Select Gender-Based Violence Literature Reviews: Effectiveness of One-Stop GBV Resource Centers

BACKGROUND

This United States Agency for International Development (USAID)-supported literature review, one of a series of eleven literature reviews contributing to Agency efforts to better understand gender-based violence (GBV) and its impact on the empowerment of girls and women, addresses the research question presented below.

What is the effectiveness of one-stop gender-based violence resource centers?

FINDINGS

Our review of One-Stop Centers (OSCs) in 20 countries and meta-analyses of OSCs in more than 80, revealed widespread agreement that OSCs make a difference in the communities where they are located. In hospital or medical clinic settings, victim/survivors of GBV are able to receive much-needed medical attention to address acute injury and exposure to diseases, most notably STIs and HIV.

OSCs located in women’s justice centers are quite successful in creating access to legal pathways for victim/survivors to pursue justice.

Despite OSC successes, studies and analyses show divides in results reflecting divergent outcomes in countries of differing income levels. Not only do high-income countries have somewhat lower rates of GBV to begin with, but the OSCs in high-income countries are, overall, more successful than those in low-income countries.

THREE ONE-STOP CENTER (OSC) ORGANIZATIONAL MODELS

Models: (1) Provider model – Providers, such as a nurse, can screen for GBV, counsel and refer the victim to external resources. (2) Facility model – A range of services is available at one facility, but not all are provided by a single provider; for example, a nurse often makes internal referrals to a social worker. (3) System model – Often referred to as “systems integration,” there is a coherent referral system between facilities including shelters and mental and behavioral health services.

Most OSCs examined are either hospital-based (Thailand, Zambia) or police/justice-based (Denmark, Mexico). Hospital-based OSC were far more effective at delivering medical care and behavioral and mental health services. Police-based or justice centers were far more effective at addressing legal issues, but often not that effective at connecting victims to health care or mental health providers.

OSC FUNDING MODELS VARY

In Western and European countries like the U.S. and Denmark, funding typically comes in the form of a
combination of federal grants (for example VAWA in the U.S.), state and local government grants, and private funding.

Several of the hospital-based OSCs were funded through international aid, both governmental and NGO, including the system in Zambia which was funded by USAID, World Vision and other streams under the umbrella of Stop GBV. Finally, the OSCs in Mexico were funded similarly to those in the U.S. and Western Europe.

**OSC Successes in Serving a Variety of Needs and Reducing Violence**

At hospital and medical sites in both Africa and South Asia, the presence of OSCs meant that women and girls received medical care they needed for various kinds of injury and illness related to GBV including emergency contraception, antibiotics and other drugs to fight STIs, PEP to prevent sero-conversion, and even surgeries to repair fistulas resulting from sexual trauma and teenage birth, which was common in the Democratic Republic of the Congo (Mukwege and Berg 2016).

In Thailand and Kenya, the OSC model embedded in hospital settings offered the possibility of delivering much needed mental health services to victim/survivors, but the majority of the time, the OSCs were too understaffed to provide these services.

Despite not always being able to fulfill the needs of those seeking services at hospital and medical OSCs, patients who were surveyed or interviewed about their experiences reported high levels of satisfaction with the staff and their treatment at the OSC.

**Recommendations to Improve Overall Impact of OSCs**

- **Increase funding for all OSC related services.** Increased funding will allow for existing OSCs to meet their missions and create the opportunity for scalability.

- **Address infrastructure and access.** In rural communities across the globe, from the U.S. to Thailand to Zambia, access to OSCs is limited to those who live in or can easily travel to urban areas. Improvements in infrastructure, including tele-health, will increase the reach of OSCs.

- **Develop clear processes for confidentiality.** Staff working in OSCs in nearly every country for which we reviewed data identified confidentiality as one of their consistent problems. OSCs, therefore, need to develop clear guidelines to protect the confidentiality of victim/survivors while offering them the opportunity to file an official report later if they chose not to do so immediately. Additionally, OSCs with multi-sector partners may need to develop memoranda of understanding to clarify which agencies and persons therein have access to particular information.

- **Address GBV as a “gender issue.”** Research indicates when organizations and their staff do not view incidences of sexual violence as central to their mission and/or jobs, staff are more reluctant to do the work involved in reporting rape or sexual violence; and institutions do not invest in, and may even sabotage, individual efforts to address rape in their organizations. Moreover, when professionals are reluctant to handle or process rape cases, victims of rape/sexual violence rarely get the services and support they need to recover.

- **Direct funding toward a multi-sector approach.** Even the most successful OSCs were not able to significantly affect the drivers of GBV, including literacy, education, employment, representation in politics and government, or reductions in cultural practices like genital cutting or child marriage.

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Please use this link to access the full report in the USAID Development Experience Clearinghouse (DEC):  https://pdf.usaid.gov/pdf_docs/PA00X5BV.pdf

**REFERENCES**

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