USAID's Collective Action to Reduce Gender-Based Violence (CARE-GBV)

Foundational Elements
for Gender-Based Violence
Programming in Development

Section 3.3.
Program Elements:
Response

ACRONYMS AND ABBREVIATIONS

CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
GBV	Gender-based violence
IASC	Inter-Agency Standing Committee
ICJ	International Commission of Jurists
IPV	Intimate partner violence
LGBTQI+	Lesbian, gay, bisexual, transgender, queer, and intersex people, and those of other diverse sexual orientations and gender identities
NGOs	Nongovernmental organizations
MHPSS	Mental health and psychosocial support
OSC	One-stop center
SOGIESC	Sexual orientation, gender identity, gender expression, and sex characteristics
USAID	United States Agency for International Development
VSLA	Village savings and loans association

Introduction

Gender-based violence (GBV) response aims to address the short- and long-term needs of survivors of GBV by providing high-quality, accessible, and appropriate support and services (United Nations Joint Global Programme 2015). All aspects of GBV response should be rights based and survivor centered and guided by an intersectional analysis (see Section 2.0. Core Principles). When developing response programming, implementers should incorporate all core principles (Section 2.0. Core Principles) and process elements (Section 4.0. Process Elements) described in the *Foundational Elements*.

GBV response services should be available to all groups of survivors (see Box 1.2. GBV and Diversity), but their service and access needs can differ by group. Therefore, service entry points should be tailored to meet the distinct needs of each group and designed to enable safe access. For example, women- and girl-only spaces are often a critical entry point for service delivery, particularly in contexts where patriarchal norms constrain female safety and mobility in mixed-gender spaces. Creating safe spaces for lesbian, gay, bisexual, transgender, queer, and intersex people, and those of other diverse sexual orientations and gender identities (LGBTQI+ people) and people of diverse sexual orientations, gender identities, gender expressions, and sex characteristics (SOGIESC) is also important (see Section 1.0. Introduction: Box 1.1.: LGBTQI+ and Diverse SOGIESC and Section 2.0. Core Principles: Box 2.1. Safely Consulting with LGBTQI+ Stakeholders).

A survivor-centered approach to GBV response is critical. Keep in mind that while services should be made available to all survivors, not all survivors may want or need to access these services. A survivor-centered approach equips survivors with the knowledge and information about the services available and how to access them, but ultimately, it is an individual's choice as to whether to use the services (CARE-GBV 2021).

In addition to being survivor centered, a holistic and comprehensive community-based response to GBV is trauma informed, multisectoral, engages both formal and informal mechanisms and actors, and includes laws and policies that hold perpetrators accountable (see Section 3.0. Program Elements: Enabling Environment). It also offers health care and psychosocial support services, justice and legal recourse, pathways to economic empowerment and education, and other social services. An essential component of an effective GBV response is coordination among actors, particularly in developing and implementing a robust referral network. Funders can also play an important role in creating and strengthening responses among and between formal and informal actors.

Among the key resources on creating an effective formal response system are the *Essential Services Package for Women and Girls Subject to Violence* developed by the United Nations Joint Global Programme (United Nations 2015) and the World Health Organization's (WHO's) *Caring for Women Subjected to Violence: A WHO Curriculum for Training Health-care Providers* (WHO 2021). They cover health, justice, policing, and social service guidelines, as well as how to coordinate, implement, and budget for essential services. Since both resources were designed with a focus on cisgender women survivors of intimate partner violence (IPV), implementing organizations should conduct formative research to determine how to adapt the guidelines and

training for other populations of survivors of GBV. In addition, they focus on the formal response system.

Informal actors in response to GBV are community and family based, and play roles that include providing customary, faith-based, and alternative forms of healing, justice, and economic support, as well as support and advocacy to survivors for accessing formal response mechanisms.

A holistic GBV response consists of these three key elements: (1) accessible, high-quality services, (2) robust referral network, and (3) prevention of further violence.

USAID staff and implementing partners can use this guidance in both integrated and standalone GBV programs to integrate response elements. This section describes each element and its importance in GBV response, offers questions for consideration, and provides useful tools and resources.

At a Glance: Response Elements in GBV Programming

The three elements of GBV response are:

- Accessible, high-quality services
    - Health care (physical and mental) and psychosocial support
    - Justice, policing, and legal recourse
    - Pathways to economic empowerment and education
    - Other social services

- Robust referral network
- Prevention of further violence

Element 1a. Accessible, High-Quality Services: Health Care and Psychosocial Support

What Are Health Care and Psychosocial Support for GBV?

Health care and psychosocial support services can positively affect a survivor's immediate and long-term health and well-being if provided through appropriate, accessible services.

Health services are an entry point both for identifying GBV and providing important response services to survivors. Health care providers are often the first professionals whom survivors of GBV see in the aftermath of violence. However, many survivors seek health services for injuries without disclosing the cause.

WHO's *Caring for Women Subjected to Violence: A WHO Curriculum for Training Health Care Providers* (2021) does not recommend universal screening for GBV. Instead, it recommends that health providers talk to women about violence if they bring it up or if there are signs that suggest potential abuse AND if the following minimum conditions are met:

- Providers are trained on how to ask about the violence and how to provide first-line support (see Box 3.3.1.).
- A standard operating procedure is in place.
- A referral network is established and operational.
- Privacy and confidentiality can be ensured.

If these criteria are met, and violence is suspected, the WHO guidelines recommend asking about possible abuse indirectly first. Regardless of whether an individual discloses violence, offer information about violence-related resources and an opportunity for follow-up. For anyone who does disclose experiencing violence, WHO recommends that health providers give first-line support using the Listen, Inquire, Validate, Enhance safety, offer Support (LIVES) protocol (see Box 3.3.1.).

Box 3.3.1. WHO's LIVES Approach to First-line Support

WHO's LIVES protocol for health care providers was designed to improve quality of care for survivors of GBV by establishing standards for compassionate first-line support by health providers that abides by the do-no-harm core principle (see Section 2.0. Core Principles: Core Principle #1: Do No Harm).

The following steps make up the LIVES protocol:

L: Listen to survivors using active listening techniques and leaving out judgment of the survivor's actions.

I: Inquire about the survivor's needs and concerns, asking open-ended questions and repeating back to ensure understanding.

V: Validate the survivor's feelings and actions, reiterating that the survivor is not to blame.

E: Enhance safety by helping the survivor think through how to be protected from further harm.

S: Support survivors by discussing their access to social support and referring them to qualified services.

(WHO 2021)

In addition to first-line support, health care providers should treat the health issues that brought the person to the clinic, address immediate medical needs, assess mental health needs requiring treatment or referral, and refer for other services, as appropriate. Health services that should be offered in the immediate aftermath of physical assault or sexual assault include assessment of emotional status, a physical examination, offering a forensic exam, treating any injuries, offering emergency contraception (within 5 days of assault), treating sexually transmitted infections, offering post-exposure prophylaxis for HIV prevention (within 72 hours of assault), tailoring contraceptive options, and self-care planning, including follow-up visits.

All health services intended to identify and address GBV must include a private space for consultations, a health care provider trained in first-line support, confidentiality mechanisms, standard operating procedures, and established referral networks (WHO 2021).
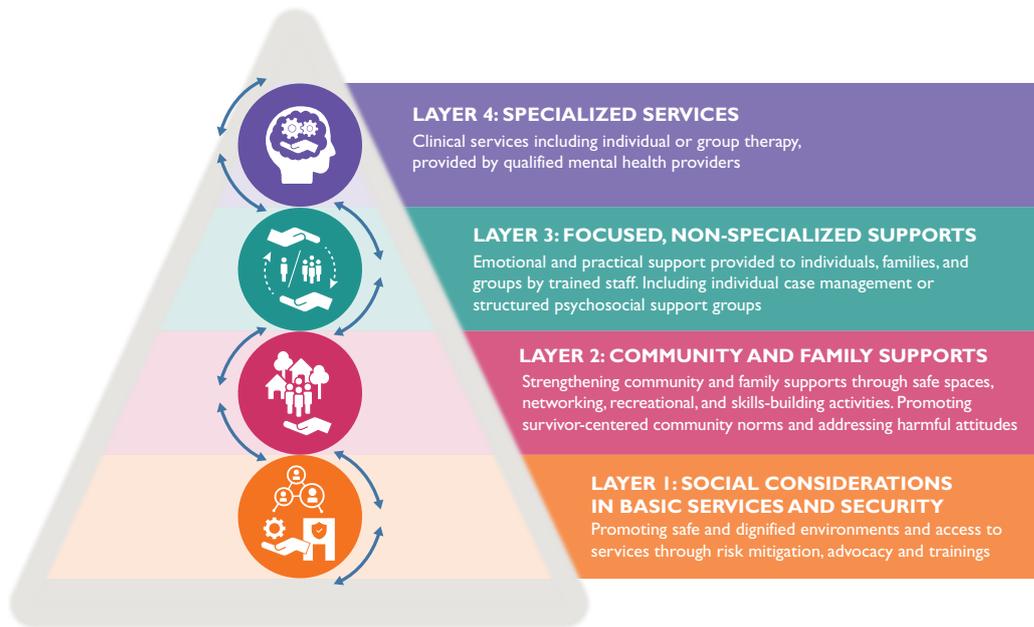
For more details on how health care workers can build rapport to ask questions and listen to disclosures, as well as on the use of LIVES, see the WHO training curriculum, which includes PowerPoint presentations and videos (WHO 2021).

Mental health and psychosocial support (MHPSS) are closely linked, and the acronym MHPSS is often used to reflect programming that is interrelated. Specialized mental health services include clinical psychological, psychiatric, or social services to support survivors who are experiencing disruptions to their basic functioning or mental health. When staff have appropriate backgrounds and training, GBV programs can provide direct services including individual therapy, group therapy, and other specialized services. If staff are not equipped to provide these services directly, they should be trained to identify signs of distress and make appropriate referrals to any existing services.

Psychosocial support interventions focus on emotional and practical support, coping and stress reduction, building interpersonal connections, and strengthening collective care mechanisms, as well as promoting safe and dignified access to services. Services may include the establishment of peer networks or community safe spaces; case management and referral services, which are critical for identifying, prioritizing, and navigating the support survivors need; or training service providers on survivor-centered attitudes and practices.

The Inter-Agency Standing Committee's (IASC's) MHPSS Intervention Pyramid illustrates four complementary layers of support that, together, form a holistic approach to addressing mental health and psychosocial well-being (Figure 3.3.1.). Additional information on MHPSS can be found in How to Integrate Mental Health and Psychosocial Interventions in Gender-Based Violence Programs in Low-Resource Settings (CARE-GBV 2022).

Figure 3.3.1. The four complementary layers of support that form a continuum of care for mental health and psychosocial needs

LAYER 4: SPECIALIZED SERVICES
Clinical services including individual or group therapy, provided by qualified mental health providers

LAYER 3: FOCUSED, NON-SPECIALIZED SUPPORTS
Emotional and practical support provided to individuals, families, and groups by trained staff. Including individual case management or structured psychosocial support groups

LAYER 2: COMMUNITY AND FAMILY SUPPORTS
Strengthening community and family supports through safe spaces, networking, recreational, and skills-building activities. Promoting survivor-centered community norms and addressing harmful attitudes

LAYER 1: SOCIAL CONSIDERATIONS IN BASIC SERVICES AND SECURITY
Promoting safe and dignified environments and access to services through risk mitigation, advocacy and trainings

Why Are Health Care and Psychosocial Support Important for GBV Response?

While survivors' experiences vary, the effects of GBV on physical and mental health and psychosocial well-being have far-reaching consequences for individuals, families, and communities. Providers of health care and psychosocial support services can play a critical role in addressing any immediate physical effects of violence, and helping survivors recover and understand that the abuse is not their fault. They may also be able to help prevent further violence (see Section 3.1. Program Elements: Prevention). Implementing organizations can help providers play this role by providing or verifying effective training in compassionate, appropriate, and rights-based service delivery.

Health care services, particularly the clinical management of sexual assault and IPV, are often lifesaving. Health projects that integrate GBV care should consult with GBV experts, local stakeholders, as well as existing resources and protocols during

The Role of Informal Health Mechanisms in GBV Response

Traditional and informal healers—such as midwives,* traditional birth attendants, traditional healers, and herbalists—are trusted caregivers in many communities and could play an important role in GBV response. A study in Jamaica found that midwives were interested in receiving training on GBV response because clients often disclosed GBV, but the midwives did not know how to respond (Pitter 2016). Implementing organizations engaging in GBV health service response should arrange for training and capacity building with informal providers of mental and physical health services on how to use a survivor-centered and do-no-harm approach with survivors of GBV.

Note that midwives are part of the formal health care system in some places.

the design and implementation of their activities. Several step-by-step guidance documents exist on the delivery of health services and the clinical management of rape and mental health in GBV programming, including immediate and follow-up support (see Tools and Resources in this section). For additional details about how USAID global health programs can address GBV, see Section 2.0. Program Elements: Sector-Specific Program Elements: Addressing Gender-Based Violence through Global Health Programs.

Program Example: Outreach Builds Access to GBV Services for Marginalized Groups in Haiti

The FOSREF-USAID Konbat Vyolans Project in Haiti included a deliberate focus on reaching groups at risk of HIV, including lesbian, gay, bisexual, transgender, and intersex (LGBTI) people, female sex workers, and girls and women, to reduce GBV in the most marginalized communities within large urban centers. The project provided information and training on GBV prevention, appropriate screening for abuse, and psychosocial and medical service referral to a network of peer educators, as well as health care providers and community health workers. Among the project's activities was strengthening the delivery of specialized GBV clinical and counseling services for LGBTI survivors through an LGBTI center in Port-au-Prince. Addressing the emotional well-being of victims is particularly important in the context of rampant stigma, discrimination, and violence against LGBTI people and female sex workers and the high levels of violence against women and girls in some communities (USAID 2019).

Tools and Resources

CARE-GBV. 2022. *How to Integrate Mental Health and Psychosocial Interventions in Gender-Based Violence Programs in Low-Resource Settings [No. 4 in a series].* Washington, D.C.: USAID. Accessed May 23, 2022. https://makingcents.com/wp-content/uploads/2021/01/CARE-GBV_04_MHPSS_v6-508.pdf.

World Health Organization (WHO). 2021. *Caring for Women Subjected to Violence: A WHO Curriculum for Training Health-care Providers.* Geneva, Switzerland: WHO. Accessed May 23, 2022. https://www.who.int/publications/i/item/9789240039803.

———. 2014. *Health Care for Women Subjected to Intimate Partner Violence or Sexual Violence: A Clinical Handbook.* Geneva, Switzerland: WHO. Accessed May 23, 2022. https://apps.who.int/iris/handle/10665/136101.

———. 2013. *Responding to Intimate Partner Violence and Sexual Violence against Women: WHO Clinical and Policy Guidelines.* Geneva, Switzerland: WHO. Accessed May 23, 2022. https://apps.who.int/iris/bitstream/handle/10665/85240/9789241548595_eng.pdf.

Element 1b. Accessible, High-Quality Services: Justice, Policing, and Legal Recourse

What Does It Mean to Have Justice, Policing, and Legal Recourse?

The justice, police, and legal systems include international, regional, and national laws and policies on GBV, as well as the network of government, nongovernmental, and private entities that promote access to a range of services meant to provide justice and protection from further harm to survivors of GBV. This network comprises police, courts, legal aid, and community-based systems, such as community-based complaint mechanisms (UNICEF 2019) and other forms of alternative dispute resolution systems (Heilman et al. 2016) (see Box 3.3.2. for examples of formal and informal justice response mechanisms.).

Projects that integrate a justice and legal recourse response should inform survivors about the requirements and capacity of the local justice system, possible repercussions for survivors and medical staff (such as backlash for testifying in court), and the capacity of local laboratories to analyze evidence for sexual assault cases (Moussa et al. 2014). Some GBV survivors may not choose to pursue action through the formal legal system for personal, social, and structural reasons. These include time, money, concerns over losing custody of children, potential loss of property and housing, additional violence from an abuser or family members as a result of reporting, shame, the low conviction rate of perpetrators, and the potential for re-traumatization (Gardsbane et al. 2021) (see also Section 4.0. Process Elements: Process Element #3: Strategic Planning and Design).

In addition to formal justice systems, communities may have religious and customary laws, family mediation practices, and other alternative dispute resolution processes to address GBV. Studies have documented the use of these customary or informal justice practices in community settings and as part of police, legal aid, or other formal justice systems (Heilman et al. 2016,

> **Box 3.3.2. Examples of Formal and Informal Justice Response Mechanisms**
>
> **Formal Mechanisms**
> - International and domestic laws
> - Law enforcement
> - Courts and other justice institutions
> - Legal support, including legal aid
>
> **Informal Mechanisms**
> - Religious and customary laws
> - Community-based and family-based courts and justice systems
> - Alternate dispute resolution (practiced by a range of mechanisms)

Gardsbane et al. 2021). This research has shown that while these practices are typically conducted within patriarchal settings that do not ensure justice for women, all actors should be engaged, rather than avoided, to promote the use of survivor-centered practices, unless they remain resistant to change and pose a real risk to survivors.

Implementing organizations should consider building the capacity of informal justice actors to incorporate a gender-equitable approach to justice and GBV response (IDLO 2021). These can include religious leaders, local and traditional leaders, traditional court systems, schools, and others that can be engaged in community-based programming focused on promoting equitable power and rights, along with building systems of addressing GBV that are survivor centered.

Programming to support effective justice and legal systems and services can include:

- Strengthening laws and policies and their implementation, including expanding laws to cover marital rape and economic abuse (including a focus on land rights) and working with governments to improve implementation of laws that exist

- Gender-transformative training and capacity building for both formal and informal justice sector actors (including police, magistrates and other court personnel, legal aid providers, traditional leaders, customary courts) on survivor-centered approaches to providing services to survivors of GBV

- Informing community members about their rights, as well as destigmatizing the use of services and providing support, including financial and advocacy support, for accessing services

- The creation of women's police stations, which may reduce some of the systematic problems with male-dominated policing models (although evidence is mixed in different settings)

- Providing direct support and advocacy for those seeking services

Response to GBV is even more complicated in contexts such as disasters and protracted crises, such as COVID-19, that prevent free movement. Adaptations include the development of special mobile phone apps that provide access to helplines and other resources and moving justice services online, although these adaptations must be carefully planned to avoid putting survivors of GBV in more harm (UN Women et al. 2020b).

According to the International Commission of Jurists (IJC), illustrative measures to implement appropriate rights-based services include:

- **Dignity and control:** Survivors of GBV should be able to make informed decisions about whether and how to use legal initiatives available to them.

- **Informed of their rights:** Survivors should be informed that GBV is a violation of their human rights and should be advised on possible remedies.

- **Access to legal aid:** All survivors, regardless of background, should have access to survivor-centered legal aid that is accessible financially, culturally, and linguistically.

- **Recognition before the law with full legal autonomy:** The Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) mandates that survivors have full legal autonomy without the need to seek the permission of family members (ICJ 2016).

Why Are Justice, Policing, and Legal Recourse Important for GBV Response?

Enforcing laws and using other means to ensure that GBV is sanctioned by authorities conveys society's rejection of GBV and support for survivors. Legal enforcement can also prevent further violence. However, legal justice remains problematic for survivors of GBV across the globe, most of whom do not report GBV to formal sources for a range of personal, social, and structural reasons (ICJ 2016, Palermo 2014). Instead, most women who do report IPV and sexual violence do so to informal sources, typically people within their social networks (Stark et al. 2016, Linos et al. 2014). Before legal recourse can become a reality for survivors, implementing organizations may need to address the social norms that discourage reporting, as well as the bias and discrimination within police and legal institutions.

Program Example: Reducing Impunity for GBV through Judicial Sector Strengthening

Through the Justice Sector Strengthening Project (2013–2018) in El Salvador, USAID's justice sector reform activities were designed to reduce impunity in GBV cases, improve legal and other forms of support for victims, and strengthen the capacity of key justice system actors to manage GBV cases through technical assistance and training. The project addressed GBV through the support and development of a model of integrated victim assistance that links government agencies, justice sector institutions, and civil society. The activity developed specialized police units staffed with officers trained in how to manage incidents of domestic and sexual violence and who could offer victims psychological support (USAID 2020).

Program Example: Policing Violence against LGBTQI+ people in Montenegro

In Montenegro, two groups have been working with police for several years to improve the response to violence against LGBTQI+ people and ensure their access to justice and protection. In 2012, they began developing guidelines and training for the police, and over a number of years, they persisted to get backing from the Police Directorate to implement them. Now, they work with prosecutors and judges as well to help ensure a system-wide approach and accountability when an attack occurs. They also helped establish LGBTQI+ liaison officers within the police force, although it has been a struggle to get full institutional support for these officers (House et al. 2018).

Tools and Resources

Heilman B, N Paul-Gera, T Musuya, and S Siebert. 2016. *Whose Justice, Whose Alternative? Locating Women's Voice and Agency in Alternative Dispute Resolution Responses to Intimate Partner Violence.* Beyond Borders, Center for Domestic Violence Prevention (CEDOVIP), International Center for Research on Women (ICRW). Accessed May 23, 2022. https://www.icrw.org/wp-content/uploads/2016/10/ICRW-Mediation-Paper-FINAL.PDF.

House Stonewall C. 2018. *LGBT Access to Justice Toolkit: Challenging Violence through LGBT Community Engagement.* London, UK: Stonewall. Accessed May 23, 2022. https://www.stonewall.org.uk/system/files/access_to_justice_toolkit_english.pdf.

International Commission of Jurists (ICJ). 2016. *Women's Access to Justice for Gender-Based Violence: A Practitioner's Guide.* Geneva, Switzerland: ICJ. Accessed May 23, 2022. https://www.icj.org/wp-content/uploads/2016/03/Universal-Womens-accesss-to-justice-Publications-Practitioners-Guide-Series-2016-ENG.pdf.

United Nations Joint Global Programme. 2015. *Essential Services Package for Women and Girls Subject to Violence. Module 3: Justice and Policing.* New York, NY: United Nations Population Fund. Accessed May 23, 2022. https://www.unfpa.org/resources/essential-services-package-women-and-girls-subject-violence-module-3.

Element 1c. Accessible, High-Quality Services: Economic Empowerment and Education

What Are Economic Empowerment and Education Interventions in GBV Response?

ECONOMIC EMPOWERMENT PROGRAMMING

Economic empowerment can be a powerful lever to support women GBV survivors, as well as other GBV survivors, in gaining the independence that provides them with options for addressing current and future violence (see also Section 3.3. Program Elements: Prevention: Strategy #4: Poverty Reduced). Evidence indicates that where women are seen as bringing value to families when they work, economic empowerment programming (such as microcredit, village savings and loans associations [VSLAs], and income-generating activities) can support reducing IPV (Heise 2020). The gender and social norms underpinning gender inequality are the same as those that limit economic opportunities and advancement for women. When economic empowerment initiatives engage not just women but also partners, other household members, and communities in critical reflection about how the engagement of women in work and household finances is positive for families and communities, negative perceptions about women's roles can change.

At the same time, there is increasing evidence that programs that focus only on women's economic empowerment do not support reducing IPV and in some contexts, they can increase IPV. These include microfinance and savings and livelihood interventions that are implemented without companion gender-transformative programming (Kerr-Wilson et al. 2020).

Other factors that are important to the success of economic empowerment interventions include the quality of the implementation itself (for example, facilitators must be adequately trained and

At a Glance: Approaches to Shifting Norms through Women's Economic Empowerment Programs

According to research conducted by the Passages Project at Georgetown University's Institute for Reproductive Health, successful approaches to shifting norms in IPV and women's economic empowerment programs include:

- Knowledge and skills programs to increase women's income and control over household decision-making (Singh et al. 2018)

- Engaging men and boys to address deep-rooted power dynamics between men and women in households and communities (Burjorjee et al. 2017)

- Policy or structural activities to support norm change either directly or indirectly, for example, supportive policies around land rights and political representation of women in elected positions (Marcus 2018)

- Community engagement or group-based training

- Couple programs to share new ideas and improve relationship dynamics (e.g., Promundo's Journey of Transformation)

- VSLAs to provide access to loans and save money; VSLAs combined with couple dialogues and group discussion on gender can shift norms, (e.g., MARS's Vision for Change program) (Singh et al. 2018)

(Passages Project 2021, slide 17)

interventions must have a sufficient duration), participants' access to cash both in the short and longer term to put new skills into practice, demand for products and services, and the ability to make sufficient money. Some research also suggests that strengthening food security for the whole family, including men, can reduce IPV (Jewkes et al. 2020).

For additional details about how USAID's economic growth and trade programs can address GBV, see Section 3.4. Program Elements: Sector-Specific Program Elements: Addressing Gender-Based Violence through Economic Growth and Trade Programs.

EDUCATION PROGRAMMING

Education programs can play an important role in responding to GBV that learners may be experiencing either in schools or outside of school. Some education programs address GBV prevention, risk mitigation, response, and the enabling environment, while others have targeted objectives. Effective programming includes making schools safer, providing effective referrals and support to address the effects of violence on learners, and programming to reintegrate students who have left school because of violence.

Strategies that education programs can use to respond to GBV include implementing a whole-school approach (INEE 2019), equipping educators with the skills and resources to teach nonviolently, providing trauma- and gender-informed referral services, supporting alternative and re-entry programs, and establishing confidential, independent, and accessible reporting procedures and mechanisms.

The effects of COVID-19 on school-age girls include increased numbers of girls who are out of school and increased experiences of sexual and other forms of GBV, including child, early, and forced marriage and unions. Providing access to education for survivors of GBV, particularly those who are not in school, means addressing the effects of violence, including ensuring that referral services are in place (see Section 4.0. Process Elements: Mapping Referral Networks), providing access to financial support, and potentially other services, such as childcare (Save the Children 2021).

Access to secondary school for girls can also be improved through laws and policies (UN Women et al. 2020c). These might include allowing students who are pregnant or married (often by force) to continue their education. For additional details about how USAID education programs can address GBV, see Section 3.4. Program Elements: Sector-Specific Program Elements: Addressing Gender-Based Violence through Education Programs.

Why Are Economic Empowerment and Education Important for GBV Response?

Economic empowerment and education programming can be significant aspects of response services that address both short- and long-term needs of survivors of GBV, because poverty, lack of education, and GBV are mutually reinforcing (Terry 2004, SIDA 2015). Access to livelihoods and education can serve as protective factors for mitigating the effects of violence (see Section 3.2. Program Elements: Risk Mitigation) and provide opportunities for healing, recovery, and empowerment. They can also support reducing future violence.

Women's economic empowerment programs can provide opportunities for survivors to contribute to the well-being of their families and communities, as well as national development. Access to education and higher levels of schooling are correlated with higher earnings for girls, better standards of living, increased decision-making power, and lower levels of child marriage (Haugen et al. 2014). Individuals with a secondary education are less accepting of corporal punishment in schools (Together for Girls et al. 2021). Addressing GBV-related barriers to education for LGBTQI+ learners, those with disabilities, and others who may leave school because of fears for their safety is particularly important (Shivshanker et al. 2021).

Tools and Resources

Heise, L. 2020. *Women's Economic Empowerment and Intimate Partner Violence: Untangling the Intersections.* Webinar from the Prevention Collaborative. Accessed May 23, 2020. https://www.youtube.com/watch?v=4nGwDbpCgQI.

Gibbs A and K Bishop. 2019. *Combined Economic Empowerment and Gender-Transformative Interventions: Evidence Review.* Pretoria, South Africa: What Works to Prevent VAWG program. Accessed May 23, 2020. https://www.whatworks.co.za/resources/evidence-reviews/item/652-combined-economic-empowerment-and-gender-transformative-interventions.

Jewkes R, S Willan, L Heise, L Washington, N Shai, A Kerr-Wilson, and N Christofides. 2020. "Effective Design and Implementation Elements in Interventions to Prevent Violence against Women and Girls." In *What Works to Prevent VAWG Global Programme Synthesis Product Series.* Pretoria, South Africa: South Africa Medical Research Council. Accessed May 23, 2020. https://www.whatworks.co.za/documents/publications/373-intervention-report19-02-20/file.

USAID. 2015. *Beyond Access: Integrating Gender-Based Violence Prevention and Response into Education Projects.* Washington, D.C.: USAID. Accessed May 23, 2020. https://www.usaid.gov/documents/1865/beyond-access-toolkit-integrating-gender-based-violence-prevention-and-response.

Element 1d. Other Social Services

What Are "Other Social Services?"

Social services support the well-being of survivors and can include resources to provide crisis information (such as hotlines), safe spaces and shelters, community information, crisis counseling, accompaniment services, financial assistance or support, child protection services, and other services that address physical safety and security, as well as a sense of emotional and psychological safety (Jewkes et al. 2015, UN Women et al. 2015).

Shelters can be an important intervention if shelter programs are designed to be in a confidential location that perpetrators cannot find. To minimize risk when designing shelters, staff should apply a gender and risk analysis that includes the assessment of gender and power dynamics and consultation with target populations (Rule et al. 2017).

One-stop centers (OSCs) serve as a possible resource for survivors to obtain multiple services in one place and have been described as an "interprofessional, health system-based center that provides survivor-centered health services alongside some combination of social, legal, police and/or shelter services to survivors of intimate partner violence (IPV) and/or sexual violence (SV)" (Olson et al. 2020). They have been widely adopted around the world to provide integrated services to survivors in one location and prevent re-traumatization through multiple retellings of their stories of violence. The success of OSCs is largely dependent on their implementation, including whether they have dedicated staff, space, and funding. They primarily target cisgender, heterosexual women, which limits their ability to provide specialized resources, particularly for LGBTQI+ individuals.

OSCs can be beneficial when created, implemented, and sustained effectively. A review of OSCs in Zambia under CARE International and funded by USAID and the European Union (Care International 2013) lists the following good practices:

- Capacity building of local service providers must accompany broad-based GBV awareness-raising on GBV, including support and mentoring on specialized GBV issues.

- Centers placed in government buildings and integrated into existing services pose less risk of exposure and stigma for those seeking services than standalone sites.

- Programs should be careful not to rely too heavily on or overburden volunteers.

- At a minimum, any standalone centers without 24-hour services should aim to have a counselor on call during off hours and/or offer a safe place for survivors to stay overnight until services are available.

- Centers should lobby for permanently assigned police support officers.

- Integration with national strategies, government ministries, and NGOs is critical.

Informal sources of social support operate in most communities. These include an individual's social network, kinship networks, local leaders, religious institutions, and community-based organizations. Support may include safe housing, food, clothing, and other forms of economic support. Engaging these groups in providing survivor-centered support is important.

Why Are Other Social Services Important for GBV Response?

As has been discussed throughout the *Foundational Elements*, GBV is a complex phenomenon and can affect every aspect of a survivor's life. Implementing organizations should be aware of the array of services survivors and their families might need to restore their well-being. Standalone GBV projects, in particular, should engage in a multisectoral response that engages both formal and informal mechanisms.

Tools and Resources

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Element 2. Referral Network Strengthening

What Is a Referral Network?

A referral network connects survivors with support and resources, including health, legal, justice, and other social services. Referral networks should be survivor centered, accessible, rights based, voluntary, noncoercive, and gender sensitive. Some countries have multisectoral working groups that facilitate referral networks with regular meetings of providers to support "warm referrals." A warm referral is made directly by one provider to another, with permission of the survivor; it may include accompanying the person and should always include follow-up with the survivor to find out whether they were able to access the requested services or whether support is needed to do so.

Components of a strong referral network include the following:

- Effective service providers that provide a survivor-centered response
- Ability to provide confidential services
- Trauma-informed services
- Networks of providers who know one another and can refer survivors of GBV to each other with confidence
- Program staff and volunteers that model gender-responsive behaviors and survivor-centered attitudes

Support to survivors in accessing referrals includes the following:

- Ability to navigate distance between referral facilities/agencies
- Funds to cover the cost of services or transport, childcare, and time off work
- Work to address patriarchal norms that may be embedded in service delivery
- Advocates who can support individuals in accessing services

Training program staff to make referrals is critical so that each provider knows where survivors can find the services they need. USAID staff should require that implementers working to strengthen referral networks include sufficient time and budget for training on warm referrals and engage with a local GBV expert on curriculum design.

USAID staff and implementing partners should consider ways to strengthen networks, including funding local organizations that provide services and conduct GBV programming.

It is important to note that even in strong referral networks, survivors may not want to follow through on a referral for reasons cited above. Projects should ensure that survivors' right to refuse referral is respected by program staff and volunteers, even as they continue to address social norms and structural barriers that discourage survivors from seeking support.

See Section 4.0. Process Elements: Strategic Planning and Design for more details on mapping referral networks.

Why Are Robust Referral Networks Important in GBV Response?

A robust referral network encompasses a strong network of service providers who know about and can refer survivors to high-quality services while maintaining privacy, prioritizing safety, facilitating access, and supporting survivor agency. A referral network for GBV may already exist in some contexts, but may not be robust or survivor centered. A referral network may also be weakened by political, economic, or health crises (Global Protection Cluster and IASC 2020). In addition, ineffective or uninformed service providers may weaken referral networks. WHO recommends that GBV service providers integrate warm referrals, ensuring that referrals are based on what survivors want and need and supporting them to overcome barriers to accessing services. Ensuring that referral networks are continuously updated is critical, particularly during times of prolonged crises such as the COVID-19 pandemic (Erskine n.d.).

Tools and Resources

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See also Section 4.0. Process Elements: Process Element #3: Strategic Planning and Design for tools and resources on mapping referral networks.

Element 3. Prevention Activities

GBV prevention can be an element of GBV response, because some GBV response programming has an explicit aim to prevent or reduce the further occurrence of violence (Jewkes et al. 2015, UN Women et al. 2020a). Prevention activities can help reduce the risk of both new and repeat violence. While prevention activities are not mandatory for holistic response, they can contribute to fostering positive social norms that promote nonviolence and equitable relationships. See Section 3.1. Program Elements: Prevention for guidance on how to implement prevention programming.

Questions for Consideration

	Solicitation Stage	Implementation Stage
	Does the solicitation require or recommend that applicants:	*Does the program:*
Work with both formal and informal providers of response (such as health, justice, economic, and social services) to strengthen their role in providing survivor-centered response to GBV?		
Select, train, and supervise program staff and volunteers to ensure they model gender-responsive behaviors and survivor-centered attitudes, and have the necessary skills and knowledge to provide first-line support and referrals?		
Strengthen support to survivors so that they can access response services and support (such as advocacy services and options for financial support to access services)?		
Strengthen community-based care and support for survivors of GBV, such as engaging community volunteers as resources for survivors?		
Assess and mitigate the potential risks for GBV in economic empowerment activities, where provided as part of response services?		
Identify potential or existing weaknesses or gaps in the referral network, and include a plan to strengthen the referral network?		

ACKNOWLEDGMENTS

SUGGESTED CITATION

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The goal of the Collective Action to Reduce Gender-Based Violence (CARE-GBV) activity is to strengthen USAID's collective prevention and response, or "collective action" in gender-based violence (GBV) development programming across USAID. For more information about CARE-GBV, click here.

To learn more, please contact:

Chaitra Shenoy, JD

Contracting Officer's Representative
Gender Equality and Women's Empowerment Hub
cshenoy@usaid.gov

Diane Gardsbane, PhD

Chief of Party
CARE-GBV
diane@makingcents.com