



# A global leader in the fight to end Gender-Based Violence

CARE believes every person has the right to a life free from violence. We put gender equality and the safety and dignity of women and girls at the center of what we do. Gender-based violence (GBV) is a global problem of epidemic proportions that demands committed action and sustained resources.

## CARE'S APPROACH TO ADDRESSING GBV

For over two decades, CARE has been addressing the root causes driving GBV and supporting survivors. CARE's Vision 2030 Strategy for a shared future puts forward a goal that 50 million women and girls in all their diversity and experience greater gender equality—including eliminating GBV, and increasing women and girls' voice, leadership and education. CARE will accomplish this in part by addressing multiple forms of GBV, including:

- Intimate partner violence
- Sexual violence, harassment, exploitation and abuse
- Child, early, and forced marriage (CEFM) and other harmful traditional practices
- Gender norms, toxic masculinities, homophobia and transphobia
- Economic exploitation and exclusion of women and girls



**1 in 3 women** in the world experiences sexual or physical violence—usually by her intimate partner—in her lifetime.



**GBV causes some countries to lose up to 4% of their GDP** because violence pushes women out of the workforce and girls out of school.



**GBV often leads to more violence: about 50% of girls and boys who grow up in violent households experience or perpetrate violence themselves later in life.**



**38%** of murders of women in the world are committed by their intimate partners.

CARE's GBV projects have:

Increased the proportion of people who reject intimate partner violence by 1/3 (from 42% to 73%), enabling 1.7 million people to live a life free of violence in 21 countries.

Reduced the proportion of women experiencing intimate partner violence by 16.4% (from 32.7% to 16.3%), enabling 174,680 fewer women to experience IPV in 10 countries

Reduced the proportion of women experiencing sexual violence from non-partners by 7.7% (from 47.3% to 39.6%), enabling 28,738 fewer women to experience sexual violence in 6 countries.

GBV has devastating outcomes, including but not limited to: homicide, suicide, lifelong disability, mental illness, substance abuse, sexual and reproductive consequences, poverty, social exclusion, and impacts on children. It is used to prevent people, particularly young women, from making choices about their bodies, health, education, work, and lives.

The COVID-19 crisis has worsened GBV across the world. Lockdowns and stay-at-home measures are increasing conflict due to the loss of employment and income, food insecurity, and illness; keeping women at home with abusers and keeping girls out of school; disrupting access to police, healthcare and shelter; breaking down family and community support structures; and increasing child marriage and trafficking.



**COVID-19 will disrupt efforts to end child marriage, potentially adding 13 million child marriages that could have been averted to the 700 million women alive today who were married as children.**



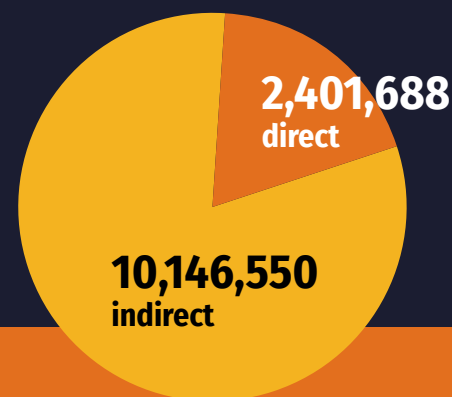
**For every 3 months of COVID-19 lockdowns, an additional 15 million cases of GBV are expected.**

When emergencies hit, women and girls often come last. Access to lifesaving care and support is unpredictable, vulnerability to violence is higher, and systems that protect women and girls, including family and community structures, may weaken or break down. Critical services including security, health, and courts are disrupted or reduced as resources are diverted to respond to the emergency. Crises also often lead to increased child, early and forced marriage; trafficking, sexual exploitation, abuse, and violence.

Additionally workplace violence and harassment is widespread; no country and no industry is immune. Poor and marginalized women are often engaged in precarious jobs where they are particularly exposed to abuse and exploitation with little access to protection, and where they depend on their pay to survive and support their families.



**In 2020, CARE reached over 12.5 million people with GBV information and services, over 2.4 million of those directly.**



## Our holistic approach to addressing GBV includes:



### PREVENTION

We work with women, men, adolescents and youth, girls, boys, communities and local organizations to re-envision harmful gender norms and attitudes that perpetuate GBV, and promote healthy, equitable and non-violent relationships.



### RISK MITIGATION

CARE works to ensure that our [projects take steps to reduce the risk of GBV and establish appropriate systems to respond](#) if cases are brought forward. This means being deliberate about reducing risks, raising awareness, and responding to survivors no matter what the program, whether it's food security, water, education, or health. CARE aims to ensure that women and girls are safe, respected and valued.



### RESPONSE

CARE provides services to GBV survivors directly and through partners: first-line support (empathetic counseling, safety planning and referrals), health care (clinical management of rape and sexual and reproductive health and rights (SRHR), legal support, psycho-social support, economic opportunities, and referral system strengthening.



### ADVOCACY

We work to develop and strengthen the passage and implementation of policies, laws and systems that prevent GBV and uphold survivors' rights.

# Promoting gender equality is not just what we do, it's who we are.

Addressing gender and GBV is not just a technical approach, it is woven into our overall identity and way of working. From design, to implementation, to evaluation of our programs, CARE creates feedback loops to hold ourselves accountable. Our [Rapid Gender Analysis tool](#) and other more in-depth tools systematically identify key issues contributing to gender inequality and poor development outcomes. All of CARE's programs are assessed against our widely-used [Gender Marker tool](#), which scores projects on a gender continuum from harmful to transformative.

CARE prioritizes the leadership of women and girls, for example in our [#SheLeadsInCrisis](#) campaign on the climate emergency, and [Women's Leadership in Emergencies](#) programming. CARE strategically engages key groups to achieve positive and lasting change throughout entire communities, and to enhance women and girls' participation in decision-making. These groups include women and girls, men and boys, youth, LGBTQI stakeholders, people with disabilities, women-led and women's rights organizations, and traditional and religious leaders. A major focus of CARE's GBV advocacy around the world is supporting the leadership and meaningful participation of women and girls in influencing GBV-related policies and decision-making at local, national, and global levels.

## IN 2020, CARE IMPLEMENTED

**92 GBV PROJECTS IN 34 COUNTRIES**

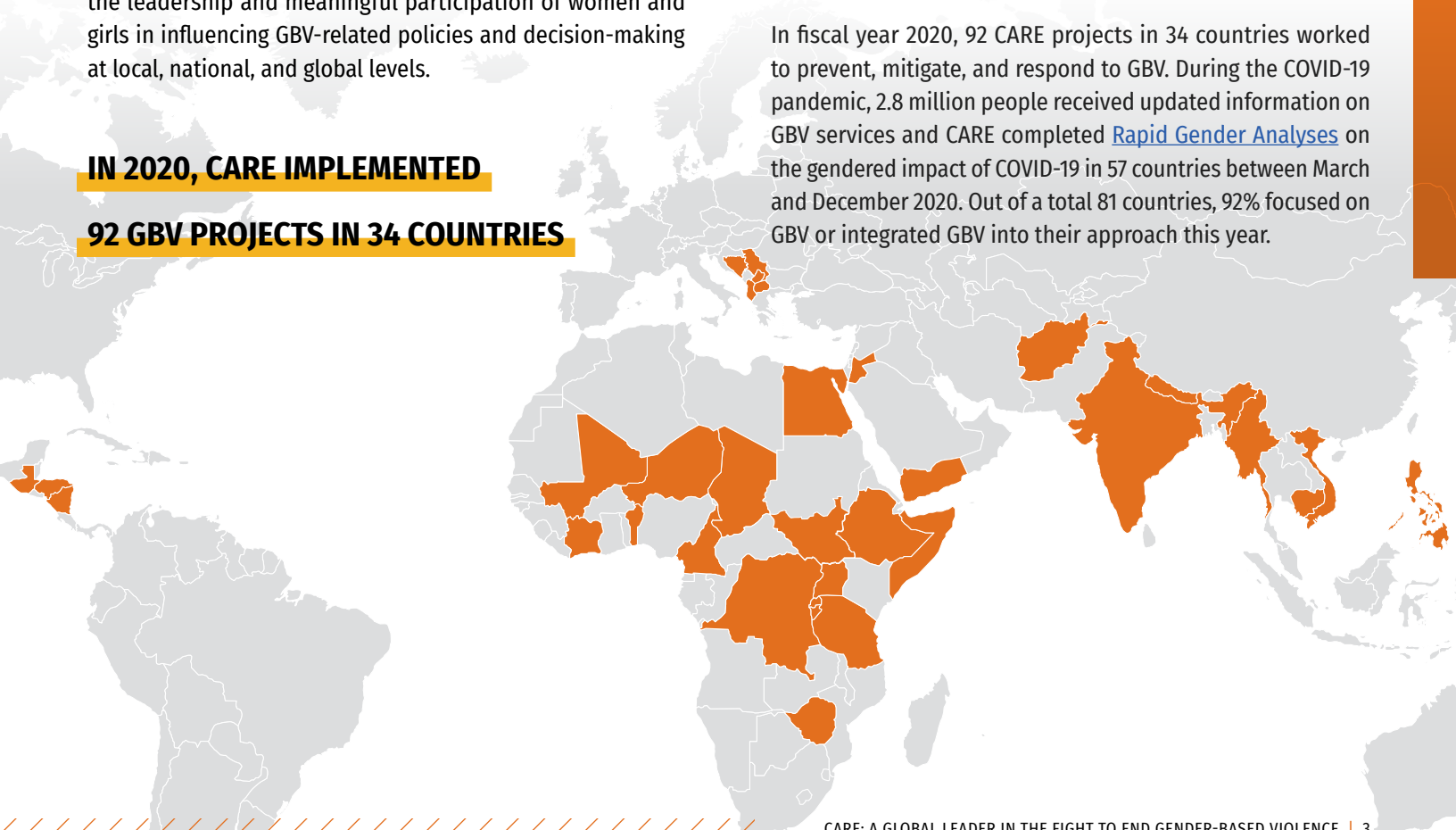


*Odalis, 13, picks coffee beans in Honduras.*

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CARE [partners with, and strengthens the voice of women's organizations and activists to influence policy discussions in important fora such as the UN Security Council](#), humanitarian donor conferences and national and sub-national platforms.

In fiscal year 2020, 92 CARE projects in 34 countries worked to prevent, mitigate, and respond to GBV. During the COVID-19 pandemic, 2.8 million people received updated information on GBV services and CARE completed [Rapid Gender Analyses](#) on the gendered impact of COVID-19 in 57 countries between March and December 2020. Out of a total 81 countries, 92% focused on GBV or integrated GBV into their approach this year.





## HIGHLIGHTS OF CARE'S GBV PROGRAMMING

### Preventing Intimate Partner Violence: The Indashyikirwa Project

**1,680** people reached



**420** Community Champions trained

**55%** reduction in physical and sexual IPV reported by women



From 2014-2018, CARE partnered with the Rwandan Men's Resource Center and the Rwanda Women's Network to implement the **Indashyikirwa Project, which reduced rates of IPV by 55% amongst women.** Indashyikirwa, funded by the UK Department for International Development with \$5,164,490 USD, is one of the few programs globally to date to demonstrate such a large impact in reducing sexual IPV. The project combined CARE's village savings and loans associations (VSLA) approach with couples' workshops designed to shift harmful norms that perpetuate violence against women.

The couples' workshops reached 1,680 people, and 420 participants were further trained to become community champions who facilitated an adapted version of the popular [SASA! intervention](#), which included community activism, dialogues, dramas, and home visits to diffuse conflict and promote non-violent relationships. Indashyikirwa also engaged community and opinion leaders to promote change at the family and community levels, and created safe spaces to support women



*Erik and Olive received couples' training on positive power relations, Rwanda.*

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*Denise and Emmanuelle, Indashyikirwa participants, Rwanda.*

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and men who wanted to report IPV, educate women about their rights, and refer or accompany individuals who wished to report abuse or seek services.

Indashyikirwa was part of the [What Works to Prevent Violence Against Women and Girls Program](#), and was rigorously evaluated through a randomized controlled trial (RCT), conducted by the London School for Hygiene and Tropical Medicine. The RCT included 3,153 men and women, and compared groups that received CARE's VSLA program alone with those who received VSLAs plus Indashyikirwa couples' workshops, community activism, and women's safe spaces. The RCT found that those who participated in Indashyikirwa compared to those who only participated in VSLAs reported:

- **A 55% reduction in physical and sexual IPV, reported by women;**
- **Improved relationship quality, better communication, greater trust, improved conflict management, and reductions in the number of reasons to justify wife-beating;**
- **Improvements in self-rated health status and reduced symptoms of depression;**
- **Reduced endorsement and frequency of physical discipline or corporal punishment of children;**
- **Increased household income and significantly reduced hunger.**

Building on the success of the program, CARE country offices in the Great Lakes Region joined forces to adapt the Indashyikirwa model for scale up, developing the POWER model. CARE is currently mobilizing resources to implement the POWER model in new settings.

**"Instead of consulting me, he made all the decisions alone. Today we sit together and make decisions, talk and share feelings. Honestly, we have changed so much."**

—Female Indashyikirwa Participant, Rwanda

## Reducing Child, Early and Forced Marriage: The Tipping Point Initiative



Phase 1 reached **25,000** girls, boys, mothers, fathers, and community members in Bangladesh; and **36,579** in Nepal

[Tipping Point](#), funded by the Kendeda Fund with \$21 million USD, is a 10-year initiative (2013-2023) to address the root causes of CEFM through participatory and reflective group workshops with girls, boys, parents and community leaders. The project promotes girl-led activism and the rights of adolescent girls through community-level programming and evidence generation in South Asia, West Africa, and the Middle East, and multi-level advocacy and cross-learning efforts across the globe. Tipping Point centers girls' voices and experiences when challenging social expectations and repressive norms, promoting girl-driven movement-building and activism.

Phase 1 of Tipping Point (2013-2017) reached 25,000 girls, boys, mothers, fathers, and community members in Bangladesh; and 36,579 in Nepal. An evaluation of Phase 1 found changes in girls' agency and their relationships, and a shift in norms and institutions towards gender equity:

- **Girls gained psychosocial and negotiation skills, practical knowledge of SRHR, social capital, and increased confidence;**
- **Parent-adolescent relationships improved**, and parents were less concerned with family honor. Boys grew into better brothers for their sisters and started to think critically about their place in a family;
- **Girls' mobility and visibility increased significantly alongside acceptance of their voice and participation.** Dowry was considered less acceptable among participants, and it became a point of pride for girls to speak out against dowry.

**"I won't marry before 18. I am planning to get involved with income-generating activities and then I will get married"**

—Adolescent girl\* Tipping Point participant, Bangladesh.

*\*Name withheld for privacy*

During [Phase 2](#) (2018-2020) Tipping Point is projected to reach 48,000 people. The results of Phase 2 in both countries will be rigorously evaluated by Emory University and the International Centre for Diarrhoeal Disease Research, Bangladesh. [Phase 3](#) (2020-2023) is underway, supporting and working with local and global movements that seek to expand the voices, choices agency and rights of adolescent girls.

## Integrating GBV and Health in a Humanitarian Emergency & COVID-19: Cox's Bazaar

**9,321** women reached with psychosocial support



**3,619** women have received life skills training



**119,480** individuals, both male and female, have received GBV services and information

**"We feel peace in this place, like we can be in a peaceful place where we are writing, smiling, learning."**

—Woman\* in a Women and Girls' Safe Space, Cox's Bazaar, Bangladesh. *\*Name withheld for privacy*

When nearly one million Rohingya refugees fled into Bangladesh in 2017, CARE's initial [Rapid Gender Analysis](#) documented extreme sexual violence, physical assault, and mutilation, with rape used as a weapon in the conflict. In Cox's Bazaar, women and girls are at the heart of conflict and fragility as part of the largest stateless population in the world. Since 2017, CARE has implemented GBV prevention and response interventions that leverage health services as entry points to offer SRHR services such as family planning and integrated care for GBV survivors. Current funders as of October 2020 include UNICEF, UNFPA, The German Ministry of Foreign Affairs, Aktion Deutschland Hilft (ADH), GlaxoSmithKline (GSK), Australia's Department of Foreign Affairs and Trade (DFAT), and the Novo Foundation, for a total of \$10,144,916 USD.



Adolescent girl in a Rohingya refugee camp, Cox's Bazaar, Bangladesh.  
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**“Sexual harassment has a negative impact not only on survivors, but also on the work environment for everyone. I strongly support laws & policies to prevent violence and sexual harassment in the workplace.”**

—Cho\*, 33, a female factory worker in Myanmar and Chairwoman of the factory's labor union.

*\*Name changed for privacy*

## GBV Advocacy: ILO Convention on Violence and Harassment in the World of Work and support to women's organizations

**These new standards will enable millions of women around the world to access stronger protections against sexual harassment and abuse, encourage governments and employers to take action to prevent workplace violence and harassment, and hold perpetrators to account**



CARE provides GBV survivors health services at four health posts in Cox's Bazaar; GBV case management at 12 women and girls' safe spaces (WGSS); awareness raising, SRHR, and GBV services through 14 community outreach teams; and basic health services at mobile outreach spots.

CARE provides integrated SRHR and GBV services both to refugee communities in camps and host communities in Cox's Bazaar. In the first three years, the WGSS have reached:

- 9,321 women with psychosocial support;
- 3,619 women with life skills training;
- 3,000 clients with referrals for SRHR services;
- 119,480 women and men with GBV services and information;
- 70,000 people through mobile outreach services.

The [effects of COVID-19](#) further constrain women's mobility, autonomy, and decision-making power in Cox's Bazaar. In 2020, a second [Rapid Gender Analysis](#) of the impact of COVID-19 showed that a quarter of healthcare workers reported fewer women visiting health facilities, and 43% have heard of a pregnant woman or mother dying in the last week. Some community members are blaming women's "dishonorable" behaviour as the cause of the virus, resulting in a backlash against women's rights, more behaviour policing, mobility restrictions, and GBV.

CARE played a key role in the 2019 adoption of the [International Labour Organisation \(ILO\) Convention 190 on Eliminating Violence and Harassment in the World of Work](#), the first legally-binding international treaty focused on violence and harassment in the workplace. This landmark agreement followed years of campaigning by trade unions, women's organizations, and international NGOs, including CARE. These new standards will enable millions of women around the world to access stronger protections against sexual harassment and abuse, encourage governments and employers to take action to prevent workplace violence and harassment, and hold perpetrators to account.

CARE led a multi-year global campaign [#ThisIsNotWorking](#), inspired by worker's movements in Asia and Latin America and and the global [#MeToo](#) movement. **CARE helped coordinate advocacy efforts in 24 countries, mobilizing more than 200,000 people around the world to take action.**

CARE's Recent Flagship Gender Publications:

- [She Told Us So: Filling the Data Gap to Build Back Equal](#)
- [Girl-Driven Change: Meeting the Needs of Adolescent Girls During COVID-19 and Beyond](#)
- [Where are the women? The conspicuous absence of women in COVID-19 response teams and plans, and why we need them](#)