

CARE's Commitment to Ending Gender-Based Violence



Gender-based violence (GBV) is one of the most widespread but least recognized human rights abuses in the world, and is at the heart of women's and girls' marginalization. Globally, one out of three women will be beaten, coerced into sex or otherwise abused in her lifetime.¹ Survivors face long-term physical and social problems.

The likelihood is high that survivors develop subsequent mental health symptoms, and are stigmatized and often rejected by their partners, families and communities. The World Health Organization recognizes that if violence against women is not addressed, many of the Millennium Development Goal targets will be compromised.²

CARE in Action

Preventing and responding to GBV is an integral part of CARE's commitment to promoting gender equality and ending poverty. In 2010, CARE implemented GBV programming in 33 countries in Asia, Africa, Eastern Europe, the Middle East, Latin America and the Caribbean. CARE's work draws on 16 years of experience addressing GBV, and spans from conflicts and natural disasters to stable development settings. Over 80 percent of CARE's GBV projects are integrated into other programmatic sectors, such as education, health and economic development.

Gender-based violence (GBV) refers to any harm perpetrated against a person's will on the basis of gender—the socially ascribed differences between males and females. It is based on an unequal power between men, women, boys and girls. Women and girls are often the targets because of social norms and beliefs that perpetuate their second-class social status.

GBV includes physical, sexual and psychological abuse of women and girls in the home, community and in schools; trafficking; traditional practices such as female genital cutting, forced marriage, and honor crimes; and widespread sexual violence and exploitation during and after conflicts and natural disasters.

CARE's Strategy for Ending GBV

To address the complex and multiple causes of GBV, CARE works simultaneously with individuals, couples and families, communities and societies through a combination of prevention and response strategies. Across these strategies, CARE works with partners at all levels, connecting with and participating in civil society movements. The following five strategies are commonly used in CARE's programming:

- 1) Influence change in community norms:** CARE seeks to change behavior by challenging the social norms that help perpetuate acts of violence. Our efforts include working with men and boys as champions of change, and facilitating debates to challenge gender norms and renegotiate more equitable relationships.
- 2) Support community-based protection:** CARE establishes or strengthens existing mechanisms and strategies to keep women and children safe from GBV in their communities, such as community action plans that organize watch groups and safe houses.
- 3) Empower women and girls:** CARE supports activities, such as economic development, education, leadership and life skills training, that increase women's and girls' agency and help reduce their vulnerability to violence.
- 4) Advocate for change in public policies:** CARE conducts advocacy at all levels to ensure creation, revision, or improved implementation of anti-GBV laws or related policies. In 2010, our efforts contributed to the passage of domestic violence legislation in Uganda, Bangladesh, and El Salvador.
- 5) Improve delivery of services for GBV survivors:** CARE works with local partners to provide comprehensive services to GBV survivors, including medical care, psychosocial and legal support, and socioeconomic reintegration. CARE is careful not to single out survivors and thus stigmatize them, but to provide services integrated into broader community support systems. In Zambia, CARE operates "one-stop" centers in health facilities that have supported over 7,000 survivors with coordinated support services. In emergency responses, CARE prioritizes the Minimum Initial Service Package (MISP) for reproductive health. The MISP includes prevention and response to sexual violence.

Research & Tools

CARE's research advances understanding of the complex causes and consequences of GBV, what strategies work to reduce violence and how this information can be used to improve programming. CARE has developed innovative tools to help staff and communities understand and clarify their own values in relation to gender societal norms that influence violence. Our Inner Spaces Outer Faces Initiative (ISOFI) and Social Analyses and Action toolkits use participatory methods to address underlying, often subconscious, beliefs and biases related to gender inequity and sexuality to build capacity of staff and communities to challenge negative social norms.

CARE's GBV Technical Capacity

Like all CARE programs, CARE's GBV projects are planned and managed locally. In addition, CARE's gender experts provide technical support on program quality and capacity building to staff in countries where we work. Project managers and gender advisors share information and lessons learned through global gender- and GBV-themed working groups, the community website Gender Wiki and the CARE Gender Toolkit, an online resource with over 100 tools for gender analysis.

The Path Ahead

There is increasing attention being paid to GBV globally and the international community has better understanding than ever before about what works to address the problem. CARE and partners have made great strides in addressing GBV, but much more work is needed to engage individuals, communities and institutions in preventing violence. Everyone has a role to play.

A Story of Change in Burundi

"Last year, CARE organized discussions with groups of men and women separately. The discussion focused on the sharing of the decision making within the household, and was facilitated by a man of my generation. He related his life story, a story that perfectly resembled my own, except that he had changed his behavior and was now making decisions together with his wife. His history touched me very deeply... I realized that my violent actions towards my wife were useless and did not make her respect me or my position as a man. That was the moment when I realized that I was a victim of ignorance based on stereotypes and lies, and I decided to change my behavior. Currently there are 12 men in my community who are telling their stories before others, and whose wives also testify that their husbands have in fact changed for the better. Together we are committed to lead this struggle, especially for the transformation of our community, the ceasing of harmful customary practices that are based on injustice and not valuing others."

– Male community member in Burundi



Defending dignity.
Fighting poverty.

Headquarters

CARE USA

151 Ellis Street
Atlanta, GA 30303
T) 404-681-2552
F) 404-589-2650

For more information,
please contact the Gender
and Empowerment Unit:
genderandempowerment@care.org

End Notes

¹ World Health Organization, Multi-country Study on Women's Health and Domestic Violence against Women, 2005.

² World Health Organization, Addressing Violence against Women and Achieving the Millennium Development Goals, 2005.