A Comparative Analysis of Gender-Based Violence Discourses: Insights for Strengthening Policy Implementation

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ABSTRACT

This study conducts a comparative analysis of gender-based violence (GBV) discourses in European and African contexts, with the primary objective of identifying and understanding the socio-cultural barriers that impede effective policy implementation and interventions. Utilising a qualitative comparative design, systematic document analysis was performed on academic literature, policy documents, and reports obtained from reputable sources, including UN Women and the WHO, covering the period from 2013 to 2023. Key themes were identified through inductive-deductive thematic coding, focusing on the challenges posed by patriarchal norms, victim-blaming attitudes, and economic dependence. The results reveal significant disparities in the prevalence and conceptualisation of GBV within the two regions while emphasising the universal underlying factors such as resource scarcity and entrenched social norms. It underscores GBV as a human rights issue, highlighting the necessity for multisectoral cooperation and context-specific strategies. The study concludes with recommendations for enhancing the implementation of GBV policies through long-term investments in education, community engagement, and economic empowerment initiatives. It calls for an intersectional approach to ensure diverse perspectives are included in GBV programming, thus promoting gender equality and addressing the root causes of violence.

Key Words: Gender-based violence, policy implementation, comparative analysis, socio-cultural barriers, gender equality.

Word count: 6,300

INTRODUCTION AND BACKGROUND

Gender-based violence (GBV) is recognised as one of the most pervasive human rights violations globally, severely undermining efforts to promote gender equality and diversity (García-Moreno et al., 2015). Despite the increasing acknowledgment of GBV within policy frameworks, numerous context-specific obstacles continue to complicate the effective translation of these policies into practice. Research indicates that societal norms, entrenched cultural beliefs, and economic disparities act as significant barriers that inhibit the success of interventions against GBV (UN Women, 2020; Flood & Pease, 2009). Moreover, significant gaps exist between legislative measures and their implementation at the community level, which often leads to a failure to protect the most vulnerable populations (Hester & Lilley, 2014).

Defining GBV

The European Institute for Gender Equality (2023) defined GBV as violence that disproportionately affects people of a specific gender or violence that is directed at people based on their gender. Abuse can take many different forms, such as physical, sexual, psychological, and economic violence. The 1993 United Nations Declaration on the Elimination of Violence Against Women expands on this definition by stating that it includes any act of GBV that causes or may cause physical, sexual, or psychological harm to women. This covers coercion, threats, and arbitrary deprivations of freedom that take place in both public and private settings. Although GBV can affect both men and women, its effects on women and girls are disproportionate because of historical and systemic injustices (World Health Organisation (WHO), 2021). Research has indicated that the incidence of violence against women is particularly concerning in some areas, where socioeconomic instability,

cultural norms, and vulnerable positions frequently make the risks worse (Stark and Ager, 2011; UNICEF, 2022). Harmful behaviors like child marriage, intimate partner violence, sexual assault, female genital mutilation, and human trafficking for sex are examples of common manifestations of GBV.

GBV and its Social Dynamics

To effectively address GBV, it is crucial to understand the social dynamics that contribute to and perpetuate this issue. At its core, GBV is sustained by entrenched patriarchal norms, victim-blaming attitudes, and the socio-economic dependencies that many women face. These factors create a culture of silence, making it difficult for victims to report incidents or seek help (Jewkes et al., 2015; Uthman et al., 2009). Perpetrators often exploit these vulnerabilities, further marginalising victims and exacerbating their suffering (Patterson & Nason, 2020). One of the most effective strategies for addressing GBV is the implementation of comprehensive education and awareness campaigns. Research indicates that such initiatives can significantly shift community attitudes, challenge harmful gender norms, and reduce instances of violence (Jewkes et al., 2019). By fostering awareness and encouraging open discussions, these campaigns can help break the silence surrounding GBV and empower individuals to take action. In addition to awareness efforts, economic support programs can also play a crucial role in reducing GBV. Studies have shown that financial independence lowers women's vulnerability to violence, as economic dependence is often a key factor that prevents victims from leaving abusive situations (Peterman et al., 2021; Heise, 2021). By integrating economic empowerment initiatives within broader violence prevention programs, policymakers can enhance women's autonomy and contribute to a decline in GBV incidents. Beyond socio-cultural and economic interventions, legal reforms and policy frameworks are essential in combating GBV. Research by Mastrorillo et al. (2018) highlights the importance of robust legal responses in protecting victims and penalising offenders. Nations with strong legal frameworks tend to experience lower rates of GBV, emphasising the critical role of governance in addressing this issue. A comprehensive approach that integrates legal measures with community-based strategies can strengthen the overall effectiveness of GBV prevention efforts.

Moreover, effective GBV interventions must also consider cultural contexts. Studies by Hossain et al. (2014) reveal that deeply embedded social norms regarding gender roles can hinder responses to GBV. Therefore, employing culturally sensitive strategies that engage local communities in challenging harmful traditions is key to fostering lasting change. Additionally, understanding GBV further requires an intersectional perspective. Crenshaw's (1989) framework highlights how overlapping identities such as race, class, and gender compound vulnerabilities and shape individuals' experiences of violence. Nash (2019) further explores these dynamics, illustrating how marginalised populations face unique barriers to accessing support services. Therefore, addressing these intersecting inequalities is crucial for developing policies that effectively reach all affected groups.

Global prevalence and impact

GBV remains a major global problem affecting people from all social backgrounds and walks of life. It impacts families, communities, and even entire nations, affecting a remarkably large number of people. According to estimates by WHO, (2021), one in three women worldwide has experienced physical or sexual abuse at some point in their lives. There are regional differences in the prevalence of this violence: Europe has the lowest rate at 23%, while Africa, the Middle East, and Southeast Asia have the highest rates, with 35-37% of women reporting being victims of this type of violence (WHO, 2021). WHO also reports that 7% of women worldwide have been sexually abused by someone other than their partner. Furthermore, as noted by Stark and Ager (2011), this percentage can increase significantly in high-conflict environments. In addition, there are still serious problems with child marriage and female genital mutilation (FGM). UNICEF (2022) estimates that 650 million women and girls worldwide marry before the age of 18, and at least 200 million have suffered female genital mutilation. Moreover, the UN Office on Drugs and Crime (UNODC) (2020) highlighted that approximately 72% of human trafficking victims are women and girls, with sexual exploitation being the most common form.

The effects of GBV are wide-ranging and substantial. It can have both immediate and long-term physical effects, including gastrointestinal and gynecological issues, accidents, and chronic pain, according to Campbell (2002). Devries and colleagues (2013) highlight the effects on mental health, pointing out that anxiety, depression,

suicidal thoughts, and post-traumatic stress disorder (PTSD) are common among survivors. Women who experience intimate partner violence are nearly twice as likely to develop alcohol use disorders and twice as likely to develop depression, according to WHO (2021). Research also shows that GBV has very high financial costs. In 2016, violence against women cost the world economy $1.55 trillion, or roughly 2% of GDP, according to UN Women (2016). Legal fees, lost productivity, and rising health and social service costs are some of these expenses. Additionally, Fulu and associates (2017) noted that GBV can affect generations and contribute to the cycle of violence by raising the risk that children who witness or experience violence at home will either become victims themselves or perpetrators of violence. According to UNESCO (2019), early exposure to violence can result in poorer academic performance, delayed cognitive development, and an increased risk of school dropout. Furthermore, due to their fear of violence, women may be unable to negotiate safer sex practices or obtain HIV testing and treatment services (UNAIDS, 2020). Adding to this, WHO (2011) emphasised that there is a connection between GBV during pregnancy and an increased risk of low birth weight babies, premature births, stillbirths, and miscarriages. Women who experience abuse at the hands of their partners are twice as likely to have an abortion, according to WHO (2021). UNESCO (2020) further noted that one of the biggest obstacles to girls' education is GBV, specifically child marriage and sexual violence. According to UNESCO, 132 million girls worldwide drop out of school as a result of GBV.

Despite significant improvements in research, a substantial proportion of GBV cases go unreported due to stigma, fear, and limited access to reporting options. Consequently, the actual prevalence may be higher than the data suggests. The high incidence and serious consequences of GBV demonstrate the urgent need for effective prevention and response strategies. Thus, addressing this problem requires a comprehensive, cross-sectoral approach that supports survivors and tackles the root causes of GBV. Only through global collaboration can we hope to dramatically reduce the incidence of GBV and mitigate its devastating impact on individuals, communities, and society as a whole.

Policy frameworks and implementation challenges

Significant progress has been made in recent decades in creating national and international policy frameworks to combat GBV. Important international agreements include UN Security Council Resolution 1325 on women, peace, and security (2000); the Beijing Platform for Action (1995); the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW, 1979); and the Sustainable Development Goals, particularly SDG 5 on gender equality (2015). Additional regional frameworks for addressing GBV are provided by instruments such as the Istanbul Convention (2011) and the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (Maputo Protocol, 2003). Despite this robust policy framework, implementation remains challenging. Factors hindering effective action include:

- Long-standing beliefs about gender roles and the legitimacy of violence often obstruct effective policy implementation (Jewkes et al., 2015).

- Many countries, particularly in the Global South, lack the resources and manpower needed to properly implement GBV laws (Nainar, 2013).

- According to Htun and Weldon (2012), law enforcement agencies, justice systems, and social services often lack the knowledge and resources to efficiently handle GBV cases.

- Although GBV requires a multisectoral response, inadequate coordination between different sectors, including health, justice, and social services, often impedes progress (García-Moreno et al., 2015).

- The lack of consistent and trustworthy data on GBV complicates the development and implementation of evidence-based policies (Palermo et al., 2014).

Comparative perspectives: Europe and Africa

Although GBV is a global problem, its symptoms, underlying causes, and policy responses vary by region. Both common and context-specific issues can be clarified through comparisons between the European and African contexts. Although widespread in both Europe and Africa, GBV manifests in different forms and elicits different

responses depending on cultural, political, and economic contexts. An estimated 33% of women in the EU have experienced physical or sexual abuse since the age of 15 (European Union Agency for Fundamental Rights, 2014). According to WHO (2021), the lifetime prevalence of intimate partner violence, including physical and sexual abuse, is approximately 36.6% among women who have ever had a romantic relationship in Africa, which is slightly higher than the European average. Furthermore, while intimate partner violence occurs on both continents, some types of GBV are more prevalent in specific regions. For instance, most countries in southern Africa, where reports of sexual violence are particularly common, are described as the "rape capital of the world" (Machisa et al., 2011).

Other areas where these two regions differ pertain to their legal and policy frameworks. In European countries, the Council of Europe adopted the Istanbul Convention, which established a comprehensive legal framework to combat violence against women throughout Europe. As described by Niemi et al. (2020), this convention has significantly contributed to unifying legal positions on GBV across the continent. In contrast, the Maputo Protocol, which addresses various forms of GBV, was ratified by the African Union. However, as noted by Equality Now (2020), the implementation of these policies varies between the two continents, with many African countries still lacking comprehensive laws against GBV. Moreover, community perspectives on GBV also differ significantly across both regions. Gracia and Merlo (2016) reported an increase in reporting rates and public outcry in Europe, indicating growing intolerance towards GBV. Furthermore, gender equality movements in European countries have made significant strides in challenging the patriarchal norms that perpetuate GBV (Flood & Pease, 2009). Conversely, Uthman et al. (2009) pointed out that efforts to prevent GBV in Africa are severely hindered by the persistence of traditional gender norms and beliefs that justify the abuse of women, particularly in many African nations.

Additionally, the economic climate in both continents greatly influences the dynamics of GBV. According to the World Bank (2019), extreme poverty rates in Africa are significantly higher than those in Europe, rendering more African women vulnerable to violence. Heise and Kotsadam (2015) found that women's economic dependence on men is greater in many African countries, making it more difficult for them to escape abusive relationships. Furthermore, the economic climate also affects health systems differently across these continents. Garcia-Moreno et al. (2015) argued that health systems in European countries are considerably better equipped to respond to GBV-related issues through routine screening and referral processes. In contrast, Joyner and Mash (2012) noted that health systems in many African countries are often overstretched and underfunded, which hampers their ability to effectively address GBV-related challenges.

Another significant difference can be observed among Civil Society Organisations (CSOs) in these two regions. According to McWilliams and Doyle (2017), victims of GBV in European countries typically receive support from a well-established network of women's organisations and shelters, which often exert considerable influence on politics and advocacy. Although grassroots women's organisations are widespread across Africa, these groups frequently face substantial capacity and financial constraints that limit their influence (Nabaneh & Muula, 2019). Therefore, it is evident that combating GBV poses significant challenges for both Europe and Africa, with clear differences in underlying causes, specific manifestations, and means of response. These variations not only present opportunities for cross-continental collaboration and education in the global fight against GBV but also underscore the need for context-specific strategies to address this issue effectively.

Theoretical Framework

This study utilises a combined theoretical framework that integrates elements of Gendered Power Relations and Intersectionality Theory to explore the multifaceted nature of GBV in both European and African contexts. This synthesis facilitates a nuanced understanding of how power dynamics and intersecting social identities shape the prevalence and manifestation of GBV, offering directions for more effective intervention strategies. Rooted in feminist theories, the Gendered Power Relations framework emphasises the impact of societal structures and patriarchal norms on women's oppression (Connell, 2005). It elucidates how entrenched power dynamics maintain GBV by perpetuating notions of masculinity that confer entitlement and control to men over women (Eagly & Wood, 1999). In both European and African societies, these dynamics underpin the acceptability of various forms of GBV, including physical, psychological, and sexual violence. By analysing GBV through this lens, the study reveals the systemic nature of violence against women, drawing attention to how cultural norms

dictate and reinforce male dominance and female subordination. Complementing this perspective, Intersectionality Theory provides a crucial framework for understanding the diverse and multifactorial experiences of women facing GBV. As articulated by Crenshaw (1989), this theory posits that social identities such as race, gender, and socio-economic status intersect to create distinct layers of discrimination and oppression. This lens is particularly pertinent when examining GBV, as it recognises that women's experiences are not monolithic but shaped by various overlapping identities and societal contexts. In both European and African settings, the intersection of cultural, racial, and socio-economic factors leads to significant variations in how GBV is perceived and experienced (Hankivsky, 2014).

Therefore, the integration of these two theories provides a comprehensive framework for analysing GBV that acknowledges both the power dynamics that facilitate violence and the complexity of individual experiences. While the Gendered Power Relations framework sheds light on how societal norms validate and perpetuate male violence, an intersectional perspective critically examines how these norms affect women differently based on their unique identities. For example, a woman from a minority ethnic background may distinctly experience GBV compared to her white counterpart, as the former navigate additional layers of marginalisation. Furthermore, societal expectations related to gender roles can manifest differently across various cultural landscapes in Europe and Africa, influencing the normalisation of violence. Thus, this combined framework aids in understanding the systemic roots of GBV while recognising the varied experiences of those who suffer from it.

Despite extensive research on GBV in these two continents, significant gaps remain in our understanding of how GBV issues are prevalent and managed. The absence of rigorous comparative studies that examine GBV in diverse cultural and regional contexts, the lack of longitudinal studies assessing the long-term effects and sustainability of interventions, the need for research operationalising intersectional approaches to GBV prevention and response, as well as the lack of knowledge regarding strategies to change societal norms that perpetuate GBV, are among these gaps. Through a comparative analysis of GBV discourses in the European and African contexts, this study aims to fill some of these voids by identifying potential solutions and barriers to policy implementation. By creating more effective prevention and response plans tailored to various scenarios, this study also seeks to promote a nuanced, context-specific understanding of GBV.

METHODOLOGY

This study employed a qualitative comparative design and utilises systematic document analysis to compare conceptualisations of GBV in European and African contexts.

Data collection

A systematic search of academic databases, including PubMed, JSTOR, and Google Scholar, was conducted using keywords related to GBV, such as "gender-based violence," "domestic violence," and "intimate partner violence," in combination with regional terms like "Europe," "European Union," "Africa," and "Sub-Saharan Africa." To ensure the data was current, the search was limited to publications from 2013 to 2023. In addition to scientific literature, policy documents, reports, and grey literature from relevant international organisations, such as UN Women, WHO, the African Union, and the European Union, were included in the analysis.

Inclusion and inclusion criteria

The publications were evaluated for inclusion using title and abstract analysis. The inclusion criteria were:

- Articles that focus on GBV in either a European or African context

- Articles that discuss policy frameworks, implementation challenges, or intervention models

- Articles published in English

The exclusion criteria were:

- Studies that focus exclusively on prevalence data without discussing policy or practice

- Studies that concentrate heavily on specific populations and are not transferable to a broader context

Data analysis

The full texts of the included documents underwent inductive-deductive thematic coding. Based on the research objective and existing literature, an initial coding framework was developed, which was then refined and expanded throughout the coding process to capture emerging themes. Particular attention was paid to:

- Socio-cultural influences that hinder the impact of policies

- Proposed models to overcome barriers to practice

- Similarities and differences in the conceptualisation of GBV

Ethical considerations

No formal ethical approval was required for this study, as it only utilised publicly available documents without involving human subjects. Nevertheless, the researcher adhered to the moral guidelines for research integrity, which include proper attribution and avoidance of plagiarism.

RESULTS

The results of this study provide a comprehensive overview of the key issues, varying perspectives, socio-cultural barriers, and proposed models related to addressing GBV within the research context. The findings encompass a range of important considerations, from the common frameworks and approaches that have emerged as best practices to the more complex and sometimes conflicting factors that impact efforts to prevent and respond to GBV. The identified common themes, including the importance of a human rights foundation, cross-sector collaboration, prevention-focused strategies, survivor-centered care, and recognition of the diverse manifestations of GBV, highlight the growing consensus on key principles for effective programming. In contrast, the varied challenges such as resource scarcity, tensions between formal and traditional justice systems, the intersection with HIV/AIDS, and innovative technology-based solutions underscore the complexity of the issue.

Most importantly, the analysis discusses the deep-rooted socio-cultural barriers that continue to impede progress, including victim-blaming attitudes, economic dependence, religious and cultural beliefs, and patriarchal norms. In addition to emphasising service delivery and legal reform, these findings highlight the urgent need to address underlying social and gender dynamics. Ultimately, the research suggests a range of contextualised strategies to overcome these barriers, including media campaigns, integrated health interventions, compulsory education, economic empowerment initiatives, community mobilisation efforts, and comprehensive sex education programs. These promising practices offer a roadmap for comprehensive, multi-stakeholder approaches to preventing and responding to GBV.

(a) Shared themes

Human rights framework

In both African and European discourses, GBV is consistently presented as a human rights issue, grounded in international agreements such as the Istanbul Convention and the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW). European discussions often emphasise the rights of individuals and the obligations of states to protect those rights (Niemi et al., 2020). Conversely, African discourses tend to stress individual rights while also incorporating collective rights and community responsibilities (Banda, 2016).

Multi-sectoral approach

Both regions recognise the necessity of collaboration among the social, health, and justice sectors to deliver coordinated responses to GBV. In Europe, this collaboration is often formalised through national action plans and inter-agency protocols (Hester & Lilley, 2014). In African contexts, there is a strong emphasis on integrating formal systems with traditional structures, highlighting the importance of traditional healers and community leaders in holistic responses to GBV (Kombaté, 2022).

Focus on prevention

The significance of primary prevention is increasing in both regions, particularly through awareness-raising and education initiatives. European strategies frequently emphasise school-based programs and media campaigns (Fulu & Kerr-Wilson, 2015), while African initiatives often involve religious leaders in prevention efforts and community discussions (Abramsky et al., 2014).

Survivor-centered approaches

Both regions stress the importance of centering interventions on survivors. This includes providing comprehensive support services, safeguarding privacy, and allowing individuals to make their own decisions. In Europe, this typically results in legal advice and specialised support services (Corradi & Stöckl, 2016), whereas, in African contexts, economic empowerment programs and community-based support systems are more common (Horn et al., 2015).

Acknowledgment of multiple forms of GBV

Both discourses agree that GBV manifests in numerous forms beyond physical violence, including psychological, sexual, and economic abuse. There is an increasing focus on new types of violence, such as cyber violence and reproductive coercion (European Institute for Gender Equality, 2023; Oyediran et al., 2021).

 (b) Divergent themes

Resource constraints

Although resource scarcity is a concern in both regions, it is emphasised to a greater extent in African discourses as a justification for the non-implementation of policies. This is often evident in discussions regarding the state of infrastructure, the shortage of skilled workers, and the lack of funding for gender-specific services (Nainar, 2013). While resource scarcity is acknowledged, European discourses tend to place greater emphasis on allocation and efficiency rather than on scarcity alone (Strid et al., 2013).

Traditional practices

The negative consequences of traditional practices are highlighted more frequently in African literature. To this end, it is essential to examine in-depth issues such as female genital mutilation, widow inheritance, and child marriage (Shell-Duncan et al., 2018). According to Brandon and Hafez (2015), while honor violence and forced marriage are discussed in the European contexts of some communities, they often do not receive the attention they warrant.

Legal pluralism

The coexistence of formal and customary legal systems is a significant issue in African contexts. This situation often complicates the response to GBV, particularly in rural areas where traditional justice systems are more accessible but less aligned with international human rights standards (Ndulo, 2011). In European discourses, legal pluralism is primarily discussed concerning immigrant communities, with formal legal systems being given a central role (Korteweg, 2017).

Technology-based solutions

The utilisation of technology to prevent and combat GBV is becoming increasingly important in European discourses. This encompasses topics such as online reporting platforms, smartphone apps for safety planning, and social media awareness campaigns (Bacchus et al., 2016). In contrast, in African contexts, "technology" typically refers to issues such as cybercrime and the digital divide, rather than as a primary solution (Mwenda et al., 2022).

Intersection with HIV/AIDS

Durevall and Lindskog (2015) assert that African discourses often emphasise the link between GBV and HIV/AIDS, recognising that violence is both a risk factor for HIV transmission and a consequence of disclosing one's HIV status. Despite this acknowledgment, this intersection does not play a significant role in discussions about GBV in Europe.

Socio-cultural barriers to policy implementation

Patriarchal norms and attitudes

The implementation of GBV policies in both regions is obstructed by widespread patriarchal norms. According to Gracia and Merlo (2016), in Europe, this often manifests in subtle discriminatory acts and resistance to initiatives promoting gender equality. Ahikire and Mwiine (2015) suggest that this can result in more overt male dominance in African contexts, which is often tolerated by authorities. In both areas, the challenge lies in effectively addressing these norms without harming local communities.

Victim-blaming mentalities

In both regions, the prevailing victim-blaming mentality poses a significant obstacle. According to Bows and Westmarland (2017), in Europe, this is often exemplified by a persistent desire to understand why victims of abuse do not leave abusive relationships or to scrutinise their actions before experiencing sexual abuse. Uthman et al. (2015) noted that women's roles in maintaining family honor in African cultures present similar challenges. These perspectives discourage individuals from seeking help.

Lack of trust in formal systems

Both regions face the issue of survivors' distrust in legal and support systems. According to the European Union Agency for Fundamental Rights (2014), this distrust often stems from feelings of disbelief or concerns regarding child custody in Europe. In African contexts, fears of social exclusion or a lack of knowledge regarding formal systems are reported as contributors to this distrust (Chimaraoke & Undie, 2018).

Economic dependency

In both regions, women's financial dependence on male family members or partners is viewed as a significant barrier to leaving abusive relationships and achieving justice. According to Walby (2018), this dependence is often related to pay inequalities and work interruptions due to caregiving responsibilities in Europe. In contrast, in African contexts, concerns about property rights and access to resources may be even more fundamental (Dunkle et al., 2020).

Social stigma

A persistent challenge in both regions is the fear of social disapproval associated with discussing or reporting GBV. In Europe, concerns regarding privacy and social reputation often contribute to this fear (García-Moreno et al., 2015). In African settings, individuals may be concerned about embarrassing their family or community (Palermo et al., 2014).

Religion and cultural beliefs

Certain cultural and religious beliefs hinder the implementation of gender-sensitive policies in both regions. In Europe, this is often associated with conservative religious perspectives on gender roles and family structures (Leye et al. (2014). This could be related to opinions about the importance of corporal punishment or the sanctity of marriage in African societies (Mugoya et al. (2015).

Limited public awareness and understanding

The general lack of awareness and understanding of GBV is a problem in both areas. These include inadequate awareness of the services available, misconceptions about what constitutes GBV and what does not, and a lack of understanding of the long-term consequences of violence (European Institute for Gender Equality, 2023; Jewkes et al. 2015).

A comparative analysis of GBV Violence in Africa and Europe across different dimensions

Dimension	Africa	Europe
Prevalence	High prevalence of GBV particularly in rural communities	Low prevalence compared to Africa, however, 1 in 3 women experience GBV
Prevention	Limited prevention programs, many initiatives primarily focus on response rather than taking proactive measures.	More comprehensive prevention strategies, e.g. through educational programs and community initiatives
Policies	Do exist but are often poorly implemented. Frameworks like the Kampala convention aim to address GBV-related issues.	Very strong frameworks and policies do exist e.g. the Istanbul Convention which is there to provide prevention approaches.
Availability of resources	Resources are scarce, especially in rural areas. However, some NGOs are there to provide these resources.	Resources are generally better and are being provided for by the government and EU funding which support various initiatives
Barriers to prevention	A number of them e.g., cultural stigma, lack of awareness, inadequate legal protection, etc.	These include underreporting due to stigma and fear of not being believed, but generally less severe than in Africa
Sociocultural Factors	Entrenched in patriarchal norms and cultural practices which greatly contribute to GBV	Even though patriarchal norms do exist, there is a greater gender equality and awareness of GBV issues.
Economic Factors	Economic dependence on men by women worsens vulnerability to GBV, poverty is also another significant factor.	Women are more economically independent, but economic crises still impact GBV rates
Legal Frameworks	Legal frameworks are generally weak and they often fail to protect victims, enforcement of the law is quite inconsistent.	Legal protection and enforcement mechanisms are quite stronger, though implementation challenges do exist
Health services	Limited access to health services for GBV survivors; stigma often prevents seeking help	Better access to health services which include some specialised support for survivors of GBV

Education	Low educational attainment especially in rural communities correlates well to GBV rates, educational programs are quite limited.	High educational attainment correlates well with low rates of GBV, there are more educational initiatives
Technology and Social Media	Limited use of technology for reporting and support; social media sometimes worsens issues	Increasing use of technology for awareness and reporting; social media campaigns are common

(d) Suggested models to overcome barriers

Potentially identified models include,

Community-based interventions involving local leaders

These models recognise the importance of working within established social structures to effect change. This often requires the involvement of traditional and religious leaders as advocates against GBV in African contexts (Abramsky et al., 2014). For example, Uganda's SASA program challenges gender and power norms through collaboration with community leaders (Kyegombe et al., 2014). In the European context, this could involve partnering with regional sports teams, community organisations, and influencers to advance gender equality and nonviolence (Flood, 2015).

Economic empowerment programs related to GBV prevention

These strategies address the financial dependency that often keeps women in abusive relationships. In African contexts, Village Savings and Loan Associations (VSLAs) have shown promising results in reducing intimate partner violence when combined with gender education (Gibbs et al., 2020). In Europe, initiatives such as the Daphne III Project train women entrepreneurs in microfinance and GBV (European Commission, 2018).

Comprehensive sexuality education in schools

By promoting gender equality and healthy relationships from an early age, these models aim to address the root causes of GBV. Many European countries are now incorporating lessons on consent and healthy relationships into their national curricula (Sundaram & Sauntson, 2016). In Africa, a program called "Stepping Stones" has been modified for young people to combine HIV prevention with GBV awareness (Jewkes et al., 2008).

Law enforcement and judicial training programs

These models aim to improve the responses of formal systems to GBV. Police officers in Europe receive specialised training on intimate partner violence through programs such as the INASC project (Fagerlund & Kääriäinen, 2018). Specialised units are being established within police stations in African contexts to carefully handle cases of GBV through programs such as the Kenyan "Policare" initiative (Kilonzo et al., 2013). In Zimbabwe, every police station has a unit called the Victim Friendly Unit (VFU).

Media campaigns to challenge social norms

The mass media employs these strategies to reach a wide audience and challenge unfavorable norms. The Ring the Bell (Bell Bajao) campaign encourages bystanders to intervene in cases of domestic violence. Many African nations have adopted this campaign since it was first introduced in India (Chakraborty et al., 2018). In Europe, sexual assault and harassment have been prominent topics of discussion due to the MeToo movement and other campaigns (Zarkov & Davis, 2018).

Programs for Male Engagement

The importance of engaging men and boys in preventing GBV is recognised through these strategies. Promundo's "Program H" and similar initiatives have been adapted for use in both European and African contexts to promote

gender-equitable attitudes among young men (Barker et al., 2019). Additionally, "The One Man Can Campaign" in South Africa encourages men to confront harmful masculinities (Dworkin et al., 2013).

Technology-Based Interventions

While these models are more prevalent in the European context, they are also gaining traction in Africa. For example, smartphone apps such as Bright Sky, available in the UK, facilitate reporting and planning for enhanced security (Vodafone Foundation, 2021). Initiatives in Africa, like the "USSD GBV Reporting Platform" in Nigeria, enable anonymous reporting through low-cost mobile phones (Meek & Uwajeh, 2022).

Programs for bystander intervention

These strategies aim to promote a sense of shared responsibility for ending GBV. American programs such as Green Dot, which teaches bystander intervention techniques, are being introduced in Europe (Coker et al., 2016). Bystander elements are also incorporated into community-based programs such as South Africa's Zero Tolerance Village Alliance (Nicholson & Carty, 2015).

Trauma-informed care models

The goal of these approaches is to acknowledge the impact of trauma while providing survivor-centered, compassionate care. All programs that support women should integrate trauma-informed practices, as recommended by the European network Women Against Violence Europe (WAVE, 2021). In Kenya, the Coalition on Violence Against Women (COVAW) has developed trauma-informed counseling models tailored to the unique cultural contexts of African environments (Muthengi et al., 2016).

Restorative justice approaches

Restorative justice models are being explored in specific circumstances, although cases of GBV are controversial. In situations involving domestic violence, countries such as the Netherlands are cautiously testing restorative justice methods (Lünnemann & Wolthuis, 2015). In contexts such as northern Uganda, these tactics often integrate formal justice systems with traditional reconciliation practices (Baines, 2007).

Intersectional approaches

The different impacts of GBV on different groups are taken into account in these models. The European Network Against Racism (ENAR) and other organisations advocate for approaches that take into account the intersection between gender, race, religion, and immigration status in Europe (ENAR, 2019). The particular vulnerability of LGBTQ+ people to GBV in the African context is being addressed by initiatives such as South Africa's "We Are Here" movement (Matebeni & Msibi, 2015).

By integrating multiple contextualised strategies, the model illustrated below demonstrates a thorough and cyclical approach to preventing and combating GBV. The model underlines the value of cooperation in various sectors, such as health, social services, and justice, and takes into account the complexity and different cultural frameworks found in both African and European contexts. The model fundamentally promotes an approach that focuses on survivors, ensuring that survivors' needs and opinions influence the interventions carried out. Each component of the model, from programs to strengthen the economy to community participation, supports and flows into the others, showing how closely these tactics are interlinked. This model attempts to address the fundamental causes of GBV while promoting lasting change in communities by implementing an integrated strategy that combines awareness-raising, education, and data-based practices. The cyclical character symbolises the constant commitment required to question and change social norms to ultimately create a safer and more equitable environment for all.
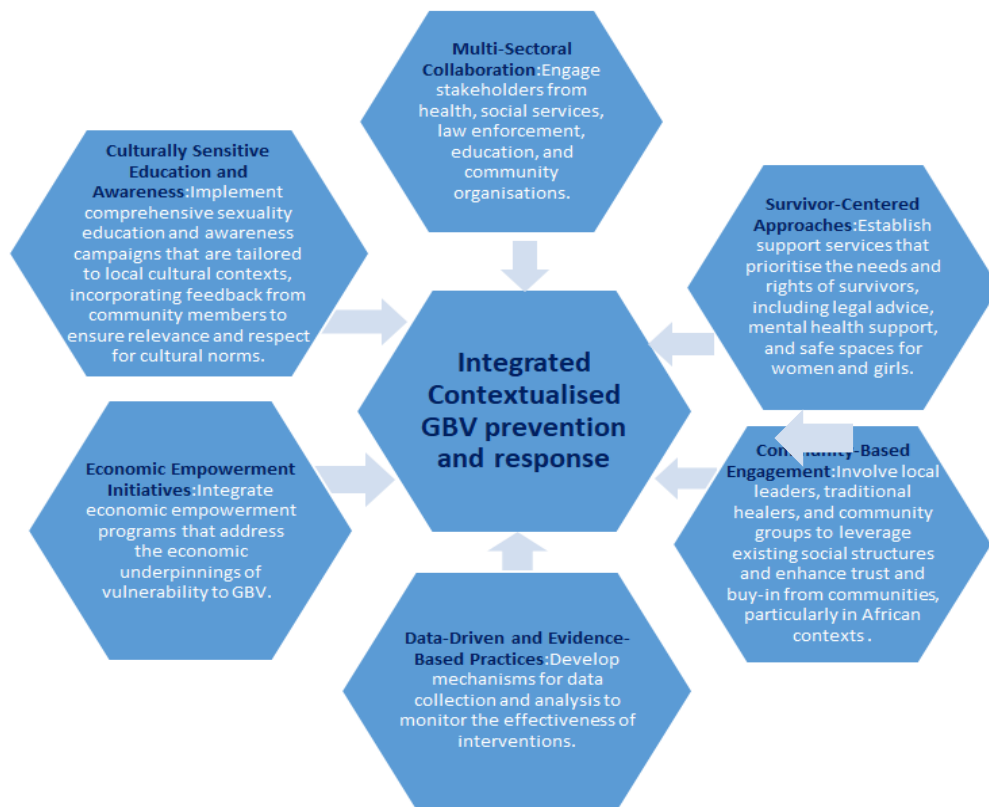
Fig 1. Integrated contextualised GBV prevention and response model

DISCUSSIONS OF FINDINGS

From the findings above, it is evident that when discussing GBV in European and African contexts, distinct challenges and issues arise in each region. In both cases, GBV is framed as a human rights issue, emphasising its global significance and the commitment to its elimination. This shared framework is aligned with international best practices for preventing and responding to GBV and reflects the increasing acknowledgment that GBV is a complex problem requiring coordinated responses (García-Moreno et al., 2015). Additionally, the differences between African and European discourses underscore the necessity for context-specific approaches to GBV. While European strategies could benefit from enhanced resources and established institutional frameworks, African strategies often showcase innovative community-based solutions and their integration with other developmental priorities, such as HIV prevention (Durevall & Lindskog, 2015). The significance of addressing harmful traditional practices in African contexts is evident in the growing body of literature that emphasises the importance of operating within cultural frameworks to foster sustainable change. This highlights the need for culturally sensitive methods that consider regional customs and beliefs (Shell-Duncan et al., 2018).

Long-term and consistent efforts are required to change social norms and attitudes, as well as the need for sustainable funding sources and the effective utilisation of available resources for gender-equitable programs (Cislaghi & Heise, 2020). Resource limitations and entrenched social norms continue to present universal challenges (Nainar, 2013). Furthermore, findings indicate that in both regions, the focus on education and awareness reflects a growing commitment to primary prevention, shifting from merely reactive approaches to more proactive strategies aimed at preventing violence before it occurs (Ellsberg et al., 2015). The results also suggest several implications for improving the implementation of GBV policies. Although global frameworks offer useful guidance, effective execution demands careful local contextualisation and adaptation. Sustainable change also requires long-term investments in altering deeply entrenched attitudes and beliefs surrounding gender and violence. Despite the contextual differences, there are opportunities for cross-regional learning, particularly in areas like economic empowerment strategies and community engagement. Enhancing sustainability and effectiveness may be feasible by linking GBV prevention efforts to other developmental objectives. Additionally, ongoing funding is vital to enhance the capabilities of groups and individuals, including social workers, law enforcement personnel, and medical professionals, in preventing and responding to GBV.

Consequently, an intersectional approach that considers the diverse experiences and vulnerabilities of various groups is critical for addressing the causes of GBV and ensuring equal access to services and support.

RECOMMENDATIONS

To enhance the implementation of the GBV policy, a set of recommendations has been developed based on the key conclusions outlined above. The first and foremost step in any intervention is contextualisation. This involves carefully adapting global best practices to local circumstances while considering cultural norms, existing structures, and resource availability. The societal norms that perpetuate GBV must be gradually addressed through media campaigns, community engagement programs, and comprehensive sexuality education. Additionally, improving cross-sector coordination and enhancing the capacity of organisations and individuals to prevent and respond to GBV are crucial investments. Another essential recommendation is to recognise the relationship between economic dependence and vulnerability to violence, incorporating economic empowerment initiatives into GBV prevention strategies. It is also important to establish data systems that facilitate cross-regional learning, assess intervention outcomes, adopt intersectional perspectives, and enable evidence-based policymaking. Moreover, engaging men and boys as partners in the prevention of GBV and the promotion of gender equality is vital in this endeavor. Furthermore, long-term funding sources for GBV prevention and response must be created, potentially by exploring innovative funding solutions. Ultimately, the global goal of eradicating violence against women and girls while promoting gender equality can be realised through the implementation of these recommendations by practitioners and policymakers in both African and European contexts.

ACKNOWLEDGMENTS

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