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**ADMINISTRATIVE INFORMATION**

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**Conflicts of interest** - None declared.  
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**Amendments** - This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 11 July 2025 and was last updated on 11 July 2025.

**INTRODUCTION**

**Review question / Objective** This study hypothesised that the structural drivers of Gender-Based Violence (GBV) interact to produce worsened health outcomes in populations exposed to sociopolitical conflict. To examine this theoretical hypothesis, the study adopted a scoping review methodology. To develop research questions, a Population, Context, Concept (PCC) framework was used as recommended by the Joanna Briggs Institute (JBI) (Pollock et al., 2023). The population of interest was adult women. The concept of interest was GBV, its structurally embedded drivers and how these drivers interact to influence health outcomes. The context of study was population exposure to domestic or international sociopolitical conflict. This conflict-exposure could be through living in active or post-conflict societies. The scoping review had the following primary research question:

What is known from the literature about how the structural drivers of GBV interact to influence health outcomes in populations exposed to sociopolitical conflict?  
Its secondary research questions were:  
(1) To what extent has the literature discussed the structural drivers of GBV which worsen health outcomes in populations exposed to sociopolitical conflict?  
(2) Which populations experiencing GBV are identified in the literature by the country of their conflict-exposure?  
(3) What structural drivers of GBV are identified in the literature and how are their interactions described in relation to health outcomes?  
(4) What forms of GBV are reported in the literature in populations exposed to sociopolitical conflict?  
(5) What types of health outcomes are identified in the literature as associated with GBV in populations exposed to sociopolitical conflict?  
(6) Which policy or programmatic interventions are recommended in the literature to address health outcomes related to GBV in populations exposed to sociopolitical conflict?

**Background** Gender-Based Violence (GBV) primarily affects women and girls and is globally estimated to affect 30% of women (World-Health-Organisation, 2024b). It is the cause of poor health outcomes across psychological, physical and sexual health domains (Giammarioli et al., 2023, Di Donna et al., 2024). Multiple forms of GBV exist including physical forms of violence, murder or more subtle violence including economic control and verbal abuse (World-Health-Organisation, 2024b, Lagdon et al., 2025). This makes for a complex and multifactorial relationship.

GBV is particularly prevalent in the context of sociopolitical conflict, for structural reasons thought to include the increased availability of weapons and the promulgation of violent and patriarchal ideologies (McWilliams, 1997, Piecuch, 2017). Conflict can foster impunity for perpetrators which may exacerbate existing underreporting and underestimation of GBV and its consequences (O'Keefe, 2017, Cullen, 2023).

Amid escalating global tensions and conflict, GBV is becoming an ever more urgent population health concern. Thus, it is recommended by the World Health Organisation that GBV be considered in all policy responses to humanitarian crisis or conflict situations (World-Health-Organisation, 2024a).

**Rationale** Although it is accepted that GBV is shaped and amplified by political conflict (Manjoo and McRaith, 2011), less is known about the structural and sociopolitical drivers behind this phenomenon and how these interact to worsen health outcomes in conflict settings.

Informed by a syndemic theory lens, this study hypothesises that the structural drivers of GBV interact synergistically in populations exposed to sociopolitical conflict (Singer, 2009). In line with syndemic theory, it is posed that the synergistic interaction of these drivers in a conflict context exerts a compounding, deleterious effect which serves to worsen health outcomes (Singer, 2009, Tsai, 2018).

As a result, this exploratory scoping study seeks to identify the structural drivers in the literature associated with GBV in conflict regions and what forms of GBV they elicit. In addition, it seeks to examine if, and how these structural drivers of GBV interact synergistically in these environments to exacerbate health outcomes.

In generating this knowledge, the study aims to inform evidence-based health policy recommendations that respond to the structural root causes of intensified GBV in conflict settings. Targeted policies and interventions addressing these drivers may help position women's health and wellbeing as central to conflict response and resolution strategies.

## METHODS

**Strategy of data synthesis** This study was conducted according to Arksey and O'Malley (2005) best practice guidelines for scoping reviews. The study utilised the PRISMA-ScR checklist and adhered to JBI guidelines for scoping reviews (Tricco et al., 2018, Aromataris and Munn, 2020).

In line with recommended best practices for scoping reviews (Mak & Thomas, 2022), the School of Medicine Subject Librarian at Trinity College Dublin was consulted on two occasions to support the development of the search strategy. Given the multidisciplinary nature of the topic, a broad search approach was adopted.

Key terms for the search included those related to women, gender-based violence, sociopolitical conflict and health. These terms were used with Boolean, proximity and truncation operators.

The search was piloted on 01/05/2025 on EMBASE. The final search was conducted on EMBASE, Scopus and Medline (Ovid) on 18/05/2025.

**Eligibility criteria** The inclusion criteria for this study were developed in alignment with its conceptual and methodological design and are informed by its PCC framework (Pollock et al., 2023).

**Language and Access:**

Reflecting the reviewers' language proficiency and institutional access, literature had to be published in English and available through open-access or institutional licensing agreements to be eligible for inclusion.

**Source Type:**

To reduce the heterogeneity of literature and facilitate a coherent synthesis of findings, only academic journal articles were eligible for inclusion. Grey literature, book chapters, entire monographs, conference proceedings and audiovisual material were excluded.

**Population:**

Included literature had to have a primary focus on an adult female (18+ years old) population. Papers which examined mixed populations were only included if they provided disaggregated data or specific discussion relevant to adult women.

**Concept:**

To be eligible for inclusion, literature had to examine GBV with a clear focus on its structural drivers (e.g. political, ideological, economic or sociocultural systems), and the associated health outcomes. Studies which referred to GBV or health outcomes without a substantive analysis of structural drivers were excluded.

**Context:**

Eligible literature had to have a primary focus on a sociopolitical conflict setting. This included armed conflict, widespread civil disobedience, political instability or systemic state violence. Both active and post-conflict settings were considered, where the residual effects of conflict are explicitly linked to GBV and health outcomes.

Literature was not excluded based on quality, risk of bias or authorship as this is not required in scoping reviews (Arksey and O'Malley, 2005). Nor was exclusion made based on date of publication.

### Source of evidence screening and selection

Citations retrieved from EMBASE, Scopus and Medline (Ovid) were imported to Covidence [Veritas Health Innovation, Melbourne, Australia]. Deduplication of citations was conducted automatically by Covidence and manually by the reviewer. Duplicate citations were then removed.

The deduplicated citations were then screened by "title" and "abstract" in line with the inclusion and exclusion criteria. Following this, citations deemed applicable were progressed for full-text review. Those full-texts which were pertinent to answering the research question and met inclusion criteria were included in the study.

Single-reviewer approval only was required for inclusion in the study. The Project Supervisor reviewed the list of included citations, of which 93 were included in the study. A record of excluded studies was maintained on Covidence.

**Data management** Data extracted from the included citations were charted using an agreed data extraction form on Notion [Notion, CA, USA]. Only data required to answer the research question were extracted and charted (Pollock et al., 2023).

For questions requiring thematic analysis, the Braun and Clarke (2006) approach as adapted for scoping reviews by Mak and Thomas (2022) was taken. Sub-codes generated from reviewer notes were inductively themed into primary themes. These primary themes were charted in the data extraction form.

### Reporting results / Analysis of the evidence

Results were reported using descriptive quantitative summaries and a narrative description to map and summarise key concepts, patterns, and gaps in the literature. The following results were reported quantitatively:

- PRISMA mapping of the screening process and included/excluded citations.
- Format, year and location of publication, and authorship of included citations.
- Regions of population conflict-exposure by country.
- Themes of structural drivers of GBV identified.

- Themes of forms of GBV identified.
- Themes of health outcomes from GBV.

The following results were reported by narrative description:

- The mechanism by which structural drivers of GBV interact to worsen health outcomes in populations exposed to sociopolitical conflict.
- Recommendations made in included literature to improve health outcomes from GBV in populations exposed to sociopolitical conflict.

**Presentation of the results** The results were presented in narrative, tabular, graphical, and geographical formats, selected to best represent the extracted data and enhance interpretability. Graphical and geographical outputs were developed using Microsoft Excel [Microsoft, WA, USA], Google Sheets [Google, CA, USA], and Notion [Notion, CA, USA] on a case-by-case basis, depending on the nature and structure of the data. The screening and selection process was presented using a PRISMA flow diagram which was automatically generated in Covidence.

**Language restriction** English.

**Country(ies) involved** Ireland.

**Keywords** Gender-Based Violence; Conflict; War; Women's Health; Transformative Justice; HiAP.

**Dissemination plans** This scoping review was completed for the fulfilment of an MSc in Health Policy and Management. Following submission, publication or presentation of this review may be sought in full or in part.

### Contributions of each author

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