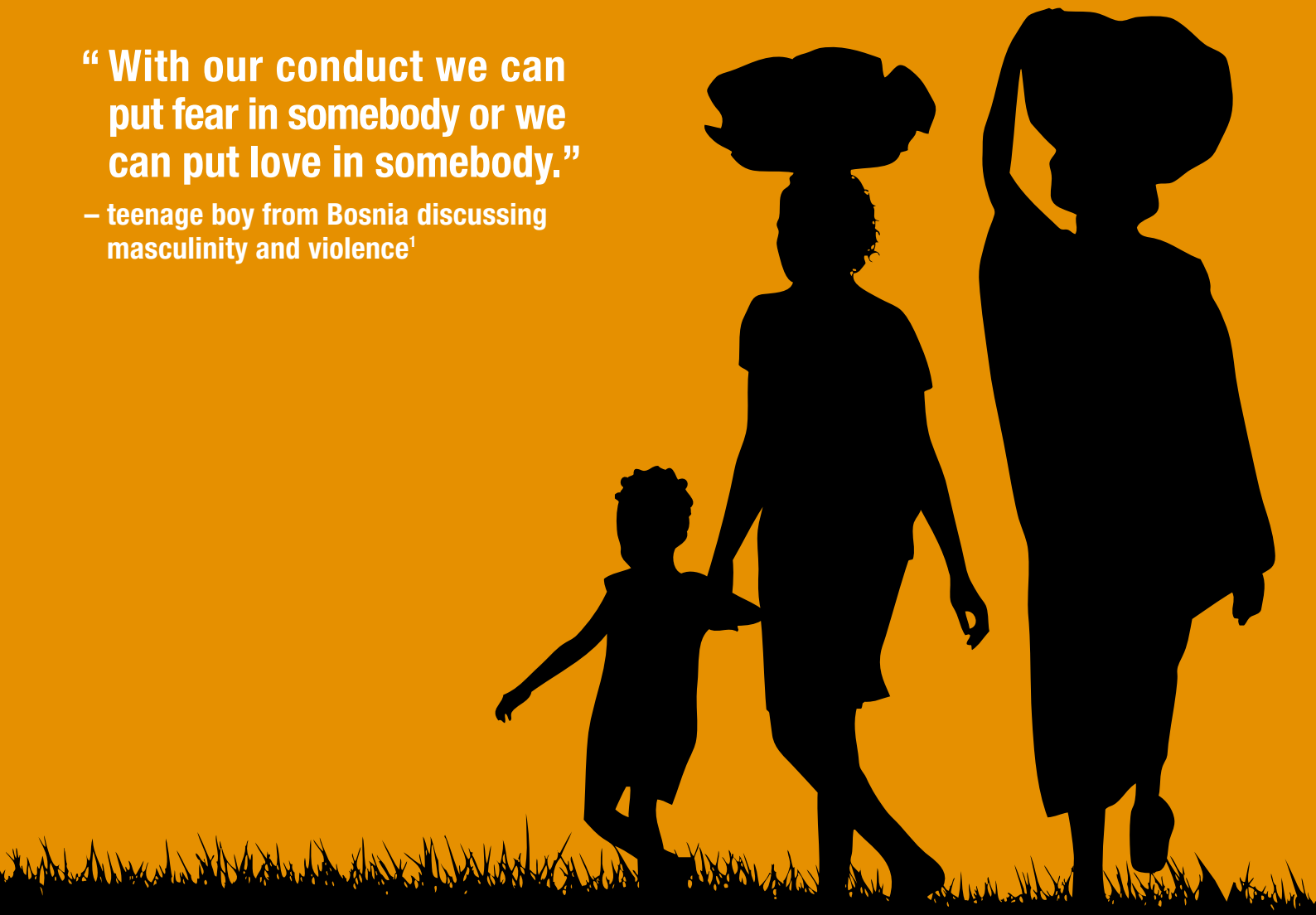
Issue Brief
March 2013

GENDER-BASED VIOLENCE

"With our conduct we can put fear in somebody or we can put love in somebody."

– teenage boy from Bosnia discussing masculinity and violence[1]



care®

Gender-based violence is one of the most widespread – but least recognised – human rights abuses in the world. Globally, one in three women will be raped, beaten, coerced into sex or otherwise abused in her lifetime.

THIS CAN – AND MUST – CHANGE.

We know what is at the root of the problem. In development contexts and in emergencies, in the global north and in the global south, from domestic violence to rape as a weapon of war, gender-based violence (GBV) is rooted in gender discrimination and inequality.

We have also learned effective ways to respond. For almost two decades CARE has been implementing programmes to address the needs of survivors of violence while also targeting the underlying causes of gender-based violence. One-quarter of all CARE's programmes worldwide, from education to health to emergencies, have a strategy to help address and prevent GBV. Along with allies and partners, we have developed ways to do this: transforming unequal gender power relations within households and communities; working with whole communities to shift social norms that subordinate females and condone violence as a means to control women and girls; engaging men and boys in the solution; and, at national, regional and international levels, supporting governments to develop and implement policies, legislation and commitments to end violence against women. We need to work together to bring this to scale and take decisive actions to ensure that women and girls around the world can live and thrive safely and free of violence.

contents

GENDER-BASED VIOLENCE GLOBALLY

"It has been almost three years now, but there has not been even one day, when I have not been haunted by what happened. Insecurity, vulnerability, fear, anger, helplessness – I fight these constantly."

– Sohaila Abdulali, 1983[2]

Gender-based violence is defined as harm done to another, against that person's will, based on gender: in other words, violence sanctioned by social norms about appropriate behaviours, characteristics and roles of women and of men.[3] GBV includes sexual violence and also physical or psychological abuse when it has a basis in socially defined norms and beliefs about gender. Rape, forced prostitution, trafficking, child sexual abuse, sexual exploitation and harassment are all forms of sexual violence. GBV also includes domestic violence and cultural practices such as female genital cutting, forced marriage and honour crimes.

The oft-cited *"one in three women"* figure came originally from a 1999 Johns Hopkins University study.[4] While it is difficult to put precise numbers on GBV, evidence shows that GBV is endemic in every population in the world. Country level estimates of women affected range from 71 per cent in a study in Ethiopia to three per cent in a study from Indonesia.[5] A recent study by UN Women reveals that as many as seven in 10 women in the world report having experienced physical and/or sexual violence at some point in their lifetime.

© 2006 AMI VITALE / CARE

SEXUAL VIOLENCE IN INDIA

At the close of 2012, demonstrations erupted across India in response to a particularly brutal gang rape in New Delhi. Newspapers began carrying stories of rape cases which previously received little if any coverage. Another gang rape was reported in Delhi three days after the demonstrations began. Two days later, a minor girl from a Dalit family in Punjab who had survived a gang rape six weeks earlier committed suicide following an apathetic police response and harassment from the high caste families of the accused. The extent of sexual violence became impossible for Indians to ignore. According to the National Crime Records Bureau* there were 24,206 rapes across India in 2011. That's someone raped every 22 minutes. Even that shockingly high figure must be placed in context of findings from India's 2005–2006 National Family Health Survey** that almost nine out of 10 women who had experienced sexual violence never sought help or even told anyone about it.

*National Crime Records Bureau (2011) Crime in India 2011, Government of India Ministry of Home Affairs

**International Institute for Population Sciences (IPS) and Macro International (2007). National Family Health Survey (NFHS-3) 2005-2006, India: Key Findings. Mumbai: IIPS

Gender-based violence happens in every country. It happens in homes, workplaces, communities and in schools. It cuts across distinctions of age, sex, religion, class and caste.

Although there are connections between poverty and GBV, this is far from an exclusive problem of the developing world. The 10 countries with the highest per capita rate of sexual assaults recorded by police in 2011 were: New Zealand, Belgium, Iceland, Norway, Finland, Israel and Ireland along with Lesotho, Chile and Mongolia.[7] A 2010 national survey in the United States[8] calculated that 1.3 million people had been raped in the previous 12 months. Every *minute* in the U.S. produced *24* victims of rape, physical violence or stalking by an intimate partner.

Prevalence rates alone don't communicate the global impact of this epidemic of violence. According to the World Bank, GBV accounts for as much death and ill-health in women aged 15–44 years as cancer. It is a greater cause of ill-health than malaria and traffic accidents combined.[9] Various studies have calculated the annual financial costs of GBV to national economies. Most of the comprehensive studies have been done in countries of the global north: A$8.1 billion in Australia;[10] £23 billion in the United Kingdom; between US$8.3 billion[11] and US$12.6 billion[12] in the United States. The World Health Organization has recognised that, if we fail to address violence against women, many of the targets of the Millennium Development Goals will be compromised.[13]

CASE STUDY

COSTS OF VIOLENCE IN BANGLADESH

CARE's Costs of Violence Against Women (COVAW) project in Bangladesh enlisted a prominent Bangladeshi economist to carry out a study of national costs of domestic violence. The study calculated that costs to the economy of Bangladesh were equal to 2.2 percent of national gross domestic product (GDP) in 2010 or the equivalent of 12.7 percent of the total expenditure budget of the government for that year*.

The COVAW project, in addition to producing one of the relatively few comprehensive national costs of violence studies in a developing country, was unusual in other ways. National costs were calculated from top-down data (institutional data on expenditures from government and non-governmental organisations (NGOs)) and also from the bottom up through household surveys with survivors of violence and families of survivors. In addition to using findings from the study in national-level advocacy, the household survey was the entry point for implementation of an intensive three-year, community-level GBV prevention programme. The project engaged communities in dialogue about economic and social costs of violence as a fulcrum for shifting community norms around gender and as an entry point for other anti-violence interventions

*Siddique, Dr. Kaniz (2011) Domestic Violence Against Women: Cost to the Nation. CARE Bangladesh

ROOT CAUSES

"What are you saying – that being violent is something we inherit? Isn't it something that we develop?"

– Teenage boy from Montenegro discussing masculinity and violence[14]

Although men and boys sometimes are the target of sexual and gender-based violence as well, by overwhelming percentages this is a human rights violation that men and boys commit against women and girls. The 2010 study of sexual and intimate partner violence in the United States cited earlier[15] found that one in five women would be raped in their lifetime and the equivalent figure for men was one in 71. One in four women would experience severe physical violence inflicted by an intimate partner as compared to one in seven men. Women were also more likely to have experienced multiple forms of violence and suffered more serious effects from it.

Women and girls continue to be the main targets of gender-based violence because, throughout the world, social norms perpetuate second-class status for women and place restraints on their social power. At the same time, men and boys are encouraged to exercise power in society and to be prepared to use violent means as necessary. These disempowering gender norms support and reinforce other power inequalities. In many parts of the world, for example, the social expectation that men should be the primary wage-earners for their families leads male children to be given preferential access to education. Girls, lacking education, then have fewer options for generating income and this reinforces the social norm: girls can't earn the way boys can so why invest scarce resources in their education? The circle is closed; the cycle repeats.

In the development context, GBV is entangled, as both cause and consequence, with poverty and inequality. Threats, harassment, actual violence or fear of violence in collusion with gender-specific notions of honour and virtue constrain women's and girls' mobility. This limits their livelihood opportunities, ability to access education and health services and to participate in political processes. GBV has enormous economic costs at *both the personal and social levels* in terms of costs to health services, police and legal services, and costs related to decreased productivity and lost workforce time due to illness; all this has great impact on family income and food security. Eradicating poverty requires addressing the same power inequalities between women and men, girls and boys that underpin gender-based violence. Ending GBV is an imperative for the achievement of gender equality, human rights, peace and security, global development and the Millennium Development Goals. International agreements, treaties and commitments have been put in place to address GBV, particularly: the Beijing Declaration and Platform for Action; the Programme of Action at the International Conference on Population and Development; the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) and its Optional Protocol; as well as commitments and resolutions of the United Nations General Assembly and the Security Council. National legislation and policies have also been developed in recent years. But there are still many countries where GBV is not considered a crime, and many of the existing frameworks are not being implemented. When governments fail to develop and implement national, regional and international legislation to combat GBV, violence continues and its root causes, such as gender inequalities, are reaffirmed and even strengthened. ■

STRATEGIES

"The name 'Abatangamuco' literally means 'those who shine light', and men involved in the organisation see themselves as individuals who have realised the errors of their old ways, have 'seen the light' in terms of how they ought to live, and wish to spread this knowledge and outlook to as many others as possible."

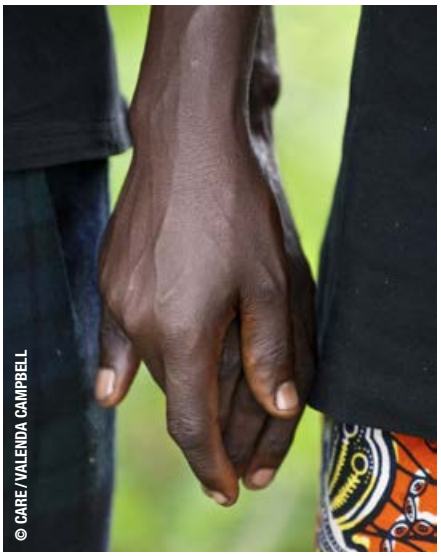
– Description of the Abatangamuco men's group in Burundi[16]

One of the challenges in responding to GBV is that, in many of the communities in which we work, gender-based violence is hidden from view. It is hidden from outsiders because the same social norms that give rise to gender-based violence make it a private matter, something not to be discussed outside the family (or often even within the family). It is also invisible, in a sense, even to those involved in the violence, because it is so deeply woven into the social fabric – our understanding of who we are as men and women and our place in the world – as to just be a given. Ending gender-based violence involves social change work at the deepest levels. It is important that we not allow anxiety about violating cultural boundaries to make us shy about acknowledging that fact or timid in our response. We have to start from a firm understanding that societies cannot claim a cultural "right" to violence against women any more than a right to slavery or genocide.

That said, one of the key lessons from CARE's experience is that local ownership of this change process is critical. Because the issues are so deeply embedded in the social and cultural traditions of a community, the most effective programmes are those most closely attuned to local context. Local knowledge and the trust of the local community are essential.

International organisations like CARE can be a catalyst – perhaps are an essential catalyst – but we've learned that the full formula for effective change requires working in true partnership with the communities themselves. Rather than just bringing in outside experts, we aim to develop expertise in the communities in which we work.

These communities, however, don't exist in isolation. This is *social* change work and the most effective programmes are those that work across a range of actors and levels of society. To address the deep roots of GBV, CARE works simultaneously with individuals, couples and families, communities, societies and state institutions using a combination of



© CARE / VALENDA CAMPBELL

CASE STUDY

RENEGOTIATING CULTURE: ABATANGAMUCO IN BURUNDI

"Before, I could not understand how a man who was not beating his wife was worthy to be called a man."

– Salvator Bigirimana, Abatangamuco member in Burundi

In Burundi, CARE is working with a group of men who had come to a changed understanding of men's and women's roles and relationships and, on their own initiative, began spreading that understanding to other villages. CARE helped the group establish an organisation, the Abatangamuco, to further their outreach. A case study by the Peace Research Institute of Oslo described the group's work as renegotiating "rather than seeking to completely transform the masculine gender roles with which rural Burundian men identify" and quoted a member of a local gender organisation:

"For many men, becoming [a member of Abatangamuco] meant having to find a new way to see themselves as men. One reason why they have managed to do so may be that the Abatangamuco values, while far removed from the model of masculinity that these men were used to identifying with, still resonated with other ideals in the Burundian society."

*Wallacher, Hilde (2012). Engaging Men: The Abatangamuco and Women's Empowerment in Burundi. Peace Research Institute Oslo

prevention and response strategies. This includes working with partners at all levels, including government agencies and civil society movements. CARE recognises that it is essential to work with all members of communities whether they condone or reject gender inequality, discrimination, and violence. This includes engaging men and boys together with women and girls, as well as traditional leaders, public officials and civil society leaders, to address and challenge underlying beliefs, attitudes, and practices around violence. This community-level work is further strengthened by supporting the development and implementation of enabling legal and policy environments.

With these broad principles as a foundation, the following are six strategies commonly and successfully used in programmes implemented by CARE and its partners:

1. Influence change in community norms

The key word here is community norms. It is a relatively straightforward challenge to bring about change in gender norms in individuals or small groups of people. Without shifts in the wider community in which they live, that change won't be sustained. And a community is more than just a collection of individuals. Shifting community norms is not just a matter of accumulating numbers but requires a strategic approach which aims to eventually bring the whole community into dialogue.

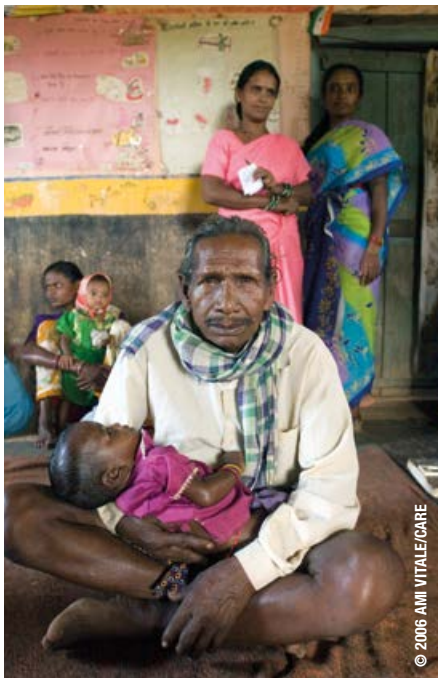
CARE's Inner Spaces Outer Faces Initiative (ISOFI) developed persuasive evidence that this sort of intentional guided change in deeply rooted community norms can be achieved. ISOFI was a joint project between CARE and the International Center for Research on Women (ICRW) exploring gender transformative approaches to reproductive health. In its first phase, implemented in India and Vietnam, ISOFI developed a methodology for shifting norms around gender and sexuality. In the second phase the project set out to test its effectiveness in the context of a Maternal and Newborn Health project in India. Using a quasi-experimental research design in two districts in Uttar Pradesh, over a two-year period they were able to identify statistically significant changes in gender norms and behaviours brought about by the project intervention including changes in attitudes regarding women's mobility and sexual choice.[17]

2. Empower women and girls

Gender norms and other power inequalities work hand in hand to create the conditions that give rise to gender-based violence. One response is to challenge the norms but another is to change the power relations in other ways. Sometimes a changed situation on the ground brings change in norms. These approaches to GBV prevention – influencing change in norms and empowering women and girls – work hand in hand as well. CARE sees several dimensions to women's empowerment:

- **Agency:** a woman's own aspirations and capabilities
- **Structure:** the environment that surrounds and conditions her choices
- **Relations:** the power relations through which she negotiates her path

Sustainable empowerment requires change across all three dimensions.


© 2006 AMI VITALE/CARE

CASE STUDY

ISOFI – PARTNERS IN NORMATIVE CHANGE

" How can you ask me if ISOFI has made a difference in my life? Would I have ever been allowed to leave my village without this project? I have spent a night away from home this past week for the first time in my life."

– A married woman in India, ISOFI project participant

In addition to providing an extra measure of rigor in its evaluation of normative changes, ISOFI provides a good illustration of the strong community partnerships formed through the change process. The ISOFI methodology engages project staff themselves in a process of sensitisation and personal reflection on gender and sexuality. The focus is at first on personal change later moving to implications for organisational and programmatic change. CARE project staff, then, had gone through similar dialogue processes to those they were facilitating in the villages. This shared exploration of gender and sexuality deepened relationships among staff and community stakeholders, with positive effects on their work in the community:

*"A sense of solidarity with beneficiaries grew as ISOFI processes cultivated interdependency among actors. Staff observed various kinds of commonalities they shared with NGOs and government partners as well as communities. This helped them to question socially constructed barriers such as class, religion and caste. The distance between themselves and community stakeholders began to diminish. It became notable that when ISOFI teams engaged in meaningful conversations with the communities, things changed."**

*Kambo, Sarah et al (2006) Walking the Talk: Inner Spaces, Outer Faces A Gender and Sexuality Initiative. Cooperative for Assistance and Relief Everywhere, Inc. (CARE) and International Center for Research on Women (ICRW)

Using this framework, CARE undertook a multi-year global study of the impacts of its programmes on women's empowerment. The findings from this Strategic Impact Inquiry on Women's Empowerment highlighted the complexity and diversity – between countries and within countries – of women's perspectives and pathways to empowerment. They emphasised the need to start empowerment processes from a deep understanding of *"local context, realities and power dynamics."*

3. Support community-based protection

Experiences show that community-based protection often evolves naturally from awareness-raising about GBV in small communities. Those empowered by a changed understanding of the issues begin to informally intervene with neighbours when violence threatens. The concept of community-based protection is particularly vital in conflict and emergency situations where external protection mechanisms have become ineffective.

When the tsunami struck Sri Lanka in 2004, CARE's Prevention of Gender-Based Violence Project (PGBV) joined with five other organisations in Batticaloa to form the Women's Coalition for Disaster Management. In addition to advocating for women's needs and voices in the disaster response, they worked with women leaders in transitional camps to form Gender Watch Groups to address protection issues amidst rising levels of gender-based violence in the camps.[18]

4. Engage men and boys as allies in the fight against GBV

Many of the earliest CARE projects addressing GBV worked exclusively with women's groups. Over time the women themselves began to voice a need to include others. They felt empowered but isolated, unable to influence broader change in the community. As one staff member from the PGBV project in Sri Lanka described it:

"We can't talk only to women. Women [in these communities] are already powerless and their social acceptance is low. We can't ask them alone to resist gender-based violence."[19]

5. Improve delivery of services for GBV survivors

GBV response is often divided into three categories. Primary response is what we have been describing as prevention – stopping violence before it occurs. Secondary and tertiary refer to medical, legal and mental health assistance to survivors immediately after the violence occurs and over the long-term. CARE typically does not provide these secondary and tertiary services directly but plays a coordinating or advocacy role.

Frequently the most critical need for the communities with which we work is to identify and raise awareness of GBV services already available to them. Community-level projects often begin with a mapping process to determine what service providers are accessible to local communities. From there, we can work with government and service providers to identify and address gaps and strengthen service delivery. Every person in every village needs to know where they can seek help should they need it.

6. Advocate for change in public policies, and their effective implementation

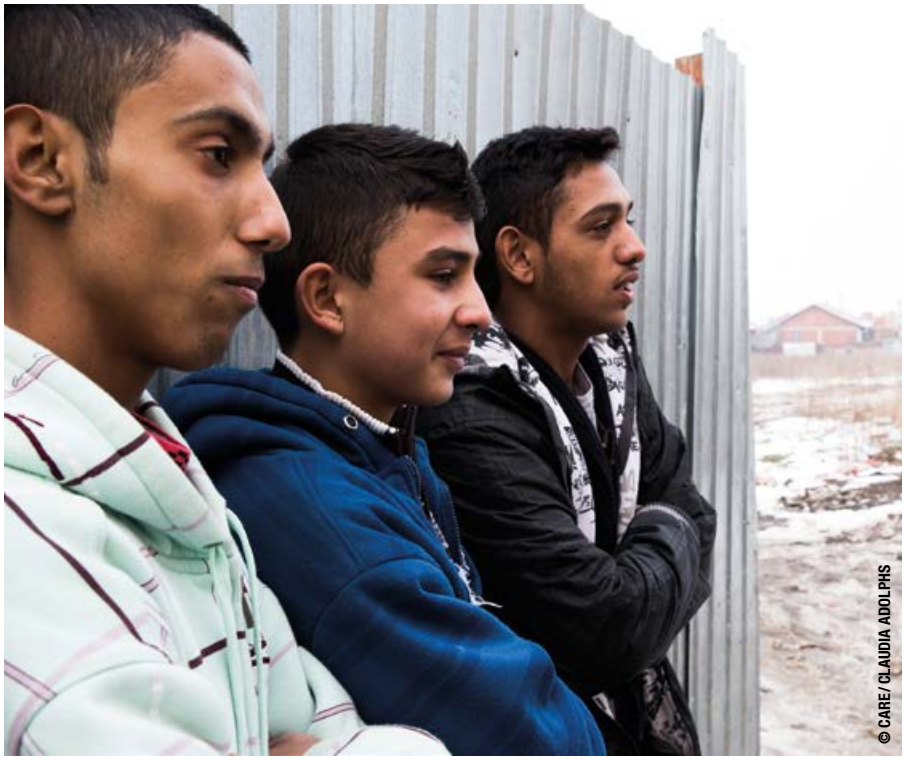
Although states bear the fundamental, legal responsibility to combat violence against women and girls and guarantee the rights of survivors, governments must develop formal mechanisms, together with local communities, to promote society-based "ownership" and to ensure that grassroots experiences are taken into account when designing appropriate interventions. CARE and partners are working with governments on all levels to strengthen laws and policies against GBV and their effective implementation in a range of countries and at international level. ■

CASE STUDY

ENGAGING MEN IN THE BALKANS

" I liked workshops about violence the most. I realised I do not have to fight when things become tough; I can simply leave."

– Tomisla Ivkosic, project participant in Croatia


© CARE/ CLAUDIA ADOLPHS

In 2007, CARE and the International Center for Research on Women (ICRW) conducted a Participatory Learning and Action Research project on masculinity and violence engaging young men aged 13 to 19 in dialogue across five sites in the Balkans region. One of the outcomes of that research was a project called the Young Men's Initiative (YMI). Working with six youth-serving organisations across four countries, the project uses a variety of approaches to engage young men in reflection on their experiences of masculinity and its relationship to violence.

YMI's three main approaches included: a social marketing campaign developed with young men from the project countries and targeting their peers intended to shift social norms toward a more positive characterisation of what it means to be a man; interactive group educational workshops; and a regional young men's forum bringing together youth from four countries across the Balkans. Evaluation of the project (involving both experimental and control groups) showed positive gender attitude changes in six of the nine project sites after just a year and a half.

Through the Young Men's Initiative in the Balkans and support for the Abatangamuco's self-initiative in Burundi, CARE and other organisations around the world are finding locally appropriate ways to bring men and boys into the conversation about GBV and challenge the underlying norms which support it.

CASE STUDY

"ONE-STOP" COORDINATED RESPONSE CENTRES IN ZAMBIA

© CARE/SANDRA BULLING

" We are seeing a tremendous change in the people we have assisted. Talk to these survivors, you will see. They really are survivors. They are not victims anymore."

– Coordinated Response Centre staff member

CARE supported the set-up of "one-stop" Coordinated Response Centres (CRCs) that have provided comprehensive services for over 18,000 survivors of GBV in seven districts of Zambia. Located in or near public health facilities, the CRCs provide survivors access to medical, legal and mental health services. They also serve the community more broadly as focal points for GBV prevention and outreach activities and by networking with other service providers to ensure integrated and coordinated response for GBV survivors.

CASE STUDY

THE EMPOWER PROJECT IN BENIN

The EMPOWER (Enabling Mobilisation and Policy Implementation for Women's Rights) project in Benin illustrates the ability of a broad multi-stakeholder network to bring change in responses to gender-based violence at the national level. EMPOWER brought together a coalition of organisations that included Benin's Ministry of Family and National Solidarity, 46 Beninese NGOs and 85 Centres for Social Protection along with two main partners: RIFONGA (Réseau pour l'Intégration des Femmes des Organisations Non Gouvernementales et Associations Africaines) and AFJB (Association des Femmes Juristes du Bénin). The goal of this coalition was an improved national response to gender-based violence including support services for survivors and better enforcement of anti-GBV policies and laws.

The first year of the project was dedicated to building grassroots support. This included behaviour change and mass media awareness campaigns, community mobilisation and orientation and policy dialogue meetings. The project engaged in sensitisation on GBV on a mass scale. By the end of the project, 4,495 community


© CARE / MARIE-NOELLE EGOUNLETI

trainers and mobilisers had been trained and 740,883 people sensitised about GBV and women's rights.

The project also trained parliamentarians on GBV and anti-GBV laws and engaged in departmental forums and workshops appealing for greater law enforcement. Along with direct lobbying, when Members of Parliament began visiting their hometowns following elections in 2011, they were met by women's groups, media, religious groups, educators and other sectors of civil society who had been trained by EMPOWER on GBV. EMPOWER worked with partners, government agencies and lawmakers to support the drafting of new anti-GBV legislation and provided input into a national action plan for combating violence. The new anti-GBV bill was enacted into law in 2012.

Similar work to ensure stronger legislation and more targeted implementation of anti-GBV policies has been conducted in countries such as Uganda, Bangladesh and El Salvador.

CASE STUDY

ADVOCATING FOR CHANGE IN THE GREAT LAKES

The Great Lakes Advocacy Initiative (GLAI) operating in Burundi, Rwanda, Uganda and the Democratic Republic of Congo (DRC) supports GBV survivors at the local level. It has mobilised and trained case managers and activists to provide support to GBV survivors, monitor GBV incidents and refer cases to appropriate service providers. The programme also works with grassroots activists that lobby for improved and coordinated prevention and response mechanisms.

While engaging in this local-level advocacy, the programme, in partnership with other women's organisations, has engaged in advocacy at the national level and regional level as well with a number of significant accomplishments.

In Uganda, it contributed to a change in legal requirements for attestation to an incidence of rape, greatly reducing the difficulty survivors had in gathering evidence needed to pursue justice.

The programme has also directly targeted cultural and religious leaders who have started to publicly condemn GBV. The 'Rwots' Acholi clan leaders are condemning the practice of polygamy, early marriage, and other harmful practices. In Mali, the involvement of religious leaders in the campaign against female genital cutting has gained momentum.

In December 2011, the heads of states in the Great Lakes region launched a Zero-Tolerance Declaration against Sexual and Gender-based Violence during the International Conference of the Great Lakes Region (ICGLR) Special Summit on Sexual and Gender-Based Violence in Kampala, Uganda. Through the ICGLR CSO Coordinating Committee CARE and other civil society organisations were involved in a series of events leading up to the declaration of zero-tolerance, often referred to as "The Kampala Declaration 2011". Eighty per cent of the recommendations from the CSO Coordinating Committee were included in the declaration. The close cooperation between government structures and civil society in ICGLR-related discussions and dialogue is a promising example of what can be accomplished together in policy and advocacy work.

GAPS AND CHALLENGES

"When I was 17, I could not have imagined thousands of people marching against rape in India, as we have seen these past few weeks. And yet there is still work to be done. We have spent generations constructing elaborate systems of patriarchy, caste and social and sexual inequality that allow abuse to flourish. But rape is not inevitable, like the weather. We need to shelve all the gibberish about honour and virtue and did-she-lead-him-on and could-he-help-himself. We need to put responsibility where it lies: on men who violate women and on all of us who let them get away with it while we point accusing fingers at their victims."

– Sohaila Abdulali, 2013[20]

There are six areas which we see as critical gaps – key challenges or opportunities ahead – in GBV programming and policy. We need to:

- Invest in **scaling up** models that work
- Invest in research on and implementation of **multi-level and multi-sectoral approaches**
- Fully engage **state institutions along with civil society**
- Understand how we can better **prevent** GBV
- **End impunity** for GBV crimes
- Recognise action on GBV as a life-saving **humanitarian activity**
- **Measure and evaluate GBV efforts** in fast-changing, complex settings

Scale-up: The last two decades have been a period of innovation in GBV work in the development context. This has largely taken place on a small scale and at the local level as we have tried to learn how to most effectively respond. NGOs like CARE, as well as other actors, have an array of approaches, tools and techniques that have proved their effectiveness in one context or another. It is time to take this effort to the next level. It is important to point out that further learning is needed, but it needs to happen at scale. The most effective methods, particularly for GBV prevention, are comprehensive multi-level, multi-sectoral interventions. At the community level, there is a tipping point that is reached when change in individual attitudes and beliefs becomes change in community norms. That happens when every individual in the community knows that, no matter what their own individual beliefs and attitudes about gender are, the community as a whole understands that gender-based violence is wrong. In order for that to happen, individuals throughout the community must receive consistent messages from the state, NGOs, the media, religious leaders, neighbours and their families that gender-based violence is wrong and impunity no longer prevails.

Multi-level and multi-sectoral action: Scaling up means adapting a comprehensive approach to broader regional and national levels. This requires a better, more strategic understanding of how to integrate approaches across sectors and levels of society. There is a spectrum of work required involving a range of different actors from efforts to prevent different forms of violence to responding to its consequences. This involves establishing effective referral mechanisms across medical, psychosocial, legal, security, and development actors. It involves state and non-state actors at local and national levels. Such referral and coordination efforts need to place the rights and needs of survivors first, recognising the risks of stigma that they can face for what they have experienced. There can also be risks involved for different agencies working on GBV prevention and response efforts, not least in terms of violent repercussions from perpetrators of the violence if steps are taken to investigate and prosecute such crimes.

State and civil society engagement: Successful strategies require the full engagement of state institutions that have the reach and legitimacy to sustain efforts at scale. Governments around the world have made commitments to addressing gender-based violence. It's time to follow through on those commitments. One of the most promising approaches for engaging reluctant states is a deeper understanding and better dissemination of information about the costs of gender-based violence. It is also necessary to recognise that implementation of CEDAW and other international standards on GBV into national legislation can be operationalised through the development of National Action Plans on GBV, developed

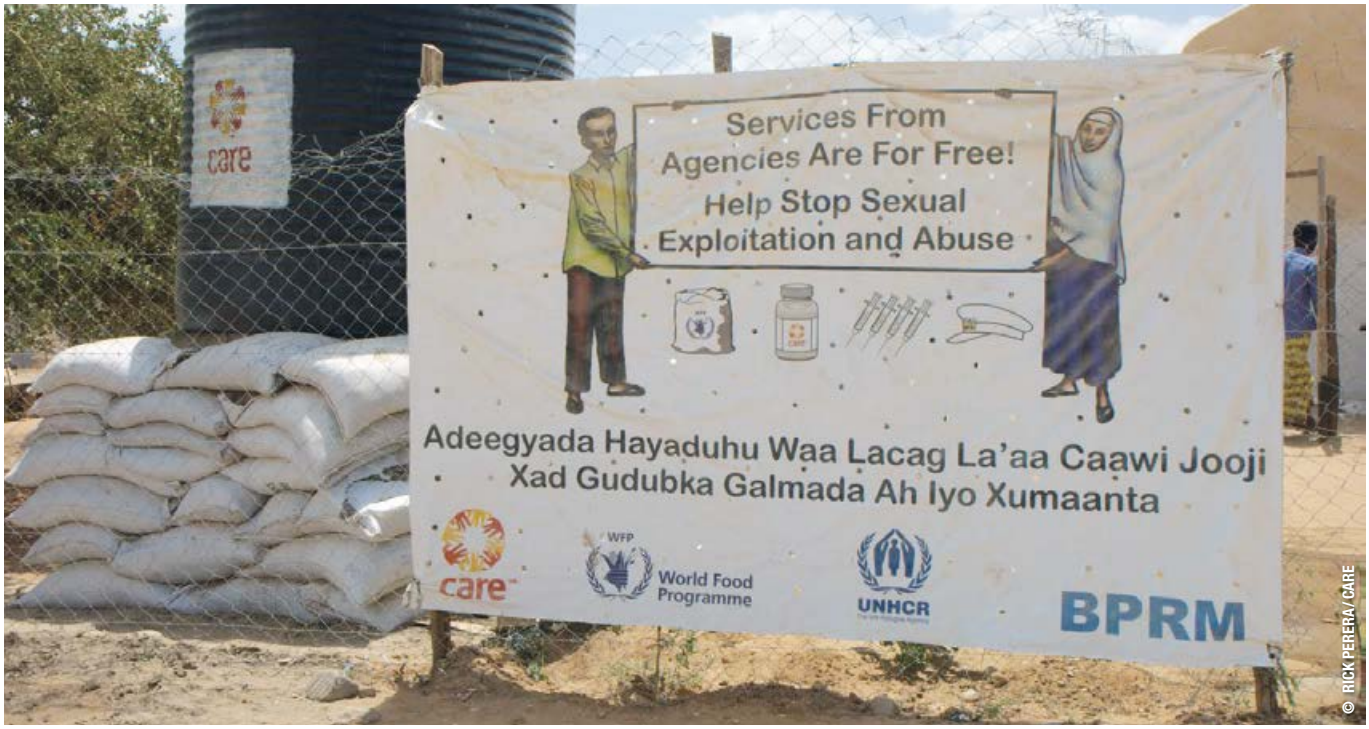
through consultative processes involving state and non-state actors. Towards this end, bringing action on GBV into the heart of donor programmes in the areas of development, governance, security and justice sector reform is critical. Zero tolerance for GBV should become a core requirement for budgetary support and technical assistance to government institutions like the military, police and judiciary. Community consultation and oversight of such institutions and processes is also essential. Civil society organisations, especially those representing GBV survivors and women's rights perspectives, should be supported because they can play a strong role in informing policy and monitoring its implementation.

Prevention: It is central to invest in primary prevention strategies, that is, addressing violent and discriminatory attitudes and behaviours before they occur. Legal frameworks also highlight the important role of prevention; addressing social and cultural patterns leading to GBV is outlined in CEDAW as well as in many other global and regional frameworks. Cited strategies such as engaging men and boys and addressing community norms are some examples of prevention strategies. However, prevention remains a relatively new area that requires further investment for identifying the most promising strategies for addressing the root causes of violence against women and girls.

Impunity: Many countries lack either the judicial resources or the political will to enforce existing laws governing sexual and gender-based violence, and to exercise due diligence to prevent, investigate, prosecute and punish the perpetrators of GBV and eliminate impunity. In some contexts, impunity is also the result of abusive and deliberate use of power, such as the use of sexual violence as a weapon of war.

Conflict and humanitarian settings: Some of the most severe GBV violations occur during armed conflicts and emergencies. There are five United Nations Security Council Resolutions (1325, 1820, 1888, 1889, and 1960) in place addressing those circumstances but we have a long way to go in implementing them. Under the stresses of war and emergency, gender roles and relationships shift in unpredictable ways. Communities are dislocated and existing community protection mechanisms disrupted. Too often, gender and GBV prevention are not recognised as life-saving interventions in humanitarian policy and funding decisions. In times of crisis, local capacities which might understand and prevent GBV are overwhelmed, caught up in the conflict or simply not listened to. International funding and capacity to address GBV also often gets allocated only after an increased prevalence of violence hits the headlines. Humanitarian agencies have identified a minimal package of reproductive health services for emergencies (the Minimum Initial Service Package, or MISP), which includes specific aspects on GBV prevention and response. But time and again, there are gaps in funding to deliver such services at the frontline.

Measure and evaluate: If delivering a multi-level and multi-sectoral approach to GBV prevention and response is intrinsically complex and challenging, then unsurprisingly monitoring and evaluating those efforts is, too. Data collection on GBV is critical to the development and implementation of sound laws, policies and prevention measures, yet faces many challenges. For prevention programmes, their impact may only emerge long after the intervention, which makes learning from these experiences for scale-up and replication more complex.



WHAT NEEDS TO BE DONE: POLICY RECOMMENDATIONS

Drawing from more than six decades of development and humanitarian work implementing programmes to address the needs of survivors of violence, while also targeting the underlying causes of GBV, CARE International urges states, donor governments, and NGOs to consider the following recommendations in order to better prevent and eliminate GBV:

1 Support and expand systematic use of evidence-based good practice, at international and national levels, including by supporting and expanding UN Women's Global Virtual Knowledge Centre to End Violence Against Women and Girls, and establishing an official track for a best practice exchange in annual sessions of the Commission on the Status of Women (CSW).

A vast body of evidence and successful approaches developed by different stakeholders from local to international levels shows, in very practical ways, how to prevent and eliminate GBV. CARE believes that:

- States should outline practical steps to scale up such innovative and effective best practices focusing on multi-sectoral and integrated approaches, both within and across countries;
- States should strengthen the capacity of UN Women to support the documentation and sharing of best practices, by investing in the UN Women Global Virtual Knowledge Centre to End Violence Against Women and Girls and strengthening support to national-level efforts.

2 Develop and implement integrated and holistic measures along the continuum of prevention and multi-level and multi-sectoral responses, with special emphasis on the need to make further progress in prevention and in addressing the root causes of GBV, especially:

a) **Implement human rights standards and national, regional and international legislation against GBV:** CARE International believes that prevention and protection against GBV cannot be achieved without the full implementation of states' legal obligations under the Convention for the Elimination of All Forms of Discrimination against Women (CEDAW) and urges states to:

- Ratify, withdraw all reservations to CEDAW and make CEDAW Article 4 a daily reality for billions of women and girls[21];
- Regularly report to CEDAW through its comprehensive reporting to advance accountability and measure of progress on GBV;
- Develop and implement the needed legal frameworks on GBV, including zero tolerance to GBV and impunity;
- Implement multi-sectoral National Action Plans and policies that include measures for prevention, services and responses; gender and age-disaggregated data collection, research, monitoring and evaluation; the establishment of coordination mechanisms; the allocation of resources and clear timelines and benchmarks for results to be achieved.

b) **Significantly accelerate the empowerment of women and girls:** CARE International believes that the following key measures to empower women and girls and reduce their vulnerability to GBV need to be taken into consideration by states:

- Increased access to quality education;
- Improved access to basic health services, including sexual, reproductive and maternal health (SRMH);
- Increased access by women to finance and economic opportunities;
- Accelerated women's political participation.

c) **Engage men and boys:** Addressing the social and cultural norms that allow GBV to be accepted is key to overcoming the problem in the long term. Initiatives that engage men and boys, including traditional, cultural and religious leaders, should be supported and 'champions' fostered, to support a transformative agenda.

d) Provide full access to confidential, ethical services and follow-up for gender-based violence survivors: CARE's experience in working with local partners to deliver comprehensive services to GBV survivors has shown the critical need to provide a spectrum of confidential, ethical assistance in compliance with existing UN guidelines, including medical care, psychosocial and legal support and socioeconomic reintegration. Moreover, these services must be integrated into broader community support systems in order to prevent further violation of survivors' rights.

e) Ensure regular, systematic engagement and partnerships with civil society organisations: CARE International believes that the provisions in the Beijing Declaration should be reinforced as well as the United Nations General Assembly resolution on system-wide coherence, which establishes the ground breaking entity, UN Women, and calls on all member states to:

- Ensure that the development and implementation of national legislation concerning civil society organisations enables full participation and outlines clear guidelines for that participation;
- Support and fund community-based education and training to raise awareness about GBV as a violation of human rights and to mobilise local communities to initiate and participate in anti-GBV activities;
- Ensure the protection of women and related civil society representatives from risks due to their efforts to implement anti-GBV mechanisms and claim fundamental rights;
- Develop participatory mechanisms at local and national levels to enable civil society to better understand their rights.

f) Reinforce existing provisions on GBV in conflict and post-conflict settings and other humanitarian crises: Noting that GBV vulnerability is likely to increase in situations of conflict and post-conflict settings and other humanitarian crises, in addition to the above measures, states should:

- Reinforce existing binding provisions in this area. UN Security Council resolutions (UNSCR) 1325 (2000), 1820 (2008), 1888 (2009), 1889 (2009), and 1960 (2010) require all UN Member States to prevent GBV in conflict-related settings and increase participation of women in decision-making processes at all levels;
- Implement binding provisions through UNSCR 1325 National Action Plans, ensuring compliance with UNSCR 1325 guidelines for gender-sensitive budgeting for full access to health, education and justice institutions, as well as all other fundamental rights.

3 Commit financial support to national, regional and international efforts to prevent and eliminate GBV, and improve the assessment of its costs and tracking of investments to address it.

Financial support is needed to prevent and eliminate GBV at all levels, in particular:

- Donor countries need to prioritise funding to address GBV, such as the G8 UK Presidency's Preventing Sexual Violence Initiative for conflict-related sexual violence and support existing mechanisms such as the UN Trust Fund to End Violence against Women and emergency funds for GBV. They also need to strengthen their efforts to track aid investments in GBV ;
- Funding should be provided to implement the measures mentioned above and to work on emerging issues that could trigger needed action on GBV.

4 Ensure that GBV is considered a priority for the post-2015 Development Agenda, with specific targets and indicators on GBV and options for enhanced mainstreaming of gender equality (as essential for GBV prevention) across the wider post-2015 goals and indicators.

Until now, the Millennium Development Goals (MDGs) indicators related to gender focus on promoting parity between men and women in education, employment and political participation in parliaments. Preventing and eliminating GBV is an imperative for achieving development, peace and security, with evidence showing how critical this is to progress on indicators related to poverty, development and empowerment. Further, evidence from national assessments is showing the significant costs of GBV and their impact on national economies and development efforts. Noting this, CARE recommends that:

- States prioritize GBV within the post-2015 MDG framework, with specific indicators and targets to address GBV and mainstreamed gender equality across the framework, as well as in country-level strategies and monitoring processes;
- Special attention is given to prevention, given insufficient progress of prevention in humanitarian crisis and emergencies contexts.

ENDNOTES

1. Participant in a workshop conducted by CARE's Western Balkan Gender-Based Violence Prevention Initiative with the International Center for Research on Women. Quote is from a workshop report: Eckman, Anne et al. (2007) Exploring Dimensions of Masculinity and Violence. Cooperative for Assistance and Relief Everywhere, Inc. (CARE) and International Center for Research on Women (ICRW)
2. In 1983, 20-year-old Sohaila Abdulali published an article in a Delhi-based women's rights journal, Manushi, describing her experience of rape and its aftermath. In 2012, amidst the uproar over another brutal rape in Delhi, a copy of the 1983 article was recovered and went viral on the internet spreading her account across a new generation. Quote is from this article: Abdulali, Sohaila (1983) "I Fought for My Life … And Won" Manushi No 16 June-Jul 1983
3. The UN Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) did not specifically address gender-based violence when adopted in 1979. However, General Recommendation No. 19 adopted by the CEDAW Committee in 1992 specified that discrimination against women includes gender-based violence. Gender-based violence is defined in GR19 as "violence directed against a woman because she is a woman or that affects women disproportionately" and "includes acts that inflict physical, mental or sexual harm or suffering, threats of such acts, coercion and other deprivations of liberty." (CEDAW General Recommendation No. 19)
4. Heise, L. et al (1999). Ending Violence Against Women. Population Reports, Series L, No. 11. Baltimore: Johns Hopkins University School of Public Health, Population Information Program.
5. Data from: Violence against Women Prevalence Data: Surveys by Country Compiled by UN Women (as of March 2011) (http://www.unifem.org/attachments/gender_issues/violence_against_women/vaw-prevalence-matrix-2011.pdf) and The World's Women 2010: Trends and Statistics (http://unstats.un.org /unsd /demographic/products/Worldswomen/Annex percent20tables percent20- percent20Excel/Statistical percent20Annex percent20- percent20All percent20tables.xls)
6. Cited in United Nations Economic and Social Council, Commission on the Status of Women, http://www.un.org/ga/search/view_doc.asp?symbol=E/CN.6/2013/4, 2012
7. We have to be particularly cautious about cross-country comparison based on police reports. High rates of reported crimes may reflect higher prevalence of GBV but may instead be a reflection of more positive developments such as increased police attention to the issues or women's comfort level with reporting crimes to the police. We see a similar dynamic in CARE programmes at the community level where successful awareness-raising efforts typically result in an increased rate of reported incidents in the community. The rankings used above were based on data from the European Institute for Crime Prevention and Control (2011) International Statistics on Crime and Justice compiled for the internet at: http://www.nationmaster.com/red/graph/ cri_rap_percap-crime-rapes-per-capita&date=2008&b_map=1
8. Centers for Disease Control and Prevention (2010). 2010 National Intimate Partner and Sexual Violence Survey.
9. World Bank (1993). World Development Report 1993: Investing in Health.
10. Australian Government Office for the Status of Women (2004). The Cost of Domestic Violence to the Australian Economy.
11. Costs for intimate partner violence accessed on the Centers for Disease Control and Prevention web site (15 Jan 2013: http://www.cdc.gov/violenceprevention/intimatepartnerviolence/consequences.html).
12. World Health Organization (2004) The Economic Dimensions of Interpersonal Violence
13. World Health Organization (2005). Addressing violence against women and achieving the Millennium Development Goals.
14. Eckman, Anne et al. (2007) Exploring Dimensions of Masculinity and Violence. Cooperative for Assistance and Relief Everywhere, Inc. (CARE) and International Center for Research on Women (ICRW)
15. Centers for Disease Control and Prevention (2010). 2010 National Intimate Partner and Sexual Violence Survey.
16. Wallacher, Hilde (2012). Engaging Men: The Abatangamuco and Women's Empowerment in Burundi. Peace Research Institute Oslo
17. The research was implemented over a period of two years in the context of a CARE Maternal and Newborn Health (MHN) project. One district (the control group) received the standard MHN programming. In the other district, MHN activities were used as opportunities to explore and challenge norms related to gender and sexuality using the ISOFI Innovation System developed in the first phase of the project. Baseline and endline surveys were conducted measuring attitudes and behaviors related to health, gender and sexuality. Changes in the experimental group were then compared to changes in the control group to determine the likelihood that the changes could be attributed to the gender intervention
18. Robinson, Victor (2011). Putting the Jigsaw Together: CARE International Sri Lanka's Violence Against Women Intervention in Batticaloa: 2003-2011. CARE International in Sri Lanka
19. Ibid. The research was implemented over a period of two years in the context of a CARE Maternal and Newborn Health (MHN) project. One district (the control group) received the standard MHN programming. In the other district, MHN activities were used as opportunities to explore and challenge norms related to gender and sexuality using the ISOFI
20. After Sohlia Abdulali's 1983 account of rape at the age of seventeen was given new life on the Internet during anti-violence demonstrations in India in 2012, she published an op-ed piece in the New York Times ("I Was Wounded: My Honor Wasn't", New York Times, January 7, 2013) reflecting on the 30 years in between.
21. "States should pursue by all appropriate means and without delay a policy of eliminating violence against women and, to this end, should exercise due diligence to prevent, investigate and, in accordance with national legislation, punish acts of violence against women, whether those acts are perpetrated by the State or by private persons." Art. 4. Convention for the Elimination of All Forms of Discrimination against Women (CEDAW)
21. For example, there is no code on GBV in the aid tracking by the Organization for Economic Cooperation and Development – Development Assistance Committee (OECD-DAC), unlike other areas.

Founded in 1945, CARE is a leading humanitarian organisation fighting global poverty and providing lifesaving assistance in emergencies. CARE places special focus on working alongside poor girls and women because, equipped with the proper resources, they have the power to help lift whole families and entire communities out of poverty.

Last year, CARE worked in 84 countries around the world to assist more than 83 million people improve basic health and education, fight hunger, increase access to clean water and sanitation, expand economic opportunity, confront climate change, and recover from disasters.

To learn more, visit:
www.care-international.org

with funding from
Austrian Development Cooperation

CARE INTERNATIONAL SECRETARIAT:

Headquarters
Chemin de Balexert 7–9
1219 Chatelaine, Geneva
Switzerland

Tel: +41 22 795 10 20
Fax: +41 22 795 10 29
cisecretariat@careinternational.org
www.care-international.org

CARE INTERNATIONAL MEMBERS:

CARE Australia
www.care.org.au

CARE Canada
www.care.ca

CARE Danmark
www.care.dk

CARE Deutschland-Luxemburg
www.care.de

CARE France
www.carefrance.org

CARE International Japan
www.careintjp.org

CARE Nederland
www.carenederland.org

CARE Norge
www.care.no

CARE Österreich
www.care.at

Raks Thai Foundation
(CARE Thailand)
www.raksthai.org

CARE International UK
www.careinternational.org.uk

CARE USA
www.care.org

CARE Affiliate Members:

CARE India
www.careindia.org

CARE Peru
www.careenperu.org

care®