

HOW can we prevent and respond to GBV?

There is now a large and growing body of evidence about what can be done to better prevent and respond to gender-based violence. There are many different approaches and strategies being used.

This module presents information on:

- Principles for effective action on GBV
- Working with survivors
- Strategies for GBV prevention

7 Principles for Effective Action

Over the last 30 years, there has been an enormous growth in programming on GBV. From this body of work it is possible to identify a set of principles to guide effective action to prevent and respond to GBV. Continue to learn more about these seven principles.

1) Follow a human rights-based approach

Gender-based violence is one of the most widespread violations of human rights worldwide. Addressing GBV as a human rights issue empowers survivors of GBV as active rights-holders, emphasizing the rights of those targeted and affected by such violence and the responsibilities of those with a duty to protect society from such violence. Within this approach, there is an emphasis on promoting and upholding women's social and economic as well as civil and political rights and equal status with men; it is the denial of such rights and equality that devalues the lives of women and girls and exposes them to violence.

A rights-based approach also insists on survivors' rights to justice, healing and safety. These rights impose corresponding duties on government and other "duty bearers" to develop laws and policies, as well as fund services and programs that can adequately promote and protect such rights. Recognizing GBV as a violation of human rights makes clear the binding obligations on states to prevent, eradicate and punish such violence.

2) Support and empower survivors

A survivor-centered approach is fundamental to the protection and promotion of the rights of those affected by violence and to their empowerment. A survivor-centered approach recognizes that each person is unique and reacts differently to GBV and will have different needs as a result. Also, each person has different strengths, resources and coping mechanisms. A survivor-centered approach focuses on each survivor's right to decide who should know about what has happened to them and what should happen next. This means listening carefully to and being guided by survivors' expressed needs and interests. Simply put, the survivor is the expert on their own safety and healing and therefore should be the person making the decisions.

Putting this principle into practice means providing survivors with the information and support they need for their rights to be upheld. This involves respecting a survivor's autonomy and right to make the decisions that are best for themselves and their family, as well as providing ongoing rights-based education and information about the legal remedies. It is essential to follow the Do No Harm principle. The evidence suggests that the risk of harm is minimized when survivors of violence can control access to services rather than having these imposed or mandated.

3) Transform gender relations and norms

It is not enough that programs on GBV be gender sensitive. They must seek to transform the unequal gender roles and harmful norms that help to fuel GBV. Strong programs not only challenge the acceptability of violence, but also address the underlying risk factors for violence, including patriarchal norms. Improving the conditions of girls' and women's lives has been found to have an impact on reducing their vulnerability to violence. This includes ensuring that girls complete secondary education, delay marriage until they are adults and are provided with services and support to increase their economic autonomy and access to skills training, credit and employment as adult women.

It should also be remembered that discriminatory laws and norms that marginalize and silence people from gender and sexual minorities help to fuel violence against them. Transforming social attitudes towards lesbian, gay and transgender people must be an important component of work to end GBV.

4) Work with men as agents of change

Too often, men are only seen as part of the problem of GBV but they also have essential roles to play in ending the violence. A 2015 study of organizations across the world that engage men in preventing GBV found that men were most effectively engaged when they were invited by people they knew, in contexts that were familiar to them, and through discussions that facilitated a personal connection with the issue of GBV. In seeking to involve men in efforts to end GBV, care must be taken not to reinforce patriarchal notions of 'men as protectors'. When working with men and boys, programs should explicitly address their gender attitudes and promote alternative practices of masculinity. Programs that help men to reflect on patriarchal masculinities and equip them with the skills they need to change their behavior and their relationships have proven to be more effective when compared with programs that pay no attention to issues of masculinities. An important part of this work on transforming harmful masculinities is to support and challenge men to be aware of their own male privilege. In doing so, this helps to ensure that men's involvement in efforts to prevent and respond to GBV is aligned with and contributes towards the ongoing work that women are doing to end the violence. Work with men and boys should also take care not to generalize about their lives, but recognize and respond to the many differences between men in terms of their experiences of power and violence. In turn, this means addressing men's and boys' own vulnerabilities to different forms of GBV and needs for survivor support.

5) Respond to the many causes of women's marginalization

As we saw in Module 2, women's vulnerability to and experiences of GBV are linked not only to their gender identity but also other sources of disempowerment. Experiences with GBV prevention have highlighted the need to address the multiple forms of disempowerment operating in many women's lives, linked to poverty, racial/ethnic discrimination, marginalization based on citizenship status, religious affiliation, sexual orientation and disability. There are organizations working with marginalized women that have the ability to impact exposure to GBV even though this isn't the organizational focus. For example, the work of Nijera Kori in Bangladesh with landless laborers (female and male) on their land rights has also effected significant change in patriarchal practices and norms within landless communities.

Women's leadership in economic justice struggles has translated into progress on gender justice, demonstrating the value of GBV prevention programming that takes account of the many causes of women's marginalization. Such an approach is sometimes referred to as an "intersectional" approach, because it seeks to address the intersecting forms of marginalization and disempowerment in women's lives that affect their experiences of GBV.

6) End the impunity

The number of countries with domestic violence legislation has grown significantly, from four to 76 between 1993 and 2013. But a lack of implementation of current laws is a serious problem, with legislation often not accompanied by budget allocations. In rich and poor countries alike, the infrastructure of justice – the police, the courts and the judiciary – is failing women. UN Women, in its 2011 Progress of the World's Women report, reported that across 57 countries, on average 10 percent of women say they have experienced sexual assault. However of these, only 11 percent reported it. In 23 out of 52 countries, less than half of women and men surveyed said they had confidence in their country's justice system. The series of steps that must be taken to access justice through the formal state system is long and complex, with a very high rate of drop-out by those who do report violence against them. This drop-out rate is in part caused by discriminatory attitudes among police, magistrates and other judicial officials and the lack of capacity of many justice systems. Only a fraction of GBV cases that are initiated in the formal system ever results in a court decision or just outcome for survivors. This lack of access to justice is often compounded in conflict, post-conflict and humanitarian settings. Research suggests that training and improved legislation alone do not improve justice outcomes for GBV survivors. System-wide changes to improve the enforcement of laws and end impunity for GBV call for political leadership, increased budgets for staffing and training, and a set of targets for institutional reform to which leaders and managers are held accountable.

7) Build coalitions for social change

The range of factors fueling GBV that we looked at in Module 2 suggests that GBV programs must work at multiple levels of the individual, family, community and society in order to be effective. Few organizations have the resources and skills to be working across all these levels. In practice, this means that organizations need to work together to push for the kinds of changes in individual behaviors, family dynamics, community norms and societal policies that will serve to end GBV. At the local level, there is a growing emphasis on strengthening a "coordinated community response", involving health, police, judicial and legal services, shelters and protection services, schools and other education institutions, religious or cultural groups. This coordinated community response seeks to work across multiple levels of individual, family and community. In doing so, it can ensure survivors of violence, their children and other dependents receive the comprehensive support they need in a timely and sensitive manner. Studies have also highlighted the potential benefits of integrating violence prevention into existing development platforms, such as micro-finance, social protection, education, and health sector programming. At the level of influencing national law, policy and budget priorities, organizations can build coalitions to advocate with government and the international community. A large-scale study of policies on gender-based violence against women and girls in 70 countries over four decades found that it was the strength of local women's movements that had the most influence on the extent of progressive policy change.

HOW can we prevent and respond to GBV?

Working with survivors

Working with survivors

Violence is a human rights abuse, which reflects and reinforces disempowerment. Working with survivors of GBV is about responding to their needs for safety, healthcare, emotional support and justice in order to uphold their rights, respect their choices and restore their power. The following seven principles are at the heart of the survivor-centered approach.

1) Reporting Systems:

Survivors often do not seek services. A 2014 World Bank analysis of data from 30 countries found that on average, only 40 percent of female survivors of GBV had ever sought help from any formal or informal source of support. Another 2014 study estimated that only two percent of women in India and East Asia, six percent in Africa, 10 percent in Central Asia, and 14 percent in Latin America and the Caribbean made any formal disclosure of their experience of violence. There are many barriers to women and girls reporting their experiences with GBV, and reducing these barriers is a critical step in improving our response to survivor needs and rights.

The belief that only women and girls can suffer GBV often makes it even harder for men and boys to report their own experiences as survivors of such violence. One recent study in the USA has noted that population-based sexual victimization surveys typically rely on household data. This excludes, among others, those held in juvenile detention, jails, prisons, and immigration detention centers, the vast majority of whom are male. The sexual victimization of men and boys in these sites of detention, which informal accounts suggest is widespread in many countries, is thus routinely underestimated in such household-based surveys.

Lesbian, gay and transgender people face additional barriers to reporting the violence they have experienced. These include severe social stigma and, in many countries, laws criminalizing their sexual behaviors and discriminating against their sexual and gender identities. Studies in the USA and Australia with lesbian, gay and transgender communities have found significantly lower levels of crime reporting because of fears of hostile and discriminatory behavior by the police.

One common approach has been to build the capacity of health services to identify and support survivors. Most women will seek some form of reproductive health service (e.g. family planning, maternal and child health care, routine gynecological care, abortion services and STI (including HIV) counseling, testing and treatment) at some time in their life. Reproductive health programs have developed tools for screening and counseling GBV survivors, as well as referrals to appropriate services. Central to this effort has been the Do No Harm principle. As such, asking women about violence should be confidential, and should take place in complete privacy, with the exception of children under the age of two. Informed consent for any data collection, even as part of a case file, should be offered and if anonymity can be guaranteed, it should also be provided. The project staff must be trained on how to preserve the safety of women while interviewing/collecting data on this topic. Care must be taken not to re-traumatize the survivor, by asking only relevant questions (e.g. not discussing the survivor's previous sexual history) and avoiding asking the survivor to repeat their story in multiple interviews. Done well, screening for GBV in health-care settings can play an important role in enabling survivors to access needed services.

1) Reporting Systems:

Case Study: The Asociacion Civil de Planificacion Familiar

The **Asociacion Civil de Planificacion Familiar** (PLAFAM) in Venezuela used three strategies to address GBV within their reproductive health services. The first strategy was to train the staff. Providers were trained to ask questions to assess a survivor's current safety and assist with the development of a safety plan, which involved identifying risks of violence, ways of minimizing these risks and options for accessing support and seeking safety in the event of a violent incident. Additionally, clinicians were trained to: recognize signs of violence through examining marks on the body; be responsive if a woman decides to disclose that she is being abused; and to provide related counseling and referrals. These systematic screening practices revealed that over one-third of new clients were identified as having experienced violence. The second strategy was developing materials for clients on violence and sources of support. The third and final strategy was collaborating with community alliances to create a law outlawing violence against women. For more on this work, go [here](#).

2) Quality Health Systems:

Access to quality health services is an important component of support for survivors. But research shows that many survivors do not make use of available services, for a range of reasons linked to social stigma, fear of reprisal, a lack of trust in services and difficulties of access. For example, a study in the Democratic Republic of Congo (DRC) found that lengthy delays in seeking care were explained mainly by patients waiting for physical symptoms to develop or worsen before seeking medical attention, lack of means to access medical care, concerns that family would find out about the sexual assault, stigma surrounding sexual violence, and being abducted into sexual slavery for prolonged periods of time.

Strengthening community-based referral networks, for example through local protection committees, has been found to improve women's participation in health services. One clinic for sexual violence survivors in Nairobi, Kenya, which dramatically increased the number of patients served, attributed its success to the geographical proximity of the clinic helping to avoid lengthy travel times, 24-hour operating times all days of the week (most patients come between 6pm and midnight), and the clinic's well established reputation.

Efforts to increase usage of health services must take account of community dynamics, community structures, and community members' willingness to access health services. This will help to create an environment of trust that will in turn lead to an increase in the number of survivors seeking services. While several elements of response have been proposed, the main elements seem to be guaranteeing safety, confidentiality and raising awareness about service availability. Studies highlight the need for anonymous and confidential services provided by trained staff who are sensitive to the cultural and social context and the stigma often surrounding GBV. Go [here](#) for more information on standards for health service delivery for GBV survivors and [here](#) for guidance on ensuring quality of care. Information on adapting health sector approaches to different contexts and resource levels is here. Central to quality of care is recognizing and responding to the individual needs of survivors. Go [here](#) for more information on providing quality of care to specific groups of marginalized women and [here](#) for comprehensive guidelines on integrating GBV interventions into humanitarian programs.

Research is also revealing the need to consider issues of sexuality and in particular sexual diversity, when designing health sector responses to survivors. The experience of the [Refugee Law Project](#) (RLP) in Uganda, working with male and female refugees who are also members of sexual and gender minorities, highlights the need to address the specific vulnerabilities of lesbian, gay, bisexual and transgender people to different forms of GBV and their particular needs when it comes to health service provision.

2) Quality Health Systems:

Case Study: Democratic Republic of Congo

An intervention implemented in Eastern Democratic Republic of Congo by Foundation RamaLevina (FORAL) provided mobile health services, which are monitored through a standardized system that tracks cases of sexual violence and associated health problems. This allows for FORAL to tailor health services to ensure they are effectively reaching the people most in need. Furthermore, the mobile service intervention involved community health workers with strong linkages to the community members, which proved to be very useful in improving service utilization. This demonstrates the importance of strictly and continuously monitoring interventions to measure effectiveness, as well as strengthening referral systems. Go [here](#) for more information on this work.

3) Psychosocial support services:

Survivors may face a range of emotional and psychological problems as a result of their experiences with GBV. Responding to their emotional and psychological needs is a central component of working with survivors. It is important to remember that gender inequalities not only increase the vulnerability of women and girls to violence but also affect their ability to deal with experiences of violence, in terms of dealing with its social consequences, including stigma, social exclusion, discrimination, rejection by family and community, all of which can lead to further poverty. The goals of psychosocial interventions with GBV survivors are to promote healing by rebuilding trust and coping mechanisms and to support empowerment by realistically and safely working to increase a survivor's choices and role in decision-making about their safety, health and well-being.

These goals can be met by working at a range of levels. This includes basic emotional and practical support by community workers, including links to health services, and social and economic reintegration initiatives. Basic mental health care can also be provided by primary healthcare and community workers, including psychological first aid, which the World Health Organization defines as providing humane, supportive and practical help to people who are suffering serious crisis events - more information on psychological first aid can be found [here](#). Community awareness actions can be used to reduce stigma and promote access to services for GBV survivors. Strengthening community and family supports, and addressing social/psychosocial considerations in protection, health services, nutrition, food aid, shelter, site planning or water and sanitation, are also critical.

The challenges of providing psychosocial support to GBV survivors are often increased during conflict or in post-conflict and humanitarian emergency settings. Not only may the risks of GBV be heightened in these contexts, but the trauma associated with these settings only adds to the trauma being experienced by GBV survivors. Go [here](#) and [here](#) for more information on the provision of psychosocial support services in the context of conflict, post-conflict or humanitarian emergency settings. Delivering supportive services to GBV survivors is itself emotionally difficult work and can lead to those providing support experiencing secondary trauma after being exposed to the stories and experiences of those who they serve. Given the high prevalence of GBV globally, it is likely that a substantial proportion of service providers will have experienced violence themselves at some point. Staff may need psychosocial support, making it important to create processes for staff to debrief, share their concerns and get help where needed.

3) Psychosocial support services:

Case Study: El Salvador

Support groups can be important to the psychosocial well being of survivors, particularly in resource-poor settings, where there may be fewer mental health providers. One of the main advantages of support groups is that they enable health centers to attend many more individuals than is possible with individual psychological care. This approach was taken at the Polyclinic of Barrio Lourdes in El Salvador, where various support groups for survivors of violence have been established, including one for elderly women. What makes this experience noteworthy is that the groups are run by a physical therapist and special education specialist, although the center has several psychologists on staff. The facilitators are chosen not for their professional background but because of their interest in the topic and their ability to develop trust with people. For more information on lessons learned, go [here](#).

4) Legal support services:

Enabling survivors to seek legal redress for GBV is an important element of a comprehensive response. However, impunity for perpetrators of such violence is still widespread and access to justice for survivors is limited. Access may be hampered either because GBV survivors do not seek to access justice due to the stigma, shame, humiliation and trauma involved, or because legal services and justice mechanisms are unavailable, inefficient or unresponsive. Survivors may have a lack of trust in justice systems and the police and may be afraid of experiencing further violence from them.

Facilitating access to justice for survivors is a common component of survivor-focused GBV programming, although these approaches have seen mixed results. Efforts to support women to prosecute their perpetrators are often unable to overcome the weakness of or resistance from the police and judicial systems. Some evidence shows that efforts to seek justice through the formal judicial system may cause further distress and re-traumatization for survivors, who are forced to recount incidents of violence in unsupportive environments. However, legal advocacy for survivors remains an important component of survivor support. This may include court accompaniment programs involving staff and volunteers, who may not have formal legal training but who can explain survivors' rights and support them through the legal process.

4) Legal support services, cont'd:

Other strategies include the development of or increased support for legal assistance, including immigration support, pre- and post-court assistance, fee waivers and reductions, translation services and staff that are knowledgeable/sensitized to diverse populations and GBV issues, childcare support, and witness protection. The use of mobile courts for GBV survivors, trialed in the Democratic Republic of Congo and other conflict-affected settings, has been found to improve women's access to justice. Efforts to reform traditional or informal community justice and dispute-resolution mechanisms to make them more responsive to the needs and rights of GBV survivors has also proven effective in some cases. Such strategies face particular challenges in the context of conflict, post-conflict and humanitarian emergencies. Recent research commissioned by UN Women, UNICEF and UNDP confirms that for many women, especially in fragile or conflict-affected states, customary or alternative justice processes are the only ones they encounter. Yet many of the same barriers to women's access to formal justice processes also apply in the context of informal mechanisms, such as fear of intimidation and discrimination by those administering the system. The lack of confidentiality can be an additional barrier to using these processes, particularly in relation to cases of GBV. Worse, these forums may be sites of further violation of women's rights. Gender-sensitivity training as well as increasing women's participation as adjudicators can be important remedial steps. Go [here](#) for more information on these challenges and how to address them.

Members of minority groups, whether racial, ethnic, linguistic, and/or religious minorities as well as lesbian, gay and transgender communities, who have experienced GBV, may face particular challenges accessing justice. In many minority communities, violence by state officials is a constant reality. As a result, formal justice systems, for which police are gatekeepers, may not be a safe path to justice for many survivors from minority communities. At the same time, survivors who seek justice in community-based or alternative justice systems may be re-victimized by informal mechanisms that minimize violence against women or against gender and sexual minorities. Creative strategies for access to justice are needed, especially for survivors who may be members of multiple minority groups. Strategies must maintain a focus on survivor safety and offender accountability.

4) Legal support services, cont'd:

Case Study: Somalia

GBV is widespread throughout South-Central Somalia and obtaining access to justice is extremely difficult. The Report of the UN Secretary General on Somalia released in January 2013 stated that 800 rapes were reported between September and late November 2012 in the region. Statistics collected by the UN and other bodies indicate that GBV in Somalia is primarily committed by two groups of people: those known to the woman affected, and armed men in uniform. The second category includes the Somali police, military, militias and members of the African Union Mission in Somalia (AMISOM). According to the US State Department Report of 2012, abuse by police officers is rarely investigated, contributing to a "culture of impunity" within the institution. Organizations working in rape response in South-Central Somalia have reported that there is little cooperation by the police with the six legal aid providers involved in supporting GBV survivors. From available reports, demand for organizations providing legal, medical and psychosocial support for GBV survivors is high. Three out of the six legal aid providers - Somali Women Development Centre, Save Somali Women and Children and the Elman Centre - offer medical and psychosocial services as well as legal support. All legal aid providers have received training on issues relating to GBV cases, including the domestic and international legal framework, interview techniques and the collection of evidence. However, most organizations have not received safety and security training, which is necessary given the hostile environment in which they operate. For more information on the work of legal aid providers with GBV survivors in Somalia, go [here](#).

5) One-stop crisis centers

One common approach has been the establishment of one-stop centers, which aim to provide comprehensive care for survivors of violence, through psychosocial counseling, post-exposure prophylaxis and emergency contraception as needed, risk assessment, referrals, and safety planning. Many of the centers are located in hospitals. In Latin America, they are often stand-alone centers run by women's rights activists, and, in some cases, by the national or municipal governments. Most one-stop centers provide services for physical violence, rape and other forms of sexual assault. In much of sub-Saharan Africa, the demand for sexual assault services and access to post-exposure prophylaxis to prevent HIV infection after rape has spurred the creation of post-rape care centers in many hospitals, which are not necessarily linked with services for intimate partner violence. In South Africa, the Thuthuzela Care Centers (TCC) facilitate multi-sectoral collaboration between health, police, courts, and social services to provide quality, sensitive treatment for rape survivors. The goals of Thuthuzela Care Centers are to reduce secondary victimization, reduce waiting times and increase conviction rates. The ten centers spread throughout the country provide survivors with a range of services, including: emergency medical care; testing for pregnancy, sexually transmitted infections and HIV; post exposure prophylaxis, antiretrovirals, trauma counseling; court preparation, referrals and follow up support. Survivors are entitled to services even if they do not wish to prosecute the perpetrator.

It has been shown that when comprehensive one-stop shops are adequately resourced, staffed and managed, reporting and demand for services increases. An integrated model of medical and legal service provision in the Democratic Republic of Congo, using persons trained in legal issues within health facilities, setting up small legal clinics in remote areas, and establishing mobile courts led to a remarkable increase in the number of cases filed and prosecuted. However, one-stop centers require the commitment of administrators in order to be effective, as well as training and support for all staff working within the centre. Training for staff should focus not only on technical aspects of GBV, but should also cover issues such as power, relationships, gender and sexuality. Sensitization of police on the same issues is also important.

5) One-stop crisis centers

Case Study: Iraq

The town of Duhok, in northern Iraq, is filled with survivors of conflict. More than 46,000 people are scattered across three displacement camps, and thousands more are living outside the camps, according to the UN Refugee Agency. Many are survivors of many different forms of GBV. In 2015, the Directorate General of Health, with the support of UNFPA, established the **Duhok Survivors' Center** to meet the needs of women and girls. The center provides specialized care to survivors of all forms of gender-based violence, including sexual abuse, exploitation and domestic violence. It is the only such specialized facility in Iraq. Survivors receive medical treatment, counseling, as well as legal services and referrals to additional support. Staff at the center provide culturally sensitive care that upholds the dignity of survivors and promotes long-term recovery. Since its opening, the center has handled over 850 cases of gender-based violence, ranging from women who have escaped slavery to cases of domestic abuse, and including both Iraqi women and Syrian refugees. For more information on this work, go [here](#).

6) Shelters

Shelters provide secure accommodation for women and girls who are at risk of or have been subjected to violence, although they contribute far more than just a safe place to stay. Shelters provide essential aspects of protection, services and resources which enable women who have experienced abuse and their children to recover from the violence, to rebuild self-esteem, and to take steps to regain a self-determined and independent life. With proper resources, shelters have the capacity to provide the range of protection and support services necessary to help survivors and those at risk of violence to avoid future abuse. The 1995 Beijing Platform for Action called on States to "[p]rovide well-funded shelters and relief support for women and girls subjected to violence, as well as medical, psychological and other counseling services and free or low-cost legal aid, where it is needed, as well as appropriate assistance to enable them to find a means of subsistence." Shelters can also contribute to awareness-raising and social change as part of broader efforts to prevent GBV.

A key challenge is to ensure the accessibility for all women, such as: ensuring facilities serve women of all ages and can accommodate girls if needed; sheltering women with children; reducing financial barriers, by providing free services and safe transportation; and creating infrastructure and policies which enable women living with disabilities, in humanitarian settings, undocumented or immigrant women, and those with mental health or substance issues to access services. In Europe, many shelters are considering the needs of women and children with disabilities and making progress on expanding services for this group. A recent study of women with disabilities in Germany showed that they were twice as likely to experience physical violence and three times as likely to experience sexual violence compared with women without a disability. The needs of immigrant women, many of whom are undocumented, are also of high priority in Europe and elsewhere. A recent report by Women against Violence Europe ([WAVE](#)) notes that undocumented women are particularly vulnerable and, at present, are not catered for at all in terms of shelter provision. This lack of shelter provision also impacts on documented migrant women who have not independently earned the right to state support in their country of residence, even if they are moving from one EU member state to another.

Members of gender and sexual minorities are usually denied access to even the most basic support services for survivors. Even in settings where lesbian, gay, bisexual, transgender, and queer communities have made significant progress in winning legal recognition of their rights, there often remains a failure to adequately meet the needs of survivors of intimate partner violence within these communities. A 2017 report by the New York State LGBTQ Intimate Partner Violence Network highlights the failure of many domestic violence programs in New York State to adequately serve survivors from LGBTQ communities. The network's toolkit to increase shelter access to LGBTQ survivors of intimate partner violence can be found [here](#).

It is often necessary to develop innovative approaches to providing alternative accommodation in low-resource or isolated communities, such as volunteer safe homes, emergency safe spaces (including community facilities or hotels), and confidential private accommodation. Shelters work best where they are part of a broader effort to empower survivors to regain control in their lives and achieve their goals through counseling, support groups and case planning. This may involve strengthening individual advocacy and system-wide coordinated community responses, as well as assisting women and girls to access economic opportunities and affordable housing.

6) Shelters

Case Study: Kenya

The Tasaru Ntomonok Initiative (TNI) is a community-based organization which operates within the Narok district in the Southern Rift Valley of Kenya. After years of community-based advocacy to change attitudes supporting female genital mutilation/cutting (FGM/C) and forced marriage, it established the Tasaru Rescue Centre in 2001 by providing a safe house to assist girls attempting to escape the practices. Through the Safety Net initiative, the project continues to provide shelter support, while promoting longer-term solutions to these problems by reconciling girls with their families and communities, and using awareness raising strategies to discourage the practices of early marriage and FGM/C. This includes the fostering of alternative rites of passage during August and December, the months during which FGM/C is usually conducted. Experience makes clear that physical protection for girls against FGM/C and forced marriage must be complemented by critical education for girls on sexual and reproductive health and rights, to strengthen their protective factors upon return to their families and communities. It is also clear that eliminating harmful practices requires comprehensive approaches involving all stakeholders, including working directly with men as important allies for change. More information on this program is [here](#).

7) Survivors and GBV prevention:

Many GBV organizations integrate survivors as a part of their staff and collaborate with survivors to help further their initiatives. This approach can help to improve effectiveness of program activities by ensuring that strategies are survivor-led, survivor-informed and survivor-focused. However, there are also ethical considerations to working with survivors in this way that must be considered. Specifically, GBV organizations should employ an empowerment-based approach to engaging survivors in prevention and other awareness activities. In addition, GBV providers should be mindful that the survivor does not feel obligated to tell their story because the GBV organization has provided them with help and services – it should be a choice they are able to make freely. Prior to engaging survivors in program activities, GBV providers have an ethical responsibility to discuss the potential benefits and risks of community activism, including safety concerns, with the survivor so that the survivor may make an informed decision.

While those with personal experience of violence can be powerful advocates for laws, policies and programs to prevent the violence, it is also clear that speaking publicly and personally about experiences of GBV can be re-traumatizing for survivors and, indeed, traumatizing for the audience. Any initiative to involve survivors in this way must be done with their full, informed and continuing consent, coupled with ongoing processes of emotional support. If for any reason and at any time survivors no longer wish to continue their involvement in such an initiative, it is their right to cease involvement. Similarly, activities involving survivor testimonies also need to prepare audiences for such testimonies. This preparation must include "trigger warnings" that let people know about the emotionally difficult experiences that will be presented, and that allows people to not participate in the activity if they so choose. Processes should be put in place which can provide people with emotional support and referrals to needed services afterwards.

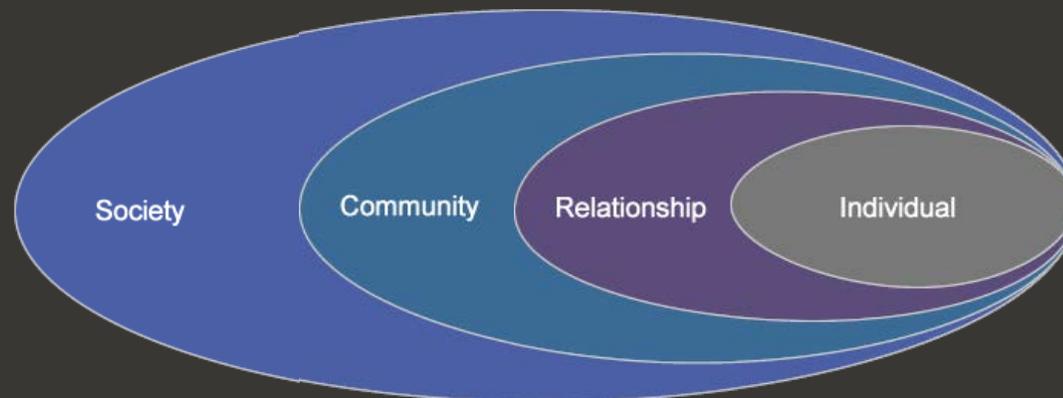
7) Survivors and GBV prevention:

Case Study: Afghanistan

Silence Speaks supports the telling of first-person narratives of struggle, courage, and transformation through digital storytelling. Through intensive, hands-on participatory media workshops, the Silence Speaks project enables people to share first-person stories from their own lives, in the form of videos, radio pieces, and photo essays. For example, since 2009, Silence Speaks has worked with the Afghan Women's Writing Project (AWWP) to help hundreds of Afghan women craft essays and poems and share them with the world. These writings, distributed online, enable thousands of readers each month to hear directly from Afghan women about their experiences of GBV and their struggles for gender equality. With the support of highly skilled facilitators, stories by individuals can bring attention to the structural roots of poverty, gender inequality, and violence, in ways that demand accountability and change at community, institutional, and government levels. For more information about this work, go [here](#).

Strategies for GBV Prevention

Primary prevention, or stopping violence before it occurs, is one of the key strategy required to end GBV. Given that GBV is based on gender norms and gender-based power inequalities, GBV prevention strategies are necessarily linked to efforts to increase gender equality more generally. Because women and girls are the experience the highest rates of GBV, a central focus of GBV prevention must be on working with women and girls as agents of change in their own lives, and the lives of their families and communities. Efforts to promote women's political influence, economic rights and social status can all contribute to the goal of GBV prevention. More specific programming on GBV must address the range of factors fueling GBV and the range levels at which they operate: individual, relationship, community and society.



GBV Prevention: Society

Working within educational settings

School systems provide an opportunity to reach a large number of students, teachers and parents in a teaching-learning environment. Through the teaching of specific gender-themed curricula, schools are uniquely placed to influence children's understanding of gender roles, norms and inequalities, and the prevention of GBV. School-focused programs usually seek to make schools safer, more child-friendly and a better environment for children to learn. They work with a range of stakeholders at the school level, as well as in the local community and in government.

GBV Prevention: Society, cont'd

The **Gender Equity Movement in Schools** (GEMS) program involved participatory school-based group education sessions over two years, taught by out-of-school facilitators to sixth and seventh grade students in low-income public schools in Mumbai, India. The sessions focused on understanding gender roles, inequality and violence, as well as the physical and emotional changes of puberty. These sessions were accompanied by school-level campaigns and orientation workshops with teachers, parents and the local community. A rigorous evaluation found that children in the intervention schools were four times more likely to report gender-equitable attitudes, three times more likely to support higher education for girls, and more than twice as likely to oppose violence. The project has been expanded to 25,000 schools in the state of Maharashtra, and adapted for secondary schools in Vietnam. Such programs indicate that intensive, long-term integration of gender equality issues into school curricula can positively influence children's attitudes and behaviors. The program also included several teacher workshops focused on gender and power dynamics. Male teachers who participated in the workshops reported significant changes in their interactions with students as well as how they related to and valued their female family members. Go [here](#) for more information on this work.

The Good School Toolkit, created by Raising Voices in Uganda, is being used in over 450 schools. The toolkit provides practical guidance for students, staff, parents and community leaders to develop a collective vision of a safe, gender equitable and nurturing learning environment for the school. It includes tools for identifying issues that need to be addressed if this vision is to be realized. It also includes group education curricula exploring issues of GBV in and around school, harmful gender attitudes and behaviors, healthy relationships and conflict resolution practices, communication skills, and help-seeking behaviors. Additional interventions such as radio, drama, gender clubs, extracurricular activities, and assemblies reinforce this group education. Through a teachers' Code of Conduct, and teacher training to recognize, prevent and respond to GBV, the Good School Toolkit helps educators to establish a school culture and disciplinary methods that support positive discipline instead of corporal punishment. Reporting mechanisms, such as setting up boxes in school to anonymously report violence, and allocating responsibility for particular staff to address violence, have been established. The toolkit also contains guidance on conducting community-level awareness-raising with traditional leaders, village elders, Parent Teacher Associations, Community Action Planning Committees and School Management Committees. An evaluation of the Good School Toolkit intervention found that in intervention schools, the risk of physical violence by teachers and school staff against children was reduced by 42 percent in 18 months. Also, students' sense of safety and belonging at school improved significantly. Further information on the Good School Toolkit can be found [here](#).

GBV Prevention: Society, cont'd

The role that community-based organizations can play in working for GBV prevention within educational settings will depend on local circumstances. It may be possible to develop one or more of the following components of such work:

'Whole-school' approaches: The goal of such approaches is to build knowledge and skills among administrators, teachers, and pupils (boys and girls) around how to address and prevent GBV in educational settings - see the Good School Toolkit above.

Gender education for students: This often focuses on providing training on gender, violence, life skills and rights for young people in school, delivered through students' curricula, school assemblies, or smaller group sessions, both mixed and single-gender.

Gender education for teaching staff: It is also important to strengthen the skills and confidence of teachers to address GBV in the school environment. This can include teacher training, including on gender equality issues as well as on specific violence prevention and healthy relationship curricula.

Safe spaces for female students: Girl-specific groups and spaces can help to develop girls' skills and self-confidence and strengthen peer group support among female students to help them challenge the harmful attitudes and behaviors they may face in the school environment, from both male staff and students.

Reporting mechanisms: Setting up mechanisms in schools to allow for anonymous reporting of violence, and giving responsibility to particular staff or focal points to address reports of violence is also important. Such reporting mechanisms are more effective when they are supported by formal guidance and counseling services to support those who do report violence against them.

Codes of Conduct: Working with educational authorities and teachers' unions to develop codes of conduct and positive discipline practices can help to increase accountability and reduce impunity for those who perpetrate violence in the school setting.

Community engagement: Many projects also seek to work with parent-teacher associations, local government and/or traditional leaders and school management committees to hold the school accountable and to change their own behavior and attitudes to violence.

GBV Prevention: Society, cont'd

Some useful lessons from existing work include the importance of:

Understanding the local context: Interventions aimed at preventing and responding to GBV in education settings should be based on careful analysis of the specific context and tailored to the forms of GBV that students experience (including type of violence, likely perpetrators, risks that exist, and the environment), possible entry points and the resources available to support schools, teachers and pupils to tackle GBV.

Starting from the needs and rights of female students: Girls' needs, safety and interests should be at the center of all GBV prevention efforts in school. Encouraging girls to speak out and report violence without the necessary support mechanisms to protect and assist them can leave them at risk of further violence or stigmatization. For this reason, it is important to ensure that services are in place to respond to reported cases.

Being gender-aware: Education programming that effectively addresses GBV should seek to ensure a gender-aware learning environment. Examples include: girl-friendly facilities and school designs that are healthy, safe and protective (e.g. private sanitation facilities with locks); equal opportunities for participation; curricula, textbooks and teaching processes that work to reduce GBV and promote gender-equitable gender norms; and access to support that is tailored to girls' needs.

Joining up different components to reinforce each other: Finding ways to link up different interventions in the school setting helps to increase their overall impact on school policy and culture. Linking interventions within a classroom (e.g. lesson and curriculum), with institutional policy change (e.g. on sexual harassment, corporal punishment etc.), and work on social interactions (e.g. respect shown by teachers for students, bullying, etc.), and on the role of parents in supporting schools' teaching has been found to be effective.

Working in a developmentally appropriate way: Girls and boys learn and participate best when teaching is tailored to their specific developmental level, needs, and interests. The most effective interventions begin with an understanding of the basics of the girl or the boy's development stage and how to best nurture this development through age-appropriate learning.

Working to include the most marginalized: Education programming aimed at tackling GBV should be inclusive of all girls, including girls with special educational needs and disabilities; ethnic, religious and socio-economic minorities; refugees; orphaned children; those affected by HIV/AIDS, etc. To be fully inclusive, education programming must involve whole communities to change harmful attitudes and shift social norms. Men and boys can also be allies in addressing violence against girls in the education sector.

GBV Prevention: Society

Work with justice systems

As with GBV prevention work in the context of school systems, it can seem daunting for community-based organizations to take on the many challenges of working with justice systems. But such work is important, not only to improve justice for survivors but also to reinforce prevention efforts in the community by challenging the impunity that still surrounds GBV in many societies. Community-based organizations may be able to contribute to one or more of the following components of work with justice systems:

Paralegal services: The use of paralegals trained in women's rights is a particularly powerful strategy for ensuring women can access justice where there are multiple formal and non-state systems. Community paralegals play an essential role in ensuring that excluded women know their rights and can negotiate formal and alternative legal systems, in providing access to the formal system and in helping to enhance the accountability of non-state systems.

Gender-responsive policing and judicial decision-making: Changing the culture of police and judiciaries has been a long-term challenge for gender equality advocates. Networks such as the International Association of Women Judges and [Sakshi](#), an Indian NGO, have provided judges, both women and men, with specialized training and space to discuss the challenges they face when dealing with GBV cases. In Pakistan, a local NGO [Rozan](#) created the Rabta Police Training Program, a six-day experiential workshop to improve police responsiveness to violence against women and girls. Working to make alternative justice mechanisms more responsive to women's needs and rights in cases of GBV, as in the example of Reforming the Shalish above, is also important.

Gender-sensitive law reform: This is the foundation for women's access to justice. To have the most impact, laws must be drafted to drive implementation, including clear mandates, procedures, funding and accountability mechanisms. For example, in 45 countries, laws on domestic violence include guarantees of free legal aid for women. Strategies to improve legislation should also look beyond a narrow focus on laws relating directly to GBV. Supporting women's legal rights to property, land, inheritance, employment and income can increase women's ability to leave abusive relationships and improve their economic and social status. Civil society organizations have played crucial roles in campaigning for such reform.

Monitoring law enforcement: As the Ab To Jaago! (Wake Up Now!) campaign in India shows, civil society groups can play an important role in monitoring the implementation of existing implementation and gathering data and case examples to exert pressure for more effective implementation.

Access to justice during and after conflict: Very significant advances in international law in the past two decades have, for the first time, made it possible to redress sexual violence crimes in the context of war and conflict. However, prosecutions are rare. In the Democratic Republic of the Congo, mobile courts are bringing justice to women, responding rapidly to investigate and prosecute cases of sexual violence. Although currently small-scale, these pioneering courts are helping to end impunity for these crimes.

GBV Prevention: Society, cont'd

Important lessons that can be drawn from this and other gender equality work with justice systems include:

Strengthening women's movements: A large-scale study of policies on violence against women in 70 countries over four decades found that it was the strength of local women's movements that had the most influence on the extent of progressive policy change. In terms of influencing national law, policy and budget priorities, it is important that civil society groups and organizations find ways to come together to build coalitions to advocate with government and the international community.

Ending impunity for perpetrators of violence: Impunity for GBV remains one of the most significant barriers to GBV prevention. The UN Multi-country Study on Men and Violence in Asia and the Pacific, which surveyed more than 10,000 men and 3,000 women in nine sites across six countries in the region, found that the vast majority of men who had perpetrated rape (72 to 97 percent in most sites) did not experience any legal consequences. Civil society organizations have a crucial role to play in monitoring law enforcement and advocating for more effective implementation of existing laws on GBV.

Demanding women's meaningful participation in peace-building: Access to justice for GBV can be even more challenging in the wake of conflict and war. The only way to guarantee this is to advocate for women's central role in post-conflict justice mechanisms. Efforts to improve women's participation in peace-building processes have included financial assistance, childcare and transport to help women overcome the practical obstacles to their participation; psychosocial counseling, health care and other long-term support; and provision of closed-session hearings to enable women to testify about sexual violence.

GBV Prevention: Society, cont'd

Reforming the Shalish is a project undertaken by local women's rights NGOs in Bangladesh with the community-based justice mechanism (the Shalish), in which panels of community leaders help resolve community members' disputes and prescribe penalties if necessary. These panels are overwhelmingly male (and wealthy), with a bias toward conservative cultural norms and practices, resulting often in discriminatory rulings against women, particularly in matters of sexual conduct. The project aimed to improve the responsiveness of the Shalish to women's experiences of gender discrimination and GBV. It ran training sessions for those Shalish members, covering the legal rights of citizens as well as women's rights. The project also formed alternative Shalish committees, with members representing a cross-section of the community, and at least one third of members being women. The project established Legal Aid Committees to monitor the outcomes of Shalish hearings every three months and introduced basic record-keeping so that agreements and other key proceedings are documented and can be assessed with reference to national law and policy. This remains a relatively new area of work, so there is little established evidence base. In its own lessons learned documentation on the Reforming the Shalish program, the NGO Nagorik Uddyog concluded that legal training was not enough to overcome barriers to women's active participation in Shalish hearings, as often female shalishdars find that they have knowledge but lack the authority to make a substantial difference. Nagorik Uddyog therefore introduced a women's leadership program, which has built solidarity and networking among women leaders. This has led to a noticeable change in women's participation in Shalish hearings.

GBV Prevention: Society, cont'd

The **Ab To Jaago! (Wake Up Now!)** Campaign was coordinated by Men's Action to Stop Violence Against Women (MASVAW) in collaboration with women's rights organizations in India. The campaign provided rights-based education about the provisions of the 2005 Protection of Women from Domestic Violence Act (DVA) in 41 districts across the state of Uttar Pradesh. The act provides for "protection against physical, verbal and sexual abuse and the right to shelter and economic freedom" but its effectiveness was undermined by the government's failure to budget for the necessary protection officers or to educate the general public about the provisions of the Act. The campaign educated urban and rural communities about the provisions of the Domestic Violence Act and collected information about difficulties with implementation, which is being used to put pressure on the government to spend more on implementing the DVA. The campaign has also organized mock tribunals to highlight the available evidence of violence against women and girls and to maintain pressure on the government for full implementation of the Domestic Violence Act. Go [here](#) for further information on this work.

GBV Prevention: Community

Community mobilization programs

The global [What Works to Prevent Violence](#) research initiative has concluded that there is fair evidence to recommend community mobilization interventions that seek to change patriarchal attitudes, practices and norms that perpetuate GBV. Community mobilization programs usually seek to empower women and work with men to change harmful gender norms and challenge persistent gender inequalities at community level. Such programs can include:

Community workshops: This approach involves working with women and men, separately and together, using a range of participatory group education methods aimed at shifting attitudes and behaviors by reflecting on harmful gender norms in the community.

Women's empowerment: Community mobilization interventions also often include specific components that aim to increase women's self-confidence in relationships, negotiation and communication skills, and raise awareness about their rights.

Male involvement: A significant component of community mobilization interventions for GBV prevention is the active involvement of men in working together with women in challenging patriarchal attitudes, practices and norms. This often involves a component of working with men, separately and together with women, in examining the impacts of patriarchal attitudes, practices and norms on women, themselves and the younger generation of girls and boys. In addition, it includes identifying strategies to change men's attitudes and behaviors.

Local action: Community mobilization interventions for GBV prevention are not simply about gender education. Crucially, they are about mobilizing women and men to take action together to raise awareness of problems of GBV and gender inequalities and challenge the patriarchal attitudes and norms that sustain these inequalities and violence. Such action can include localized awareness-raising campaigns and activities, including video, radio broadcasts or dramas.

GBV Prevention: Community, cont'd

Some lessons from this work include the need to focus on:

Organizing collective action: Community mobilization interventions focus on the skills and support that community members need in order to take specific actions to change aspects of community life that increase women's and girls' vulnerability to violence or inhibit them from accessing needed services.

Linking people with supportive services: Many of the people who are motivated to get involved in community mobilization interventions for GBV prevention may know people who have been directly impacted by such violence or may themselves be survivors. It is crucial that community mobilization efforts be linked with the provision of a range of supportive services for survivors, including those who work on the program and those community members who seek help for their own experiences of violence during the course of the intervention. Experience from GBV prevention work suggests that violence prevention cannot be undertaken successfully without provision of services for survivors.

Exposing the extent of and responses to GBV: Community mobilization interventions can play a crucial role in gathering information both about the extent of GBV in the community and the kinds of work being done to address it. In Egypt, the HarassMap project has created simple online and mobile phone tools that community members can use to anonymously share their stories of experiencing, witnessing, or intervening against sexual harassment. Collecting these individual reports has helped to expose the reality and scope of sexual harassment and assault in Egypt.

Advocating for change at the institutional level: While seeking to change institutions may seem daunting for community-based organizations involved in community mobilization activities, it is clear that such organizations can play a critical role in bringing pressure to bear for change at the institutional level. A common finding across reviews of community mobilization approaches to GBV prevention is that individual-level and community-level strategies for change must be complemented by efforts directed at reforming the institutions that affect women's and girls' vulnerability to violence. From workplaces to schools to law enforcement and justice systems, these institutions not only tend to be led by men, but are often influenced by the very patriarchal norms and 'cultures' that underpin GBV. Seeking to reform the policies and 'cultures' of male-dominated institutions is an important priority for GBV prevention efforts.

GBV Prevention: Community, cont'd

SASA! is a community mobilization intervention that was started by Raising Voices in Uganda. It seeks to change community attitudes, norms and behaviors that result in gender inequality, violence and increased HIV vulnerability for women. The program works with community members (women and men) and related stakeholders in four phases: (1) Start: involves learning about the community, selecting community activists and institutional representatives; (2) Awareness: helps activists gain confidence and critically assess gendered power dynamics; (3) Support: strengthens connections between community members and builds supportive relationships for change; and (4) Action: involves trying new behaviors and fostering positive change. The SASA! intervention explicitly focuses on the critical analysis of power imbalances between men and women in the community and is action-oriented, enabling the people involved to use their power to effect positive change.

A recent and rigorous evaluation of the SASA! program found significant impact, with the reported level of physical partner violence against women being 52 percent lower in SASA! communities than in control communities. There was also a significant increase in attitudes supporting women having the right to refuse sex - among both women and men. The evaluators concluded that programming approaches focused on community-level norms change can achieve community-wide reductions in the risk of intimate partner violence. SASA! is now being replicated in more than 15 countries. For more information on SASA!, go [here](#).

GBV Prevention: Community

Gender equality work men and boys

Gender equality programming with men and boys aims to mobilize and support men to change their own attitudes and behaviors as well as challenge patriarchal gender norms and challenge persistent gender inequalities at community level. Such programs often include:

Group education: This group education uses interactive methods, usually with small groups of men and boys. Such group education typically covers topics such as gender roles and norms; the links between masculinity, sexuality and violence; concepts of power in relationships; and the benefits of gender equality not only for women and girls but also men and boys.

Community action: Some projects working with men and boys on gender equality issues emphasize the importance of mobilizing, training and supporting men to take specific actions in their community to challenge patriarchal norms and practices and promote women's empowerment and rights. In South Africa, Sonke Gender Justice's One Man Can community mobilization intervention uses door-to-door campaigns, street theater, community soccer games, and video screenings to promote gender equality at community level.

Bystander intervention: Another approach in working with men and boys has been to focus on their potential role as active bystanders who can intervene in a situation of possible GBV and act to prevent or stop the violence and assist the woman or girl being targeted. More broadly, such bystander interventions use group education methods with young and adult men to equip them with the skills and confidence to speak out against patriarchal attitudes and behaviors in their peer groups.

GBV Prevention: Community, cont'd

Some lessons from this work include the importance of:

Contributing to ongoing work on women's rights: The need to work closely and in mutually reinforcing ways on ongoing gender equality work with women and girls is now a well-recognized principle of gender equality programming with men and boys. Women's leadership in activities to engage men should be promoted, women-only spaces must be created and protected, and programs should be continually evaluated to prevent them becoming male-dominated.

Starting young: It is important to work with younger adolescents, at a time when both their gender identities and their attitudes towards, and skills in, gender relations are being formed.

Highlighting men's roles in care work: Focusing work with men on the roles they can play as caregivers within their own families, and in the broader community as a whole, is a promising practice for promoting more positive, non-violent masculinities.

Addressing men's own experiences of GBV: Boys and men are also vulnerable to different forms of GBV in particular contexts. But they can face particular barriers to reporting this violence and seeking help. Most services for GBV survivors are oriented toward, and run by, women. Male survivors are often ashamed about their experiences of violence because it is widely assumed that men can only be perpetrators and never victims. Encouraging men to seek support and justice for the violence they have faced not only helps male survivors, but sends a broader message about the damage GBV does to the whole community.

Working with male leaders: It remains true that men dominate leadership positions in community life. It is important to work with community, traditional, cultural and faith-based leaders to promote and support changes in community norms to prevent GBV.

GBV Prevention: Community, cont'd

Developed by Instituto Promundo in Brazil, Program H seeks to engage young men and their communities in critical reflection about and action to change patriarchal norms of manhood. It includes group educational activities, community campaigns, and an evaluation model for assessing the program's impact on gender-related attitudes. Program H was developed in Latin America and the Caribbean (Bolivia, Colombia, Jamaica and Peru) and has also been adapted for use in the Balkans, India, Peru, Tanzania, and Vietnam. A rigorous evaluation of the use of the Program H intervention in India found a significant change in attitudes related to the use of violence against women, and a self-reported decrease in use of violence against female partners in the previous three months.

The evaluation also found that the group education and campaign activities led to increased discussion by young and adult men about gender equality and decreased support for attitudes that encourage men's use of violence against intimate partners. As a result of workshops, men self-reported doing their own washing and participating more equally in household responsibilities and boys self-reported advocating for their sisters' right to an education. Participants developed individual plans to address the prevalence of violence against women in their own lives. Additionally, the group as a whole devised community education plans for their villages to educate their neighbors on these issues. For more information on Program H, go [here](#).

GBV Prevention: Community, cont'd

The Abatangamuco is a group of rural men in Burundi who have decided to change the way they live in their families, ending abusive and violent behaviors and instead collaborating with their wives in all aspects of family life. Abatangamuco means "those who shine light where there was darkness". Although the Abatangamuco group has been supported by CARE Burundi from the outset, they are a home-grown movement made up of, and controlled by, a membership base of men from rural, mostly poor and often illiterate backgrounds. CARE Burundi provides the group with technical and financial support, enabling the men to visit more remote communities as part of their activities. Abatangamuco use testimonies, theatre and other peer-to-peer activities to convince other men to make the same changes and join the organization and contribute their testimonies to the group's activities.

An 2011 external qualitative evaluation of the work of the Abatangamuco in Burundi concluded that the personal testimonies of change by its members were the most potent means of motivating other men to support women's economic empowerment. The strong peer-based support provided by the Abatangamuco movement proved crucial in providing an alternative and supportive peer network for men wishing to be in more equitable relationships with their wives and other female family members. The ways in which the movement appealed to culturally celebrated values of responsible, trustworthy and materially successful masculinity proved effective in persuading other men of the benefits of living more gender equitably with their female partners. Go [here](#) for more information about this work.

GBV Prevention: Relationship

Peer and relationship interventions

Peer and relationship interventions typically involve:

Group-based education: Directed at men and women separately or together, group-based education approaches typically use a curriculum focused on building critical awareness of gender roles and norms and promoting women's rights. This also includes challenging the unequal distribution of resources and duties between men and women, and addressing the power relationships between women and others in the community.

Skills-building: Such interventions also use role-plays and other techniques for strengthening skills in interpersonal communication, conflict resolution and personal accountability.

Community action: Some peer and relationship interventions also include a community action component. Typically, this includes a focus on strengthening skills in designing and implementing awareness-raising activities in the community on issues relating to GBV and gender inequalities.

GBV Prevention: Relationship, cont'd

A recent large-scale review by the global [What Works to Prevent Violence](#) research initiative finds that there is fair evidence to recommend this intervention type for preventing GBV. Some lessons from this work include:

Work with sufficient duration and intensity: The personal changes required to end GBV will take time. Evaluations of GBV programs have identified the importance of intensive and continuing program activity, with multiple sessions sustained over time.

Trauma informed: Programs using peer and relationship interventions to change gender relations must take account of the contexts in which they are working. In communities experiencing or recovering from conflict or humanitarian emergencies, this operational context may include high levels of personal and communal trauma. Data from the International Men and Gender Equality Survey (IMAGES) study in Democratic Republic of Congo found that after twenty years of conflict, the number of men who cannot fulfill societal expectations to provide for their families is extremely high, nearly double the number before the conflict. More than 75 percent of men reported being ashamed to face their families because they could not provide for even their basic needs. In some cases, this shame has been linked to increased rates of men's use of violence within the family. In these contexts, an important focus of relationship interventions has been to strengthen and support the resilience of individuals and couples to cope with the psychological trauma they may be facing.

Use interactive and reflective methods: Evaluations of such interventions also highlight the importance of using interactive, participatory methodologies in single and mixed gender groups to promote reflection on the drivers of and responses to GBV.

Be positive and aspirational: Program experience also highlights the importance of building on or supporting positive relationships (i.e., between the participants and their peers, families or communities) and holding out positive visions of gender justice toward which to work.

Strengthen both individual and collective skills for action: Program evaluations also note the need to focus not simply on providing people with information but also strengthening the skills they need to change gender relations within the family and community, not only as individuals but as groups who can work together to change community gender norms.

GBV Prevention: Relationship, cont'd

Stepping Stones is a small-group relationship intervention that has been implemented in dozens of countries worldwide with mixed groups of women and men at community level. It includes 13 participatory training sessions with 50 hours of intervention over a six to eight week period. It covers topics such as gender inequality and violence, violence against youth, life-cycles of violence, love, stigma, STI/HIV, condom use, self-esteem and substance abuse (among others). A 2003 review of the effectiveness of Stepping Stones for changing reproductive health attitudes and behaviors of men in Cambodia, the Philippines, Gambia, Ghana, Kenya, South Africa, Tanzania, Uganda, and Zambia found that in all countries men reported increased knowledge of reproductive health, enhanced communication skills, and reduction of conflict, gender violence and alcohol consumption. Factors identified to explain the positive impact of Stepping Stones include providing men with opportunities to improve their SRH knowledge, working separately with older and younger men who have different needs and concerns, enabling men to hear the perceptions of women, and recruiting and training skilled male facilitators. For more information on Stepping Stones, go [here](#).

The **Living Peace Groups** project in Burundi and Democratic Republic of Congo assists men and women to heal after their experiences of trauma by restoring social and partner relationships, and strengthening positive coping strategies that exclude all forms of violence. Living Peace Groups use a combination of psychosocial support and group education to help couples in post-conflict settings address the personal effects of trauma, while also bringing the community together in a process of social restoration. The group therapy process has been used with survivors of sexual violence, husbands of conflict-related rape survivors, and with witnesses of genocide and other forms of violence. Results from the evaluation of Living Peace Groups confirm that, nearly universally, men and women participants reported significant, positive changes, including improved and more peaceful partner relations; reductions in men's alcohol abuse and drinking; improvements in men's control of their frustration and aggression; greater income-sharing by men with their wives; happier children; and improved health outcomes. It is also important to note – as another indicator of impact – that many groups decided to continue the weekly meetings on their own after the pilot phase. By being able to reflect on their trauma and create social bonds within the groups, men and women were able to take their new knowledge and behavior into their homes. Go [here](#) for more information on the Living Peace Groups project.

GBV Prevention: Relationship

Parenting interventions

Poor or harsh parenting can be a risk factor for later violent behavior, including intimate partner violence. There is strong evidence to suggest that male children who witness violence against women in the home are at greater risk of using violence against women as adults. By contrast, positive parenting that supports girls' equality with boys and that models equal relationships between male and female adults in the family can provide a model of gender relations for children that promotes gender equality and counters GBV.

The global [What Works to Prevent Violence](#) research initiative finds that there is some evidence to recommend parenting interventions for preventing GBV. Such interventions may include:

Parenting education: Interventions typically include a training curriculum focused on improving relationships between parents and their children, and teaching parenting skills and, in some cases, skills in reducing conflict and abuse. This may involve skills-building sessions, using role play and videotape modeling of positive parenting behaviors, as well as structured or guided play between mothers, fathers and their children.

Communication materials: Another component of such interventions is the development of communication materials (posters and brochures, as well as radio slots, etc.) that challenge, rather than reinforce, biased and stereotypical gender socialization processes.

Home visits: Where feasible, home visits to support and coach better parenting has been found to be effective. Such coaching can also be community-based or implemented in health clinic settings.

GBV Prevention: Relationship, cont'd

Some lessons from this work include the importance of:

Changing parents' expectations of their children: Research continues to highlight the gender stereotyped and biased expectations that parents can have of their female and male children. Parenting interventions that seek to promote more gender equitable early child development emphasize the importance of identifying and challenging the gender norms that underpin the unequal expectations that many adults have about the behaviors, value, potential and future roles of girls and boys.

Helping parents reflect on their own division of labor in the family: Parenting interventions also seek to create opportunities for parents to reflect on and discuss the implications of their gendered division of labor for children's development and the wellbeing of the family and support parents and caregivers to provide equal care and treatment to their sons and daughters.

Involving men as engaged parents: High levels of father involvement are associated with multiple positive outcomes for their children, including better physical and mental health; better cognitive development and higher educational achievement; better peer relationships; fewer behavior problems among boys and fewer psychological problems among girls. Men's engagement in childcare has also been shown to have positive results in terms of gender relationships and equality in decision-making in the home, as well as reductions in violence and improved maternal wellbeing. Studies suggest that children of fathers who are involved in childcare demonstrate more openness to questioning traditional gender roles and tend to have non-traditional attitudes to work and childcare. Early child development programming affords an opportunity to get fathers involved early, supporting their partners during pregnancy and as soon as the child is born. The earlier the father is involved, the stronger the relationships with his children are likely to be, and the more sustained his engagement over the longer term.

Targeting: Some parenting programs seek to target parents who have abused or neglected their children, or who are at risk of doing so.

GBV Prevention: Relationship, cont'd

The **MenCare+** program uses the "Program P: A Manual for Engaging Men in Fatherhood, Caregiving and Maternal and Child Health" curriculum to reach fathers through healthcare settings. The curriculum focuses on increasing knowledge on sexual and reproductive health and rights (SRHR) and maternal and child health (MCH) and promoting positive communication and decision-making by couples, and especially fathers. The aim is to prevent GBV, as well as increase use of contraceptives by young men and couples. Simultaneously, MenCare+ seeks to improve SRH service provision that engages young men and women in SRH and fathers in MCH, while promoting policy change around engaging men in SRHR and MCH through advocacy and partnership-building via the MenCare+ campaign. Throughout these activities, there is an emphasis on the need for fatherhood engagement strategies to think beyond men's token participation in the home, and instead use it as an entry point for larger gender transformation. For more information, go [here](#).

GBV Prevention: Individual

Economic empowerment work with women

Economic empowerment interventions may include:

- **Savings and lending schemes:** Group-based approaches to savings and lending to women normally excluded from formal banking/loan systems have strengthened their access to and control over credit.
- **Access to banking:** Increasing access to formal savings facilities in the banking sector, which is often seen as a precursor to formal work/economic opportunities, has also improved women's economic situation and autonomy.
- **Vocational or job training programs:** These seek to build the skills and knowledge of participants to seek work more effectively, develop skills for informal sector work or develop alternative livelihood strategies.
- **Cash transfer programs:** Though not necessarily designed to address GBV specifically, such programs can contribute to reductions in both intimate partner violence and child marriage. A "cash transfer" refers to the direct provision of cash to households in order to reduce poverty and vulnerability. Conditional cash transfer programs give money to poor people in return for fulfilling specific behavioral conditions; unconditional cash transfer programs impose no such conditions. Studies of unconditional cash transfer programs in Kenya and Ecuador reported, in addition to large economic and nutritional benefits to households, significant reductions in rates of intimate partner violence in both settings.

GBV Prevention: Individual, cont'd

There is evidence suggest that a combination of micro-finance and gender transformative approaches, particularly amongst adult women, may be effective. Some key lessons learned from this work include:

- **Combined approaches:** The impact that such economic empowerment interventions can have on GBV prevention significantly depends on the extent to which they also include a focus on changing gender attitudes, relations and norms. There is little evidence that economic empowerment approaches, on their own, can have violence preventive effects. But when combined with gender transformative components, such approaches can be effective.
- **Intersectional approach:** Economic empowerment approaches to GBV prevention work better when they take account of the many factors that may increase people's vulnerability to violence. Beyond simply gender identity, this may include poverty, racial/ethnic discrimination, marginalization based on citizenship status, religious affiliation, sexual orientation and disability.
- **Male involvement:** Typically, men do not appear in the design of many women's economic empowerment programs and policies. In some cases, men are identified as an explicit problem, in that men's use of violence against women is linked to their negative reactions to women's empowerment. But research suggests that men have varying reactions to efforts to economically empower women in their communities. These reactions range from being obstructive to being ambivalent to being actively supportive of women's empowerment. There is a growing recognition that engaging men in women's empowerment can reduce women's psychological stress and improve household relations. Economic (and broader) empowerment programs for women that also reach out to men can have stronger economic empowerment outcomes and better impacts on GBV prevention (see the IMAGE program).

GBV Prevention: Individual, cont'd

The **Intervention With Microfinance for AIDS and Gender Equity (IMAGE)** project combined livelihood and empowerment strategies to address gender issues, HIV, and violence with women living in rural South Africa. The intervention linked micro-finance with 10 participatory training and skills-building sessions on HIV, cultural beliefs, communication, and violence. In a first phase, the program worked with women on critical reflection and analysis of gender roles and norms, as well as on strengthening communication and leadership skills. In a second phase, the trained women engaged in wider community mobilization activities with young people and with men. After two years, a comparative analysis between IMAGE and a 'micro-finance only' control intervention showed that, although both programs supported improvements in overall economic wellbeing, the IMAGE sites showed additional associated effects in relation to women's empowerment, a 55 percent reduction in reports of physical or sexual partner violence from women and HIV protective actions. This research suggests that combining women's economic empowerment initiatives with interventions that recognize the wider social and political context in which women's lives are situated have the potential to lead to more substantial change. It also suggests that women's consciousness-raising can be an important precursor to engaging men in the process. For more information on the IMAGE project, go [here](#).

GBV Prevention: Individual, cont'd

The **EA\$E program** in Burundi, developed by the International Rescue Committee (IRC), aimed to reduce intimate partner violence and improve women's overall decision-making in conflict-affected communities. IRC integrated a discussion group series, Talking about Talking (TaT), into a traditional Village Savings and Loan Association (VSLA) intervention. Through the TaT, both women and men had the opportunity to engage in six facilitated conversations about financial decision-making. A rigorous evaluation over a 16-month period, comparing the experiences of VSLA-only with the VSLA/TaT intervention, found a statistically significant decrease in intimate partner violence among women at high or moderate risk in the intervention group. The VSLA/TaT group also experienced an increase in decision-making and use of negotiation skills and a decrease in overall acceptance of violence. This evaluation suggests that interventions that address underlying risks of violence through engaging both men and women in an empowering manner can be successful in changing deeply entrenched social norms and ultimately, reduce levels of violence. Go [here](#) for the implementation manual developed by the EA\$E program.

GBV Prevention: Individual

Social empowerment work with girls

Social empowerment interventions with girls may include:

Education on gender, sexuality and rights: Providing girls with the information they need about their changing bodies, their sexual and reproductive health and rights as well as the impact of gender roles and norms on their lives is a key component of social empowerment work with girls.

Life-skills and leadership training: Building core life-skills in communication, emotional expression and boundary-setting is a key feature of many social empowerment initiatives. Some also pay particular attention to strengthening girls' own leadership skills to equip them to be able to help design and lead empowerment initiatives with their peers and to advocate with parents, schools and other stakeholders to respect the rights of adolescent girls.

Adolescent services: The services and systems which could support the empowerment of adolescent girls typically have very limited institutional, financial and human resources. In many parts of the world, youth-friendly sexual and reproductive health services are largely unavailable. Strengthening the provision of health care, child protection, social work, legal aid and GBV response services has been central to social empowerment work with girls.

Working with parents: There is also a growing recognition of the need to work directly with parents and extended family members, to encourage positive parenting and change community norms regarding adolescent girls. This has included working with parents' groups (e.g. guided mothers' support groups or parent-teacher associations), home-based curricula (e.g. via health extension workers) and positive fatherhood programming.

Working with mixed-gender groups: This approach works with adolescent boys as well - *The Gender Roles, Equality and Transformation (GREAT) Project* (Uganda: IRH - ongoing) aims to promote gender-equitable attitudes and behaviors among adolescents (ages 10-19) and their communities with the goal of reducing gender-based violence and improving sexual and reproductive health outcomes in post-conflict communities (http://irh.org/projects/great_project/). The GREAT project in northern Uganda is testing a model that complements this group-based education approach with: a serial radio drama to catalyze discussion and reflection at scale; a Community Action Cycle (CAC) conducted with community leaders to strengthen their capacity to promote and sustain change; training and engaging Village Health Teams to improve access to and quality of youth-friendly SRH services; and cross-cutting activities to recognize and celebrate people who demonstrate commitment to gender-equitable behaviors.

GBV Prevention: Relationship, cont'd

Key lessons learned from this work include:

Follow a rights-based approach: Social empowerment work with girls must be rooted in the UN Convention on the Rights of the Child's and its acknowledgement that children have the right to express their opinions and to have those opinions heard and acted upon when appropriate, to be protected from abuse or exploitation, and to be protected from all forms of physical or mental violence.

Be responsive to child development: Programming must respond to the dynamic nature of adolescence, during which girls' capabilities emerge. Such responsiveness recognizes that 11-year-old girls need preparation for the changes their bodies are about to undergo and are often best reached through play, while 19 year olds are often functional adults who need pathways to work and parenting classes of their own.

Focus on self-confidence and sense of personal agency: This involves an emphasis on strengthening an individual's skills, knowledge and voice. Adolescent girls are, at a minimum, marginalized by both their gender and their age. A focus on voice and agency enables girls to meaningfully participate in household, school and community life, which are key to them developing the skills required for political participation in adulthood.

Strengthen supportive peer groups and social connectedness: Social empowerment work with girls is more effective when it looks beyond individuals and seeks to strengthen girls' connectedness with each other, fostering supportive peer groups to enable girls to better and collectively deal with the challenges of growing up in patriarchal societies.

GBV Prevention: Relationship, cont'd

Berhane Hewane was a two-year pilot project (2004-06) that sought to reduce child marriage in rural Ethiopia (Amhara). The project used a comprehensive set of activities including intensive life skills training for unmarried girls, community conversations, mentorship, and community service activities to encourage parents to keep girls in school and to delay marriage. It also provided support for basic school supplies and an economic incentive (a goat) for families whose daughters were still unmarried by the end of the program. The intervention showed some success in delaying the age of marriage by one or more years. It also yielded additional benefits by addressing of several drivers of early marriage, resulting in increased knowledge and skills in the girls and changes in attitudes in the community toward early marriage. For more information on this work, go [here](#).

Growing Up Safe and Healthy (SAFE) is testing out an intervention for promoting sexual and reproductive health and rights (SRHR) and reducing violence against women and girls within informal settlements in Dhaka, Bangladesh. It focuses on supporting women and girls' rights to choice and consent with regard to marriage, sex and childbearing. It seeks to provide context-specific strategies to build social and health assets for vulnerable adolescent girls and young women, with the eventual goal of improving their lifelong well-being. The SAFE program uses a mix of strategies including awareness-raising campaigns on SRHR and GBV for community members as well as providing relevant information and referrals for those requiring health, legal or related services. The program provides health and legal services from accessible sites in the community to uphold women and girls' rights, and it lobbies for law, policy and procedural reforms in favor of SRHR and the right to live a violence-free life. Go [here](#) for more information on SAFE.

Thank you for completing the
course

"HOW can we prevent and
respond to GBV?"