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

Foundational Elements for Gender-Based Violence Programming in Development

Section 3.1. Program Elements: Prevention

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ACRONYMS AND ABBREVIATIONS

GBV	Gender-based violence
IPV	Intimate partner violence
LGBTQI+	Lesbian, gay, bisexual, transgender, queer, and intersex people, and those of other diverse sexual orientations and gender identities
SOGIESC	Sexual orientation, gender identity, gender expression, and sex characteristics
UN	United Nations
USAID	United States Agency for International Development
VAC	Violence against children
VAW	Violence against women
WHO	World Health Organization

Introduction

Preventing gender-based violence (GBV) is critical to achieving the Sustainable Development Goals and other global human rights commitments. Yet, there has been little headway in stemming the tide of GBV since it was recognized as a critical development and human rights issue. While preventing GBV is by no means easy, evidence suggests that addressing key social and economic drivers of GBV can reduce GBV within programmatic timeframes of 2 to 5 years (Kerr-Wilson et al. 2020). USAID staff and implementing partners should use this guidance in both integrated and standalone GBV programs to incorporate prevention elements.

The prevention elements described in this section are adapted from the “RESPECT Women: Preventing Violence against Women” framework (WHO 2019) and implementation package (UN Women 2020) developed by the World Health Organization (WHO) with UN Women and endorsed by 12 other United Nations (UN) agencies and bilateral partners. The RESPECT Women framework employs the latest evidence to detail seven strategies that development stakeholders can use to design, plan, implement, monitor, and evaluate programs to prevent violence against women and girls. After a review of existing frameworks, the CARE-GBV team selected RESPECT Women because it draws from the latest research on GBV prevention, is widely endorsed, and was created specifically for development programming (WHO 2019).

For the *Foundational Elements* guidance, the RESPECT Women framework was adapted to broaden the focus beyond intimate partner and sexual violence and to include everyone who experiences GBV, including people of diverse sexual orientation, gender identity, gender expression, and sex characteristics (SOGIESC), who are often at high risk of GBV. However, this expansion of the focus does require USAID staff and implementing partners to be aware of two limitations. A literature review was conducted to inform the adaptation; however, it was not a systematic review and, therefore, may not include all available evidence. Additionally, due to the lack of tested strategies for people of diverse SOGIESC, some interventions included in this section as program elements for GBV prevention are not backed by the same degree of rigorous evidence as those included in the RESPECT Women implementation guide. With this in mind, USAID staff and implementing partners should engage in formative research and careful monitoring, evaluation, and learning to ensure that prevention activities targeting diverse populations do no harm and achieve the desired outcomes. USAID staff should also be attentive to (and seek to support in their portfolios) emerging research on GBV best practices, particularly for populations other than cisgender women and girls.

At a Glance: GBV Prevention Defined

GBV prevention addresses norms and inequalities at the individual, interpersonal, community, and structural levels to stop GBV before it starts or to reduce violence that is already happening.

The RESPECT Women framework for GBV prevention proposes seven strategies, expressed as outcomes, to reduce the incidence of GBV: (1) **R**elationship skills strengthened, (2) **E**mpowerment of women, (3) **S**ervices ensured, (4) **P**overty reduced, (5) **E**nvironments made safe, (6) **C**hild and adolescent abuse prevented, and (7) **T**ransformed attitudes, beliefs, and norms.

These strategies can be used by USAID staff to inform technical oversight for standalone or integrated GBV prevention programming. Implementing organizations can use the RESPECT Women Implementation Package to help them select strategies to use in their project based on the risk and protective factors in their context. The RESPECT Women implementation package also summarizes the evidence for each of the seven strategies. Ideally, a GBV specialist with proven experience in the prevention strategy being used (e.g., strengthening relationship skills, economic empowerment interventions) would be engaged in design, implementation, and monitoring.

This section summarizes the strategies and discusses the importance of each one to GBV prevention. Sectors that may be well positioned to integrate each GBV prevention strategy into their work are also highlighted, and useful tools and resources for each strategy are provided. Questions that USAID staff should consider as they design solicitations, assess proposals, or provide technical oversight to projects are provided at the end.

At a Glance: Prevention Strategies for GBV Programming

Relationship skills strengthened

Empowerment of women

Services ensured

Poverty reduced

Environments made safe

Child and adolescent abuse prevented

Transformed attitudes, beliefs, and norms

(WHO 2019, UN Women 2020)

Strategy #1: Relationship Skills Strengthened¹

What Does It Mean to Strengthen Relationship Skills?

Interpersonal relationships are one key place where gendered power dynamics are expressed. Power dynamics between individuals can play out through personal relationships in supportive or damaging ways. This can happen in any type of relationship, including those between gender nonconforming and same-sex couples. Strengthening relationship skills means learning to reflect on and address gender inequality and other unequal power dynamics between couples, within the family, and in the workplace, schools, health care settings, and the community.

Relationship skill-building interventions might include workshops with individuals and couples to promote healthy, nonviolent marriages and unions; intergenerational dialogues to reduce the prevalence of child marriage; school-based interventions that engage youth and school staff to prevent dating violence and school-related gender-based violence; workplace discussions to prevent sexual harassment; and pre-service training with doctors and midwives to promote nonjudgmental, nondiscriminatory services that meet the needs of various populations. Strengthened relationship skills may help participants to recognize and interrupt the cycle of violence in their own relationships, as well as in the relationships of others.

Why Is Relationship Skill Building Important for GBV Prevention?

Improving skills in interpersonal communication, conflict management, and shared decision-making has been correlated with a reduction in the incidence of violence. There is promising evidence that interventions that focus on skills at the level of interpersonal relationships can improve couple communication and reduce intimate partner violence (IPV) (Stern et al. 2020, UN Women and Social Development Direct 2020e).

According to the evidence, positive relationship dynamics are a protective factor against GBV, while negative dynamics are a risk factor (Heise 2011). Equal decision making and strong couple communications between partners contribute to lower rates of IPV experienced by women (Fulu et al. 2014). People with diverse SOGIESC also experience disproportionately high rates of violence from family and intimate partners (McKay et al. 2019, Evens et al. 2019, Lanham et al. 2019). Moreover, transgender women—especially those who are sex workers—and same-sex couples often experience abuse by law enforcement officials and a lack of respect

¹ This section is adapted from: UN Women and Social Development Direct. 2020e. “Relationship Skills Strengthened. RESPECT: Preventing Violence Against Women Strategy Summary.” New York, NY: United Nations. <https://www.unwomen.org/sites/default/files/Headquarters/Attachments/Sections/Library/Publications/2020/RESPECT-implementation-guide-Strategy-summary-Relationship-skills-strengthened-en.pdf>.

from health care workers, social workers, couples' therapists, psychologists, and counselors when discussing their experiences with IPV (Bleeding Love n.d.). Mental health professionals and GBV organizations may not recognize intimate partner abuse among same-sex or gender nonconforming partners due to preexisting notions about what this looks like among heterosexual couples, and they may exclude the possibility that abuse within same-sex couples is real (Bleeding Love n.d., Workman and Dune 2019).

Leveraging opportunities to strengthen relationship dynamics with peers, teachers, health care workers, employers, and others offers a key entry point to reduce the risk of GBV. In a health care setting, some antenatal and postnatal home visitation programs that promote communication skills, family functioning, and emotional support for survivors have shown promise in reducing reports of IPV (Kerr-Wilson et al. 2020, Mejdoubi et al. 2013). In workplace settings, employers can pursue policy and structural avenues to promote the well-being of employees who experience GBV at work (International Trade Union Confederation n.d.).

Integration Opportunities

Relationship skill building can be woven into sectoral programs through:

- Social and behavior change and economic empowerment interventions within existing community-based institutions (e.g., faith groups, savings and loan groups, self-help groups, recipients of social protection) and other sector-specific group programming activities (e.g., farmer field schools, infant feeding programs, structures for community water governance)
- School-based and education interventions targeting teacher/student or peer dynamics
- Health sector programs, including sexual and reproductive health services (such as interventions around respectful maternity care or reproductive coercion)

Program Example: Working with Couples to Reduce Intimate Partner Violence

“Interventions targeting couples can be an effective way to reduce IPV. ‘Indashyikirwa’ in Rwanda had two components: A couples’ intervention and a community activism intervention. Initially, couples were recruited from Village Savings and Loan Associations (VSLAs) and enrolled in a workshop program with a curriculum of 21 three-hour sessions provided weekly over 5 months. ... The curriculum built on SASA! and Journeys of Transformation and included an integrated gender framework emphasizing positive and negative types and uses of power and critical reflection. Just over a quarter of the couples received an additional 10 half-days of training to equip them to contribute as community activists to the broader community interventions. Indashyikirwa was evaluated through an RCT and was found to have a substantial impact on physical and sexual IPV, with reductions seen 12 and 24 months after the baseline.”

Source: Kerr-Wilson et al. 2020, 21

Tools and Resources

- Ayodele, DE. 2021. “Holding Space, Creating Safety: A Toolkit for Facilitating Conversations about Sexual and Intimate Partner Violence for Bisexual Peer Support Groups.” NCAVP, Bisexual Resource Center, National Resource Center on Domestic Violence, National LGBTQ Institute on IPV.
- Kerr-Wilson A, A Gibbs, E Fraser McAslan, L Ramsoomar, A Parke, HMA Khuwaja, et al. 2020. “A Rigorous Global Evidence Review of Interventions to Prevent Violence Against Women and Girls.” Pretoria, South Africa: What Works to Prevent Violence Against Women and Girls Global Programme. <https://www.whatworks.co.za/documents/publications/374-evidence-reviewfweb/file>.
- Lippy C and EM Waters. 2021. “I Didn’t Think People Would Take Me Seriously: The Help-Seeking Strategies, Experiences, and Preferences of LGBTQ Survivors of Domestic Violence.” Harrisburg, PA: National LGBTQ Institute on Intimate Partner Violence. http://lgbtqipv.org/wp-content/uploads/2021/06/LGBTQ-Survivor-Report_FINAL_accessible.pdf.
- Promundo, CulturaSalud, and REDMAS. 2013. *Program P – A Manual for Engaging Men in Fatherhood, Caregiving, Maternal and Child Health*. Rio de Janeiro and Washington, D.C.: Promundo. Accessed May 23, 2022. <https://promundoglobal.org/resources/program-p-a-manual-for-engaging-men-in-fatherhood-caregiving-and-maternal-and-child-health/>.
- RWAMREC, RBC, and Promundo. 2021. *Bandebereho Facilitators Manual: Engaging Men as Fathers and Partners in Maternal and Newborn Health, Caregiving, Violence Prevention, and Healthier Couple Relations*. Kigali, Rwanda: Rwanda Men’s Resource Center, Rwanda Biomedical Center, Promundo–U.S. Accessed May 23, 2022. <https://promundoglobal.org/wp-content/uploads/2021/08/Bandebereho-Facilitators-Manual-2021.pdf>.
- Slegh H, P Pawlak, and G Barke. 2012. “Journeys of Transformation: A Training Manual for Engaging Men as Allies in Women’s Economic Empowerment.” Washington, D.C. And Kigali, Rwanda: Promundo and CARE International. <https://promundoglobal.org/resources/journeys-of-transformation-a-training-manual-for-engaging-men-as-allies-in-womens-economic-empowerment/>.

Some school-based approaches to increasing safety and reducing GBV include a focus on strengthening relationships. Resources include:

- Raising Voices. n.d. *The Good School Toolkit*. Accessed May 23, 2022. <https://raisingvoices.org/good-school/>.
- Messner L, S Morel-Seytoux, K Spratt, and A Ladd. 2015. “Beyond Access: Toolkit for Integrating Gender-Based Violence Prevention and Response into Education Projects.” Rockville, MD: USAID’s Advancing the Agenda of Gender Equality (ADVANTAGE). https://www.usaid.gov/sites/default/files/documents/1865/USAID_ADVANTAGE_GBV_Education_Toolkit-Final.pdf.

- USAID. 2009. “Doorways I: Student Training Manual on School-Related Gender-Based Violence Prevention and Response.” Washington, D.C.: USAID. https://www.usaid.gov/sites/default/files/documents/1865/Doorways_I_Student_Manual.pdf.
- . 2009. “Doorways II: Community Counselor Training Manual on School-Related Gender-Based Violence Prevention and Response.” Washington, D.C.: USAID. https://www.usaid.gov/sites/default/files/documents/1865/Doorways_II_Counselors_Manual.pdf.
- . 2009. “Doorways III: Teacher Training Manual on School-Related Gender-Based Violence Prevention and Response.” Washington, D.C.: USAID. https://www.usaid.gov/sites/default/files/documents/1865/Doorways_III_Teachers_Manual.pdf.

Some frameworks and toolkits are intended to strengthen gender-equitable relationships between health care institutions and the pregnant women they serve as part of respectful maternity care interventions, while others aim to improve staff relationships in health care settings through gender-transformative supervision.

- Hastings MB. 2017. *A Conceptual Framework for Gender-Transformative Support Supervision.* Washington, D.C.: USAID. Accessed May 23, 2022. https://msh.org/wp-content/uploads/2017/11/gender_transformative_supportive_supervision_technical_brief.pdf.
- Ndwiga C, CE Warren, T Abuya, L Kanya, A Maranga, C Ochieng, et al. 2015. “Respectful Maternity Care Resource Package.” Washington, D.C.: USAID. <https://www.popcouncil.org/research/respectful-maternity-care-resource-package>.
- USAID. 2017. *Gender Transformative Supportive Supervision Framework.* Washington, D.C.: USAID. Accessed May 23, 2022. https://msh.org/wp-content/uploads/2017/11/gender_transformative_supportive_supervision_framework.pdf.

Strategy #2: Empowerment of Women²

What Is the Empowerment of Women?

The empowerment of women and girls involves developing the political, legal, social, economic, or psychological ability to make and carry out life decisions, including those related to safety, health, employment, spending, and well-being. Empowerment also implies that women and girls know their rights and have the self-efficacy and structural support to demand respect for those rights. Empowerment interventions at the individual level are more likely to be successful when unequal political and economic structures and social norms are simultaneously addressed.

Why Is Women's Empowerment Important for GBV Prevention?

Growing evidence shows that empowerment of women and girls, coupled with social norms change interventions, can be protective against many forms of GBV. Interventions that have equipped women and girls with life skills and prepared them for collective action, such as empowerment programming with sex worker unions, have shown promising evidence of protection against GBV. Economic empowerment, through interventions such as changes in laws around inheritance or with community savings and loans projects, reduces women's financial dependence on men or other members of the family. Interventions that shift community norms around the economic and social power of women and girls can help increase support for their economic and political participation. Empowerment programs focused on adolescent girls can increase their access to education, health care, economic stability, and help delay marriage until adulthood (Warner et al. 2014). A 2021 WHO report recommended increased inclusion of economic empowerment interventions in country policies, reporting that only 42 percent of countries included an economic or social empowerment intervention in policy (WHO 2021).

Avoiding Backlash for Women and Girls

To avoid backlash that can be dangerous for women and girls, economic empowerment programs should be combined with programs engaging male partners and community members to address social norms. Otherwise, GBV may increase following these interventions.

² This section is adapted from: UN Women and Social Development Direct. 2020b. "Empowerment of Women. RESPECT: Preventing Violence Against Women Strategy Summary." New York, NY: United Nations. <https://www.unwomen.org/sites/default/files/Headquarters/Attachments/Sections/Library/Publications/2020/RESPECT-implementation-guide-Strategy-summary-Empowerment-of-women-en.pdf>. Consistent with the RESPECT Framework, the Foundational Elements uses "Empowerment of Women" as the title of this strategy, while both women and girls are covered in the narrative.

Designing empowerment interventions that include gender-transformative components around the needs of diverse groups of women and girls who experience high rates of violence can be key to preventing violence. For instance, psychological interventions for transgender women can build resilience and help them navigate everyday stressors (Matsuno and Israel 2018). To address violence against older women, a systematic review by WHO suggested testing the feasibility and acceptability of violence prevention interventions that address social and gender norms (Meyer et al. 2020).

Empowerment interventions that address the structural root causes of GBV can ensure the long-term success of empowerment interventions at the individual level. For instance, addressing gender bias in policing helps ensure that survivors holding their perpetrators accountable are met with a conducive and supportive environment (UN Women 2021a).

Integration Opportunities

Empowerment can be built into sectoral programs through the following:

- Economic development projects:
 - Engaging existing community structures, self-help groups, savings accounts, or village savings and loan associations
 - Cash transfer or social safety net interventions or programs
 - Pension programs for older women
- Education or out-of-school programs that work with girls' groups and promote safe spaces
- Legal reform programs, by mobilizing women and girls to advocate for specific laws and policies related to GBV
- Political participation or electoral equity programs that help under-represented groups such as transgender women, transgender men, and women run for office
- Gender justice programs that help survivors access legal support, promote promulgation of gender transformative laws, and protect human rights
- Health projects that mobilize female sex workers and promote their rights

Program Example: Equipping Lesbian and Transgender Women with Rights Education in Thailand

Lesbian and transgender women in Thailand have long faced physical violence and abuse due to their sexual orientation and gender identity. A 2015 baseline study conducted for Rainbow Sky Association of Thailand found very low understanding of human rights within this population, despite the equal protections guaranteed by Thai law. Rainbow Sky Association of Thailand implemented a project to improve the capacity of lesbian and transgender women to advocate for policy change, improve government monitoring and reporting of violence against lesbian and transgender women, and build awareness within government agencies and the human rights commission around violence and discrimination on the basis of sexual orientation and gender identity. As a result of the project, lesbian and transgender women better understood and advocated for their rights with government institutions. Advocacy groups of lesbian and transgender women leaders formed in the project supported those seeking legal justice against perpetrators of violence and successfully won the right for transgender women to wear female uniforms in schools. Participants also reported being better equipped to seek help in the event of violence (Richter et al. 2018).

Tools and Resources

Meyer SR, ME Lasater, and C García-Moreno. 2020. "Violence Against Older Women: A Systematic Review of Qualitative Literature." PLOS ONE: 15(9):e0239560. <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0239560>.

Strategy #3: Services Ensured³

What Does It Mean to Ensure Access to Services?

Access to services can be crucial in GBV prevention, as well as response. Those who have survived or are at risk of GBV need access to a range of services to meet their needs for health, economic well-being, safety, and legal recourse (UN Women et al. 2015). These services are important for recovery and survival, but can also play critical roles in preventing further violence. The types of service needs will vary by individual survivor. Examples include:

- Health services to provide medical attention and mental health support
- Services that provide access to legal recourse
- Social services that support the well-being of survivors

These services should be rights based and grounded in survivor-centered care.

Why Is Ensuring Services Important for GBV Prevention?

Implementing interventions to prevent GBV can increase the number of people who disclose experiences of GBV. For staff, volunteers, and participants of GBV prevention programs, discussing GBV can bring up previous trauma related to GBV, and some individuals may be experiencing ongoing violence. It is essential that referral networks be established and functioning before implementing prevention interventions so that survivors can access the support they need.

As noted above, service delivery that responds to the needs of GBV survivors may also help prevent violence, especially when combined with prevention-focused interventions. Providing robust, rights-based services to survivors of GBV can help raise awareness about the issue and alert those at risk to the confidential reporting mechanisms available to them. Promoting access to GBV services in a range of institutions may help shift social norms, creating an environment that rejects GBV. Evidence shows that high-quality service delivery can “enhance protective factors” for GBV (UN Women, WHO, and Social Development Direct 2020, 1). For example, delivering high-quality police and legal services may not only enforce anti-GBV laws, but also “signal to societies that such violence is unacceptable” (UN Women, WHO, and Social Development Direct 2020, 1). There is mixed evidence of whether some services can help prevent new or recurring cases of violence. For example, the evidence on shelters suggests that violence may increase in the short, but decrease in the long term.

It is critical that services are of high quality, survivor centered, and rights based to ensure that survivors are not retraumatized in the process of seeking services that do not meet their

³ This is adapted from: UN Women, World Health Organization, Social Development Direct. 2020. “Services Ensured. RESPECT: Preventing Violence Against Women Strategy Summary.” New York, NY: United Nations. <https://www.unwomen.org/sites/default/files/Headquarters/Attachments/Sections/Library/Publications/2020/RESPECT-implementation-guide-Strategy-summary-Services-ensured-en.pdf>.

needs. Including a GBV specialist in the planning and implementation of response services is critical to ensuring appropriate services. It is important to keep in mind that service providers can also perpetrate and normalize GBV. For example, adolescent girls or women requesting post-rape prophylaxis care for pregnancy and HIV may be asked to “prove” that they were raped. People of diverse SOGIESC may face different forms of abuse in medical settings, such as being stigmatized and blamed for having experienced violence, being subjected to harmful so-called “therapies” to change sexual orientation, forced or coercive sterilization, forced genital and anal examinations, and unnecessary surgery and treatment on intersex children without their consent (United Nations Human Rights Office of the High Commissioner 2015). Service delivery that violates rights can drive survivors away from care and exacerbate their risk for further violence.

For more information about:

- Strengthening referral network and supporting the implementation of accessible, high-quality services, see Section 3.0. Program Elements: Response: Element 2. Referral Network Strengthening.
- Referral network mapping, see Section 4.0. Process Elements: Values, Organizational Culture, and Leadership: Referral Networks.

Integration Opportunities

Service delivery can be integrated into sectoral programs through:

- Health programs that build the technical expertise and supervisory support of health workers, both with community- and facility-based workers and in the private and public health sectors
- Police reform and rule of law programs that build accountability, community relations, and responsiveness within the justice system
- Safe spaces and other livelihood/job training programs that expand survivor options for safety and economic security

Program Example: Improving GBV services in Afghanistan

Clearly specified treatment protocols can help health care providers facilitate better-quality care for survivors and help prevent further exposure to violence. In Afghanistan, USAID’s GBV Treatment Protocol Project trained more than 3,500 health care professionals and mentored more than 3,000 health care providers with on-the-job support to use the government’s protocol for GBV identification, treatment, documentation, and referral. The project also worked with WHO and the Ministry of Public Health to distribute more than 4,200 resource materials (clinical handbooks, copies of the treatment protocol, posters, and job aids) across seven provinces to support implementation of the protocol (USAID 2019).

Tools and Resources

- Perry J and P Franey. 2017. *Policing Hate Crime Against LGBTI Persons: Training for a Professional Police Response*. Strasbourg, France: Council of Europe. Accessed May 23, 2022. <https://rm.coe.int/prems-030717-gbr-2575-hate-crimes-against-lgbti-web-a4/1680723b1d>.
- United Nations Population Fund (UNFPA). 2019. *The Inter-Agency Minimum Standards for Gender-Based Violence in Emergencies Programming*. New York, NY: UNFPA. Accessed May 23, 2022. <https://www.unfpa.org/minimum-standards>.
- UN Women, United Nations Population Fund, World Health Organization, United Nations Development Programme, United Nations Office on Drugs and Crime. 2015. *United Nations Essential Services Package for Women and Girls Subject to Violence*. New York, NY: UN; Accessed May 23, 2022. <https://www.unfpa.org/essential-services-package-women-and-girls-subject-violence>.
- USAID. 2011. *Gender-Based Violence and HIV: A Program Guide for Integrating Gender-Based Violence Prevention and Response in PEPFAR Programs*. Washington, D.C.: USAID. Accessed May 23, 2022. <https://healtheducationresources.unesco.org/library/documents/gender-based-violence-and-hiv-program-guide-integrating-gender-based-violence>.
- World Health Organization (WHO). 2021. "Caring for Women Subjected to Violence: A WHO Curriculum for Training Health-Care Providers." Geneva, Switzerland: WHO. <https://www.who.int/publications/i/item/9789240039803>.
- . 2017. "Strengthening Health Systems to Respond to Women Subjected to Intimate Partner Violence or Sexual Violence: A Manual for Health Managers." Geneva, Switzerland: WHO. <https://apps.who.int/iris/handle/10665/259489>.
- . 2013. "Health Care for Women Subjected to Intimate Partner Violence or Sexual Violence: A Clinical Handbook." Geneva, Switzerland: WHO. <https://apps.who.int/iris/handle/10665/136101>.

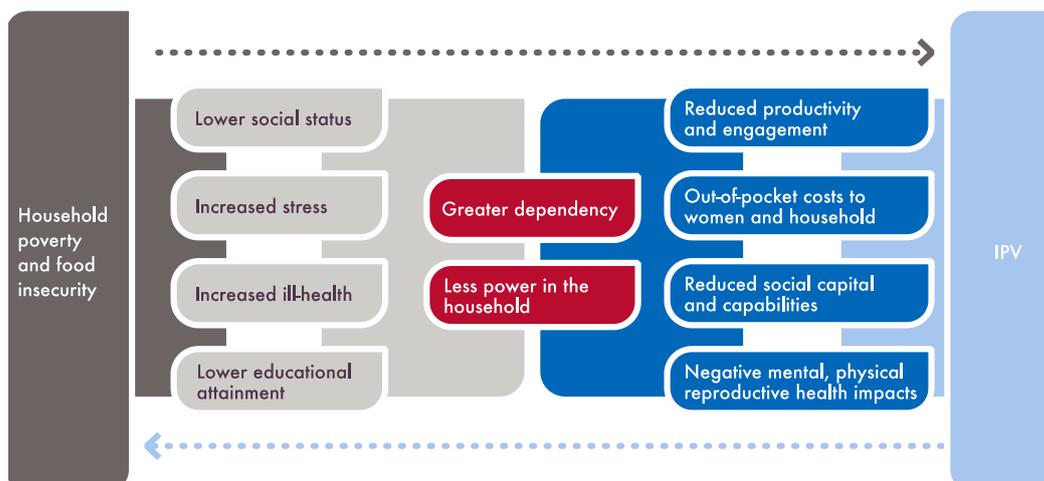
Strategy #4: Poverty Reduced⁴

What Does It Mean to Reduce Poverty?

GBV is both perpetuated by and itself perpetuates poverty (Stöckl et al. 2014, Spevacek 2017, Krug et al. 2002). Poverty-alleviation strategies in a GBV context attempt to break this cycle. Survivors of GBV are more likely to suffer from poverty and lack access to services, while GBV also generates costs for the survivors and can deprive them of schooling, employment, control over their finances, and control over their reproductive lives. Implementing organizations have used cash transfers to poor households and livelihood and employment training to alleviate poverty. These interventions have also been examined for their impact on preventing GBV. Figure 3.1.1. illustrates the links between poverty and IPV, one of the most prevalent forms of GBV.

It is critical to link interventions to alleviate poverty to wider efforts to address structural inequality that co-exists with GBV and serves to lock marginalized groups into poverty. Accordingly, implementing organizations can amplify the impact of interventions to alleviate poverty when they conduct these interventions in tandem with policies and programs that promote gender equality and social inclusion. For more information, see Integration Opportunities for this strategy and Section 3.3. Program Elements: Response, Element 1c. Accessible, High-Quality Services: Economic Empowerment and Education.

Figure 3.1.1. Bidirectional relationship between poverty and women's experiences of violence



Source: Gibbs et al. 2017

⁴ This section is adapted from: UN Women and Social Development Direct. 2020d. "Poverty Reduced. RESPECT: Preventing Violence Against Women Strategy Summary." New York, NY: United Nations. <https://www.unwomen.org/sites/default/files/Headquarters/Attachments/Sections/Library/Publications/2020/RESPECT-implementation-guide-Strategy-summary-Poverty-reduced-en.pdf>.

Why Is Poverty Reduction Important for GBV Prevention?

Although GBV occurs across economic strata, poverty and social inequality decrease access to protective factors such as education and safe community environments, while they increase risk factors such as household economic stress. Women and lesbian, gay, bisexual, transgender, queer, and intersex people, and those of diverse sexual orientations and gender identities (LGBTQI+ people) experiencing IPV may be less likely to leave the relationship if they do not have the economic means to support themselves (although women who out-earn a male partner may be at higher risk of IPV) (Abramsky et al. 2019). LGBTQI+ people, in particular, may not be able to rely on family support networks for economic support. Girls in poor families are more likely to be married as children than their wealthier peers, in part because child marriage can be an economic survival strategy (UNICEF 2021a). Those displaced by war or without the means to leave conflict areas are more likely to be subject to GBV, including sexual assault, exploitation, and abuse (UNICEF 2021b).

To achieve GBV prevention results, efforts to alleviate poverty must be designed carefully. Activities to address unequal gender norms should always be integrated into economic interventions to help mitigate any potential backlash from projects that benefit women (The Prevention Collaborative 2019). For example, interventions that focus solely on the labor force or microfinance, without critical reflection about gender and power, may increase GBV (Kerr-Wilson et al. 2020).

Program Example: Food and Cash Transfers Reduce Violence in Ecuador

“The World Food Programme (WFP) economic transfer programs were implemented in Ecuador to improve economic and social outcomes, as well as reduce levels of IPV. The WFP ran the programs in areas with high levels of food insecurity and low income with the goals of empowering women, improving women’s economic and emotional well-being, and reducing household conflict to decrease IPV. The International Food Policy Research Institute evaluated both programs using randomized controlled trials. [...]

Participants received six monthly transfers of one of the following: cash redeemable through ATM cards, food vouchers redeemable for a predetermined list of foods at a supermarket, or staple food rations. All participants were required to attend a monthly nutrition training.

The randomized controlled trial evaluation found the program significantly reduced reported levels of IPV among women who received both the nutrition trainings and transfers. Other outcomes included decreased marital conflict, increased food and financial security, increased sense of well-being, and increased self-confidence among women.”

Source: The Prevention Collaborative n.d., 1

Integration Opportunities

Poverty reduction can be integrated into sectoral programs through:

- Economic development and women’s economic empowerment programs, particularly by engaging existing community-based economic institutions (e.g., savings and loan groups, self-help groups, social protection recipients)
- Democracy, human rights, and governance programs promoting representation of and access to power of all underrepresented groups
- Land and property rights programs

Tools and Resources

Kerr-Wilson A, A Gibbs, E Fraser McAslan, L Ramsoomar, A Parke, HMA Khuwaja, et al. 2020. “A Rigorous Global Evidence Review of Interventions to Prevent Violence Against Women and Girls.” Pretoria, South Africa: What Works to Prevent Violence Against Women and Girls Global Programme. <https://www.whatworks.co.za/documents/publications/374-evidence-reviewfweb/file>.

Strategy #5: Environments Made Safe⁵

What Does It Mean to Make Environments Safe?

GBV often takes place in public environments, threatening the mobility and public participation of women and girls, particularly those who face other intersecting vulnerabilities. Safe public environments reduce the kinds of GBV that occur in the workplace, online, in the streets, in schools, in bars, on public transport, or at water sites. Making environments safe is a form of prevention when it both makes the environment safe and addresses the norms that drive the practices and behaviors that perpetuate GBV. For example, interventions to make schools safer encourage reflection on gender norms that contribute to peer violence.

Other strategies to make environments safer fall under Section 3.0. Program Elements: Risk Mitigation. Risk-mitigation strategies are critical for reducing the risk of GBV and promoting safety, but may not address the root causes of GBV.

Why Are Safe Environments Important for GBV Prevention?

According to UN Women, “Across the world, women and girls fear and experience various types of sexual violence in public spaces, from unwelcome sexual remarks and touching to rape and femicide. It happens on streets, in and around schools, public transportation, workplaces, parks, public toilets and other spaces in urban, rural, online, and conflict/post conflict settings. Sexual harassment continues to occur in public spaces during the pandemic. This reality reduces women’s and girls’ freedom of movement. It reduces their ability to participate in school, work and public life. It limits their access to essential services and their enjoyment of cultural and recreational activities, and negatively impacts their health and well-being” (UN Women 2021b, 1).

Men and boys can also be susceptible to GBV in public places. For instance, refugee men are at high risk of experiencing sexual exploitation in countries of asylum in the work context, often under informal working conditions. Refugee men and boys can also be blackmailed into sexual relationships through compromising photos or videos, often taken covertly on mobile phones. Sexual violence against refugees with diverse SOGIESC is also common in their countries of asylum. These groups tend to be particularly vulnerable given limited legal protections and the double stigma they experience as both refugees and people with a nonconforming sexual orientation or gender identity. They are likely to be preyed upon, including by those in positions of authority (Chynoweth 2017).

⁵ This section is adapted from: UN Women and Social Development Direct. 2020c. “Environments Made Safe. RESPECT: Preventing Violence Against Women Strategy Summary.” New York, NY: United Nations. <https://www.unwomen.org/sites/default/files/Headquarters/Attachments/Sections/Library/Publications/2020/RESPECT-implementation-guide-Strategy-summary-Environments-made-safe-en.pdf>.

Projects seeking to integrate GBV into a sectoral approach should consider designing and conducting safety audits that assess the risks that may be faced by different groups participating in the intervention, allowing relevant stakeholders to proactively address or mitigate these risks (Women’s Refugee Commission 2011). Implementers should also consider activities to shift social norms that make environments less safe, such as norms that discourage bystander intervention or perpetuate gender-based bullying in schools (see Program Example: The Safe Cities and Safe Public Spaces for Women and Girls Global Initiative below).

Integration Opportunities

Activities to promote safer environments and social norms change can be integrated into rights-based, socially inclusive sectoral programs through the following:

- Transport planning and infrastructure
- Urban planning and construction
- Work and employment
- Schools and other educational institutions
- Digital platforms

Program Example: The Safe Cities and Safe Public Spaces for Women and Girls Global Initiative

The Safe Cities and Safe Public Spaces for Women and Girls Global Initiative, led by UN Women (and supported by USAID in Colombia, Egypt, and elsewhere), has made more than 50 cities safer for women and girls since 2011. Results include an increase in bystander willingness to intervene when they see sexual harassment on public transportation in Colombia; improved sanitation facilities and better lighting in marketplaces, along with redesign of the school environment in Egypt; and changes to location of toilets and a government review of abandoned school buildings that youth in Mozambique documented as being unsafe. The four-pronged global program encourages cities to:

- Generate evidence to understand the specific safety issues in each location and engage stakeholders to co-design the initiative in their city
- Develop, implement, and monitor laws and policies to prevent and respond to sexual violence in public spaces
- Invest in the safety and economic viability of public spaces, using gender-responsive planning to guide infrastructure investments and promote economic empowerment opportunities for women
- Transform social and cultural norms in schools, communities, and workplaces to educate about gender equality and promote respectful relationships

(UN Women 2021b)

Tools and Resources

- USAID. 2015. “Building a Safer World: Toolkit for Integrating GBV Prevention and Response into USAID Energy and Infrastructure Projects.” Washington, D.C.: USAID.
<https://www.usaid.gov/documents/1865/building-safer-world-toolkit-integrating-gbv-prevention-and-response>.
- Women’s Refugee Commission (WRC). 2011. “Preventing Gender-Based Violence, Building Livelihoods: Guidance and Tools For Improved Programming.” Washington, D.C.: WRC.
<https://www.womensrefugeecommission.org/research-resources/preventing-gender-based-violence-building-livelihoods-guidance-and-tools-for-improved-programming/>.

Strategy #6: Child and Adolescent Abuse Prevented⁶

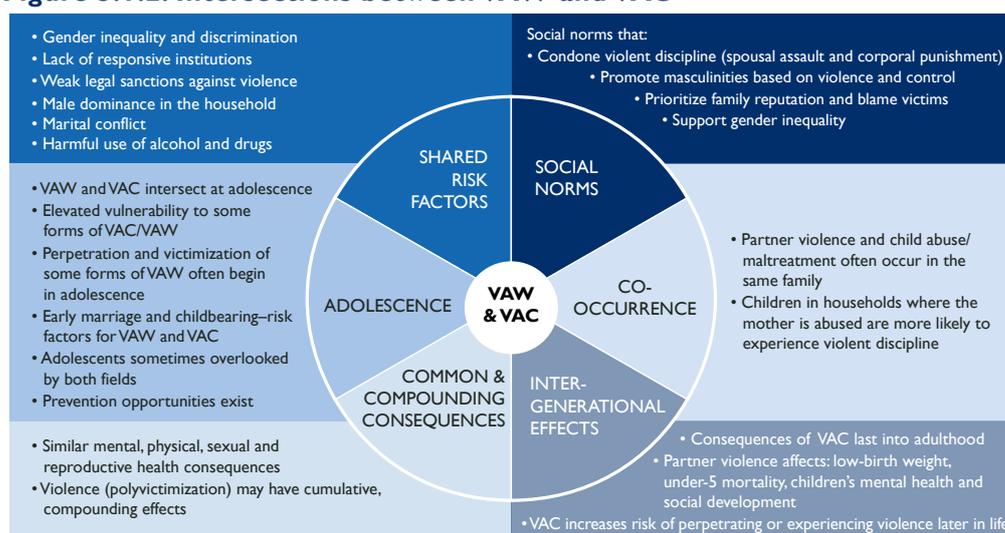
What Does It Mean to Prevent Child and Adolescent Abuse?

Interventions that prevent child and adolescent abuse employ many of the same approaches used to prevent GBV more broadly, because many of the drivers and risk factors are the same. Programs designed to prevent abuse of children and adolescents frequently include parenting programs, girls’ empowerment efforts, community-based health worker outreach, and direct services to children who witness violence in the home. These interventions address social norms, build relationship skills, increase access to social services, establish confidential reporting mechanisms, and provide education on rights.

A recent systematic review found 13 interventions with promising results in reducing violence against both children and women. Four key strategies were identified as common to these interventions: “changing social norms and reducing a culture of violence, family strengthening and protecting children from exposure to violence, improving parenting practices and targeting adolescence as a period of risk” (Mathews et al. 2021, 22-23).

Figure 3.1.2. shows the intersections between violence against women (VAW) and violence against children (VAC), but implementers may adapt this model through formative research to apply to GBV more generally. For example, the social norm that associates masculinity with violence may also perpetuate violence against gay men and boys.

Figure 3.1.2. Intersections between VAW and VAC



Source: Guedes et al. 2016

⁶ This section is adapted from: UN Women and Social Development Direct. 2020a. “Child and Adolescent Abuse Prevented. RESPECT: Preventing Violence Against Women Strategy Summary.” New York, NY: United Nations. <https://www.unwomen.org/sites/default/files/Headquarters/Attachments/Sections/Library/Publications/2020/RESPECT-implementation-guide-Strategy-summary-Child-and-adolescent-abuse-prevented-en.pdf>.

Why Is Preventing Child and Adolescent Abuse Important for GBV Prevention?

There is a high degree of overlap between child and adolescent abuse and GBV. Because children and adolescents lack power, they are at risk of being targeted for or exposed to GBV. Some forms of child and adolescent abuse—such as child, early, and forced marriage and early unions, female genital mutilation/cutting, gender-based bullying, technology-facilitated gender-based violence, dating violence and sexual abuse, and exploitation—are also forms of GBV. Violence against children in the home often co-occurs with VAW. Children raised in violent homes may also replicate that abuse later in life. Addressing the root causes of violence and abuse against adolescents and children can help alleviate GBV more broadly.

School-based programs may strive to prevent peer violence and violence perpetrated by teachers and school staff, train teachers to prevent dating violence, and help children and adolescents reframe their understanding of gender, violence, and relationships (Kerr-Wilson et al. 2020). For example, an intervention in Canada taught relationship skills to promote safer decision-making with peers and dating partners, and successfully reduced the perpetration of physical violence, particularly among perpetrators who identified as men (Wolfe et al. 2009).

The shared risks and common root causes include:

- Co-occurrence of partner violence and child abuse in the same households
- Common harmful social norms
- Intergenerational cycle of abuse

Program Example: Engaging Fathers and Their Partners Reduced IPV in Rwanda

“Bandeberaho in Rwanda engages expectant and current fathers with children under 5 and their partners in participatory, small-group sessions of critical reflection and dialogue in an intervention adapted from Program P, which was developed in South America to engage men in active fatherhood and has been implemented, but not as rigorously evaluated, in other contexts. Trained lay facilitators met with a group of men for 15 sessions of about 3 hours on a weekly basis (45 total hours); eight of these sessions were also attended by their female partners (24 hours total). Sessions addressed: gender and power; fatherhood; couple communication and decision-making; IPV; caregiving; child development; and male engagement in reproductive and maternal health. The intervention was evaluated in an RCT. Twenty-one months post baseline, women reported significantly less physical IPV and sexual IPV experience. In addition, women and men reported less use of physical punishment of children.”

Source: Kerr-Wilson et al. 2020, 24

These patterns also are borne out in evidence on the violence LGBTQI+ people experience over the course of their lifetimes. They often experience violence as children, which puts them at increased risk of dropping out of school and experiencing homelessness, unemployment or underemployment, and poor health outcomes (UN n.d.). Children with disabilities are more likely to be victimized both inside and outside the home, leading to mental health consequences and continued exclusion from social spaces (PROCHILD 2020).

Integration Opportunities

Child and adolescent abuse interventions can be integrated into sectoral programs through:

- Social protection and economic empowerment interventions
- School-based programs, such as those preventing teen dating violence
- Health facilities and programs that span pediatric and adolescent care, as well as antenatal and parenting interventions

Tools and Resources

- Guedes A, S Bott, C Garcia-Moreno, and M Colombini. 2016. "Bridging the Gaps: A Global Review of Intersections of Violence Against Women and Violence Against Children." *Global Health Action*;9(1):31516. <https://www.tandfonline.com/doi/full/10.3402/gha.v9.31516>.
- Kenny L, B Cislighi, et al. 2019. "Addressing Social Norms at the VAW/VAC Intersection Learning Group on Social Norms and Gender-Related Harmful Practices Convened by the Gender, Violence and Health Centre (GVHC) of the London School of Hygiene & Tropical Medicine (LSHTM)". London, UK: LSHTM. https://www.alignplatform.org/sites/default/files/2020-02/2019_social_norms_vawvac_report.pdf.
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Strategy 7: Transformed Attitudes, Beliefs, and Norms⁷

What Does It Mean to Transform Attitudes, Beliefs, and Norms?

Attitudes, beliefs, and norms often underpin gender inequality and sustain the practice or acceptance of GBV. Transforming these is fundamental to each of the prevention strategies described above. As defined in the RESPECT Women framework:

- Attitudes are the way individuals communicate or express their beliefs and values, including about the acceptability of violence.
- Beliefs are a person's assumptions about the world, including what it means, for example, to be a man or woman, gay or straight.
- Norms are shared beliefs about what is typical and appropriate within a cultural or social group.

Projects that seek to transform attitudes, beliefs, and norms typically include efforts to create change within individuals (beliefs, attitudes) and communities (norms). However, successful programs do more than change individual attitudes, because these could revert to match broader community norms if not become reinforced over time. Evidence suggests that programs must be well designed and have a multiyear span to successfully reduce GBV. A 2021 WHO global status report found that one gap in countries' implementation of this strategy was that many health and multisectoral policies focused solely on awareness raising, which alone is insufficient to transform attitudes, beliefs, and norms (WHO 2021).

Why Is Addressing Beliefs, Attitudes, and Norms Important for GBV Prevention?

Social expectations and norms are key to unpacking the behaviors that lead to violence, normalize violence, and prevent individuals from seeking help. For example, "child marriage is rooted in inequitable gender norms that prioritize women's roles as wives, mothers, and household caretakers, resulting in inadequate investments by families in girls' education" (Petroni et al. 2017, 1).

⁷ This section is adapted from: UN Women and Social Development Direct. 2020f. "Transformed Attitudes, Beliefs and Norms. RESPECT: Preventing Violence Against Women Strategy Summary." New York, NY: United Nations. <https://www.unwomen.org/sites/default/files/Headquarters/Attachments/Sections/Library/Publications/2020/RESPECT-implementation-guide-Strategy-summary-Transformed-attitudes-beliefs-and-norms-en.pdf>.

Similarly, the ways older women respond to experiences of violence over their lifetime is shaped by social and gender norms that encourage women to prioritize the needs of their children and stay silent about violence, and that stigmatize leaving a marriage (Meyer et al. 2020).

Integration Opportunities

Activities that transform attitudes, beliefs, and norms related to GBV can be integrated into the following sectoral approaches:

- Economic development, women’s empowerment, water security, energy and infrastructure, and agricultural projects that hold community meetings and other group-based gatherings
- School-based programs or programs for out-of-school youth
- Community health worker outreach, including on maternal and child health, infectious diseases, sexual and reproductive health, and HIV counseling, testing, and treatment

Program Example: Nigeria’s Sexual Assault Referral Centers Work with USAID to Improve Service Delivery and Address Norms

The Strengthening the Response to Sexual and Gender Based Violence project in Nigeria, under the USAID Evidence to Action project, worked with sexual assault referral centers (SARCs) to improve service delivery, referrals, and other activities. It also supported the SARCs on community and norm-change efforts. Center staff worked with boys, girls, and teachers to educate them about GBV and respectful relationships, as well as engaged with traditional community and religious leaders to “raise their voices against the culture of silence and stigmatization of GBV and the misplaced prioritization of community and family integrity above the well-being of the survivor.”

Source: USAID 2020, 18

Tools and Resources

CARE-GBV. 2021. “How to Identify and Advance Equitable Social Norms.” Washington, D.C.: USAID. https://makingcents.com/wp-content/uploads/2020/11/CARE-GBV-01-How-to-note-Social-Norms_508-compliant.pdf.

Institute for Reproductive Health. 2020. “Social Norms Exploration Toolkit.” Washington, D.C.: IRH. https://www.alignplatform.org/sites/default/files/2020-01/social_norms_exploration_tool_snet.pdf.

The Social Norms Learning Collaborative. 2021. “Social Norms Atlas: Understanding Global Social Norms and Related Concepts.” <https://www.alignplatform.org/resources/social-norms-atlas-understanding-global-social-norms-and-related-concepts>.

Questions for Consideration

	Solicitation Stage	Implementation Stage
	Does the solicitation require or recommend that applicants:	Does the program:
Include GBV specialist(s) with proven experience in the prevention strategy being used (e.g., strengthening relationship skills, economic empowerment interventions)?		
Carefully select, train, and supervise program staff, volunteers, and facilitators to ensure gender-equitable attitudes and survivor-centered approaches?		
Include GBV activities beyond risk mitigation and basic GBV awareness raising?		
Employ one or more of the prevention strategies in the <i>Foundational Elements</i> ?		
Use evidence-based and promising practices for GBV programming, allowing sufficient time and resources to contextualize them for the setting where they will be used, as well as linking with the original organizations who developed and implemented these interventions?		
Allow sufficient duration and intensity (2 to 5 years) for the interventions to accomplish the desired outcome?		
Strengthen relationship dynamics and skills to reduce GBV risk?		
Provide safe spaces where women and girls can meet, socialize, discuss matters of concern, and develop skills?		
Build self-efficacy and knowledge of rights, including the right to live free from GBV?		
Link prevention-focused interventions with response services?		
Address the gender and social norms that contribute to gender inequality and GBV? <ul style="list-style-type: none"> • Create safe spaces to promote critical reflection and dialogue about norms that drive gender inequality and GBV? • Engage men and other power holders who might feel challenged by shifting power dynamics? 		
Plan for, monitor, and mitigate negative consequences of the program, including backlash, especially for empowerment and economic strengthening interventions?		

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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](#).

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