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Select Gender-Based Violence Literature Reviews: GBV Survivors and Justice Institutions

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.



Photo: UNFPA / Khetan Malkawi

When a government sets up specialized institutions in the justice sector that address gender-based violence (e.g. police units, prosecutors, courts), what are the implications for both the survivors' access to justice and the mitigation of harm to survivors?

FINDINGS

GBV is an international problem with diverse causes and effects. More than a third of all women in the world are affected by GBV at some point in their lives. GBV is caused by cultural, social, and economic factors, and holds mental, physical, economic and social consequences for survivors, families, communities, and nations that are critical to address. Being exposed to GBV in the home as a child makes future victimization or perpetration far more likely as an adult. Additionally, many individuals, including young people, believe that GBV is justified in some circumstances. As such, intervention is one tool to prevent future acts of GBV and assist survivors. This includes a wide range of educational, economic-empowerment, and outreach services in addition to legal, medical, and psychosocial services for survivors.

One-Stop Centers (OSCs) can provide an important set of services to survivors. Evidence points to this model as a survivor-friendly method of intervention, with individuals reporting positive experiences in their interactions with the centers. The literature review examines the effectiveness of OSCs in addressing GBV and their role in providing access to justice and supporting the rule of law.

The provision of services by OSCs in Sub-Saharan Africa is complicated by various issues, many of which reflect broader societal challenges in the region: (1) Limited capacity, characterized by a lack of available resources, understaffing, limited facilities, and a lack of coordination of already-limited staff and resources. (2) Limited accessibility to survivors, including difficulty finding the location of the Centers and accessing transport to and between them if there are multiple locations. Accessibility issues may be compounded by the fact that OSCs are often in discreet locations to shield survivors. There is evidence, however, that attaching centers to government buildings with an alternative purpose of entry can limit these issues. (3) Knowledge and

What are specialized institutions or “One-Stop Centers?”

Specialized institutions or “One-Stop Centers” (OSCs) are singular entities that aim to provide “comprehensive care to survivors of gender-based violence, offering medical, legal and psychosocial services either within one location—a hospital or a stand-alone center—or through a referral system that links services” (Samuels et al., 2). While all such OSCs have medical, legal and psychosocial services, others may include additional services. In some institutions, this includes shelters for survivors, vocational training, outreach to relevant stakeholders and the general public along with training and capacity building.

awareness of the services provided by OSCs, the cost of these services, and the relationship between the center and the legal system. (4) Community attitudes about GBV.

Beyond the issues associated with OSCs themselves, their ability to provide access to justice is also limited by lack of capacity and buy-in by actors in the formal justice system and by barriers to and pressure against survivors from utilizing the formal justice system. **While literature suggests survivors and providers strongly prefer to use the official courts for legal redress, it is necessary to facilitate access to both formal and informal justice systems to increase legal protection for women and girls.** Informal justice systems may serve as a full alternative to formal justice systems or as a gatekeeper, where some steps must be attempted informally to gain community acceptance of utilization of the formal justice system. However, the shortcomings of informal justice systems, including lack of human rights protection and inequality of women's rights, should be mitigated.

Plans to create new justice systems or institutions should be reconsidered when alternative and/or long-running justice mechanisms exist, which may not require knowledge-building activities or marketing and may already have community acceptance.

Definitions matter when designing, implementing, and evaluating GBV interventions: (1) There is no universally accepted GBV definition, which can lead to the exclusion of vulnerable groups or activities considered outside the scope of interventions focused on access to justice. (2) Some OSCs have focused their efforts on alleviating violence and changing attitudes in the medium- and long-term, while others have focused on the treatment of survivors in the immediate and short-term. Evaluation criteria must reflect the specific goals and objectives of each OSC.

FINDINGS

The review recommends the following potential areas for future investigation and study.

- **Definitions:** The effects of differing definitions of GBV on the programmatic choices and successes of interventions warrant further study. This should include study on targeted populations and on goals of interventions.
- **Economics:** The potential economic effects of GBV interventions on a household are not considered in any of the examined interventions. Loss could mean economic hardship and is accounted for in some definitions of GBV. Additionally, there is a widespread belief that prosecution of men will lead to loss of a wage-earner's salary, due to jail time or job dismissal, and that this will hurt families economically, which hinders usage of legal institutions. One potential answer lies in a greater focus on economic opportunities for women. Further study is warranted on ways to alleviate this fear.
- **Location:** There is evidence that attaching OSCs to government buildings helps alleviate accessibility issues, including knowledge of the location and potential stigma from utilization. Additionally, at least one USAID-funded study concluded that stand-alone OSCs were less successful than those located within health establishments. The ideal location for OSCs, including whether they should be attached to government buildings and, if so, which ones (i.e., hospitals, municipal offices, etc.) should be examined extensively.
- **Knowledge and awareness-building activities:** There is limited information on the success of knowledge and awareness-building activities surrounding OSCs. An impact evaluation concerning the South African intervention, which stated that such efforts had been unsuccessful, only evaluated community dialogues, one element of a suite of outreach activities. Further research should be conducted to determine best practices in raising community awareness of OSCs and their services. This includes methods of communication, such as radio, television, social media and personal or community as well as targets of communication such as schoolchildren, adults, new parents, community leaders, etc.
- **National action plans:** While national action plans should demonstrate a host government's willingness to work with donor organizations, NGOs, and INGOs on anti-GBV programming, further study is warranted to examine the relationship between a program's success and government cooperation to see if the national action plan played a material role in that success. Additionally, for reticent host-state governments, methods of operationalizing national action plans should be examined to determine best practices.

- **The connection between short- and medium / long-term goals:** Is “breaking the silence” concerning GBV effective in reducing GBV in the communities? In part, program assessments should examine whether OSCs and other interventions can simultaneously best serve individual survivors as well as work to eliminate GBV in the community, or if these goals must be addressed separately.
- **Demographics:** The demographics of those utilizing OSCs are ripe for further study. This includes study across gender, socioeconomic, ethnic, and religious and other groups. It should also include examination of OSCs’ usefulness for underserved and marginalized populations, such as disabled survivors and gender and sexual minorities. Working with any historically marginalized communities may require sensitivity trainings and/or accommodations to program and venue design.

Please use this link to access the full report in the USAID Development Experience Clearinghouse (DEC):
https://pdf.usaid.gov/pdf_docs/PA00X399.pdf