



ISSUE BRIEF

Bringing an End to Gender-Based Violence

Gender-Based Violence (GBV) is at epidemic proportions in countries around the world. It is estimated that at least one out of three women globally will be beaten, coerced into sex, or otherwise abused in her lifetime. In conflict-affected parts of the world, violence against women and girls, including sexual violence, can reach unimaginable levels. Gender-based violence primarily—though not exclusively—impacts women and girls; it includes rape, domestic violence, child marriage, female genital cutting and other harmful traditional practices.

What is GBV?

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.

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 often encouraged to exercise power in society and to be prepared to use violent means as necessary. Sometimes, boys and men can also experience gender based violence. These disempowering gender norms and power inequalities support and reinforce one another often as an intergenerational continuance of GBV in families and communities

GBV exacerbates poverty and thwarts development efforts. Women and girls who have been sexually violated are at risk of unintended pregnancy and contracting sexually transmitted diseases, like HIV/AIDS. They may lose access to vital support due to the stigma placed on survivors of abuse. Threats, harassment, violence or fear of violence together with social notions of honor and virtue may constrain women's and girls' mobility. This limits their livelihood opportunities, their ability to access education and health services, and to participate in political processes. As women comprise a significant part of the informal economy and are the primary caretakers of children, the ripple effects of GBV travel far beyond the survivors themselves. GBV also has enormous economic costs at both the personal and social level in terms of health services, police and legal services, and decreased productivity, which impacts family income and food security. In Bangladesh, for example, research by CARE found that the cost of GBV represented 12.5% of the nation's annual expenditure, or about 2.1% of the country's gross domestic product.

One of the challenges in responding to GBV is that, in many communities, gender-based violence is hidden from view and perpetrators often enjoy impunity. Even in countries where violence against women is prohibited under law, such acts may often go unreported or unaddressed through legal processes due to social and cultural attitudes that view GBV as acceptable and stigmatize or blame the survivor. The absence of safe and supportive health, psycho-social and legal services also plays a role in discouraging those who need help from reporting violations and seeking assistance.

However, in many communities, groups of active citizens have started to change this. Women and men are speaking out, demanding improved services and ways to reduce stigma for survivors of violence. They are working with their local governments to change and enforce policies to help survivors get what they need. At the community level, CARE is also working with families and leaders to champion positive gender norms and more equal relationships between men and women.

CARE in Action

Preventing and responding to GBV is an integral part of CARE's commitment to promoting gender equality and ending poverty. CARE is actively engaging men and boys to change gender norms in communities. In 2015, CARE developed and launched a global GBV strategy to guide our program and policy design. This strategy highlights CARE's expertise in innovation and integration of GBV priorities across programs, specifically: addressing the root causes of GBV, convening diverse actors to prevent and respond to GBV, and our commitment to gender equality and diversity skills among staff and partners.

CARE's experience working in communities around the world has shown us that addressing GBV is possible through coordinated engagement with and action by government and civil society actors from a range of sectors, including health, social services, security and legal sectors. CARE's broad programming to prevent and respond to GBV includes initiatives aimed at addressing social norms that perpetuate violence, engaging men and boys, empowering women and girls, and building the capacity of local organizations and community systems to respond holistically to the needs of survivors.

U.S. Support

The global prevalence of GBV requires a strong response. CARE urges the United States and its partners to integrate efforts to prevent and respond to GBV across foreign assistance programs in health, governance, education, economic growth, humanitarian assistance and security.

CASE STUDY:

Responding to GBV in Zambia

Mary (not her real name), was a 17 year old girl living in Lusaka, Zambia who was subjected to repeated sexual abuse by her father and as a result became pregnant. He threatened her with violence unless she remained silent and then sent her away to live with an aunt. After two months, she was able to reveal the truth of the abuse to her aunt who reported the matter to the police. They took her to a Coordinated Response Centre (CRC) in Lusaka, a one-stop shop where survivors of violence receive medical treatment, report abuse, get counseling and obtain free legal advice. The Centers were supported by a Safer Zambia (ASAZA), a project run by CARE with funding from USAID. Mary received counseling and treatment and was sheltered in a safe house supported by an ASAZA partner, the YWCA. Her father was arrested, prosecuted and convicted and is now awaiting sentencing. Mary gave birth to a healthy baby and with support from ASAZA, is now back in school, more determined than ever to complete her education.

Such assistance must be robust and sustained over time, as the cycle of GBV can only be broken through long-term, multi-level action to empower women and girls and change community norms that perpetuate violence.

Congress can solidify the United States' commitment to combating GBV by passing the **International Violence Against Women Act (S. 713; H.R. 1340)**. This bill elevates the issues of GBV and women's empowerment by requiring the U.S. government to implement a long-term comprehensive strategy to prevent and respond to GBV. IVAWA will streamline and better coordinate anti-GBV programming across U.S. government agencies, making addressing GBV a cornerstone of U.S. development and foreign policy.

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