discouraging help-seeking.

Which types of GBV response and prevention interventions have been developed and implemented in HEIs in Africa and the Middle East, and with what effect?

Evidence on GBV interventions in HEIs is limited but growing. Most interventions focus on prevention, particularly targeting male students to shift attitudes and reduce rape myth acceptance. Evaluations from South Africa, Ghana, Kenya, and Zimbabwe show improvements in gender norms and bystander confidence, though some programmes reported limited impact among women (Rominski et al., 2017; de Villiers et al., 2021).

Digital tools—such as gaming apps and e-learning platforms—are emerging in the MENA region to address cyber violence, and counselling-based interventions have demonstrated improvements in assertiveness and reductions in bullying (Alfar, 2017; Sadati & Mitchell, 2021). However, most interventions are small-scale and not widely implemented.

Institutional responses are often reactive, inconsistently applied, and weakly enforced. Studies from Egypt and South Africa cite limited staff training, reluctance to discipline staff perpetrators, and patchy policy enforcement (Bashonga & Khuzwayo, 2017; Hendricks, 2022). Foreign-affiliated campuses sometimes have stronger policies, but this is not the norm (Fusilier & Denny, 2021).

Help-seeking remains low, particularly among male students and staff, due to fear of retaliation, stigma, and lack of trust in reporting mechanisms. In some cases, survivors are actively discouraged from coming forward (Keratiloe et al., 2022; Mousa & Abdelgaffar, 2022).

WHAT IS THE CURRENT STATE OF GBV-RELATED INSTITUTIONAL POLICIES IN HEIS IN AFRICA AND THE MIDDLE EAST?

A review of 84 GBV-related policies from 75 universities across Africa and the Middle East highlights a fragmented and uneven landscape. While some institutions have taken important steps to develop formal policies on GBV, these efforts are limited in both number and reach. Out of nearly 1,000 university websites reviewed, only a small fraction had publicly accessible policies in place. The availability of policies was skewed towards larger, better-resourced institutions and international universities with campuses in the MENA region. Central and North Africa had very few visible policies. In Central Africa, no GBV policies were identified at all. This pattern points to significant gaps in institutional transparency and commitment and suggests a disconnect between the production of research evidence on GBV and the uptake of this knowledge in policy and practice.

What policies on GBV prevention and response have been developed and implemented in Africa and the Middle East?

Among the policies analysed, most focused on sexual harassment, with around 75 percent also including provisions on sexual violence, and 40 percent addressing sexual exploitation and abuse. However, other forms of GBV such as bullying, stalking, blackmail, grooming, and technology-facilitated violence were rarely mentioned. There were also notable sub-regional differences. For instance, Southern African institutions were more likely to address sexual exploitation and abuse and to include clear definitions and zero-tolerance commitments, while institutions in the MENA region more commonly referenced bullying and online abuse. Despite some good examples of comprehensive policy development, there is still a long way to go to ensure policies are holistic and responsive to the full spectrum of GBV experiences across campuses.

What are the key characteristics of policies targeting GBV in HEIs, and what are the strengths and limitations?

Many policies include essential foundational elements. In Southern Africa, 77 percent of policies provided clear definitions of GBV, and 86 percent included statements of zero tolerance. Most policies identified both staff and students as potential victims or perpetrators, which is an important recognition of the power dynamics within university communities. However, the scope of accountability was often limited. Only 36 percent of national HEIs and just 8 percent of international HEIs addressed other campus actors such as contractors or visitors. Attention to diversity and intersectionality was also generally weak. Fewer than 40 percent of policies referenced people

with disabilities, and LGBTQI+ populations were largely invisible, particularly in national institutions where legal and social norms restrict inclusive policy language. Some universities used coded or neutral language to work around these limitations, embedding protections through broader non-discrimination principles, but these efforts were inconsistent and often lacked the clarity needed to support meaningful implementation.

To what extent are GBV-related policies implemented as intended?

The implementation of policies was found to be patchy at best. Although 89 percent of policies outlined procedures for complaints and response, actual uptake was uneven. Universities often offered multiple reporting avenues such as hotlines or complaint boxes, but the guarantees of confidentiality were difficult to uphold, especially in contexts where legal frameworks demand the disclosure of names during investigations. Interviews with university staff revealed that survivors often chose not to report incidents due to fears of retaliation, institutional inaction, and stigma, concerns that were especially acute when perpetrators held senior positions. While 74 percent of policies mentioned disciplinary actions, in practice, staff accused of GBV were frequently encouraged to resign or were quietly transferred rather than facing formal consequences. This approach, often driven by reputational concerns, not only undermines accountability but also increases the risk of repeat offences.

What works to implement GBV-related policies in HEIs?

Where implementation has been more successful, a few common elements stand out. Institutions that offer specialised student support units, invest in staff training, and implement peer-led prevention programmes tend to report improvements in both case reporting and institutional responsiveness. Several studies across the region underscore the value of such approaches. In South Africa, Ghana, Kenya, and Zimbabwe, interventions involving peer education and bystander engagement have led to positive shifts in student attitudes, greater understanding of consent, and more proactive bystander behaviours among male students (de Villiers, 2016; Rominski et al., 2017; Machisa et al., 2023). These findings highlight the promise of culturally relevant, student-centred programming in fostering safer and more supportive campus environments.

What are the barriers to successful implementation of GBV-related policies, and how can these barriers be reduced?

Multiple barriers continue to limit the impact of GBV-related policies in HEIs. Lack of funding, particularly in sub-national and smaller institutions, remains a major challenge. Weak national legal frameworks that fail to support institutional action further complicate efforts. In many cases, leadership attitudes play a decisive role. Where there is strong buy-in from senior management, policy uptake tends to be more effective. Conversely, concerns about reputational risk can drive cover-ups and a reluctance to act decisively on cases of staff-perpetrated GBV. The stigma associated with GBV, coupled with broader social norms that discourage speaking out, continues to silence survivors. The growing rollback on gender rights across several countries in the region adds further strain, with women's rights departments under pressure and gender-based programming increasingly under scrutiny.

Efforts to reduce these barriers need to be multi-pronged. Strengthening national legal and regulatory frameworks, investing in HEI-level capacity, building leadership commitment, and embedding inclusive, survivor-centred approaches in policy design and implementation are all

essential steps. Sustained funding and cross-sector collaboration, including with civil society and service providers, are also key to building safe and inclusive campuses where GBV is actively prevented and effectively addressed when it occurs.

WHAT ARE THE KEY GAPS IN THE EVIDENCE RELATED TO GBV IN HEIS IN AFRICA AND THE MIDDLE EAST THAT NEED TO BE ADDRESSED TO ADVANCE THE FIELD?

The study's research priority setting exercise brought together various voices from experts in the field, including from the project's Advisory Group, and a diverse set of experts from across African and Middle Eastern contexts and beyond who participated in online FGDs and surveys. The results suggest that evidence on under-researched forms of GBV and perpetration of GBV, understanding barriers to help seeking and how to strengthen response and prevention interventions are priorities for the field at this time. Across all thematic areas, experts consistently prioritise research on GBV against marginalised groups or people with intersecting characteristics. The full list of research questions ranked in order of priority is included in Annex D, as is a list of priority questions disaggregated by expert characteristics.

Research Domains

Five domains were developed to categorise research priorities. These are presented in Table 1. The domains were developed based on the results of the scoping review and refined after feedback from the Advisory Group.

Table: Five domains for categorising research priorities

DOMAIN 1: Understanding the issue	DOMAIN 2: Perceptions, norms and institutional cultures	DOMAIN 3: Impacts and consequences of GBV	DOMAIN 4: GBV interventions and policies ²	DOMAIN 5: Measures and methodologies
Research on understanding the different forms of GBV, prevalence of GBV, and the causes, risk factors and protective factors for GBV experience and perpetration.	Research on perceptions and attitudes towards GBV and survivors, and social norms and institutional cultures associated with GBV in higher education.	Research on the consequences and impacts of GBV in higher education settings, including health, psychosocial, educational, professional and economic consequences.	Research on interventions and policies that aim to prevent, respond to and protect stakeholders from GBV in higher education settings, and processes for reporting and handling cases.	Research on ways to measure GBV in higher education settings, and methodologies for monitoring and evaluating GBV interventions and policies.

² **GBV response interventions** aim to meet the needs of victims/survivors and seek to prevent further violence through provision of essential services, such as health (including mental health and psychosocial), justice, legal or social services. GBV prevention interventions aim to reduce violence or prevent it from occurring in the first place and may use a wide range of approaches including curriculum-based, bystander, and social norms and behaviour change approaches. Policies provide overarching frameworks for institutional mandates, commitments towards and processes associated with addressing GBV. Policies are translated into action through interventions and programmes, including GBV response and prevention interventions.

During the FGDs, participants were asked to rank the domains from one to five according to the extent to which research in this area would help to advance their work and the wider GBV in HEIs field in the next 5 to 10 years. FGD participants highlighted that all domains were important and were related to one another. However, they shared that there were some clear priority areas for research, and these varied across the groups.

The top ranked domain was **Domain 2, Perceptions, norms and institutional cultures**. FGD participants highlighted different types of normative issues that research in HEIs must address, including stigma and victim-blaming that impact negatively on help seeking, and institutional cultures that could both support and hinder GBV prevention and response in higher education. In the Arabic FGD, participants noted that there is a denial of the issue in HEIs in the MENA region partly due to concerns about reputational risk, and that organisational cultures continue to be one of the greatest barriers to change.

The second ranked domain was Domain 1, understanding the issue. This domain was felt to be less urgent in the English FGDs and more urgent in the French FGD. These findings mirror the results of the scoping review that showed a large body of literature on prevalence and risk factors published in English, but very little evidence in general in French. **The topic of the rapid spread of technology-facilitated GBV in HEIs was also raised as an urgent area of research required under Domain 1.**

Domains 3 and 4 were both ranked third overall. In relation to Domain 3 on Impacts and Consequences of GBV, FGD participants noted the importance of understanding educational and financial impacts in addition to health and psychosocial impacts. While Domain 4 on GBV interventions and policies was not ranked first in any of the FGDs, the issue of GBV response interventions emerged very strongly in the two English FGD, including understanding how to strengthen safe and accountable reporting mechanisms and reduce impunity. This was particularly noted for LGBTQ+ people who face specific challenges due to criminalisation of same-sex sexual relations across the region.

The lowest ranked domain was Domain 5, measures and methodologies. The lower ranking of Domain 5 may be due to all four FGDs comprising fewer researchers than representatives of civil society and universities. However, participants in the French FGD noted that Domain 5 was important as it was the foundation of strong research in the other four domains and was cross cutting.

What are the priority research questions that will advance the field in 5-10 years?

Online survey respondents were asked to rank research questions in each domain according to priorities to advance the field in the next 5-10 years. The top two ranked questions in each domain are listed in Box 2, and all ranked questions per domain are included in Annex D.

In Domain 1, *Understanding the issue*, the top ranked questions are related to prevalence of and factors associated with **under-researched form of GBV among under-researched groups, and the characteristics of perpetrators and factors for perpetration**. These priority rankings align with strong gaps identified in the scoping review.

In Domain 2, *Perceptions, norms and institutional cultures*, the top ranked research questions are related to normative barriers to help seeking, including for intersectional groups, and how peer norms influence GBV, help seeking and intervening. This suggests that **understanding barriers**

to help seeking is perceived to be important in the field at this moment, as is the issue of **intersectionality**. Despite institutional cultures and impunity being important topics in the FGDs, corresponding questions were ranked lower overall.

In Domain 3, *Impacts and consequences of GBV*, the top ranked research questions are both related to **impacts on survivors, including educational and professional impacts, and health, psychosocial and educational impacts**, including among intersectional groups. The lower ranked questions in this domain are all related to GBV impacts on institutions, suggesting that experts are prioritising research on the impacts of GBV on survivors.

In Domain 4, *GBV interventions and policies*, the top ranked research questions are related to the effectiveness of GBV prevention interventions, particularly social norms interventions, among different intersectional groups, and the effects of awareness raising campaigns on reporting and help seeking.

In Domain 5, *Measures and methodologies*, the top ranked research questions are related to standardised tools for measuring sexual harassment, including online and offline forms of harassment, and diverse methodologies to evaluate the effectiveness of GBV prevention initiatives, including non-experimental, qualitative and participatory approaches.

Top two questions per domain

Domain 1: Understanding the issue

- What is the prevalence of and risk and protective factors for different types of GBV in higher education institutions, including under-researched forms of GBV (e.g., 'sex for grades', gender micro-aggressions, and technology-facilitated GBV) and among under-researched groups (e.g., LGBTQI+ individuals and people with disabilities)?
- What are the demographic and contextual characteristics of GBV perpetrators in higher education institutions (distinguishing between staff and student offenders), and which risk and protective factors predict their likelihood of perpetration?

Domain 2: Perceptions, norms and institutional cultures

- What is the impact of normative barriers—measured through indices of stigma, shame, and victim-blaming attitudes on GBV survivors' help-seeking, case reporting, and access to services in higher education institutions, and how does this vary across different intersectional groups (e.g. gender, ethnicity, disability and socioeconomic background)?
- What role do peer norms and informal social networks play in reinforcing or mitigating GBV within higher education settings, and how do these social dynamics affect the willingness of individuals to report incidents or intervene in potential cases?

Domain 3: Impacts and consequences of GBV

- What are the quantifiable short- and long-term educational and professional consequences of GBV for students and staff in higher education institutions, as measured by indicators such as academic performance, retention and graduation rates, and career progression?
- How do the health, psychosocial, and educational impacts of GBV differ according to intersectional characteristics (e.g., age, gender, sexuality, and disability) in higher education settings?

Domain 4: GBV interventions and policies

- How effective are GBV prevention interventions in reducing the incidence of GBV in higher education institutions, including those targeting social norms and behaviour change, and how does this vary across intersectional groups (e.g., age, gender, sexuality, disability, and ethnicity)?
- To what extent do GBV awareness-raising interventions, including targeted communications campaigns, in higher education settings affect the frequency of GBV reporting and the utilisation of support services?

Domain 5: Measures and methodologies

- What are the most reliable / valid / sensitive standardised tools for measuring sexual harassment in higher education settings, including online and offline forms of harassment?
- Which research methodologies including non-experimental approaches, qualitative methods, and participatory designs provide the most robust and actionable evaluation of the effectiveness of GBV prevention initiatives in higher education settings?

How do research priorities differ in different sub-regions and according to different expert characteristics?

There were both consistencies and variations in the ranking of research questions per domain according to expert characteristics. Research questions aimed at strengthening the evidence on GBV against people with different intersectional characteristics or identities tended to be ranked more highly among experts who identified with these characteristics (e.g., LGBTQI+, HIV+, having a disability or belonging to an ethnic minority). However, it is important to highlight that **experts in general consistently ranked research questions with reference to intersectionality or diversity highly across the domains**, suggesting that associated gaps in the evidence are widely recognised.

While there were sub-regional variations in prioritisation of specific research questions (see Annex D), there were few overall thematic trends observed in sub-regional variations, except in the Middle East. Research questions referring to intersecting identities were highly ranked in general in the Middle East, except when they made explicit reference to LGBTQI+ groups or sexuality, in which case lower ranking was observed. This may be related to pushback against LGBTQI+ groups or certain language or terminologies (e.g., sex or sexuality), which is in line with findings from the scoping review (see Annex B) and policy study (see Annex C), which found that research and policies related to sexual harassment or violence are often framed in alternative language.

There were some notable variations in research priorities according to professional and organisational background of experts. For example, in Domain 3, academic staff and students ranked a question related to GBV impacts on trust in leadership and student and staff satisfaction more highly than other expert groups. Research priorities ranked by policy makers and experts from bilateral or multilateral organisations were often different to the priorities ranked by experts from other professional or organisational backgrounds. For example:

- While Domain 2 questions related to the impact of normative barriers on help seeking were ranked highly among most experts, policy makers and experts from bilateral or multilateral organisations prioritised questions related to institutional norms, accountability and impunity of perpetrators.

- While many groups ranked highly Domain 3 questions about the educational, professional and health impacts of GBV on survivors, policy makers and experts from bilateral or multilateral organisations ranked more highly questions related to legal, administrative and economic costs of GBV on educational institutions.
- In Domain 4 on interventions and policies, while research on the effectiveness of prevention interventions, including across intersectional groups, was prioritised for many groups of experts, policy makers and experts from bilateral or multilateral organisations prioritised questions related to sustainability, the impact of GBV policies on institutional accountability and the effectiveness of scaling up interventions.

ENTRY POINTS FOR GBV PREVENTION AND RESPONSE

To what extent do HEIs offer an effective entry point to GBV response and prevention?

Higher education institutions (HEIs) offer a strong, yet underutilised, opportunity for gender-based violence (GBV) prevention and response in Africa and the Middle East. Their structured settings, large youth populations, and existing administrative systems make them well positioned to institutionalise and sustain change. The multi-component research project comprising a scoping review, nested policy study, priority-setting exercise, and advisory group validation supports this conclusion by identifying the strengths, gaps, and future priorities for GBV interventions in HEIs.

While evidence on interventions remains limited, several promising practices have emerged. For example, prevention interventions in South Africa, Ghana, Kenya, and Zimbabwe have shown positive shifts in male students' attitudes and bystander behaviours (de Villiers, 2016; Rominski et al., 2017; Machisa et al., 2023). Digital tools piloted in the MENA region, such as e-learning platforms and gaming apps, have improved cyber safety awareness and reduced online bullying (Fares, 2013; Sadati & Mitchell, 2021). However, most interventions remain small scale and inadequately evaluated for long-term impact or sustainability.

Despite this, HEIs are ideal for embedding policy and practice change. The nested policy study revealed that while some institutions, particularly foreign-affiliated campuses, have adopted GBV policies, implementation is inconsistent and staff often lack training. Interview data showed that policy enforcement was often weak and survivors faced barriers to reporting such as stigma, reputational risk, and fear of retaliation. This underlines the need for systemic, institution-wide approaches to policy implementation and accountability.

How does this entry point compare with other types of GBV response and prevention interventions and why?

Compared to other entry points such as community-based programmes, secondary schools, or workplace settings, HEIs offer distinct advantages. They are structured environments with potential for long-term institutional change, integrated policies, and consistent access to young adult populations. This makes them well suited to deliver layered interventions, including policy reform, training, peer-led programmes, and norm change initiatives.

However, interventions in community or school settings often benefit from stronger grassroots engagement and wider reach. While HEIs can offer depth and sustainability, their reach is limited to enrolled students and staff, many of whom may already have prior experiences of GBV. School-based and community interventions also frequently integrate with broader social and economic development efforts, which can enhance their effectiveness.

Participants in the study's research priority-setting exercise reinforced the unique potential of HEIs, particularly for addressing normative barriers to prevention and response. Domain 2, which focused on perceptions, norms, and institutional cultures, was ranked the highest priority for future research. Participants noted that institutional denial and reputational risk in HEIs often obstruct effective GBV response, which may not be as pronounced in more community-led settings.

What are the possible linkages between GBV prevention and response in HEIs and other settings (e.g., community, secondary schools, other workplace settings), including interventions with different modalities (e.g., community or organisational mobilisation, social norms and behaviour change, group training)?

HEIs do not operate in isolation and can form important linkages with other sectors. For instance, many students transition from secondary school into university, often carrying earlier experiences of GBV. This underscores the value of continuity between school-based and HEI interventions, such as through orientation programmes or peer-led mentorship models that build on existing knowledge and skills.

HEIs also connect to the labour market through internships, teaching placements, and research collaborations. This creates opportunities for aligning policies and norms across institutions and workplace environments. In this context, HEI interventions can serve as a bridge between youth education and professional practice, embedding GBV prevention into professional development pipelines.

The modalities of GBV prevention used in HEIs, such as bystander training, social norms campaigns, and group-based programmes, are similar to those applied in communities and workplaces. This alignment opens the door for adaptation and shared learning across sectors. Moreover, the use of digital interventions and awareness campaigns in HEIs in the MENA region has parallels in broader digital GBV prevention strategies and can inform efforts in community and online spaces.

Are HEIs a potential mechanism for taking GBV prevention to scale?

HEIs are a promising mechanism for scaling GBV prevention, particularly if efforts are embedded within institutional frameworks and aligned with national policy. Their existing systems for governance, training, and communication provide a strong foundation for sustained implementation.

The research priority-setting exercise highlighted, however, that the scalability and sustainability of HEI interventions are currently underexplored in the field. Questions related to scaling were ranked among the lowest in Domain 4 (GBV interventions and policies), indicating a critical gap in both practice and evidence. This suggests that while stakeholders recognise the potential of HEIs, more focused attention is needed on how to take interventions to scale effectively.

The evidence from the scoping review and policy study further underscores this point. While promising interventions exist, their reach remains limited and institutional uptake is inconsistent. Participants from the FGDs stressed the importance of developing inclusive, contextually relevant approaches that address institutional culture, power dynamics, and intersectionality, including the needs of LGBTQI+ students, students with disabilities, and male survivors.

Research priorities aligned with this approach include understanding the long-term impacts of interventions, identifying enabling factors for sustainability, and tailoring interventions across

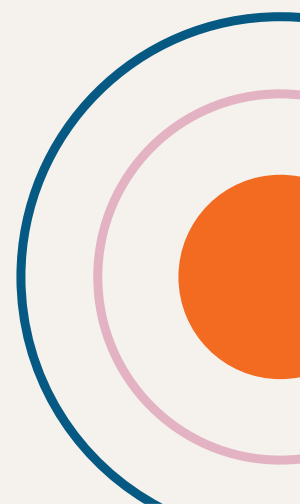
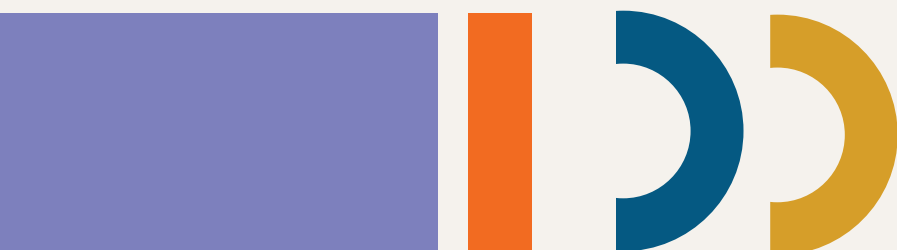
diverse HEI contexts. When supported by national legal frameworks and institutional leadership, HEIs can serve not only as intervention sites but as anchors for system-wide change. In sum, HEIs hold considerable promise for scaling GBV prevention and response. Realising this potential will require bridging evidence gaps, investing in institutional capacity, and embedding prevention into broader educational and policy systems.

Discussion

This research confirms that higher education institutions (HEIs) offer a promising, yet underutilised, entry point for GBV prevention and response in Africa and the Middle East. With large youth populations, structured environments, and existing governance systems, HEIs are well placed to deliver multi-level interventions. However, the evidence points to a field still in development. While some prevention initiatives—such as those in South Africa, Ghana, Kenya, and Zimbabwe—have shown promise in shifting attitudes and building bystander confidence (de Villiers, 2016; Rominski et al., 2017; Machisa et al., 2023), many interventions remain small in scale and lack follow-up on sustainability and impact.

The nested policy study reinforces these findings. Despite growing uptake of GBV policies in some institutions, including foreign-affiliated campuses (Fusilier & Denny, 2021), implementation is often weak, and support systems for survivors are limited. Staff are frequently undertrained, and students—especially those from marginalised groups—face stigma, reputational risk, and fear of retaliation when considering whether to report incidents (Ibrahim et al., 2023; Mousa & Abdelgaffar, 2022).

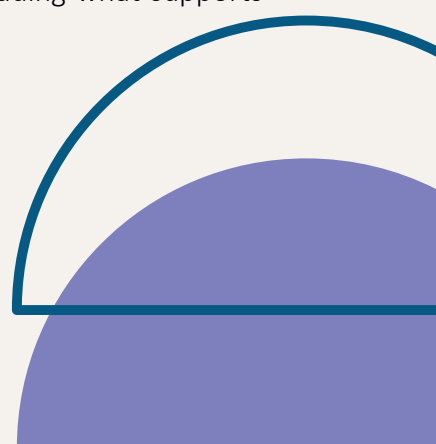
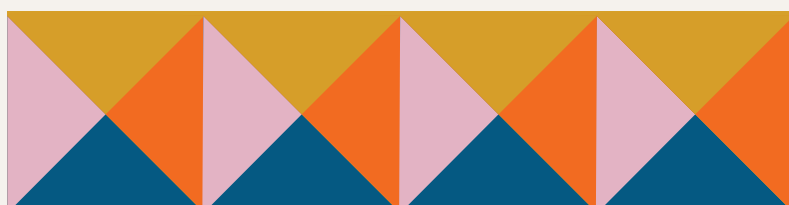
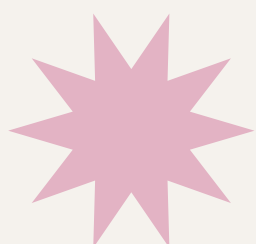
The research priority-setting exercise adds depth to this picture. Domain 2—focused on perceptions, norms, and institutional cultures—was ranked as the highest priority for advancing the field. This reflects a clear recognition that institutional denial, stigma, and harmful norms remain major barriers to effective prevention and response, and that these cultural dimensions must be addressed if real change is to happen.



Conclusion

HEIs hold strong potential as platforms for system-wide change in GBV prevention and response. They are already shaping the attitudes and behaviours of future professionals, educators, and leaders. They have the infrastructure to embed training, build safer institutional cultures, and link with other sectors such as schools, workplaces, and communities. But this potential won't be realised without greater investment, stronger accountability, and more consistent implementation. Based on this study the following next steps are recommended:

- **Support HEIs to develop and implement GBV policies that work in practice, not just on paper:** This includes investing in staff training, ensuring survivor-centred reporting systems, and strengthening enforcement mechanisms (Bashonga & Khuzwayo, 2017; Hendricks, 2022).
- **Address stigma and silence around GBV in institutional cultures:** The fear of reputational damage continues to drive denial, especially in MENA-region HEIs (Sadati & Mitchell, 2021). Normative barriers to reporting and helpseeking must be directly tackled through awareness, leadership engagement, and policy reform.
- **Generate evidence that reflects diverse experiences:** We need more research on under-represented groups, including LGBTQI+ students, students with disabilities, and male survivors (Mavhandu & Sandy, 2015; Okanlawon, 2017). Understanding perpetration, especially by staff, also remains a major gap (Olaleye & Ajuwon, 2012).
- **Strengthen connections between HEIs and other settings:** Linking interventions across school, community, and workplace settings can help reinforce messages, ensure continuity, and reach more young people over time.
- **Focus on building the evidence base and taking effective programmes to scale:** Although HEIs are well placed to scale GBV prevention, there is little evidence on how to do this effectively. More work is needed on the conditions for sustainability and scale-up, including what supports long-term adoption within institutions.



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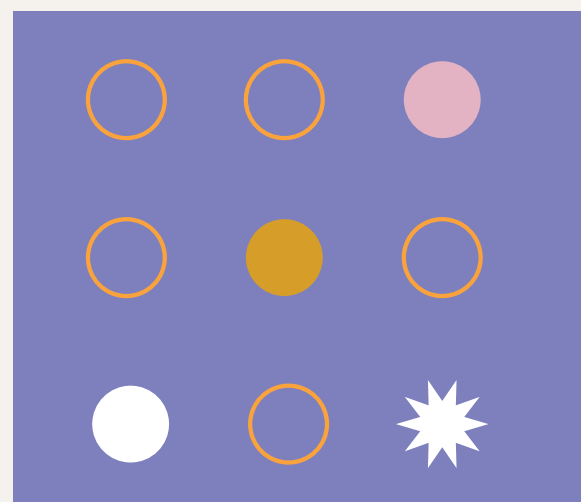
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Annex A: Methodology

Read full methodology online [here](#)

Annex B: Scoping review results

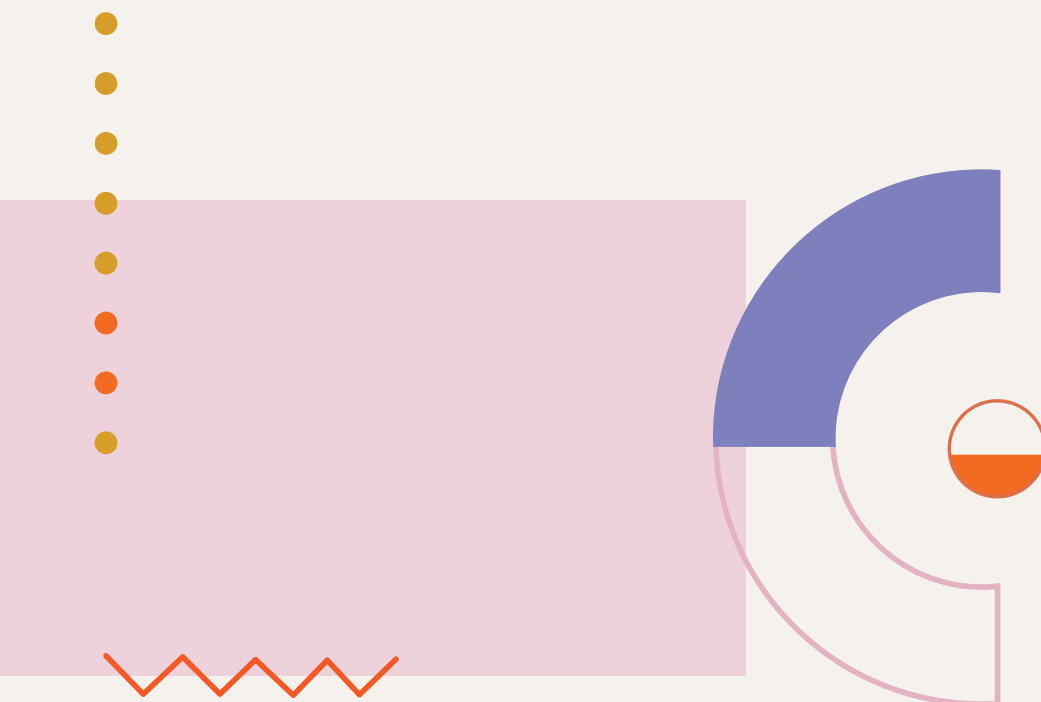
Read the full scoping review [here](#)

Annex C: GBV policy study results

Policy study can be viewed [here](#)

Annex D: Priority setting results


The full priority setting report is available [here](#)



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