CARE GBV STRATEGY
MARCH 2015

This document outlines how gender-based violence (GBV) fits alongside the CARE 2020 Program Strategy, both as a focus area for programmatic innovation, alongside a critical cross-cutting issue to be integrated across CARE's work. The below strategy provides an overview of our current understanding on the state of GBV world-wide, CARE's niche in this field and a set of objectives and approaches to guide CARE's work in this field.[1] This resource aims to guide CARE's continuing work and commitment to GBV programming.

CARE 2020 PROGRAM STRATEGY AND GBV

CARE's vision is "***a world of hope, tolerance and social justice, where poverty has been overcome and people live in dignity and security***". The CARE 2020 Program Strategy articulates CARE's role, identity and programmatic focus towards realizing its vision as a poverty fighting and rights-based organization. Within the CARE 2020 Program Strategy, gender-based violence (GBV) programming is discussed in two ways. First, it comprises a part of CARE's mandatory approaches across all programming, which include fighting gender inequality and GBV, and strengthening women's voice. Second, the strategy articulates "the right to a life free from violence" as among the 4 outcomes against which CARE will measure its work and be held accountable. As such, GBV is uniquely positioned as an issue that requires both focused programming as well as integration across CARE's work.

WHAT IS GENDER-BASED VIOLENCE?

CARE defines gender-based violence as: ***a harmful act or threat based on a person's sex or gender identity. It includes physical, sexual and psychological abuse, coercion, denial of liberty and economic deprivation whether occurring in public or private spheres. GBV is rooted in unjust and unequal power relations and structures and rigid social and cultural norms.***

GBV remains a critical rights violation committed against people based on their gender identity, gender expression or sexual orientation. GBV itself is a symptom of oppression, often used as a tool to dominate and intimidate to reinforce gendered inequalities among and across groups. In CARE's experiences, GBV has been used to control and stop people from entering the work force or making choices about their lives (including decisions related to sexual and reproductive health, their food and nutrition, etc.). GBV is a driver and a consequence of poverty, social and political exclusion, conflict and gender inequality.

BACKGROUND

Gender based violence has always been an endemic global rights abuse. GBV exists across development and emergency contexts, and affects every nation across the world.

THE STATE OF GENDER-BASED VIOLENCE: A GLOBAL SNAPSHOT

- The World Health Organization estimates that 1 in 3 women will experience physical or sexual violence by a partner or sexual violence by a non-partner within their lifetime.[2]
- The IMAGES study conducted by Promundo and ICRW, in collaboration with CARE, found that across Brazil, Chile, Croatia, India, Mexico and Rwanda around 25 to 40 percent of men surveyed reported using physical violence against intimate partners. The study also found that boys who witness or experience their father's violence against their mother are more likely to perpetrate violence against their partners in later adulthood.
- Each year 14 million girls are married before the age of 18, nearly 5 million of them younger than 15. Early forced marriage has been used as a tactic to limit girls' choice/sexual autonomy, settle family or tribal dispute. In some cases, it has also been used to secure daughters' social protection and reduce economic strains of caring for dependents, as seen among Syrian refugee communities in Jordan.[3]
- An estimated 100 million to 140 million girls and women are survivors of female genital cutting (FGC) as of a 2011 WHO report, and the practice continues despite laws that criminalize these actions.[4]

- Population disparities point to at least 100 million 'missing' women and girls due to a combination of sex-selective abortion and female infanticide, which while improving, is still an issue in many countries in the world. Many of these types of gender based violence are perpetuated by women and men alike.[5]
- Latin America has seen some of the highest rates of violence targeting women and girls (femicide) in the world, with El Salvador, Guatemala, Honduras, Colombia and Bolivia among top 12 countries worldwide. The region is also plagued with high rates of male-on-male violence as a major cause of death and disability, which have been linked to machismo. [6]
- Rape of both women and men as a weapon of war is documented in Uganda, the Democratic Republic of the Congo, Sri Lanka, Chile, Greece, Iran, Kuwait, the former Soviet Union and parts of the former Yugoslavia.[7] The same article reports other gender-based violence against men and boys as victims, forced perpetrators and bystanders to acts of harassment, humiliation, sexual assault and genital mutilation. These were often used to "emasculate" male victims.[8]
- Violence targeting LGBTQ+ people has often been particularly vicious. These groups face increasing threat in the context of rising political conservatism and fundamentalisms across the globe, while reporting remains scarce.

Other examples of gender-based violence can include human trafficking, honor killings, dowry practices and dowry-related violence, sexual harassment and militarization/forced conscription into armed forces.

The patterns and persistence of GBV are woven into **social norms and power relations**. It also represents a **tactic for exercising control over marginalized groups** in terms of access to resources, mobility, behaviors, life choices and decision-making influence.

GENDER-BASED VIOLENCE ACROSS DEVELOPMENT AND EMERGENCY CONTEXTS

GBV is not only a fundamental violation of human rights, but leaves deep scars on societies that it affects, both in terms of psychosocial trauma, community cohesion and stigmatization of survivors, and development outcomes.[9]

- **INTERGENERATIONAL TRANSMISSION OF GBV:** Witnessing intimate partner violence in the home is also correlated to children being at a higher risk of experiencing physical, psychological, and emotional abuse themselves.[10] Based on two separate meta-analyses witnessing abuse as a child has been found to be a moderate risk factor for abuse perpetration by men in adulthood.[11]
- **EMERGENCIES:** While disruptions from emergencies raise risks of generalized violence,[12] violent conflicts and disasters especially see the amplification of existing harmful practices and inequalities. Reasons behind this are often linked to lack of protection for populations affected by crises, group disempowerment, as well as tactics for livelihood security (as seen through child marriage trends and sexual exploitation, for example).[13]
- **ETHNIC/POLITICAL CONFLICT:** As noted earlier, gender-based violence – in forms of forced recruitment of boys and rape – have been used as a weapon of war across every region around the world.[14] Communities terrorized by genocide, or ethnic conflict and disenfranchisement, can be characterized by post-traumatic stress disorder, alcoholism, suicide, hyper-masculinities, and domestic violence.[15] As noted by social theorist bell hooks, males marginalized by class, race, and poverty discrimination (and conflict linked to this) may take on 'exaggerated expressions of male chauvinism…stemming from the male's sense of himself as powerless and ineffective in relation to ruling male groups.'[16] Recent reports have also found that cultures characterized by the denial of women's access to resources and decision-making power, low status of women in comparison to men and normalization of domestic violence, are correlated to state repression and violent conflict.[17]
- **HEALTH IMPACT:** Survivors of sexual violence have been found to be three times more likely to suffer from depression, and six times more likely to experience post-traumatic stress disorder than others.[18]In addition to psychosocial impact of gender-based violence, GBV has been linked with poorer physical and mental health for survivors – particularly sexual, reproductive and maternal health – including increased risk of HIV and AIDS,[19] maternal mortality and higher rates of miscarriage. Households affected by GBV also have higher rates of child mortality and poorer child health and nutrition.[20]
- **FOOD AND NUTRITION SECURITY**: Gender-based violence has a complex relationship with food and nutrition security. GBV can systematically prevent certain groups from being able to participate in political, economic and social development. Neglect and discrimination can also marginalize those oppressed by gender inequality from accessing adequate food and nutrition, and studies have found poorer child health and nutrition outcomes within

households affected by domestic violence. Food insecurity itself may trigger domestic violence, as well as increase risk of sexual exploitation, assault and child marriage as people put lives at risk for livelihood security.[21]

- **HOUSEHOLD ECONOMIES**: In terms of livelihoods, economic deprivation, neglect and control are themselves forms of gender-based violence, which can compromise household well-being. As a result of violence, households may suffer from lost labor, income and productivity from all affected individuals. These consequences may be both short-term or last a lifetime, and have implications on women's economic empowerment. Additional time and capital costs have also affected households that make use of health services, psycho-social support, justice and penal systems (e.g. legal aid, courts systems, etc.), and transport for survivors and others.[22]
- **EDUCATION**: Gender-based violence plagues communities, schools and homes in ways that prohibit certain people, particularly girls, from gaining access to quality education. These threats and abuses stand in the way of girls' self-realization and ability to reach their potential and aspirations. The effects of the denial of education through gender-based violence have consequences on both household economies, and social and political development.[23]
- **SOCIAL SERVICES AND DEVELOPMENT:** Gender-based violence also puts a strain on health services, legal aid systems, community policing, psycho-social support services and courts. These costs ripple out from couples and households to community, district and national systems.[24] The UK spends an estimated 5.7 billion GBP each year, in response to domestic and sexual violence through health care costs, criminal justice systems, housing and losses to the economy. The US spends about 5.8 billion USD annually on the health care system alone due to domestic and sexual violence.[25]

ACTIONS AGAINST GENDER-BASED VIOLENCE

The Convention to End Discrimination against Women (CEDAW) set the stage for raising GBV as a global human rights issue, and remains a key mechanism to advocate for state action and accountability. Since that time, there has been increasing attention to GBV, which has given momentum to mobilization efforts from national to global levels.

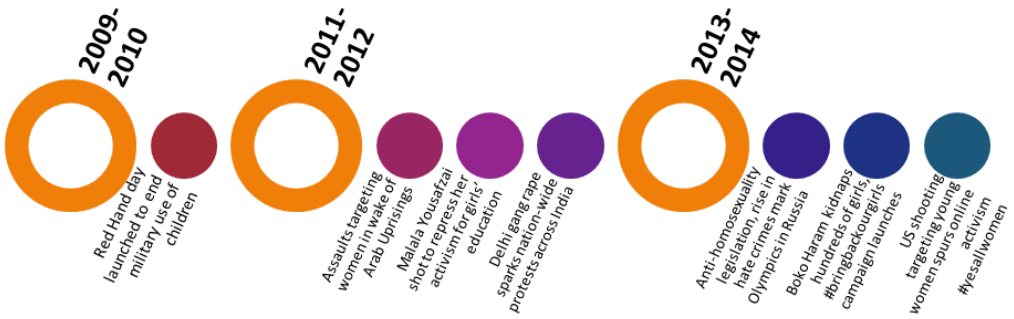


Figure 1. Timeline: Rising Momentum against GBV globally

INTERNATIONAL POLICY

Inter-governmental and governmental institutions have made further policy commitments to address both conflict-related sexual violence (e.g. rape as a tactic of war) and wider forms of GBV, particularly for humanitarian contexts, with the adoption of UN Security Council Resolutions 1325, 1820 and their successor resolutions, G8 commitments on Preventing Sexual Violence, and the Call to Action on Violence Against Women and Girls in Emergencies. In September 2013, the UN hosted the first Ministerial meeting on the rights of lesbian, gay, bisexual and transgender individuals. The meeting articulated rights and commitments in relation to gender and sexual minorities, and abuses they face, and led to the Ministerial Declaration on Ending Violence and Discrimination against Individuals Based on Sexual Orientation and Gender Identity was signed by 11 national governments.

NATIONAL POLICY

Progress in legislating against GBV at national levels has been uneven across regions, with greater advances in Latin America and the Caribbean, Europe and Central Asia, and the OECD countries. Advances have been more limited in the

Middle East and North Africa, Sub-Saharan Africa, East Asia and Pacific, and South Asia, particularly in fragile and conflict affected settings. Despite GBV laws, dominant gender norms often perpetuate systemic GBV in societies. At an institutional level, this is evidenced by lack of funding for GBV-related policy implementation, reports of poor coordination and accountability for GBV services, and overall lack of response or services to support people affected by GBV.[26] Within societies, GBV often remains unreported due to a variety of factors, including fear of reprisal, shame and fear of stigmatization, unavailability of quality services or referral systems, economic dependency/lack of alternatives, alternative means of resolving GBV issues, and normalization of violence itself.[27]

MOVEMENTS AND ACTIVISM

Beyond policy action, there has been increasing global attention to GBV through local to international activism for both policy and social norms change. Since 1999, the UN General Assembly designated 25 November as the International Day for the Elimination of Violence against Women, which catalyzed the international 16 Days of Activism against Gender Violence around the globe. Recent gender-based violence-related tragedies have also grabbed global attention and activism, as people have stepped up to denounce gender violence through direct action and social media in the wake of tragic events. Recent examples include global outcries surrounding the 2012 rape and subsequent death of a young woman in India, the 2013 anti-homosexuality legislation and hate crimes against the LGBTQI+ communities in Russia, the 2014 kidnapping and forced marriages of nearly 300 girls by Boko Haram in Nigeria, the anti-woman shooting in the US which left 6 dead and 14 injured, and the increasing rates and alarming stories of femicide from Turkey to Mexico.

THE DEVELOPMENT INDUSTRY

Since 2010, increasing numbers of institutional donor agencies and private foundations have also prioritized GBV in their grant-making portfolios, with diverse focus areas across:

- Advocacy for GBV policy articulation, implementation and services
- Quality services for survivors
- Reducing vulnerability through safe spaces and skill-building opportunities
- Work with men to prevent and respond to GBV
- Norms change through community-based activism and dialogues[28]

The increasing diversity of actors and programming on GBV have shown promising potential for change, and offers important opportunities to advance the work. However, as different organizations seek to 'niche' their work in this area, approaches to GBV programming can become 'siloed', leading to unhelpful competition around how GBV programming should focus efforts (e.g. focus on response vs. prevention, or on work with women vs. men). Further, as organizations professionalize the work they do around GBV, some feminists believe that this field of work risks becoming a technical rather than political gender issue.[29] Moving forward, it will be important to raise these concerns through donor advocacy, to ensure a balance of funding across more immediate 'response' activities, and primary prevention initiatives which aim toward ending societal norms and systems perpetuating GBV.

CARE'S NICHE

For CARE, transforming the systems that enable and perpetuate GBV in societies is critical to achieve its goal of realizing a 'Life Free from Violence' across communities it serves. In the context of GBV and the broader humanitarian and development landscape, the CARE GBV Strategy identifies four niche areas for CARE to advance its thought leadership and positioning, in partnership with others:

1. **COMBINATION OF GBV INNOVATION and GBV INTEGRATION across PROGRAMMING**– CARE is committed to GBV programming innovation alongside GBV integration across sectoral programming to strengthen the quality and sustainability of our work. We view this combination – of GBV-focused innovation and GBV integration – as two sides of the same coin for gender transformation. At the heart of this, CARE acknowledges that gender norms, unequal power relations and gendered differences in access to resources, information and influence interact with

programming across sectors. Many CARE programs are actively striving to integrate GBV work to achieve goals, safeguard against unintended effects and ensure the safety and health of CARE staff and partners.[30] While CARE focuses on **primary prevention** (see definition, right), monitoring, mitigation and response remain part of a balanced and comprehensive strategy, and often an entry point as well as a necessity for our work.

2. **TRANSFORMING ROOT CAUSES TO PREVENT GBV**– We understand unequal power relations between men and women are at the root of GBV, and any programming we develop should address the root cause by promoting social norms change, and supporting women and girls' empowerment. As such, CARE sees its primary aim to prevent violence before it occurs. CARE works through multiple entry points to prevent GBV at household, community and broader levels. These include: masculinities programming to support men and boys to reflect on social norms and relations and consider how unequal power relations affect their lives, women's economic empowerment work to reduce women's dependence and help them take leadership in their communities, community dialogues to promote changes in social norms, strengthening community governance and accountability mechanisms, supporting robust research and learning on GBV for advocacy and practice; and national advocacy to ensure the development and implementation of policy, etc.

LEVELS OF GBV PREVENTION

PRIMARY: approaches that take place before violence has occurred to prevent first time perpetration (before)

SECONDARY: intervene, prevent violence from happening again and deal with short-term consequences (after, immediate)

TERTIARY: treat and support survivors to heal, and treat abusers (after, long-term)

3. **CONVENING/JOINING DIVERSE ACTORS FOR NEGOTIATION AND ACTION for EFFECTIVE PREVENTION AND RESPONSE TO GBV**– In relation to GBV activism and dialogues, CARE works to support voices of women and men from communities where it works to represent and negotiate their rights and interests in district, national, regional and global forums. CARE and its partners have programming presence across marginalized communities, and maintain networks that span to global levels. This has positioned CARE to strengthen its GBV expertise and stand behind grassroots advocates to influence GBV commitments and GBV-integrated sectoral services from local to global levels. These efforts are tied to longer-term development strategies to empower women both as individuals and in terms of their capacity for collective action[31]. At community levels (and often in emergency situations such as IDP camps), this may include working to build solidarity and support among marginalized groups, promoting dialogue and accountability between these groups with service providers and promoting linkages with gender justice movements. At higher levels, this may include bringing together or joining existing diverse civil society networks, media and rights groups for collective action against GBV. In donor and governmental spheres, this can take the form of supporting activists, government and other civil society players to negotiate commitments, priorities and plans for action through evidence-based advocacy. Over the past seven years, CARE's advocacy on implementation of UN Security Council Resolutions 1325, 1820, the Call to Action on VAWG in Emergencies and related donor and aid recipient state policy frameworks have provided key entry-points for coordinated advocacy on GBV in conflict and humanitarian contexts linking local, national and global levels.
4. **COMMITMENT TO GENDER EQUALITY AND DIVERSITY SKILLS AND ATTITUDES AMONG STAFF AND PARTNERS** – CARE understands that transformational gender programming requires all involved to build critical awareness, dialogue and action at all levels, starting with staff and partners. CARE's development of curricula to facilitate critical self-awareness, non-judgment and action around gender and GBV must remain a signature across its work.

Focusing across these four areas, the GBV Strategy aligns directly with CARE's global roles contributing to poverty reduction and social justice impact through humanitarian action, promoting lasting change and innovative solutions and multiplying impact (see CARE 2020 Program Strategy for deeper discussion on each of these roles).

GENDER-BASED VIOLENCE STRATEGY VISION

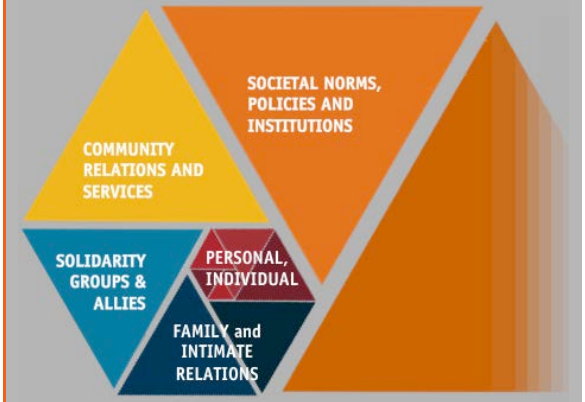
To contribute to both the mandatory approaches and strategic outcome area outlined in the CARE 2020 Program Strategy, the GBV Strategy is guided by the following transformational vision:

In 2020, people of all genders exercise their right to a life of dignity, security, freedom and harmony where diversity is celebrated

This contributes toward and offers a gender transformative lens to the violence-related outcome stated in the CI 2020 Program Strategy:*100 million women and girls exercise their right to a life free from violence.*The CARE 2020 Program Strategy outlines CARE's commitment to preventing and addressing GBV both within CARE's approaches and in strategic outcome areas. It is important to acknowledge that whilst the CARE 2020 Program Strategy goal measures outcomes in relation to violence against women and girls, GBV is a systemic social problem, which has devastating consequences on all people. As both a driver and consequence of social and gender injustice, it is important to address GBV holistically for gender transformative change.

OBJECTIVES, ILLUSTRATIVE APPROACHES AND TOOLS/MODELS, AND RESULTS

To advance CARE's vision for transforming GBV, four objectives shape our work. These come together to comprise a theory of change. Based on the assumption that GBV is a systemic social problem and a function of gender inequality, **CARE believes transforming GBV requires a holistic approach across multiple levels to dismantle patriarchy by supporting the empowerment of groups marginalized because of their gender identity, engaging allies for change, transforming social institutions and norms, and strengthening state institutions and legal and policy frameworks that address gender-based violence**. These are represented through the 4 objectives or domains of change, which fall across different levels of the socio-ecological model:

Socio-ecological Model[32],	GBV Strategy Objectives/Domains of Change
	**People of all genders and ages make choices, assert their voices and realize their right to a life free of gender-based violence** ➔ Personal, Individual **People of all genders and ages negotiate and create healthy relationships within families and communities built upon mutual respect, open communication, solidarity and non-violence** ➔ Family and intimate relations ➔ Solidarity groups and allies **Groups negotiate rights, choices, access to resources and services with formal and informal institutions, transforming social norms and practices to prevent and respond to GBV** ➔ Community relations and services ➔ Societal norms, policies and institutions **Accountable formal & informal institutions prevent and respond to GBV** ➔ Societal norms, policies and institutions

The objectives align across each element of the mandatory CARE approach articulated in the CARE 2020 Program Strategy: strengthening gender equality and women's voice, promoting inclusive governance, and increasing resilience. Below, each objective of the GBV strategy is outlined with a set of illustrative approaches. Many of the approaches below have been used in work on organizational change and capacity building, women's empowerment programming, as well as sectoral initiatives. Acknowledging that **GBV is context specific** – and interventions must consider complex environments across development and humanitarian contexts, forms of GBV and affected populations, **approaches should be informed by social gender and power analysis.**

OBJECTIVE 1: People of all genders and ages make choices, assert their voices and realize their right to a life free of gender-based violence

This objective centres on ongoing critical self-reflection on gender relations, power and empowerment. This begins with CARE staff and partners ourselves, expanding to those with whom we work. Through conscientization and solidarity, this objective envisions marginalized groups coming together and leading change through meaningful participation, advocacy and activism to advance rights of a life free from violence.

Illustrative approaches include:

- Gender equity and diversity and GBV training and dialogues (including masculinities and femininities, sexuality and gender integrated curricula for education) for staff and partners, project participants and stakeholders
- Mobilizing or strengthening marginalized groups to come together for building context-appropriate livelihood skills and gaining access to income/savings to strengthen members' confidence, access to capital and options in the case of violence alongside GBV monitoring and mitigation interventions
- Structured activities for critical self-reflection on social structures, social norms, gender stereotypes, relations and rights (e.g. SASA, ISOFI, Social Analysis and Action)
- Fostering self-esteem and self-care and nurturing skills in leadership, communications and negotiation (e.g. EKATA, solidarity groups, psycho-social approach)
- Strengthening women's meaningful participation and supporting their advocacy and activism to advance community based responses and referral systems for quality GBV response and prevention systems from local to national levels, in both emergency response and development programming

OBJECTIVE 2: People of all genders and ages negotiate and create healthy relationships within families and communities built upon mutual respect, open communication, solidarity and non-violence

This objective focuses on relational dynamics among and across people of different ages and genders. It envisions strengthening open communication, trust, non-violence and support for equitable relations within the home, community and across communities. This is critical for expanding cooperative power and strengthening collective action for change.

Illustrative approaches include:

- Couple workshops and counselling on dialogue and communication, trust, intimacy and support (EMERGE work, psycho-social approaches, Journeys of Transformation)
- Parent-child workshops, and counselling among intimate and family relationships (e.g. positive parenting, fatherhood campaigns, mother-in-law and daughter-in-law interactions, pre-marriage counselling, psychosocial programming and restorative approaches for households affected by violence, etc.)
- Engagement and support for men as allies in GBV prevention
- Strengthening networks and collective exploration and challenge of community norms through action research, community dialogues, the arts (theatre, music, visual arts) and social media campaigns
- Celebrating healthy relationships grounded in trust, open communication, non-violence and equitable decision-making through media, public role models and role model testimonials (Abatangamuco)

OBJECTIVE 3: Groups negotiate rights, choices, access to resources and services with formal and informal institutions, transforming social norms and practices to prevent and respond to GBV

Where the second objective focuses on relational dynamics among and across people, the third focuses on how groups, alliances and movements negotiate for accountable services to prevent and respond to GBV. This includes work with both formal institutions to influence policy as well as informal institutions that can shape social norms and values.

Illustrative approaches include:

- Building solidarity and collective action of groups and networks outside of families (e.g. plantation workers, indigenous groups, youth, domestic workers, displaced and migrant groups, sex workers, day labourers, Dalits, etc.) for social norms change through: theatre, the arts, journalism, sports and other forms of expression.
- Working with religious and cultural leaders to discuss traditional values within societies that denounce GBV and uphold rights, while working against harmful traditional practices
- Supporting effective alliances among local activists, civil society actors and grassroots movements to advocate for GBV prevention and response, promote gender equality and celebrate alternate/diverse gender expressions through advocacy, media and networking
- Creating safe spaces for groups to negotiate with each other and have constructive dialogues (ex: Community development forums, village development action groups)

- Supporting representation of grassroots voices and messages in policy articulation and implementation discussions across community, district, national and global spaces and processes (e.g. shaping agendas related to GBV and gender commitments/legislation, monitoring and evaluation of commitments)
- Linking local groups to national and international networks against GBV and for gender equality (e.g. MenEngage Alliance, CREA)

OBJECTIVE 4: Transparent and accountable formal and informal institutions prevent and respond to GBV

Transparent and accountable formal and informal institutions must pair with strengthening alliances and action for political as well as social change. We see these as two sides of the same coin to drive transformation surrounding GBV. This objective includes both Institutional strengthening and influencing as well as ensuring effective spaces for negotiation at household, community, district, national, regional to global levels.

Illustrative Approaches

- Promoting safety of GBV programming staff and volunteers as CARE through training, programming procedures, monitoring mechanisms and referral systems to mitigate and respond to risks;
- Strengthening district and national level systems and coordination for GBV response and prevention – particularly in conflict and humanitarian settings
- Sensitization, capacity-building and networking of frontline institutions for coordinated and inclusive GBV prevention and response (e.g. police, justice, military, education, social work, health, etc.), and for restorative justice approaches for survivors and perpetrators of GBV across development and humanitarian settings
- Innovating community-based first response and referral mechanisms for GBV survivors
- Mobilising affected communities and civil society partners to advocate for accountable design, implementation and monitoring/evaluation of GBV-related policies, services, institutions and practices (e.g. community score card approaches, shadow reports and other social accountability tools)
- In conflict and humanitarian contexts, advocacy to hold actors accountable for GBV-related policy commitments, goals and indicators at national level, regional and global levels (e.g.UNSCR 1325 and 1820 commitment and action plans, and the Call to Action on VAWG in Emergencies)
- Civil society strengthening and convening to expand inclusiveness and representation of marginalized voices, strengthen alliances, and build linkages to broader gender equality networks and media, to multiply influence of GBV discourse as well as engage opinion leaders as spokespeople and allies for change
- Facilitating interaction and exchange between rights holders (e.g. networks of GBV survivors and local civil society organizations) and duty-bearers at community, district and national levels (governmental, informal institutions, private sector, INGOs) for expanding dialogue and productive negotiation for inclusive and quality responses to GBV at regional and broader levels

These objectives are grounded in CARE's **Gender Empowerment Framework** to account for agency-related, structural as well as relational domains of change. They also aim to ensure **approaches are gender 'synchronized', which involves coordinating engaging men and boys approaches with women's and girls' empowerment approaches** – for separate and joint activities – to ensure work effectively intersects with and complements one another to advance gender equality and overcome GBV.

GBV STRATEGY IMPLICATIONS

As an organization that works across multiple sectors, integrating **GBV work across programming is non-negotiable**– at national, regional and global levels. CARE commits to work consistently with local human rights defenders and diverse stakeholders to ensure prevention, referral and response mechanisms are inclusive of the spectrum of people affected by GBV. This work places particular focus on at-risk groups, including children, migrants and displaced persons, conflict-affected communities, sex workers and LGBTQ+ people. Advancing this strategy has implications on accountability, partnership and capacity-building:

ON STANDARDS AND ACCOUNTABILITY: CARE works and will continue to work on programs that specifically set out to prevent and respond to GBV across development and emergency settings. However, even where programming does not

have a specific GBV focus, it will be important for CARE to adopt some coherent guidance and minimum standards for this work. As a mandatory approach outlined in the CARE 2020 Program Strategy, all programming will need to:

1. **Ensure staff are trained and supported** for gender and GBV sensitive ways of working, and conflict sensitivity/Do No Harm.
2. Integrate **analysis and exploration of GBV – alongside gender relations -** in a consistent way across program design, monitoring, evaluation and learning.
3. **Monitor, mitigate and respond to the risk of GBV** that exists in the communities where we work, particularly since this risk may be affected by our interventions.
4. **Ensure GBV-related services and programmatic initiatives are inclusive and friendly to all groups** – ensuring that certain groups do not remain marginalized or excluded from the services they deserve.
5. **Support civil society groups and networks to** advocate for quality support services, and policy and social norms change from local levels, upward.
6. **Ensure clear policies and action for Prevention and Response to Sexual Exploitation and Abuse** in the workplace, in partnerships and in programming.
7. **Collect and report on select global GBV indicators** to inform global impact measures related to GBV across all CARE programming, in partnership with academic and research institutions.
8. **Prioritize the issue of GBV in resource mobilization** to deepen CARE's programming innovation and impact in alliance with strategic partners and networks.

ON PARTNERSHIP: As CARE advances this strategy, equitable partnerships across diverse stakeholders form a cornerstone of this work. CARE's commitment to understand and address the underlying causes of poverty will require strategic partnering with research and academic institutions to deepen our understanding of GBV drivers and dynamics across diverse contexts. Further, CARE views grassroots activists, civil society associations and networks as key drivers for social transformation. In line with the CARE 2020 Program Strategy, CARE is committed to working in alliance with civil society groups that are genuinely representative of impact groups to mobilize, network and represent their rights and catalyze gender transformational change in homes, communities, the state and beyond. Much of CARE's work in this area includes convening spaces for diverse groups to interact and negotiate their rights – representing marginalized groups, service providers, private sector, religious and secular leaders, political parties, government ministries, etc. To realize its objectives, CARE must remain positioned to learn from partner organizations and draw on their expertise, as well as support partners share back what we're learning and ensure gender and GBV-sensitive work across all sectors. In alignment with our values, CARE must also be discerning in its partnering to ensure rights-based values around non-discrimination, inclusiveness, gender equality and non-violence are reflected in how we partner, with whom and in the quality of our work together.

ON CAPACITY-BUILDING: CARE's work in sexual and reproductive health, economic empowerment, emergency response, food and nutrition security act as entry points into communities. Through this, CARE often establishes safe spaces for the exploration of contextually specific gender norms. We suggest that such spaces provide the environment for exploring GBV norms and working with households, communities, partners and allies at various levels to identify ways in which to challenge negative behaviors that result in violence.

CARE also acknowledges that issues of GBV are often highly sensitive and require specific skills and competencies amongst our staff and partners. Core competencies in relation to gender and GBV are critical not only for the staff and partners who implement programming, but also for key institutional stakeholders responsible for ensuring the rights of all people against GBV.

There are some excellent examples and experience of developing the skills and competencies of staff, partners, police and service providers through critical exploration of prevailing gender norms (our GED training series, GBV training, engaging men and boys curriculum, gender and emergencies training, and social analysis and action). Work to **develop skills and capacities of our staff and partners (and subsequently other institutional stakeholders)** has gained momentum across the globe, but will need to be ramped up and systematically implemented.

ENDNOTES

[1] In May 2014, CARE staff from across regional and national offices met in Kampala, Uganda to craft this GBV Strategy in line with CARE's 2020 Program Strategy. The meeting included representatives from: Austria, Burundi, Canada, DRC, Egypt, Great Lakes Region, Netherlands, Norway, Rwanda, Sri Lanka, Uganda, UK, USA and CARE International.

[2] See: http://www.who.int/reproductivehealth/publications/violence/VAW_Prevelance.jpeg?ua=1

[3] Anderson, M. (16 July 2014). *Child Marriage Soars among Syrian Refugees in Jordan.* The Guardian.

[4] World Health Organization.(2011)Progress Report: an update on WHO's work on female genital mutilation: http://whqlibdoc.who.int/hq/2011/WHO_RHR_11.18_eng.pdf?ua=1

[5] Sen: http://ucatlas.ucsc.edu/gender/Sen100M.html

[6] PAHO

[7] Stemple, L. (2009). Male Rape and Human Rights.

[8] Ibid.

[9] Bouta et al. (2005) *Gender, Conflict and Development.* World Bank: p 38

[10] Bancroft, L. (2003). *Why does he do that?: Inside the minds of angry and controlling men*. New York: Berkley Books; Kitzmann, K.M., Gaylord, N.K., Holt, A.R., & Kenny, E.D. (2003). Child witnesses to domestic violence: A meta-analytic review. Journal of Consulting and Clinical Psychology, 71(2), 339; McCloskey, L.A. (2001). The" Medea Complex" among men: The instrumental abuse of children to injure wives. *Violence and Victims, 16*(1), 19-37; McGee, R.A., Wolfe, D.A., & Wilson, S.K. (1997). Multiple maltreatment experiences and adolescent behavior problems: Adolescents' perspectives. *Development and Psychopathology, 9*(01), 131-149.

[11] Stith SM, Rosen KH, Middleton KA, Busch AL, Lundeberg K, Carlton RP. The Intergenerational Transmission of Spouse Abuse: A Meta-Analysis. J Marriage Fam. 2000; 62: 640–654. 9; Gil-Gonzalez D, Vives-Cases C, Ruiz MT, Carrasco-Portino M, Alvarez-Dardet C. Childhood experiences of violence in perpetrators as a risk factor of intimate partner violence: a systematic review. J Public Health. 2008; 30: 14–22.

[12] Guidelines for Gender Based Violence Interventions in Humanitarian settings, IASC 2005

[13] Philippines: New approach to emergency response fails women and girls

[14] Stemple, L. (2009). Male Rape and Human Rights.

[15] Walker, E., George, T. and T. Hughes (2014).

[16] hooks, bell (1984). Feminist Theory: from margin to center. Cambridge, MA: South End Press.

[17] Schmeidl, S., & Piza-Lopez, E. (2002). Gender and conflict early warning: A framework for action. London: International Alert; Hudson. V. et al. (2012) Sex and World Peace, Columbia University Press

[18] World Health Organization. (2005) "WHO Multi-Country Study on Women's Health and Domestic Violence against Women"

[19] Dunkle, et al (2004). "Gender-based violence, relationship power, and risk of HIV infection in women attending antenatal clinics in South Africa." The Lancet, Volume 363, Issue 9419, Pages 1415 - 1421

[20] World Bank: http://siteresources.worldbank.org/INTGENDER/Resources/andymorrison.ppt

[21] Brody, A., Spieldoch, A. and G. Aboud (2014). Towards Gender-Just Food and Nutrition Security: overview report. BRIDGE Cutting Edge Packs. Institute of Development Studies: Sussex.

[22] Irish Joint Consortium on Gender Based Violence (n.d.). Keeping Gender on the Agenda: GBV, Poverty and Development.

[23] Ibid.

[24] Ibid.

[25] Center for Women's Global Leadership. GBV Fact Sheet. Rutgers University.

[26] OECD (2014). Social Institutions and Gender Index: tackling the root causes of gender inequality is possible and is key to counteracting the negative domino effects of inequality throughout a women's life, says the OECD Development Centre.

[27] Bloom (2008). VAW Compendium of Indicators; CARE Benin.

[23] P Julinsey (2014)

[24] J Kemitare, Raising Voices (2014).

[30] Bloom et al (2014). Guidance for Gender Based Violence Monitoring and Mitigation within Non-GBV Focused Sectoral Programming. Atlanta: CARE.

[31] Draft document: Beyond 2015 for Women, Peace and Security CARE International position on the 15th anniversary of UNSCR 1325

[32] Diagram adapted from the Engaging Men and Boys: programming elements illustration