# THE RIGHT TO A LIFE FREE FROM VIOLENCE A STRATEGIC FOCUS: 2018-2020

#### **DEFINING A STRATEGIC FOCUS FOR LFFV**

What can we do to maximize impact of the LFFV Outcome area over the next two years? With our limited resources and the evidence that our work is reducing violence, if we had to choose ONE focus area, and throw all of our combined strengths and efforts into this over the next two years, on multiple fronts, what would those areas be?

#### What would we like to see for this outcome area in two years, by 2020?

Strong
association and
top-of-mind
recall between
LFFV and one
focus area.

Increased
advocacy
and influence
with key
stakeholders on
specific niche
area.

Increased
fund-raising
for this area
of work - in
development
and
humanitarian
settings /
combination of
the two.

Increased
scale-up of
programs
that work, and
implementing
approaches
that are
gendertransformative
versus gendersensitive
or genderresponsive.

Increased
sharing of
lessons and
good practice
between global
teams working
on these areas
as well as crossborder sharing
of technical
expertise.

# OUR PROPOSITION

Based on overall feedback and conversations with CARE colleagues this year, we propose the following global focus areas for the LFFV Outcome Working Group to rally around over the next two years, by 2020: 'Tackling patriarchal social norms to prevent domestic violence¹ in development and humanitarian contexts.' The above focus area will be achieved through direct programming and mainstreaming prevention of domestic violence across all sectors of CARE's programming as relevant.

## WHY DO WE NEED A STRATEGIC FOCUS FOR THE LIFE FREE FROM VIOLENCE OUTCOME AREA?

A clear and strategic focus to drive the Life Free From Violence Outcome Area forwards was identified as a need, following consultations across CARE. This focused effort will allow for skills, advocacy, resources and learning to be more effectively mobilized for gender-transformative work. From PIIRS data, there is much more work to be done to ensure that our LFFV/ GBV-related projects are gender-transformative.<sup>2</sup>

As of 2017, out of 184 GBV projects, only 33% were gender transformative, 16% were gender-

responsive and 35% were gender sensitive. Whilst this is higher than other outcome areas, we know that our work needs to be transformative if it is to have a meaningful impact on GBV and achieving a Life Free From Violence. While this will be an organizational-wide focus area for the Life Free From Violence outcome area for CARE until 2020, this does not detract from work on other forms of GBV across development and humanitarian contexts, which will continue.

<sup>&</sup>lt;sup>1</sup> Domestic violence is a harmful act or threat carried out by a current or former intimate partner or any family member, be they directly related, in-laws or step-family. It includes physical, sexual and psychological abuse, coercion, denial of liberty and economic deprivation. Examples of domestic violence include: intimate partner violence, child, early and forced marriage (CEFM); honour killings and other honour crimes; widow disinheritance and abandonment. This definition is an adaptation from the 2012 World Health Organization (WHO) definition of Intimate Partner Violence, and a 2013 UK government definition of Domestic Violence.

<sup>&</sup>lt;sup>2</sup> A) "Gender-transformative approaches aim to move beyond individual self-improvement among women and toward transforming the power dynamics and structures that serve to reinforce gendered inequalities. ... a gender-transformative approach to development goes beyond the 'symptoms' of gender inequality to address 'the social norms, attitudes, behaviors, and social systems' that underlie them" (<u>Hillenbrand et al. 2015, p.5</u>).

B) A Gender Responsive approach is an approach whereby individuals examine societal gender expectations, stereotypes, discrimination and their impacts (<u>CARE Gender Toolkit</u>).

B) A Cender Responsive approach is an approach whereby individuals examine societal gender expectations, stereotypes, discrimination and their impacts (<u>CARE Gender Ioolkit</u>).

C) A Cender Sensitive approach responds to the different needs and constraints of individuals based on their gender and sexuality. But by themselves they do little to change larger contextual issues that lie at the root of gender inequality (<u>CARE Gender Toolkit</u>).

### WHY FOCUS ON PREVENTION OF DOMESTIC VIOLENCE?

CARE has considerable experience in prevention of GBV versus response. Prevention efforts attempt to address the root-causes of gender-based violence, in the hope that it leads to more lasting change. CARE's review of Global Program Strategy Teams (2017), in relation to LFFV said:

"It is important to stress that for this outcome, CARE has a niche in preventing GBV (as opposed to responding to GBV cases) and strong programming interventions that are effective (as shown in the DFID global evidence review), but we are not lifting this work up and promoting it throughout CARE (for replication and scale) nor using this experience to bring in more funding."

Domestic Violence has already been identified as an important area of work to create impact, in the Impact Growth Strategies in two of the largest regions that CARE is working in - the Great Lakes and the Asia Pacific.

Available evidence also suggests that a significant form of Violence Against Women and Girls (VAWG) in emergencies, is in fact, Domestic Violence. Also, the types of VAWG in conflict and humanitarian settings are not dissimilar to VAWG in non-emergency settings, with violence perpetrated by an intimate partner being the most common form of violence facing a woman. A study from Ituri in the Democratic Republic of Congo (DRC) for instance showed that 68.8% of female respondents reported experiencing IPV in the previous 12 months (38.4% of sexual IPV); and 86.6% of perpetrators of non-partner sexual violence were known to the survivor and only 6% of perpetrators of sexual violence were armed groups.<sup>3</sup>

Across all of these efforts, there are also proven success stories, within and beyond CARE, to share and scale up with opportunities for shared learning, across different contexts and regions. This focus area may overlap with other Outcome areas, but is particularly relevant for the LFFV Outcome Area.<sup>4</sup>

### WHY FOCUS ON BOTH DEVELOPMENT AND HUMANITARIAN SETTINGS?

Focusing on DV in both of these settings provides a strong opportunity to strengthen and integrate our humanitarian and development programming. In emergencies, specific forms of GBV are exacerbated such as domestic violence. CARE recognizes that progress made in preventing GBV in non-emergencies must be maintained when there is an emergency.

Domestic violence makes up the most significant category of GBV in emergencies but is generally overlooked and is woefully under-resourced. Funding and resource mobilization for the prevention of GBV – particularly the prevention of domestic violence in development and humanitarian contexts - needs to be strengthened. In fact, the What Works to Prevent Violence Against Women and Girls initiative in London have also explicitly asked for a shift in focus by the humanitarian community and for support towards domestic violence in humanitarian settings.<sup>5</sup>

<sup>&</sup>lt;sup>3</sup> VAWG in Conflict and Humanitarian Settings: Does Faith Matter? Findings from the DRC, December 2017, What Works Learning Event, London, What Works to Prevent Violence – A Global Program to Prevent Violence Against Women and Girls, tearfund, Heal Africa, Read online here.

<sup>\*</sup>The other Outcome Areas of CARE include: 1) Sexual & Reproductive Health & Rights; 2) Women's Economic Empowerment: 3) Food & Nutrition Security and Resilience to Climate Change; and 4) Quality, life-saving humanitarian assistance. While each of these Outcome Areas deal with specific topics, it must be noted that very often there is an overlap. For example, a Life Free From Violence (LFFV) is possible only if all aspects of Gender Based Violence (GBV), including Sexual & Reproductive Health & Rights (SRHR) and Women's Economic Empowerment (WEE) is considered.

In this context, the LFFV outcome area is currently strategizing on how to focus learning, advocacy, resourcing and programmatic work around this central focus, over the next 2 years (2018-2020). This is an opportunity to strengthen CARE's contribution and learning towards the overall goal of prevention of GBV in both development and humanitarian contexts.

This focus will be operationalized through six sub-teams of the LFFV Working Group, on the following thematic and functional areas, with clear targets and deliverables outlined in a work plan, until 2020:

STRATEGY AND CONCEPT

**EVIDENCE AND LEARNING** 

ADVOCACY AND INFLUENCE BUILDING

**RESOURCE MOBILIZATION** 

**REGIONAL STRATEGIES** 

GBV IN THE HUMANITARIAN SECTOR

### GUIDING PRINCIPLES OF THE LFFV STRATEGIC FOCUS

**MAINTAIN A LINK** to social movements and women's rights movements on the ground where possible, as well as partnering with women's organizations.

**TRANSFORMATIVE JUSTICE** – Inclusion of excluded groups such as indigenous people, LGBTIQ, people with disabilities, etc.

**RESOURCE MOBILIZATION** - Push for increased accountability, resourcing and implementation around domestic violence from governments, donors and the private sector.

**COMMUNICATIONS AND VISIBILITY** - Moving beyond traditional 'saviour' narratives and ensuring ethical and respectful communication regarding GBV survivors.

**LEADERSHIP AND POWER** - Creating a broad base of leadership and giving voice to Country Offices and social groups who are leading the work on the ground, and ensuring their role in decision making at multiple levels.

**LEARNING FROM GOOD PRACTICE** and distilling CARE's core approach based on what works do reduce Domestic Violence.