



Gender-Based Violence AoR

Understanding the Core Functions and Differences between **Women and Girls Safe Spaces** and **One Stop Centers**



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Introduction

This resource has been developed to assist gender-based violence (GBV) practitioners, MHPSS and health specialists as well as policy makers operating in humanitarian settings to understand the differences between women and girls' safe spaces (WGSS) and one-stop centers (OSC). Drawing from key tools and guidance, it outlines the key characteristics of each type of service, their benefits, and some of the potential limitations of each service that need to be addressed as part of the design and implementation phases. This resource can be used as a reference tool when considering how to ensure comprehensive care for survivors in a given setting; it may also be useful for advocacy purposes to ensure that the scale up of one type of service (most often, one-stop centers) does not take precedence over or eclipse the other service. The priority is to ensure women and girls have access to safety and protection and a choice of where and when to seek support when they experience GBV. And so, a OSC should never be used as a replacement for a WGSS.

For more specific information about how to design each type of service, see the resources at the end of the document.



What are the origins of WGSS and OSCs?

WGSS

Women and Girls Safe Spaces

emerged to provide survivors with a way to access services and support (primarily psychosocial support (PSS) and case management) in a non-stigmatizing way. They are frequently used in humanitarian settings yet also have utility in development settings too. In addition to PSS and case management WGSS provide other resources and support fundamental to women's and girls' empowerment including life skills sessions, livelihoods and social and recreational activities. In some instances, WGSS leadership committees and management invite others to provide services on-site, e.g., visiting lawyers or paralegals or midwives, nurses and other clinicians.

OSC

One Stop Centers

evolved out of the Sexual Assault Referral Team (SART) / Sexual Assault Referral Center models from the US and UK to respond to rape and other forms of sexual assault and ensure health, psychosocial support (PSS), police/security and legal services were available in one place to facilitate access for survivors, seek to ensure a survivor centered approach across service providers and limit the number of times a survivor is required to discuss their experience so as to limit repetition and re-traumatization.

In some locations/contexts OSCs origins were driven by a focus on increasing prosecution rates for sexual violence offences and therefore, placed significance upon evidence gathering and collection.

OSCs began to operate in Thailand in a tertiary hospital providing acute services to survivors of violence. OSCs were then established in Malaysia with the model then replicated throughout the region. OSCs are now also implemented in several African countries, and similar models are emerging in Latin America.

What is a WGSS/OSC? What is their purpose?

WGSS

A global toolkit, developed by leading experienced INGOs with decades of experience on WGSS defines WGSS as “A structured place where women and adolescent girls’ physical and emotional safety is respected and where women and adolescent girls are supported through processes of empowerment to seek, share, and obtain information, access services, express themselves, enhance psychosocial wellbeing, and more fully realize their rights.”¹

They are usually operated by non-governmental organizations (NGOs), international NGOs (INGOs), local women’s collectives/associations, or a combination.

WGSS are physical spaces where women and girls can be free from violence and harassment

which is usually perpetrated by men and boys that they encounter in many other public and private spaces. The significance of this for women and girls who have experienced violence and abuse should not be minimized since this may be the only environment where she can be free from this threat and fear. Many women describe how being able to come to a WGSS is an immense relief and an opportunity to relax and express themselves. And so, WGSS can serve ‘as a counterspace created within a larger unequal space.’ (WGSS Toolkit, 2019: 13).

OSC

The core focus of an OSC is usually on providing a direct response to a survivor who has experienced an incident (of violence. While there isn’t a globally standardized definition of what an OSC is and OSCs vary in “structure and services provided,” according to Olsen et. al.’s (2020) systematic review of implementation of the one stop model the “majority of OSCs are hospital-based, typically within tertiary care facilities, while others are standalone centers that provide basic health services on-site and referrals for specialized and emergency services. Some OSCs are more strongly linked to the judicial system.”^{2,3}

They usually provide ‘integrated, multi-disciplinary services in a single location, or they can be organized as a ‘system’ of either formal or informal networks.”⁴

Research undertaken on OSCs in 2022 (Bell, 2022)⁵ identified four types of OSCs:

1. **Hospital-based, tertiary care OSCs:** in this model, the hospital-based OSC is owned and implemented by the hospital, possibly with additional part-time support from actors working outside the hospital (e.g., GBV case managers). Funding may also be external to the usual hospital funding stream (e.g., private, non-governmental), with these funds being specifically allocated to the OSC functions that are integrated into routine hospital activities.

1 IMC and IRC (2019) *Women and Girls’ Safe Spaces Toolkit: A Toolkit for Women’s and Girls’ Empowerment in Humanitarian Settings - one pager*. <https://gbvresponders.org/wp-content/uploads/2019/12/A4-WGS’S-one-pager-SVRI.pdf>

2 Bell E. (2022:3) *One Stop Centers Models, Standard Operating Procedures and Guidance*. GBV AoR Helpdesk). https://www.sddirect.org.uk/sites/default/files/2022-07/GBVAOR-1_4.PDF

3 Olsen R.M., Garcia-Moreno C., Colombini M. *The implementation and effectiveness of the one stop center model for intimate partner and sexual violence in low and middle-income countries: a systematic review of barriers and enablers*. *BMJ Global Health* 2020;5:e001883. doi:10.1136/bmjgh-2019-001883. <https://gh.bmj.com/content/bmjgh/5/3/e001883.full.pdf>

4 Bell E. (2022:1) *One Stop Centers Models, Standard Operating Procedures and Guidance*. GBV AoR Helpdesk). https://www.sddirect.org.uk/sites/default/files/2022-07/GBVAOR-1_4.PDF

5 Bell E. (2022:3-4) *One Stop Centers Models, Standard Operating Procedures and Guidance*. GBV AoR Helpdesk). https://www.sddirect.org.uk/sites/default/files/2022-07/GBVAOR-1_4.PDF

WGSS

WGSS are unique settings for fostering solidarity and creating and strengthening social support networks (a form of PSS) for women and girls. They can bring together women and girls from different backgrounds to engage in group activities with the potential to support and strengthen social cohesion and peacebuilding efforts e.g. host/IDP, disabled/able-bodied women, women from different ethnic and religious groups.

The WGSS model and approach is built on feminist, survivor-centered and woman/girl-centered principles. WGSS can 'provide gender transformative approaches that focus on women and girls' empowerment and gender equality.'⁶

WGSS can be static (i.e., permanent structures in the same place) or mobile. WGSS are centers for women, with many different types of services, but with the resources to provide at minimum PSS support and referrals to survivors of violence who come forward (whether the incident was recent or not).

OSC

2. **Health facility-based OSCs run by NGOs:** in this model, the OSC is managed (or co-owned with the government) by an NGO, which establishes a separate center within an existing health facility (this could be a hospital, but might be another type of health facility) to provide services that strengthen and expand existing medical care provided by the health facility.
3. **Stand-alone OSCs:** in this model, the OSC is in a separate location and is typically NGO-managed. These OSCs generally provide a range of multisectoral services which include medico-legal and psychosocial support onsite.
4. **OSCs located in other sector services:** In this model, services are integrated into another key GBV response sector, such as based out of a local police office or at a courthouse.⁷

Some OSCs may be able to offer out-of-hours or 24-hour extended access to emergency care.

6 Bell E. (2022:5-6) One Stop Centers Models, Standard Operating Procedures and Guidance. GBV AoR Helpdesk). https://www.sddirect.org.uk/sites/default/files/2022-07/GBVAOR-1_4.PDF

7 Olson R M, García-Moreno C, & Colombini M (2020) 'The implementation and effectiveness of the one stop center model for intimate partner and sexual violence in low-and middle-income countries: a systematic 32 review of barriers and enablers.' *BMJ global health*, 5(3), e001883 <https://gh.bmj.com/content/5/3/e001883>

What are the delivery objectives of WGSS/OSCs?

WGSS

The International Medical Corps (IMC) and the International Rescue Committee (IRC) global toolkit containing guidance for WGSS specifies the objectives of WGSS⁸ as:

1. Facilitating access for all women and adolescent girls to knowledge, skills and a range of relevant services.
2. Supporting women's and adolescent girls' psychosocial well-being and creation of social networks.
3. Serving as a place where women and adolescent girls can organize and access information and resources to reduce risk of violence.
4. Serving as a key entry point for specialized services for GBV survivors.
5. Providing a place where women and adolescent girls are safe and encouraged to use their voice and collectively raise attention to their rights and needs.

This definitive guidance was developed by two leading agencies with decades of experience of operating WGSS.

OSC

There is no singular stated or standardized objective for OSCs in humanitarian settings, documented at a global level. However, some objectives have been stated in country and local level documents. Back in the 1970s the objectives of sexual assault response/referral teams in the US and UK were established with the 'objective of making facilitating reporting and medical examinations for survivors, to coordinate investigation and support services and prevent survivor re-traumatization when seeking care'. This usually occurred in response to a specific incident of sexual violence.

OSCs evolved out of these early SART and SARC approaches. As it "was believed that women who had experienced violence would have an easier time receiving needed services if they only had to go to one place to get all the necessary help."⁹

The concept is therefore to coordinate care typically starting with and embedded in a health response, but also including legal/justice response. All service providers should align on principles to make the response safer, more ethical and efficient.

Individual OSCs should develop their stated objectives in alignment with endorsed relevant standards for Gender Based Violence in Emergencies. For example, The Interagency Minimum Standards for Gender Based Violence in Emergencies (GBV AoR, 2019) and the Interagency GBV Case Management Guidelines (GBVIMS Steering Committee, 2017).

8 IMC and IRC (2019) *Women and Girls' Safe Spaces Toolkit: A Toolkit for Women's and Girls' Empowerment in Humanitarian Settings - one pager*. <https://gbvresponders.org/wp-content/uploads/2019/12/A4-WGSS-one-pager-SVRI.pdf>

9 Bell E. (2022:3) One Stop Centers Models, Standard Operating Procedures and Guidance. GBV AoR Helpdesk). https://www.sddirect.org.uk/sites/default/files/2022-07/GBVAOR-1_4.PDF

Who are WGSS/OSCs for?

WGSS



All women and girls
(including GBV survivors).

OSC

The core focus is assisting women and girls who are survivors of rape and other forms of sexual assault, though they may also provide support for survivors of intimate partner violence and other forms of physical violence.

OSCs focused on medico-legal care of sexual assault through health or justice facilities can also provide services for male survivors of sexual violence.

PRINCIPLES

What principles underpin WGSS/OSCs?

WGSS

These¹⁰ have been specified as:

1. **Empowerment:** A WGSS offers an empowering space for women and adolescent girls in all their diversity, thus transforming them from beneficiaries to members, recognizing them as active agents of change.
2. **Solidarity:** Grounded in feminist theory and practice, WGSS provide a space for diverse networks of women and adolescent girls to come together, providing them the opportunity to support and inspire each other through sharing, mentoring and cooperation.

OSC

Whilst there is no overarching global level guidance document, which outlines the operating principles of OSCs, some of these have been documented and codified within country¹¹ or facility specific guidance documents or SoPs. When these are written down they usually include the following:

- being driven by survivor centered approaches to care,
- ensuring access to health care
- and facilitating prosecution

10 IMC and IRC (2019) *Women and Girls' Safe Spaces Toolkit: A Toolkit for Women's and Girls' Empowerment in Humanitarian Settings - one pager* <https://gbvresponders.org/wp-content/uploads/2019/12/A4-WGSS-one-pager-SVRI.pdf>

11 An example of a country level guidance document from a humanitarian setting which outlines the key principles of OSCs was produced by UNFPA in Somalia (2020: 7-8). See UNFPA (2020) *Guidance : GBV One Stop Centers, Somalia* https://somalia.unfpa.org/sites/default/files/pub-pdf/guidance_gbv_one_stop.pdf

WGSS

3. **Accountability:** In WGSS, accountability has multiple meanings and is ensured through various mechanisms which reflect and reinforce the integrity and transparency of the WGSS.
4. **Inclusion:** WGSS are committed to celebrating diversity and improving how women and adolescent girls access, participate and shape WGSS services. Equally diverse WGSS staff and volunteers demonstrate impartial and inclusive attitudes, beliefs and practices.
5. **Collaboration:** This concept underpins WGSS service providers' feminist perspective to collaborative relationships. To bring women and adolescent girls from the margins of humanitarian aid to the center of the response and their communities, WGSS strategically foster and leverage relationships which expand women's and adolescent girls' ability to participate in, negotiate with, influence, control and hold accountable individuals and institutions that affect their lives.

Additionally, WGSS should adhere to GBV guiding principles and The Interagency Minimum Standards for Gender Based Violence in Emergencies (GBV AoR, 2019) and the Interagency GBV Case Management Guidelines (GBVIMS Steering Committee, 2017). In addition, WGSS' usually seek to adhere to all.

OSC

OSCs must generally adhere to clinical care guidelines, survivor centered principles, GBV guiding principles and The Interagency Minimum Standards for Gender Based Violence in Emergencies (GBV AoR, 2019) and the Interagency GBV Case Management Guidelines (GBVIMS Steering Committee, 2017) and guiding legal frameworks of the specific country.

What are the Core Activities/Services of a WGSS/OSC?

WGSS

WGSS usually provide many different types of services and activities.

- GBV case management (including safe referral) for survivors
- Psychosocial Support for survivors and other members of the WGSS
- Provision of menstrual hygiene supplies and other essential materials/items to survivors and other members of the WGSS
- Life skills activities for all members of the WGSS
- Livelihoods
- GBV assessments with the broader community, including safety audit, KIs, FGDs, community mapping
- Coordination with other local actors
- Working in tandem with WGSS outreach/prevention teams to provide response and prevention services in a location

OSC

- Health care (usually specifically clinical care for sexual assault survivors or clinical management of rape and treatment of injuries)
- GBV case management
- Police focal point – evidence gathering
- Lawyer/Justice – legal advice / representation

What additional activities can take place within a WGSS/OSC?

WGSS

- Income generating activities
- Educational and vocational skills sessions/training
- Adolescent girls' life skills program activities
- Child friendly space and supervised childcare provision for young children of mothers attending the sessions
- Health and hygiene information sessions (e.g., handwashing, menstrual hygiene management, sexual and reproductive health rights (SRHR) etc.)
- Legal awareness sessions
- New mothers support groups
- Safe place for breastfeeding
- Delivery of an orientation package to new WGSS members (WGSS Toolkit, 2019: 289)
- WGSS volunteers, leadership committee or forum member meetings (Ibid.: 289) to support members' ownership of the safe space.
- Women's leadership training/capacity sharing initiatives
- GBV awareness raising and advocacy initiatives
- Additional GBV risk reduction activities

OSC

- Psychosocial support
- Some OSCs will have a dedicated child friendly area where child survivors can receive clinical and/or psychosocial support services.
- Some OSC facilities may be able to provide specialized mental health care, although in humanitarian settings this tends to be rare/mostly unavailable.
- Provision of menstrual hygiene supplies and other essential materials/items to survivors.

Areas of overlap/complementarity between WGSS/OSCs

- Both respond to GBV survivors
- Both should have female staff/volunteers. For WGSS this is exclusively the case.
- Should provide safe, ethical, accessible, confidential, and non-discriminatory services
- Both can provide clinical care for rape and sexual assault survivors. (Clinical care for sexual assault survivors can be provided in WGSS if personnel are trained and the setting meets standards for care although this tends to be rarer and so safe referrals are made with a survivors' informed consent to a health facility which provides this. Where a WGSS offers CMR/CCSAS and legal services on sight it may effectively constitute as one of their areas of services as an OSC).
- Both may provide menstrual hygiene management supplies (e.g., sanitary pads) to a survivor, where stock is available
- Both have the potential to have significant positive impacts on individual survivors and wider influence on institutions through advocacy efforts

RESULTS

What results do WGSS/OSCs have the potential to deliver?

WGSS



Safety/
Protection



Wellbeing



Legal/
Justice



Power/Empowerment and spaces with 'potential to transform gender inequality' (IMC&IRC, 2019: 11)¹²



Health



Economic
wellbeing



Education

Of all members participating in the WGSS, both in the present and future.

OSC



Legal/
Justice



Health



Safety/
Protection

For survivors following exposure to a specific incident of violence and abuse.

Are there any specific considerations or requirements for a WGSS/OSC?

WGSS

Women and girls' participation in the identification of suitable WGSS locations, signage for the WGSS and selection of construction materials and design of the WGSS is important.

Maintaining the confidentiality of women and girls in the WGSS is essential. As the WGSS Toolkit specifies: "Women and adolescent girls must be able to openly share their experiences and concerns and be assured of confidentiality and compassionate support from WGSS staff, volunteers and associated service providers." (IMC, IRC, 2019:33).

Women and girl **only** spaces should be respected as such, and men and boys should not seek to compromise the space by entering or attempting to enter the space.



There is an additional need for agencies/ organizations providing humanitarian assistance to offer safe spaces for gender non-conforming individuals and people with diverse SOGIESC in humanitarian crises, to reduce violence and harassment. (Edge Effect, 2021: 15).¹³

All staff and volunteers in WGSS should be female. This should include security personnel unless this would specifically place women and girls and the female security personnel at increased risk.

OSC

Careful consideration should be given to the design and placement of signage for the OSC to ensure that survivors know where to go to access help, yet, at the same time are not going to be identified or stigmatized in the process of navigating their way to, or within, the facility.

Maintaining confidentiality for a survivor is critical. Specific consideration should be given to the layout/floorplan of the OSC so that no one area/room becomes known as or designated as being the 'rape room' which risks compromising a survivor's safety and confidentiality if they are seen exiting or entering from it. Training for the multidisciplinary team to uphold the GBV guiding principles — even non-GBV specialists—is essential to support a survivor-centered approach and to adhere to the Interagency Minimum Standards for Gender Based Violence in Emergencies (GBV AoR, 2019).

Having adequate supplies and materials, separate bathrooms, separate consultation/ physical examination areas are also necessary. Specific guidance and guidelines for clinical management of rape or clinical care for sexual assault survivors have been developed which provide further specific details on these aspects.

Examples include:

- World Health Organization, United Nations Population Fund & United Nations High Commissioner for Refugees. (2020). Clinical management of rape and intimate partner violence survivors: developing protocols for use in humanitarian settings. World Health Organization. <https://apps.who.int/iris/handle/10665/331535>

¹³ Dwyer E. (2021). The Only Way is Up: Monitoring and Encouraging Diverse SOGIESC Inclusion in the Humanitarian and DRR Sectors. (Edge Effect and UN Women Regional Office for Asia and the Pacific, Bangkok). https://www.edgeeffect.org/wp-content/uploads/2021/03/TheOnlyWayIsUp_Web.pdf

WGSS

Provide **safe, ethical, accessible, free, confidential and non-discriminatory services.**

WGSS should provide age disaggregated activities within the safe space so, for example, adolescent girls, older women have their own sessions. It can also be important to have specific sessions for married/unmarried girls and women to support safe participation. It is also important to provide opportunities for safe inter-generational learning, socializing and exchange between women and girls in the WGSS.

OSC

→ IRC, 2020, Clinical Care for Sexual Assault Survivors Guidelines and Multimedia Training Package. <https://iaavg.net/resources/clinical-care-for-sexual-assault-survivors/ccsas-resources>

It is important to integrate OSCs into health systems and structures, even if they are freestanding, so that they are part of wider referral pathways and health budgets.

LIMITATIONS

What are some of the limitations or challenges associated with WGSS/OSCs?

WGSS

WGSS are rarely sufficiently funded to allow them to deliver the full range of activities which limits the potential for impact and transformation.

WGSS need to be carefully oriented in relation to their surroundings. If consideration is not given to this aspect, it can impact the safety of women and girls as well as limit the potential for transformational impact. WGSS need to be widely accessible in terms of both physical space and also in terms of overall availability.

Resource constraints can also affect capacity to adapt WGSS to be more physically accessible to women and girls

OSC

A toolkit for designing One Stop Crisis Centers outlined several limitations of OSCs which included that:

“More space and resources are often required [for OSCs than is available or provided for them]; [...] If administered by the judicial system, [OSCs] may focus too much on prosecution and not [sufficiently] on women’s health and wellbeing.”¹⁴

Further, a medicalized approach which does not address forms of violence that do not require medical attention; often places insufficient emphasis on counselling, peer support, creating space for solidarity and support among women and girls, gender-transformational approaches.¹⁵

14 Bhate-Deosthali P, Pal P, Hogan M. (2020: 12). *Toolkit for Designing One-Stop Crisis Centers for Survivors of Gender Based Violence*. ICRW. https://www.icrw.org/wp-content/uploads/2021/01/ICRW_DRLToolkit_Dec.2020_ENGLISH.pdf

15 Bell E. (2022:2) *One Stop Centers Models, Standard Operating Procedures and Guidance*. GBV AoR Helpdesk https://www.sddirect.org.uk/sites/default/files/2022-07/GBVAOR-1_4.PDF

WGSS

with disabilities, who may have unique mobility and communication barriers to accessing WGSS.

WGSS are generally not available to provide services 24 hours a day for seven days a week but may be able to provide a crisis/emergency line and support safe referral out of hours.

Given WGSS are embedded within communities it can be challenging for survivor confidentiality to be maintained at all times (for example, when staff and volunteers are from the same community or residing within the same community) and so it is vitally important that regular trainings, discussions and reminders on this topic occur in the WGSS so that confidentiality is embedded-into processes and practices.

OSC

The presence of men and boys in a health setting may deter some women and girls from accessing services. This can be for a range of reasons including, but not limited to lack of safety, additional / re-traumatization, fear, risk of honor-based violence if they are in the presence of men who are not related to them.

In a setting such as an OSC where there can be health, police and legal professionals all co-located survivors may have heightened concerns that their needs and wishes may not be respected if they do not want to pursue legal routes.

“Mandatory reporting laws and policies may require health service providers to report if a survivor presents for post-rape care, which may limit access to life saving, timely and confidential health treatment, delay care or force the survivor to pursue legal redress. Health services to survivors should be the first priority and be unconditional to any mandatory reporting policies or procedures. The decision by the survivor to refrain from taking legal action should not have negative repercussions for their access to health services. The needs, wishes and best interest of the survivor should take precedence over any mandatory reporting.”¹⁶

“It is vital that the case management agency [within the OSC] is familiar with specific mandatory reporting requirements, engages in advocacy to eliminate any barriers that would impede survivors’ access to confidential and lifesaving care and works closely with health service providers to ensure minimum services are available.”¹⁷

16 IRC (2018). Types of Mandatory Reporting. <https://gbvresponders.org/wp-content/uploads/2018/12/2-Types-of-Mandatory-Reporting-A.docx>

17 Ibid. (2018). Types of Mandatory Reporting. <https://gbvresponders.org/wp-content/uploads/2018/12/2-Types-of-Mandatory-Reporting-A.docx>

Key texts for further reading

WGSS

Click on the boxes to visit the resource:

International Medical Corps and International Rescue Committee (2019) *Women and Girls Safe Spaces: A toolkit for advancing women's and girls' empowerment in humanitarian settings.*

International Rescue Committee and UNFPA (2017) *Safe Spaces for Women and Girls (SSWG) Standardization and Technical Guidance – How to Set Up a SSWG in practice.*

Stark L, Robinson MV, Seff I, Gillespie A, Colarelli J, Landis D. The Effectiveness of Women and Girls Safe Spaces: A Systematic Review of Evidence to Address Violence Against Women and Girls in Humanitarian Contexts. *Trauma Violence Abuse.* 2022 Oct;23(4):1249-1261. doi: 10.1177/1524838021991306. Epub 2021 Feb 22. PMID: 33612087.

OSC

Click on the boxes to visit the resource:

Bell E. (2022) *One Stop Centers Models, Standard Operating Procedures and Guidance.* GBV AoR Helpdesk).

Bhate-Deosthali P, Pal P, Hogan M. (2020: 12). *Toolkit for Designing One-Stop Crisis Centers for Survivors of Gender Based Violence.* ICRW.

Hattery A, Monterrosa A, Porter E (2020) *Select Gender-Based Violence Literature Reviews: The effectiveness of One-Stop GBV resource centers.* USAID.

Olson R M, García-Moreno C, & Colombini M (2020) 'The implementation and effectiveness of the one stop center model for intimate partner and sexual violence in low-and middle-income countries: a systematic 32 review of barriers and enablers.' *BMJ global health*, 5(3), e001883

UNFPA (2020) *Guidance : GBV One Stop Centers, Somalia*



The GBV AoR Help Desk

The GBV AoR Helpdesk is a unique research and technical advice service which aims to inspire and support humanitarian actors to help prevent, mitigate and respond to violence against women and girls in emergencies. Managed by Social Development Direct, the GBV AoR Helpdesk is staffed by a global roster of senior Gender and GBV Experts who are on standby to help guide frontline humanitarian actors on GBV prevention, risk mitigation and response measures in line with international standards, guidelines and best practice.

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🕒 The Helpdesk is available
09.00 to 17.30 GMT
Monday to Friday

🔒 Our services are **free** and **confidential**.

