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.

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 and 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, 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 and workforce time with impacts on 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 of 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 and 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.

What is GBV?

Gender-based violence (GBV) refers to any harm perpetrated against a person’s will on the basis of gender—the socially ascribed differences between males and females. It is based on an unequal power between men, women, boys and girls. Women and girls are often the targets because of social norms and beliefs that perpetuate their second-class social status. GBV includes physical, sexual and psychological abuse of women and girls in the home, community and in schools; trafficking; traditional practices such as female genital cutting, forced marriage, and honor crimes; and widespread sexual violence and exploitation during and after conflicts and natural disasters.

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 and power inequalities support and reinforce one another.
However, in many communities, groups of active citizens have started to change this. Women and men are speaking out and 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.

**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 currently implementing GBV programming in 20 countries in Asia, Africa, Eastern Europe, the Middle East, Latin America and the Caribbean. CARE’s work draws on close to 20 years of experience addressing GBV in situations ranging from conflict and natural disaster to stable development settings. Over 80 percent of CARE’s GBV projects are integrated into other programmatic sectors, such as education, health and economic development.

**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 victims 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.

**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. Such assistance must be 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 supporting ongoing efforts to respond to GBV and by urging the Obama administration to continue to address GBV throughout the full spectrum U.S. foreign assistance programming.