GBV AoR HELPDESK

Gender-Based Violence in Emergencies

Annotated Bibliography: Stigma and Gender-Based Violence

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Introduction

Stigma plays a powerful and often overlooked role in shaping the experiences of survivors of gender-based violence (GBV). Defined as "a perceived negative attribute that causes someone to devalue a person or group of people" [1], stigma reflects and reinforces harmful gender norms and attitudes that perpetuate GBV. Stigma manifests in various forms — including social ostracization, victim-blaming, and discrimination — that can compound survivors' trauma and deter reporting and access to care.

This annotated bibliography explores available evidence on how stigma impacts survivors and contributes to the persistence and normalization of GBV in emergency contexts. The first section presents research in terms of "levels", or sites, where GBV-related stigma occurs, from GBV survivors' own internalized stigma, to institutional stigma (particularly in relation to GBV service providers), to societal-level stigma that reflects and reinforces stigmatizing social norms. The bibliography then offers a section on frameworks and models for understanding and measuring stigma and concludes with a section on programmatic guidance on GBV-related stigma-reduction strategies.

The annotations for each section are presented alphabetically by author, with articles representing both theoretical and empirical research globally, and spanning disciplines including health, psychology, and law. Research and practice from humanitarian settings has been prioritized; however, because this evidence is limited, findings from development settings have also been included, especially when relevant to humanitarian action.

Bibliographic sources were identified through online desk-based research that used key words and phrases associated with stigma, GBV, and violence against women and girls (VAWG); these include social stigma, perceived stigma, stigmatization, blame, shame, barriers to care and service provision, institutional and social barriers. The search also included variations of terms on violence (e.g., GBV and VAWG and specific forms of violence, and search terms related to GBV prevention, response, services, support, programs, research, guidance, etc.). The author also mined the bibliography of key texts and searched relevant journals. The resources are limited to English documents and only include publicly available online materials. The search was also time limited. As such, this annotated bibliography should be understood as a starting point rather than an exhaustive review of all available information on this topic.

[1] ICRC (2017). Guidelines on Mental Health and Psychosocial Support. https://shop.icrc.org/guidelines-on-mental-health-and-psychosocial-support-pdf-en.html To access this free resource online, select PDF under type of document followed by the relevant language, the 'add to cart' button will then change to a 'download' button.

Research on Key "Sites" Where GBV-Related Stigma Occurs

Individual Survivors' Internalized Stigma

Kennedy, A. C., & Prock K. A. (2018). "I still feel like I am not normal": A review of the role of stigma and stigmatization among female survivors of child sexual abuse, sexual assault, and intimate partner violence. *Trauma, Violence, & Abuse, 19*(5), 512–527.
https://doi.org/10.1177/1524838016673601
https://www.researchgate.net/publication/309617025

This review synthesizes evidence from the United States on the pervasive impact of stigma among female survivors of various forms of sexual violence, including child sexual abuse, sexual assault, and intimate partner violence (IPV). The authors emphasize that negative social reactions in response to survivors' disclosures can result in internalized stigma by survivors — including self-blame, shame and anticipatory stigma. The review highlights how these internalized beliefs can impact survivors' thoughts, feelings, and behaviors as they recover; their risk of revictimization; and their help-seeking process.

The authors examine how identity factors, including race, class, age, sexual orientation, and immigration status interact with stigma. The results suggest that compounded social disadvantage is associated with greater stigma and stigmatization, such that women from marginalized groups can experience greater societal stigma as well as stigma from formal service providers. The review recommends that formal service providers such as law enforcement and medical personnel be trained on the role of victim-blaming reactions in worsening survivors' self-blame, shame, and psychological outcomes such as post-traumatic stress disorder, so they do not revictimize survivors. This underscores that interventions should address both internalized and institutional stigma.

McCleary-Sills, J., Namy, S., Nyoni, J., Rweyemamu, D., Salvatory, A., & Steven, E. (2015). Stigma, shame and women's limited agency in help-seeking for intimate partner violence. *Global Public Health.*
https://doi.org/10.1080/17441692.2015.1047391
https://www.researchgate.net/publication/279990571

This qualitative study explores how anticipated stigma functions as a major barrier to help-seeking for survivors of IPV in Tanzania. Drawing from interviews with duty bearers and focus groups with men and women, the study reveals numerous sociocultural barriers to help-seeking, including the normalization of IPV; stigma, shame and fear; and lack of trust in existing response systems. For survivors, the social risks of seeking help can be perceived as greater than the risks of remaining in abusive relationships. This evidence underscores the need to reduce barriers to help-seeking by specifically addressing issues of stigma, including by creating more responsive systems for women who do seek help.

Sylaska, K. M., Edwards, K. M. (2014). Disclosure of intimate partner violence to informal social support network members: A review of the literature. *Trauma, Violence, & Abuse, 15*(1), 3–21.
https://pubmed.ncbi.nlm.nih.gov/23887351/
https://www.researchgate.net/publication/252325042

In this literature review, Sylaska and Edwards synthesize research on the disclosure of IPV to informal social support networks, such as friends, family, and peers (i.e. classmates and coworkers). The authors highlight that while survivors often turn to these informal networks first, their experiences are deeply shaped by the responses they receive;

responses which can either support recovery or exacerbate harm. Negative reactions, including victim-blaming, disbelief, minimization, or pressuring the survivor to stay in or leave the relationship, constitute forms of interpersonal stigma that can lead to further trauma, self-blame, and reluctance to seek additional help. In contrast, affirming and non-judgmental responses are associated with improved mental health outcomes and increased likelihood of accessing formal support services. The review emphasizes that interpersonal stigma is not only widespread but significantly influences survivors' sense of safety, coping strategies, and long-term wellbeing. For GBV programming, this underscores the importance of engaging informal support networks through education and community-based interventions to reduce stigmatizing responses and foster more enabling environments for disclosure and healing.

Institutional Stigma in Contexts of Help-Seeking

Crowe, A., Murray, C.E. (2015). Stigma from professional helpers toward survivors of intimate partner violence. *Partner Abuse, 6*(2), 157–179.
https://psycnet.apa.org/record/2015-17896-002
https://www.researchgate.net/publication/275157396

This research demonstrates that survivors of IPV frequently experience stigma from the very professionals who are meant to support them, including mental health practitioners, law enforcement including attorneys and court officials, healthcare providers, professionals in the employment or education systems, parenting-related professionals, and friends and family. Across their combined qualitative interviews and quantitative surveys, participants described feeling dismissed, blamed, or denied services, often most sharply by police and judicial actors. Overall, the research demonstrates that stigmatizing attitudes exist among professionals linked to providing care to survivors, illustrating the need for systemic anti-stigma training for frontline professionals and for ensuring survivor accountability mechanisms in service delivery.

Edwards, M. (2025). Breaking the silence: Ending the stigma around gender-based violence. *Sexuality, Gender & Policy, 8*(1).
https://onlinelibrary.wiley.com/doi/abs/10.1002/sgp2.12119
https://www.researchgate.net/publication/388314795

Drawing from global policy analysis and case studies, this article argues that despite increasing attention to GBV prevention, the stigmatization of survivors remains a barrier to justice, service uptake, and accountability. The piece critiques the failure of many institutions to confront stigma explicitly, often treating it as a peripheral issue rather than a central driver of survivor marginalization. Edwards advocates that ending stigma around GBV is a public health priority. Addressing stigma requires collaboration among diverse stakeholders — including governments, NGOs and CSOs, the media, and men and boys — to challenge cultural norms; empower survivors; educate communities; and strengthen policy and advocacy.

Essue, B. M., Chadambuka, C., Perez-Brumer, A., et al. (2025). Women's experiences of gender-based violence supports through an intersectional lens: a global scoping review. *BMJ Public Health, 3*:e001405.
https://bmjpublichealth.bmj.com/content/bmjph/3/1/e001405.full.pdf

This scoping review examines how stigma manifests in GBV service delivery systems across diverse contexts, with a specific focus on how intersecting identities shape women's experiences of seeking support. Drawing on literature from low-, middle-, and high-income settings, the review documents instances where survivors were judged, disbelieved, or retraumatized by health workers, police, legal actors, and social service providers. The responses often reflect institutionalized biases related to gender, race, class, disability, and migration status, resulting in uneven access to justice and care. The review highlights how even well-intentioned services can inadvertently replicate patterns of exclusion and control. For example, procedural delays, lack of confidentiality, and discriminatory attitudes

may signal to survivors that they are unwelcome or undeserving of support. The authors argue for the need to design GBV services that are responsive and stigma-free, emphasizing cultural sensitivity, staff training, accountability mechanisms, and survivor feedback loops. The authors acknowledge that the "findings from this review offer only a limited glimpse into the experiences of Indigenous women, women residing in the Global South, transwomen and gender nonbinary individuals" and more research is needed to support the needs of these underrepresented groups. Nevertheless, the evidence reinforces the need to institutionalize survivor-centered approaches across all points of care and justice, ensuring that organizational structures do not become new sites of violence or exclusion.

Meer, T. & Combrinck, H. (2015). ***Invisible intersections: Understanding the complex stigmatisation of women with intellectual disabilities in their vulnerability to gender-based violence.***
https://prevention-collaborative.org/wp-content/uploads/2021/08/Meer_2015_Understanding-the-Stigmatisation-of-Women-with-Intellectual-Disabilities-in-Their-Vulnerability-to-GBV.pdf

This report analyzes the complex stigmatization surrounding women with intellectual disabilities in South Africa, highlighting how disability, gender, stigma and cultural myths increase their vulnerability to GBV and significantly impair their access to services and other assistance. The authors document pervasive attitudes that women with intellectual disabilities are "less valuable", and that they cannot consent to sexual activity and/or their accounts are unreliable. Their credibility is frequently questioned by service providers, family members, and law enforcement, leading to profound interpersonal and institutional stigma. The report calls for a shift from individualized responses to systemic advocacy and program design that centers the rights and voices of disabled women. For GBV actors, this means incorporating disability-inclusive stigma mitigation strategies at all levels from service access to legal recourse and recognizing the specific ways in which multiple forms of stigma compound to silence and exclude survivors.

Stigma as a Reflection and Reinforcement of Societal Norms

Barnett, J. P., Maticka-Tyndale, E., Trocaire Kenya. (2016). Stigma as Social Control: Gender-Based Violence Stigma, Life Chances, and Moral Order in Kenya. ***Social Problems, 63*****(3), 447-462.**
https://doi.org/10.1093/socpro/spw012
https://www.jstor.org/stable/44015390

This ethnographic study conducted in Kenya conceptualizes GBV stigma not simply as an individual or interpersonal experience, but as a system of social control that reinforces patriarchal norms and moral hierarchies. The authors argue that stigma operates as a tool through which communities regulate gendered behavior, punish perceived moral transgressions, and maintain dominant power structures. Survivors of GBV, especially those who leave abusive relationships, are perceived as having violated community expectations of female endurance, loyalty, and silence. This perception leads to their marginalization through formal institutions, as well as informal mechanisms like gossip and social exclusion. The authors suggest that stigma works to deter resistance and maintain male dominance by making any visible dissent socially and economically costly. Interventions should therefore be deeply contextualized and include transformative approaches that challenge the underlying moral logics that legitimize stigma in the first place.

Gray, S., Bartels, S. A., Lee, S., & Stuart, H. (2021). A cross-sectional study of community perceptions of stigmatization amongst women affected by UN-peacekeeper perpetrated sexual exploitation and abuse. ***BMC public health, 21*****(2295).**
https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-021-12221-6

This study explores community-level stigma directed at women and girls affected by sexual exploitation and abuse (SEA) perpetrated by UN peacekeepers in eastern Democratic Republic of Congo (DRC). Through a large cross-sectional survey, the authors examine how the degree of exposure to SEA affects community perceptions of a

woman or girl's social status (public stigma) and institutional support from the community (structural stigma). The results demonstrate that women and girls with high exposure levels to UN peacekeeper-perpetrated SEA are at the highest risk of public and structural stigmatization. The authors emphasize that safeguarding mechanisms should include efforts to prevent and address this stigma.

Lawyers and Doctors for Human Rights. (2018). ***Understanding Gender, Gender Based Violence and Stigma in Syrian Communities.***
https://ldhrights.org/en/wp-content/uploads/2018/12/LDHR-Gender-GBV-and-Stigma-Mapping-Report-FINAL.pdf

This mapping report documents how stigma related to gender and GBV is experienced and reproduced within Syrian communities, particularly in contexts of displacement and conflict. Through community consultations and focus group discussions, the study reveals that survivors — particularly women and girls who experience sexual violence — face severe social rejection, loss of marriage prospects, and honor-based violence. This stigma and associated violence are enforced both informally by families and communities, and formally through institutional structures, discriminatory laws and policies, and quality and availability of services. A number of recommendations are put forward for addressing institutional stigma and harmful gender norms to both prevent and improve responses to GBV. These include reviewing and reforming laws which entrench harmful gender norms, inequality, and stigma; addressing gender barriers to access and provision of services to those marginalized by stigma; and assessing the attitudes and practice of those acting in official roles and employed within these institutions. The report also details how humanitarian actors sometimes inadvertently reinforce stigma by failing to contextualize services according to cultural norms or by focusing too narrowly on harm and not sufficiently on resilience or recovery of survivors.

Wachter, K., Murray, S. M., Hall, B. J., Annan, J., Bolton, P., & Bass, J. (2018). Stigma modifies the association between social support and mental health among sexual violence survivors in the Democratic Republic of Congo: Implications for practice. ***Anxiety, stress, and coping, 31*****(4), 459–474.**
https://pmc.ncbi.nlm.nih.gov/articles/PMC9762206/

This research examines how social support, mental health and stigma (both internalized and perceived) interact among women who have experienced sexual violence in the Kivu Provinces of eastern DRC. Findings reveal an interesting dynamic: greater emotional support-seeking was linked to increased symptoms of depression, anxiety, and PTSD, and this relationship varied depending on survivors' levels of felt stigma. In statistical moderation models, stigma significantly influenced the mental health outcomes associated with support-seeking behaviors. Essentially, in high-stigma contexts, reaching out for emotional support, while typically protective, could exacerbate psychological distress, likely due to fears of judgment, social devaluation, or breach of confidentiality. These insights illustrate that stigma at the societal and cultural level can alter the impact of interpersonal networks, turning what could be a buffer against harm into a potential source of additional stress. This highlights the complex role stigma can have, and the need to understand its role to ensure support systems do not inadvertently reinforce stigma and harm.

Frameworks and Tools for Understanding and Measuring Stigma

Individual-Level Stigma

ICRC (2024). ***How Does Stigma Impact Victims/Survivors of Sexual Violence During Armed Conflict*****?** [2]
https://shop.icrc.org/how-does-stigma-impact-victims-survivors-of-sexual-violence-during-armed-conflict-print-en.html

This ICRC report presents a comprehensive overview of the complex ways in which stigma shapes the experiences of

[2] To access this free resource online, select PDF under type of document followed by the relevant language, the 'add to cart' button will then change to a 'download' button.

survivors of sexual violence during armed conflict, drawing on global consultations with survivors of sexual violence and organizations that work with them. The report puts forward five lessons on how stigma impacts survivors, which form the basis of the stigma impact model, starting at the individual level and expanding outwards to the community and structural levels. The lessons demonstrate that stigma is not only a social consequence of violence, but a form of secondary harm that can deepen trauma, perpetuate isolation, and deter help-seeking. The authors propose four areas of focus to reduce stigma against survivors of sexual violence and foster community healing: individual, community, institutional and policy.

International Rescue Committee (2024). ***Felt stigma scale: Practitioner guidance for the GBV case management outcome monitoring toolkit.***
https://gbvresponders.org/wp-content/uploads/2024/10/Y1015-IRC-Training-Packs-Felt-Stigma-Scale_FINAL.pdf

This toolkit enables GBV caseworkers and program managers to track shifts in stigma experiences among survivors engaged in services, particularly within humanitarian and resource-constrained contexts. The guidance offers practical tips on safe, ethical monitoring processes, ensuring informed consent, and interpreting the results to inform programming decisions. The tool helps make visible the emotional and cognitive burdens survivors carry, which are often overlooked in outcome measurement frameworks that focus primarily on safety or service uptake. For GBV practitioners, this stigma scale supports more holistic accountability to survivors by making stigma reduction an explicit program goal and facilitating reflection on how services impact survivors' self-worth, trust, and social belonging. This is a specialized companion document for the broader 2018 case management resource.

International Rescue Committee. (2018). ***Gender-based violence case management: Outcome monitoring toolkit*****.**
https://gbvaor.net/sites/default/files/2019-07/GBV%20Case%20Management%20Outcome%20Monitoring%20Toolkit%20IRC%202018.pdf

Developed by IRC in collaboration with partners in the DRC, Somalia, Kenya, and Jordan, this toolkit shifts the focus from service delivery outputs to measurable outcomes for survivors, specifically the impact of GBV case management on survivors' psychosocial well-being and internalized ("felt") stigma. The toolkit includes two 10-item scales: the Psychosocial Functionality Scale (captures ability to carry out daily tasks) and the Felt Stigma Scale (measures survivor's perceived and internalized stigma). Developed for case managers, the toolkit includes detailed instructions on how to use the respective tools, compile and analyze the results, and use the results for case management. Overall, the toolkit provides a practical, survivor-centered, and data-driven means to assess and act on internalized stigma within emergency response settings.

Murray, C. E., Crowe, A., & Overstreet, N. M. (2018). Sources and components of stigma experienced by survivors of intimate partner violence. ***Journal of interpersonal violence, 33*****(3), 515–536.**
https://doi.org/10.1177/0886260515609565
https://core.ac.uk/download/pdf/345082044.pdf

Building on the theoretical model from 2013, this paper puts forward the Integrated IPV Stigmatization Model based on survey data from 279 survivors of IPV in the United States. Through qualitative analysis of open-ended responses, the authors identify five key sources of stigma—internalized, perpetrator-based, enacted, anticipated, and cultural—and four central components: blame, isolation, loss of status, and negative emotions. Cultural stigma emerged as a critical societal force that legitimizes victim-blaming narratives and contributes to survivors' marginalization. The study reveals that stigma is not only interpersonal (one person stigmatizing another) but also shaped by broader social ideologies and institutional norms that reinforce silence, shame, and social exclusion. For humanitarian actors, this can provide a conceptual model for understanding the sources and components of stigma that manifest in relation to experiences of IPV.

Overstreet, N. M., & Quinn, D. M. (2013). The intimate partner violence stigmatization model and barriers to help seeking. *Basic and Applied Social Psychology, 35*(1), 109–122.
https://doi.org/10.1080/01973533.2012.746599
https://www.researchgate.net/publication/236076255

This conceptual paper introduces the IPV Stigmatization Model, which identifies three interrelated components of stigma — internalized stigma, anticipated stigma, and cultural stigma — and explains how each contributes to survivors' reluctance to seek help.

- **Internalized stigma** refers to the extent to which people internalize negative IPV beliefs. Based on the literature, self-perceptions that are associated with stigma internalization include self-blame, shame, embarrassment, guilt, and low self-esteem.
- **Anticipated stigma** describes the degree to which people fear or expect stigmatization if others know about their experiences. Some of the ways that anticipated stigma impacts victims of IPV include by believing that their friends and family members will not want to help them, by fearing negative outcomes if their abuse experiences were to become known in their workplaces, and by predicting that health care professionals will judge them upon disclosure of their abuse.
- **Cultural stigma** describes societal ideologies that delegitimize people who experience IPV. Cultural attitudes that can contribute to IPV stigmatization include judgment, blaming, minimizing the extent of the problem, and stereotypes about the types of people who are abused.

Overstreet and Quinn argue that internalized stigma (feelings of shame or self-blame), combined with anticipated negative responses from others, creates psychological barriers that reduce survivors' engagement with formal and informal support systems. The paper also explores how broader cultural norms around victim-blaming and gender roles sustain a hostile environment that reinforces these internal dynamics. For GBV actors, this model offers a framework for understanding why survivors may remain silent or disengaged, even in the presence of available services. It underscores the need for survivor-centered care that acknowledges and actively works to counter stigma at the point of disclosure, through compassionate communication, affirmation of dignity, and the design of safe and private service spaces. Programming that does not account for these psychological and interpersonal dimensions of stigma may inadvertently reproduce silence and non-engagement. This resource provides useful theoretical background on the mechanisms of stigma to the subsequent 2018 paper listed above, which expands on how stigma is experienced and enacted.

Societal and Cultural Stigma

Adams, K. et al. (2017). *The principles for global action: Preventing and addressing stigma associated with conflict-related sexual violence.*
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/645636/PSVI_Principles_for_Global_Action.pdf

Developed through global consultation under the UK's Preventing Sexual Violence Initiative, this policy document outlines a set of nine principles for addressing stigma associated with conflict-related sexual violence (CRSV). The principles recognize that stigma is not merely a byproduct of violence, but a deliberate tool of warfare and repression used to isolate, punish, and disempower survivors and their communities. The document underscores the responsibility of governments, humanitarian agencies, and legal systems to lead multi-level stigma prevention efforts, including legal reform, survivor-centered justice, protection of witness identity, and survivor-led advocacy. Importantly, it highlights that stigma is gendered, intersectional, and political, requiring cross-sector coordination and long-term investment in community healing, not just short-term protection.

Perrin, N., Marsh, M., Clough, A. *et al.* (2019). Social norms and beliefs about gender based violence scale: a measure for use with gender based violence prevention programs in low-resource and humanitarian settings. *Conflict and Health, 13*(6).
https://conflictandhealth.biomedcentral.com/articles/10.1186/s13031-019-0189-x

This article presents the development and validation of the *Social Norms and Beliefs about Gender-Based Violence Scale*. Designed to evaluate the impact of GBV prevention programs in low-resource and humanitarian contexts, the scale measures community-level norms that contribute to the tolerance and perpetuation of GBV, including measures of response to sexual violence, protecting family honor over women's safety, and men's disciplinary authority. One of the key contributions of this tool is its ability to identify collective attitudes that normalize violence and stigmatize survivors, thereby enabling practitioners to target specific social norms within prevention programming. The findings from field testing in Somalia and South Sudan confirm that social approval of silence and denial are critical barriers to survivor support and protection. While more research is needed to validate the scale, this tool helps to quantify stigma-related norms by measuring both what people *personally believe* and what they perceive others to *expect*. By quantifying these norms (both personal and perceived) the scale helps identify key stigma dynamics that contribute to sustaining GBV, in turn informing the development of primary prevention interventions that can influence harmful social norms.

Programmatic Guidance for Preventing and Addressing Stigma

Elliott, I., Uwamaliya, P., Tunasi, N., Sharratt, S., Montgomery, R., Kivlahan, C., Busching, L. and Linkola, I. (2023). *Conflict and atrocity related sexual violence stigma toolkit for justice.* Synergy for Justice.
https://sfjtoolkit.cdn.prismic.io/sfjtoolkit/650cbb54-dff7-47ad-80d6-611df39c9804_TOOLKIT_20220905_eBook.pdf

The CARSV (Conflict and Atrocity Related Sexual Violence) Stigma Toolkit for Justice is a justice-oriented, survivor-centered resource designed to guide legal, medical, and psychosocial professionals in addressing the stigma experienced by survivors of CARSV. Developed through extensive survivor consultation, the toolkit emphasizes that justice processes must confront stigma head-on, not merely through prosecuting perpetrators but by repairing harm to survivors' dignity and societal standing. It offers practical tools for courtroom language, witness protection, community engagement, and survivor reparations that actively disrupt the stigma-to-impunity cycle. The toolkit has been designed for use in national, international, and hybrid courts, including national courts in countries remote from the crimes and survivors.

One of its key contributions is its recognition that justice systems themselves can reproduce stigma through invasive questioning, public exposure, or demeaning rhetoric. It provides a roadmap for GBV actors working at the intersection of law, advocacy, and survivor support to support trauma-informed and de-stigmatizing justice pathways. It also has applications for advocacy aimed at systemic reform and survivor participation in truth-telling or transitional justice processes.

GBV AoR. (2019). *Interagency minimum standards for gender-based violence in emergencies programming*. UNFPA.
https://gbvaor.net/sites/default/files/2019-11/19-200%20Minimun%20Standards%20Report%20ENGLISH-Nov%201.FINAL_.pdf

These minimum standards provide a comprehensive operational framework for quality GBV prevention and response in emergency contexts. While not the main focus, stigma recognition is integrated across multiple standards, especially those relating to survivor-centered response (Standard 6), case management (Standard 8), and psychosocial support (Standard 10). The standards underscore that stigma is not only a cultural phenomenon, but

also shaped by how humanitarian services are designed, delivered, and communicated. For example, a lack of confidentiality in service provision, insensitive language use, or staff attitudes can directly reinforce feelings of shame or exclusion among survivors. Crucially, the standards call for capacity-building of frontline workers to identify and mitigate stigma; they also emphasize how referral pathways must protect survivor anonymity and autonomy. For GBV programming, these standards serve as both a baseline measure and a tool for ongoing accountability, helping ensure that programming does not unintentionally reinforce stigma, and instead creates safe, respectful, and inclusive environments that uphold survivor dignity.

IRC. (2018). ***Girl Shine: A program model and resource package for adolescent girls*****.**
https://gbvresponders.org/adolescent-girls/

The *Girl Shine* curriculum is a comprehensive empowerment program designed to build resilience, safety, and wellbeing among adolescent girls in humanitarian settings. It addresses stigma primarily at the individual and interpersonal levels by supporting girls to strengthen self-esteem, body awareness, and critical thinking about gender roles and violence. Through structured sessions and safe spaces, girls are encouraged to process and challenge harmful norms that foster shame and silence around GBV. Caregiver sessions foster more supportive familial environments, reducing the interpersonal stigma survivors may face from close networks. The program also has a community-facing component that subtly challenges societal norms, encouraging more protective and inclusive attitudes toward girls' autonomy and rights. As such, *Girl Shine* functions across multiple levels of the socio-ecological model, gradually shifting attitudes that underpin stigma and deterring victim-blaming.

Raising Voices. (2016). ***SASA! Together: A community mobilization approach to prevent violence against women and HIV*****. Kampala, Uganda.**
https://raisingvoices.org/women/sasa-approach/

SASA! is a well-established community mobilization framework that confronts the drivers of violence and HIV by focusing on power dynamics in relationships and communities. It engages community leaders, women and men, service providers, and institutional actors to shift the normative environments that sustain GBV and related harmful social norms, including stigmatization. Stigma is tackled head-on by transforming public narratives that blame survivors or normalize abuse, fostering instead a collective responsibility for safety and dignity. At the community level, *SASA!* initiates open dialogues that disrupt silence and misinformation, while at the interpersonal level, it encourages healthier relationships free from coercion and judgment. The model indirectly strengthens individual confidence and counters internalized stigma through its participatory and empowering design.

Tearfund. (2017). ***Transforming Masculinities: A manual for training Gender Champions and faith leaders to transform perspectives on masculinity and gender.***
https://learn.tearfund.org/en/resources/series/changing-gender-norms-transforming-masculinities/transforming-masculinities

Transforming Masculinities is a faith-led gender-transformative curriculum designed to engage men and boys in questioning and reconstructing dominant masculinities that fuel GBV. It directly addresses stigma by disrupting cultural narratives that uphold male dominance and devalue survivors' experiences. Using participatory reflection groups and religious leaders as facilitators, the program engages men in critically examining the roles they play in perpetuating silence, shame, or disbelief around violence. It builds individual understanding of healthy, equitable identities and fosters peer accountability, thereby transforming interpersonal dynamics. This includes a *Transforming Masculinities Pledge* which features the line "I commit not to blame victims of SGBV, not to shame or stigmatize them."

UNICEF. (2014). *Communities Care: Transforming lives and preventing violence*.
https://www.unicef.org/documents/communities-care

The *Communities Care: Transforming Lives and Preventing Violence Program* has been developed based on evidence and experience that show that changing collective beliefs and unspoken rules in communities can lead to change in collective practices and behaviors. The program engages local actors to shift harmful social norms related to GBV in fragile and conflict-affected settings. It directly addresses stigma at the societal level by identifying and confronting deeply embedded norms that justify violence and marginalize survivors. The program engages communities in a facilitated process to reflect on these norms and redefine what is acceptable, promoting positive norms instead. At the interpersonal level, it equips individuals to act as allies rather than acting on stigma; for instance, encouraging community discussions to bring "the issue of sexual violence into public discussion rather than allowing it to remain stigmatized and surrounded by shame and secrecy", encouraging champions for change across sectors to "adopt and promote positive norms and behaviors that support, rather than blame and stigmatize, survivors of sexual violence and that hold perpetrators accountable." [3] Through coordinated partnerships, the program influences organizational responses to be more survivor-centered, which also helps to mitigate the impact of stigma. By embedding norm change processes in the fabric of communities, *Communities Care* effectively challenges the social underpinnings of GBV-related stigma across multiple levels.

The GBV AoR Helpdesk

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. Views or opinions expressed in GBV AoR Helpdesk Products do not necessarily reflect those of all members of the GBV AoR, nor of all the experts of SDDirect's Helpdesk roster.

The GBV AoR Helpdesk

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enquiries@gbviehelpdesk.org.uk

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

Our services are free and confidential.

[3] UNICEF (2014). Part 4 Catalysing Change, Section 1 Information and Guidance. Communities Care: Transforming Lives and Preventing Violence. P12.