

A photograph of two young women in a village setting. The woman on the left is wearing glasses and a pink shawl over a red top, smiling broadly. The woman on the right is wearing a black shawl over a red top and a pink headband, also smiling. In the background, there are other people and a yellow building with a corrugated metal roof. The text is overlaid on the bottom half of the image.

LIVING UP TO OUR PROMISE:

Understanding gender based violence and the 'Do No Harm' approach

THIS MEANS THE WORLD

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ABOUT THE GUIDE

The purpose of this guide is to provide World Vision staff with practical ways of understanding gender-based violence (GBV) concepts. It supports the understanding of key concepts related to GBV to enhance the development of interventions to address gender-based violence in non-targeted programming (mainstreaming). Rather than providing comprehensive guidance on how to deliver GBV programs, this document is instead a concise resource to support World Vision staff in adhering to the ‘do no harm’ principle related to GBV. This guide also aims to address gaps identified through World Vision’s project evaluations by providing staff with a resource to integrate best practices in addressing GBV across various programming sectors and approaches. At the end of the document, you will find a list of internal and external resources which we invite you to explore for further learning.



1. Introduction

GENDER-BASED VIOLENCE IS A SERIOUS HUMAN RIGHTS VIOLATION AND A KEY OBSTACLE TO ACHIEVING GENDER EQUALITY

Gender-based violence (GBV) is a serious, prevalent and preventable human rights abuse. It is a critical barrier to the achievement of gender equality and the enjoyment of human rights and freedoms. A woman's right to live free from violence and fear is upheld in a number of international agreements, such as the [Convention on the Elimination of All Forms of Discrimination against Women \(CEDAW, 1983\)](#), [UN Declaration on the Elimination of Violence against Women \(1993\)](#), and the [Convention on the Rights of Persons with Disabilities \(2006\)](#).

Sadly, **one in three women worldwide** has experienced physical and/or sexual violence in her lifetime, most often at the hands of an intimate partner, in particular her husband. The risks of GBV and femicide (gender-related killing of women and girls) rise in contexts of conflict, humanitarian emergencies, environmental and economic crises and displacement. **GBV in the family** which is witnessed by a child is considered as **violence against children** and has serious impacts on children's development, wellbeing and safety. GBV is not just an issue of individual survivors and perpetrators – its impacts go beyond emotional and physical trauma. Harmful impacts of GBV are experienced across the socio-ecological spectrum (detailed in section II), from a family's financial stability and psycho-social wellbeing through to an economic toll and pressure on the health, social and justice services.

GBV is strongly connected to gender inequality and biased gender social norms. Internationally, there is increasing recognition of the importance of challenging harmful gendered stereotypes and focus on primary prevention of violence (stopping before it starts) in the pursuit to end violence against women.

For many, home is the most dangerous place...

- **2 in 3 women in the Pacific** countries reported experiencing violence (this rate is above the global average)
- **48,800 women and girls worldwide were killed** by their intimate partners or other family members in 2022
- **133 women or girls globally were killed every day** as a result of family violence in 2022



World Vision made a commitment to ensure gender equality and social inclusion (GESI), including addressing GBV, is applied in all programming, advocacy, communications, marketing, fundraising and institutional practices through its [Partnership Management Policy on Gender Equality and Social Inclusion](#) (July 2021). The Partnership is striving to deliver GESI-transformative program approaches which actively seek to address inequality, exclusion and discrimination and transform gender and social relations to promote equality and inclusion.

1.1 Key Definitions¹

GENDER-BASED VIOLENCE (GBV) refers to violence directed against a person because of their gender and expectations of their role in a society or culture. GBV highlights the gender dimension of violence against all genders, including non-binary² and trans persons,³ and focuses on how gender inequality and harmful gender norms and bias perpetuate GBV. Men and boys may also be victims of GBV, especially sexual violence. The terms *gender-based violence* and *violence against women* are frequently used interchangeably. However, GBV is a broader term that includes violence against women as the most common type of violence based on gender.

Some organisations and advocates prefer to use the term *violence against women and girls* to highlight the disproportional and alarming levels of GBV against women and girls. Data shows that **men are far more likely to be perpetrators of GBV**.

FAMILY VIOLENCE, also known as domestic violence or domestic abuse, is defined as any violent act inflicted by one family member on another. Violence between partners (in marriage, cohabitation or dating) is considered as an *intimate partner violence* and is the most common form of family violence against women. Family violence against women and girls can include physical, sexual, emotional/psychological and economic/financial violence, neglect and/or technology-facilitated abuse.

DO NO HARM simply means that humanitarian and development actors strive to minimise the harm they may do inadvertently by their presence and by providing assistance and services, including raising awareness of gender equality, seeking to address harmful social norms, or supporting changes to women's and men's roles.

SURVIVOR (or victim survivor) is used to describe those who identify as a *victim* or *survivor* of violence, noting that both terms exist and have different meanings. *Victim* is usually used in legal settings or the criminal justice system. *Survivor* describes a person who has experienced violence and has started the healing process. It is a term of empowerment and the preferred term to use in GBV programs.

SURVIVOR-CENTRED APPROACH is critical in all aspects of GBV programming. A survivor-centred approach creates a supportive environment in which survivors' rights and wishes are respected, their safety is ensured, and they are treated in a non-discriminatory manner with dignity and respect. A survivor-centred approach emphasises that the person who suffers violence is the primary actor and decision maker throughout the process.

SOCIAL NORMS are the beliefs and attitudes that a society holds. Without tackling biased gender social norms, we will not achieve gender equality and reduce instances of GBV.

PERPETRATOR and *person who uses violence* are used interchangeably to describe a person who commits harmful and unlawful behaviour such as GBV, violence against women and violence against children.

GESI refers to **gender equality and social inclusion**. World Vision made a commitment to ensure that GESI is applied in all programming, advocacy, communications, marketing, fundraising and institutional practices through its [Partnership Management Policy on Gender Equality and Social Inclusion](#) (July 2021).

¹ Compiled from: Gender Equity Victoria, 2019; Flood, M., 2023; UNFPA, 2018; and Prevention Collaborative, 2021.

² **Non-binary** term used to describe a person whose gender identity falls outside the male-female gender binary. UN Free & Equal Campaign. <https://www.unfe.org/know-the-facts/definitions>.

³ **Trans/ Transgender** term describes people with a gender identity that does not align with the sex they were assigned at birth.

1.2 Inequality and Intersectionality

GENDER INEQUALITY IS A KEY DRIVER OF GBV

GBV is deeply rooted in gender inequality and cultural norms that assert men's superiority and power over women. Aiming to achieve gender equality requires eliminating biased and harmful social gender norms, attitudes and behaviours which are widespread and deeply embedded in society. Social norms that support men's social or physical control over women (including over their assets) can increase the risk of intimate partner violence or sexual abuse.

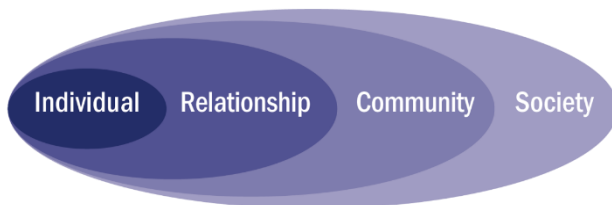
There are **four key drivers of GBV**:

1. Condoning (excusing or tolerating) violence against women and girls and GBV
2. Men's control of decision making and limits to women's independence in public and private life
3. Rigid gender stereotypes and dominant forms of masculinity
4. Male peer relationships and cultures of masculinity that emphasise aggression, dominance and control.

GBV INTERSECTS WITH OTHER EXPERIENCES OF INEQUALITY AND DISCRIMINATION

These include inequality because of a person's age, gender, sex, sexuality, ability, ethnicity, culture, language, religion, caring responsibilities, geographic location or socio-economic status. An 'intersectional approach' means that we recognise that overlapping forms of oppression can add up to greater severity or frequency of experiencing GBV.

2. Socio Economic Model



The socio-ecological model is one of the commonly used approaches to understanding the complexity of GBV. The model prompts us to see that GBV is an outcome of many factors and interactions across four levels: individual, relationship, community and societal, shown in this figure to the left.

Structures, norms and practices that increase the probability of GBV within the socio-economic model

INDIVIDUAL: Individual beliefs and practices that support gender inequality, social exclusion, acceptance of violence and male dominance. For example:

- Individuals, including women and/or children who experience violence, believe that a husband/father/carer is the head of the family and has the right to hit/discipline his wife and children.
- Individuals believe that women should tolerate violence as part of their wifely duty to their husband and faith.
- Intersecting individual characteristics and vulnerabilities that increase probability of GBV, such as gender, disability, age, race, sexual orientation, poverty, displacement, limited access to resources (financial, education), migrant and refugee backgrounds.

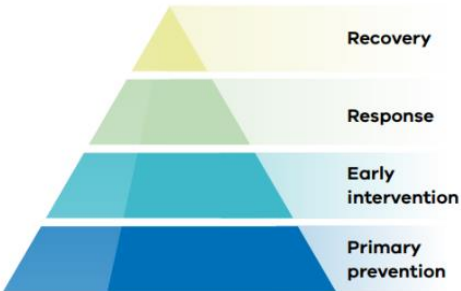
RELATIONSHIP: Weak support for gender equality and social inclusion in relationships, acceptance of violence, male dominance and controlling behaviours in relationships. For example:

- GBV is seen as a normal part of family and community life and family violence or sexual assaults against women in relationships are excused and normalised.
- Perpetrators believe and boys learn that being violent means 'being a real man'.
- Girls learn that violence is normal and that women should accept violence from men.

<p>COMMUNITY: Community members and leaders supporting gender inequality, harmful stereotypes and practices, discrimination and GBV. For example:</p> <ul style="list-style-type: none"> • A community believes that it is a sin to divorce, even if a husband is violent towards his wife and children. • Neighbours blame survivors and minimise accountability of a perpetrator for GBV by saying: “He was drunk, otherwise he wouldn’t hit her” or “She must have done something to provoke him.” • A workplace fails to address gender inequality and biased practices by not having policies and procedures that promote gender equality and inclusion; a lack of women in leadership roles; or prioritising hiring men over women for well-paid positions.
<p>SOCIETAL: Larger, macro-level factors that influence GBV occurrence including dominant social norms and behaviours that support rigid gender roles and stereotypes; laws, policies and services that fail to adequately address GBV or promote women’s rights and gender equality. For example:</p> <ul style="list-style-type: none"> • Women and girls are considered inferior. • Women are not allowed to hold leadership positions or to speak at community meetings. • Gender pay gap (the average difference between payment for men and women. Women are generally found to be paid less than men as their labour contribution is not valued as highly).

3. Categories of Programming to Address GBV

There are four broad categories or levels of interventions to address GBV: primary prevention, early intervention, response and recovery. **This guidance focuses on primary and early prevention.**



Levels of actions to address GBV

This figure shows how interventions are interconnected and support each other, like building blocks, to create strong foundations for safer and respectful communities. When implemented well, these interventions can lead to reduced levels of GBV and increased supporting mechanisms for survivors to receive support and justice.

Remember that to adhere to the ‘do no harm’ principle, a response component must be included in any program that addresses GBV.

Examples of primary prevention and early intervention activities to address GBV	
Intervention	Example activities
<p>PRIMARY PREVENTION Aims to stop violence from happening at all through social change that addresses the underlying drivers of why GBV occurs. <i>Prevention interventions are carried out before any acts of violence occur.</i></p>	<ul style="list-style-type: none"> • Education on respectful relationships (especially for young people) • Positive parenting programs that emphasise shared roles between spouses/parents and address harmful norms and practices within families • Challenging community attitudes towards family violence and GBV through public events, communication materials and media campaigns • Capacity building of individuals and community groups to strengthen their advocacy efforts to stand up for their rights and equality, the rights of GBV survivors and community safety • Advocating for and raising awareness on legislation to promote gender equality and address GBV • Ensuring that all of an organisation’s policies and procedures are inclusive, promote gender equality and emphasise zero tolerance to GBV in the workplace

	<ul style="list-style-type: none"> Implementing a whole-of-organisation approach to GBV prevention and promoting gender equality through ongoing staff training and awareness
<p><i>Examples of World Vision models or approaches that may incorporate primary prevention include: C-Change, Citizen Voice and Action, Men Care, Celebrating Families and Channels of Hope (faith based)</i></p>	
<p>EARLY INTERVENTION (secondary response) Aims to reduce the risk of violence recurring or escalating by responding to the <u>early signs</u> of family violence and GBV and targeting high-risk individuals and groups</p>	<ul style="list-style-type: none"> Home visits to at-risk individuals, families and groups Behaviour change programs (e.g. anger management programs) Targeted community interventions for at-risk communities (targeted awareness raising on GBV, sharing information and referrals, community conversations with community, cultural or religious leaders) Processes and protocols in place for child abuse, family violence and GBV screening in healthcare and social services, schools and childcare services Referral mechanisms for early intervention are developed and communicated with relevant stakeholders and organisations

4. Principles of Good Practice for Addressing GBV

This section highlights six key principles of good practice and an initial brief checklist to incorporate in prevention and mainstreaming initiatives.

1. Do No Harm

Plan from the start to ensure that **GBV interventions and risk management do no harm**. This includes ensuring facilitators, trainers, data collectors, project workers, consultants and volunteers have appropriate skills and knowledge to respond to disclosures of violence, access available support services and seek community expertise to ensure safe work practices. All programmatic work should prioritise the safety of women and girls, especially in emergencies and humanitarian responses.

Safe, ethical and effective GBV prevention programming must ensure that essential services for health and psychological support are, at minimum, available and that your program is connected to referral pathways. This is because increased awareness about women's rights and GBV will create increased demand from survivors for support.

2. Plan for long-term change and work in partnership

Eradicating GBV requires **long-term change**. It needs a **sustainable and integrated approach** that focuses women, men, boys and girls across a range of settings, with coordinated and mutually reinforcing interventions that challenge harmful gender norms and promote lasting behavioural change. This requires a different way of thinking to a traditional approach of isolated projects and activities. It is also crucial to join networks of key organisations and leaders in the sector to support connection and flow of information between policy makers, practitioners and participants. **Strong partnerships** and ensuring all partners have a shared understanding of the GBV work are vital and may require capacity strengthening and resource allocation.

Stop! Do No Harm!

Avoid one-off community awareness sessions on GBV as they do not promote long-term social and cultural change towards gender equality. An exception is during an emergency when providing information increases timely and safe access to services and mitigates GBV risks.

3. Plan for managing backlash and staff safety

'Backlash' refers to the negative responses that can arise from prevention work, including resistance to understanding information about GBV and messages of gender equality. The gendered analysis of violence directly challenges the idea that a society is equal and this can lead to backlash. Resistance from both men and women is an expected part of social change. **Be prepared** for backlash and be confident in responding and answering challenging questions, while ensuring the safety of community members and staff (including both internal staff and staff of partner organisations).

4. Ensure staff care and support

Engaging in primary prevention and gender equality work can be challenging, demanding and include risks for staff. For managers, it is important to regularly check in and debrief with the team. There should be an adequate allocation of programming resources for safety, mental health and wellbeing supports to prevent staff burnout and sustain longevity of workers in this field, as well as setting up feedback and accountability mechanisms. Organisations' leadership must take meaningful actions to reduce risks to **physical and psychological health and safety** for their staff and volunteers – and support their partner organisations to do the same.

5. Support staff capacity building and reflective practice (across WV offices and partners)

All staff working with GBV programs must be trained on a [survivor-centred approach](#), basic GBV concepts, understanding GBV prevention and response and how they apply in programming. Managers must invest in staff capacity development by dedicating time for participation in learning, mentoring and networking opportunities. It is crucial that staff are prepared to critically reflect on their own views, values and beliefs. Although uncomfortable, this is an important step in ensuring that the staff are not holding harmful gendered bias. One of the most important things to consider is how male staff can contribute effectively to GBV prevention work without accidentally reinforcing inequality.

Stop! Do No Harm!

One-off trainings for staff are not sufficient. Ongoing supervision, mentorship and learning opportunities must be provided to ensure best practice.

Stop! Do No Harm!


GBV survivors should not be sought out or targeted as a specific group during assessments. Assessments are to determine risk factors, appropriate interventions and existing capacities, never to establish whether or not GBV is occurring.

6. Addressing GBV should be part of key strategies and priorities

Addressing GBV as a key barrier to the human rights of children, in particular girls, should be prioritised in all World Vision programming. This includes strategic commitments, such as Field Office Strategic Plans and key frameworks, and budget allocation. The leadership of the organisation should ensure that addressing GBV is seen as a priority for the better future and wellbeing of all children and young people. Rather than self-reliance, World Vision

entities should map out key players in their respective countries, build new and strengthen existing partnerships, and see their efforts and programs as contributing to the broader picture of collective efforts for GBV prevention and response.

INITIAL CHECK LIST FOR DEVELOPING GBV ACTIVITIES OR GBV MAINSTREAMING

#	CRITICAL ELEMENTS: GBV-specific activities and GBV mainstreaming <i>Tick the box when completed =></i>	
1	You read this guide, understand GBV definitions and key approaches to GBV.	
2	Your focus is clear: targeted GBV prevention and response or GBV mainstreaming. <i>Remember, you don't have to do everything, but it is important to identify gaps that your program will address and how it will contribute to collective efforts to prevent GBV.</i>	
3	Context analysis is done through GESI and intersectionality lens, includes GBV information, and data is disaggregated by gender, age and disability.	
4	A 'do no harm' approach is applied to developing the program and its interventions, including the survivor-centred approach .	
5	Intersectionality lens is applied to the design of all program initiatives/activities to ensure they reach the most vulnerable groups.	
6	Mapping of key organisations/stakeholders in primary prevention and response sectors is done. Information is collected on existing GBV support and referral pathways, including building on WV's child protection mechanisms.	
7	You consulted internally with key World Vision GESI staff and with local organisations/partners who work in GBV prevention and response.	
8	The program budget is adequate, realistic and responsible. Budget is allocated to: a) Program activities b) Adequate staffing (with GBV expertise) c) Capacity strengthening, support and networking opportunities (for staff and partners, including training, debriefs, supervision, self-care activities) d) Safety considerations for World Vision staff and partners (e.g. venues, transportation, security, adequate staffing, mobile phones, etc.) e) Communication materials and dissemination costs f) MEL and risk management elements required for the program.	
For more information see: World Vision, 2019. GBV Prevention and Response. A Toolkit for Proposal Development.		

5. Mainstreaming GBV Across Programming

Many programs at World Vision are not GBV-specific but can play a vital role in its prevention. Mainstreaming considerations of GBV and ensuring that our interventions ‘do no harm’ are critical in all programming. The below section provides select examples of good programming in the key areas of disability inclusion, economic empowerment, faith and development, community engagement, working with men, child protection and communications for GBV prevention. Remember that locally embedded interventions are best and all programs can budget for and support the initiatives of existing civil society organisations to address GBV.

5.1 Disability Inclusion

People with disabilities are far more vulnerable to GBV, including sexual violence. World Vision is committed to disability inclusion through both targeted and mainstreaming programming. **Disability inclusive GBV prevention and response should consider the following:**



- Establishing or supporting communication methods that enable survivors with disabilities to communicate their experiences of GBV and understand information about available services.
- Ensuring staff and service providers know how to respond to survivors with diverse disabilities.
- Ensuring all trainings and programs are disability inclusive and that staff know how to address the priorities, rights and needs of people with diverse disabilities.
- Addressing negative attitudes, beliefs and norms relating to gender and disability. Connecting with GBV referral networks, service providers and organisations of people with disabilities (OPDs) and disability-specific organisations.
- Conducting a [gendered accessibility audit](#) of services and crisis accommodation and budgeting for any necessary changes to ensure accessibility norms and standards.
- Setting organisational standards and policies for disability inclusion and GBV prevention, including collecting and analysing disaggregated data by age, gender and disability as a minimum.

Box 1. Promising Practice Example: Disability Inclusion and GBV

AAWAZ II: Inclusion, Accountability and Reducing Modern Slavery Program, Pakistan

United Nations Population Fund (UNFPA) has taken an approach to strengthening disability inclusion across wider GBV prevention and response efforts in Pakistan under the multi-year *AAWAZ II program*. Actions undertaken to strengthen disability inclusion in this GBV program included:

- Introducing **targeted interventions** to support the empowerment of persons with disabilities:
 - Developing technical capacity of OPDs to deliver GBV awareness-raising and referrals, psycho-social support activities for women with disabilities.
 - Developing the organisational capacity of OPDs, including on financials, monitoring and evaluation, and design of policies on inclusion, prevention of sexual exploitation, abuse and harassment (PSEAH), developing programming resources such as *GBV and DI Assessment Tool*.
- **Integrating disability** in the design, implementation, monitoring and evaluation of wider GBV programming through:
 - Setting disability inclusion milestones and targets in the program logframe.
 - Collecting and reporting disability-disaggregated data through GBV service providers.
 - Incorporating disability inclusion in GBV case management capacity building.
 - Ensuring that women with disabilities are represented in campaigns to change social norms and beliefs relating to gender and violence.

5.2 Women's Economic Empowerment

Interventions that combine economic empowerment and social/gender empowerment can reduce women's experiences of intimate partner violence when designed and implemented well.

World Vision's Women's Economic Empowerment (WEE) model aims to support women's access and agency through greater **participation**, inclusive market systems and education. Women experiencing intersectional forms of discrimination, such as women with disabilities and refugees, are often more vulnerable to financial abuse. A targeted approach to engaging vulnerable groups and addressing barriers improves inclusive and safe WEE programming.

Mainstreaming GBV considerations into WEE programming may include:

- Ongoing and consistent gender equality education and learning with women, men and couples.
- Group-based social empowerment interventions.
- Actively informing and, where appropriate, involving male partners and family members in activities undertaken by their wives and female relatives.
- Showcasing the collective benefits of gender equality and WEE to the household and community.
- Considering how to address intra-household inequality and unpaid care burden to ensure women's control of their own income and resources. Initiatives that foster WEE and autonomy can reduce economic dependency and insecurity, which are risk factors for GBV.
- Encouraging women's collective action and mutual support through cooperatives, women's groups and women-controlled community groups and initiatives.
- Ensuring all partner businesses align with national labour laws, standards and practices including a zero-tolerance organisational policy on sexual harassment and bullying.
- Establishing a community or workplace 'GBV safeguarding team' of women and men.
- Establishing a support and referral system for women experiencing violence.

Box 2. Case Studies: WEE and GBV Prevention

Rise Beyond the Reef, Fiji

A social enterprise, Rise Beyond the Reef (RBTR) supports women's empowerment through sustainable income-generating projects using traditional skills and materials, leadership opportunities and cooperation.

From the start of the program, RBTR recognised the ongoing risk of violence and actively employed a 'do no harm' approach through its supply network of rural villages in Fiji. Building a relationship of trust and confidentiality at the household level and with communities is an essential first step to understand the impact of economic programs and appropriately respond to the risk of men's violence against women. Before commencing project activities, RBTR undertakes a baseline survey in the target communities to assess changes over time, including knowledge, attitudes and behaviours around violence against women.

Through extensive community consultation, RBTR formed a 'safeguarding team' of women and men from the program participants. The safeguarding team also aims to increase men's role as advocates against GBV in their communities who can provide contact points for women experiencing violence.

5.3 Working with Faith and Cultural Leaders

Faith and cultural leaders play important roles in their communities. They can also play a vital role in supporting survivors of GBV, influencing perpetrators of GBV to change their behaviour, and guiding communities to foster healthy, respectful and equitable behaviours, social norms and relationships that prevent GBV.

For over a decade, World Vision has worked with faith and cultural leaders and communities through its [Channels of Hope for Gender \(COHG\) project model](#). This model, revised in 2023, addresses the religious and social norms that reinforce inequality and may condone violence.

Faith and cultural leaders' engagement in GBV may consider the following:

- Using the latest COHG materials and delivering trainings by both faith leaders and GEDSI staff.
- Ensuring training is ongoing rather than a one-off activity.
- Change starts in the office: staff and their leaders must be equipped and empowered to respond to GBV in their homes, communities and work.
- COHG training does not qualify faith leaders to be first responders.
- Using a survivor-centred approach at all times.
- Prioritising the safety of women and children in situations of family violence.
- Facilitating collaboration between secular organisations, referral and response services (such as crisis centres) and faith leaders to achieve stronger collective outcomes.
- Contextualising and translating the COHG curriculum is key as countries and communities are diverse.

Stop! Do No Harm!

World Vision research has found that faith and cultural leaders can contribute to GBV through harmful interpretations of faith teachings, scripture and language that can be used to condone GBV and justify violent behaviour towards women. Make sure that you actively engage with faith leaders in your work to help ensure that this does not occur.

Box 3. Case Study: GBV Prevention and Working with Faith and Cultural Leaders

Men Engaged for Change (ME4C) Project, WV Sri Lanka

The project aimed to assist married men to become more engaged in family life. To encourage the sustainability of this short-term project, faith leaders and faith actors in the target communities were upskilled with the knowledge and expertise to address harmful gender roles and norms. They participated in training on MenCare where they were equipped to conduct MenCare programmes in their respective communities. The contextualised MenCare curriculum focused on self-reflection, dealing with strong emotions, improving communication between spouses, positive parenting and ending substance abuse. Through a series of training and awareness sessions on sexual and reproductive health, prevention of alcoholism, family care and support, fatherhood, GBV and child health, men show compelling evidence of attitude and behaviour change. Importantly, they have also been empowered to bring about this change in other families in their community.

5.4 Community Engagement and GBV Prevention

Community engagement strategies for GBV prevention address more macro levels of society and the harmful social norms, relations and inequalities that underpin GBV.

Community engagement programming is not new for World Vision. For many years, World Vision has been applying its social accountability approach called 'Citizen Voice and Action' (CVA) which encourages citizens to hold governments to account over improved government services, such as health and education services.

The following principles for community engagement to address GBV are considered good practice:

- Avoid one-off training. Implement regular activities with the same groups.
- Engage women and girls from diverse backgrounds and intersecting identities as leaders and spokeswomen.
- Prevention programs should strengthen the capacity of individuals, groups and organisations to be agents of change and respond effectively to GBV in their communities.

- Call for greater resourcing and empowerment of service providers and first responders such as health staff, counsellors, village health attendants, midwives, police, faith leaders and corrections.
- Large-scale social norms campaigns can shift the norms and attitudes that excuse violence.
- Advocacy for all policies, such as housing, employment, education, health, corrections and media, can influence macro-level risks and protective factors related to GBV and create enabling environments to prevent GBV.

Box 4. SASA! Story of Success

SASA! is a community mobilisation project approach originally implemented by [Raising Voices in Uganda](#). World Vision Zambia adapted this approach in Zambia under the *Natwampane Project*, engaging thousands of villagers across northern Zambia to take a stand against violence in their communities.

SASA! works through trained community activists to implement a series of activities in four phases (Start, Awareness, Support, Action) over a minimum 30-month period. Various activities encourage participants and communities to explore different dimensions of power, analyse and transform inequitable gender norms, prevent GBV and better support survivors. An evaluation of this approach showed that intimate partner violence against women reduced, as did levels of GBV acceptance among both men and women in the target communities.

5.5 Mainstreaming Male Engagement for GBV Prevention

Men and boys have a critical role to play in preventing and responding to GBV and can help to transform harmful ideas about masculinity that are associated with violence. World Vision has a strong history of delivering health and education programs that challenge traditional gender stereotypes and practices, and it is well positioned to integrate GBV prevention in World Vision programs.



"I am experiencing a great result of my husband's positive behavioural changes. My husband is now very friendly to me. He is engaging himself in caring [for] children, household chores and he is now realising my value. On the other hand, I am also helping my husband in the field." - Wife of participant of MenCare in Bangladesh

Strategies to engage men and boys in gender equality and GBV prevention include:

- Strengthening individual knowledge and capacity to prevent and avoid violence, including through programs for boys who have witnessed or experienced violence in families and interventions in parenting and family relations.
- Programs focusing on self-reflection and personal change to attitudes, values and behaviours for greater gender equality.
- Integrating GBV work into health and education programming where staff challenge traditional gender stereotypes. For example, having male and female facilitators working together and role modelling gender equality and mutual respect.
- Working with service providers is a vital component of GBV prevention (e.g. educating staff at schools).
- Avoiding unintentional reinforcement of men's leadership and stereotypes that reinforce gender inequality.

Box 5. [MenCare campaign](#)

MenCare is a global fatherhood campaign active in more than 60 countries, coordinated by *Equimundo: Center for Masculinities and Social Justice* and *Sonke Gender Justice*.

The campaign mission is to promote men's involvement as equitable, non-violent fathers and caregivers to achieve family well-being, gender equality and better health for mothers, fathers and children. MenCare aims for men to be allies in supporting women's social and economic equality, in part by taking on more responsibility for childcare and domestic work. The campaign is based on the belief that true equality will only be reached when men are taking on 50 percent of the world's childcare and domestic work.

MenCare's programs engage men and women around the world to become active parents, more equitable partners, and agents of positive change in their communities. Working with fathers and couples directly, the programs encourage men and women to challenge traditional gender roles and provide them with opportunities to learn and practice parenting skills.

5.6 Child Protection and GBV

GBV has long-term and serious impacts on the health, development and wellbeing of children. Children who experience family violence are more likely to become victims (girls) and perpetrators (boys) of violence in their own families when they grow up.

World Vision has an important role to play in fostering safety and wellbeing for all children through addressing GBV.

World Vision is a leader in delivering child safeguarding programs across the world through its 'Most Vulnerable Children' (MVC) markers that are applied across all programs. The next step in strengthening child protection and safeguarding work is making explicit connections between GBV, gender inequality and violence against children.



The following good practice principles could be considered:

- Strengthening knowledge and understanding that GBV, violence against women and violence against children intersect in multiple ways, and they frequently occur in the same household.
- Promoting respectful family relationships, non-violent conflict resolution, positive parenting, and healthy and safe home environments are central to preventing GBV and violence against children.
- Introducing respectful and healthy relationships programs into school education and World Vision programs that work with children and young people.
- Peer to peer education may create good engagement with education programs and material. Peer educators should receive adequate training and have ongoing support and supervision from staff.
- Online child safety programs and interventions must be gender responsive and tailored to also consider gender stereotypes associated with masculinity.
- Child protection services staff should be trained on key GBV topics, referral pathways and have the ability to identify GBV and risks for children's safety and wellbeing.

Box 6. Get Inspired: Reducing Violence Against Children and GBV

Investing in Children and their Societies (ICS) is an organisation working in Kenya, Tanzania and Cote d'Ivoire together with families, communities and other stakeholders to create safe and nurturing environments for children to reach their full potential. The program uses a whole-of-family approach to improve the wellbeing of vulnerable children, youth and their parents in rural areas. At the core of their approach are economic strengthening, Skilful Parenting (a 12-week gender-transformative group parenting program) and social support. The organisation found that a sustainable increase in income coupled with focus on parenting knowledge, skills and confidence brings major change in family functioning and child wellbeing. In 2020, ICS strengthened their evidence-based parenting program to include gender, violence against women and GBV prevention content.

5.7 Communications for GBV Prevention

Addressing GBV is not possible without communication campaigns and resources. It is important to keep the focus on efforts to address GBV, highlighting that GBV is preventable and showing survivors they are not alone and support is available.

Effective communication for GBV prevention is about designing the key messages to be meaningful, relevant and easy to understand for the target audience. Aligned with other GBV organisations, the messages and communications should be tailored to your context and convey complex information in simple and relatable ways. This can be done by:

- Knowing GBV evidence and your local audiences
- Using clear and accessible language and avoiding jargon
- Recognising that not everyone will immediately make the connection between ending violence and gender equality
- Remembering that the safety of survivors, staff and advocates is always the most important part of GBV prevention work.

Below are two examples of how complex information about gender inequality as the key driver of GBV and family violence was adapted to local contexts using simple language and relatable images.

Let's Change The Story: Violence Against Women in Australia

This video was created by **Our Watch** (Australia) in 2017.

Target audience: Australian population



<https://www.youtube.com/watch?v=fLUVWZvVZXw>

Gender Inequality and Domestic Violence

This video was developed by **the Pacific Community/Regional Rights Resource Team** in 2019.

Target audience: Pacific region population



<https://www.youtube.com/watch?v=UpgZ5PCuf8A>

6. List of Recommended Resources

WORLD VISION MODELS AND APPROACHES:

Channels of Hope for Gender	Innovative approach to exploring gender identities, norms and values that impact male and female relationships in families and communities.
Celebrating Families	Aims that children have positive and caring relationships with families allowing them to thrive spiritually, socio-emotionally and physically.
Citizen Voice in Action	Aims to address inadequate essential services by improving the relationship between communities and government and empowering communities to hold the government to account.
MenCare and Becoming One	Engage parents around the world to become more caring, involved, and equitable. Helps fathers and couples learn and practice gender-equitable parenting skills.
Child Protection Advocacy	Aims to improve the child protection system at the community level, thus empowering communities and local partners to strengthen the protection of children from violence
GBV in Emergency Programming	A practical guide to the design and development of GBV Prevention and Response projects or sub-sectors within a multi-sector proposal application

EXTERNAL RESOURCES:

UN Women Virtual Knowledge Centre to End Violence against Women and Girls https://www.endvawnow.org/en/
RESPECT Framework, WHO and UN Women https://respect-prevent-vaw.org/evidence
SASA! http://raisingvoices.org/sasa/
<i>Take Action Against GBV – A UNHCR Video Series.</i> UNHCR, September 2022 https://www.youtube.com/playlist?list=PLk83Ra7kAz5HyWF3KPD9miS3PukBCVpXV
<i>The Learning Lab</i> by Prevention Collaborative, free online courses on GBV and gender equality https://learn.prevention-collaborative.org/
<i>Disability Inclusion In Gender-Based Violence Programming. Promising Practices And Innovative Approaches From UNFPA Asia And The Pacific Country Offices.</i> UNFPA, July 2023 https://asiapacific.unfpa.org/sites/default/files/pub-pdf/unfpa_gbv_and_disability_inclusion_final_august_11.pdf
Women Enabled International Resource Centre (focus on women with disabilities) https://womenenabled.org/resource-center/
The Inter-Agency Minimum Standards for Gender-Based Violence in Emergencies Programming. UNFPA: 2018 https://www.unfpa.org/sites/default/files/pub-pdf/19-200_Minimum_Standards_Report_ENGLISH-Nov.FINAL_.pdf
<i>Change The Story (Our Watch):</i> the Australian national evidence-based framework for primary prevention https://www.ourwatch.org.au/change-the-story/
Pacific Data Hub https://pacificdata.org/data/organization/pacific-women-lead
<i>The Man Box (2024),</i> The Men’s Project. Jesuit Social Services https://jss.org.au/programs/the-mens-project/tmp-research/