

# Women's Empowerment & Violence

## Violence

*"I would rather my daughter die than not have her circumcised. If we do not she will not be able to be married."*

Ethiopia (house wife)<sup>1</sup>

*"Quite often when my mummy had problems finding materials for sale or when she needed money for the rent she would scream at us. Nothing we did in the house was any good, and she beat me too."*

Ecuador (recycler's child)<sup>2</sup>

*"One time a foreign customer beat me up because I refused to have unprotected sex. I reported it to the boss but she did not do anything so I was angry. I threatened to report it to the NGO, but did not really do it so as not to cause any problems."*

Cambodia (sex worker)<sup>3</sup>

Across the nearly 30 countries involved in the SII, violence has been a pervasive characteristic of the female experience. The SII paints a complex picture of women as victims, perpetrators and enablers of violence. Violence can be a part of their relationships with lovers, husbands, children and peers. Violence can be seen as a crime, a punishment, a norm or a rite of passage.

The violence that women experience is more than simply random harm; it is the expression of

**CARE's Strategic Impact Inquiry:** At CARE, we view women's empowerment through the lens of poor women's efforts to achieve their full and equal human rights. In these struggles, women strive to balance practical, daily, individual achievements with strategic, collective, long-term work to challenge biased social rules and institutions. Through a three-year Strategic Impact Inquiry (SII) on women's empowerment, thousands of women across dozens of research sites shape a rich and authentic story of empowerment, one that challenges many conventions about what it is, how it happens and what the development sector's activities have to do with it. Central to this story is an awareness of interdependence – that the lasting empowerment of any given woman relies on a combination of changes in her aspirations and achievements (agency), in the societal rules and customs that shape her choices and possibilities in life (structure), and in the nature of relationships through which she navigates her life (relations). This brief encapsulates the trends our research has revealed around violence against women and how the phenomenon interacts with women's empowerment and CARE's programmatic impact on communities.

systems, structures and relationships under strain – an instrument of social control and an extreme reaction to the prospect of change. In work that aims explicitly to shift gendered power relations at interpersonal or ingrained institutional levels, it is incumbent on us to be prepared to address violence, both as a common feature of women's lives and as a potential consequence of our efforts to support their empowerment.

This paper explores some dynamics of power and violence in women's lives. It seeks to answer:

- *What factors perpetuate violence against women?*
- *How does CARE work to help women confront violence in their lives?*
- *What can we do to support women against violence?*

## Violence in Women's Lives

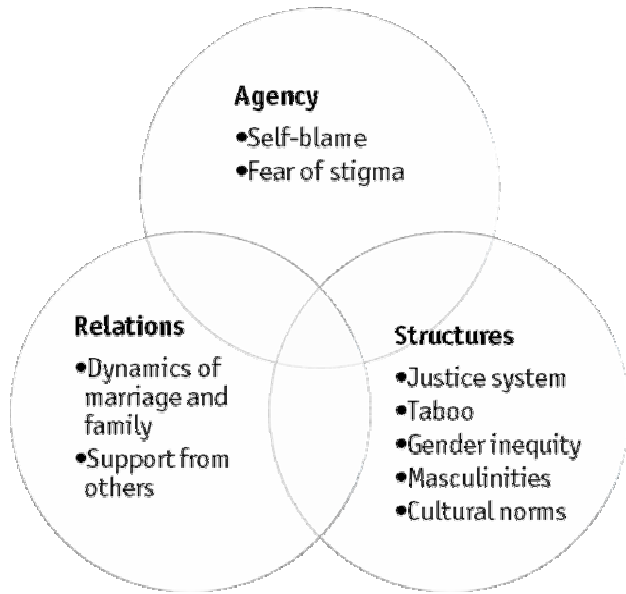
Violence is used by and against women, to uphold social norms and reinforce unbalanced power relations through a mix of factors:

**Unequal Rights and Status.** In many contexts, violence against women has become normal and accepted. In part, this is enabled through the systematic denial of rights of marginalized women: women or widows who cannot own land, young mothers who are denied access to education or sex workers whose professions limit their access to justice. These accepted forms of discrimination can play into the normalization of violence. In Burundi, for example, the SII noted that 15 percent of women involved in CARE programs agreed that they should accept violence in their lives in order to preserve family stability and only 19 percent of interviewees stated that it was not normal for a man to beat his wife.<sup>4</sup> In the same vein, many women viewed hitting their children as a natural way of educating them and shaping their behavior.

**Social Norms, Self-Blame and Cultures of Silence.** Without a sense of their own right to freedom from violence, many women in Tanzania's SII research blame themselves for violence committed against them. Over half of the women interviewed agreed that it was normal for a man to hit his wife if she tricked him. Over 30 percent of female household heads agreed that there were times when a woman deserved to be hit.<sup>5</sup> And for the women and girls of Afar, Ethiopia, genital circumcision is seen as a key to woman's status and levels of social support.

These traditions and habits foster a shroud of silence around violence, and reinforce its power as an instrument of social control. Cultural notions of family honor and women’s purity can shape how social institutions of family, state and market justify and even motivate the use of violence. For example, SII studies in Uganda and Burundi discuss rape as a weapon of cultural destruction in war, and the possibility that it is partially enabled through cultural norms that prevent women from reporting such violations in order to preserve her family’s name, and her place within it.

**Stigmatization.** Social stigma can be a *cause of* violence, as made clear by sex workers in Bangladesh, Cambodia, India and Peru who revealed the prevalence of violence they faced from local police and clients and among colleagues. In Ford-SII sites looking at HIV vulnerability among sex workers, many women identified the discrimination, social stigma and marginalization they face *as sex workers* as one of the most critical barriers to their empowerment, and to reducing their HIV risk. At the same time, stigma can arise *from* violence, as described by women in the Tanzania study who named stigma as a reason why women would not report violence.



**Masculinities.** Research from a number of SII sites connected men’s struggles to fulfill traditional provider roles with aggression against women. In Bangladesh, women saw dowry, scarce resources and men’s struggles to earn income to pay for their daughter’s marriage as a key driver of violence. Women observed that violence rose in the scarce season. In Mali and Uganda, stagnant economies threatened men’s abilities to earn income for their families, leading to men’s disempowerment and a rise in domestic violence.

**Impunity.** In some contexts, justice systems are not available or accountable to women, or else fail to treat violence against women, such as domestic violence or forced marriage, as distinct classes of

crime or weapons of war. In Uganda, the SII team observed that there were no mechanisms for women to report abuse, and women feared backlash from perpetrators – particularly soldiers – if they reported a case. In rural Bangladesh, the SII found that women did not have much access or voice in local religious courts. Furthermore, women who did report cases often continued living with the perpetrator, leaving them even more vulnerable to violence.

Remembering that violence is often socially taboo, normalized or shameful for victims, how can CARE learn about the dynamics of violence against women? What sensitivities must we keep in mind in order to mitigate harms and be sensitive to the traumas women have experienced? And, in line with the SII’s commitment to rights-based approaches, how can inquiries on violence be made empowering?

## CARE’s Work and Violence against Women

Though broad patterns arise in factors surrounding violence and women, the details vary from place to place. To adjust to local contexts, the SII cases point to a number of approaches CARE had taken to understand and stop violence against women.

### FOR ANALYSIS: How has CARE tried to understand violence and women?

In Bangladesh, the SII revealed that the Partnership for Healthy Life project team had tried to understand dynamics driving violence against women, undertaking primary and secondary research. This project-based research aimed to help the team:

- a) Become better equipped to understand the dynamics underlying gender and violence;
- b) Document the experiences and views of women and men in violent relationships;
- c) Review the existing literature of violence against women (VAW) in their contexts; and
- d) Explore different perceptions of VAW with CARE staff, elected representatives, married women and other leaders to review how violence might be prevented.<sup>6</sup>

Inquiring into women's (and men's) experiences of violence raised important ethical and validity challenges for research teams – including in Bangladesh, Lesotho and Yemen. All SII teams flagged potential sensitivities and vulnerabilities that face women in each community, requiring plans to conduct research in ethical and empowering ways. Some of the key issues included: (1) ethical issues and risks involved for research participants and staff when doing analysis, in the form of family or community backlash or the potential for re-traumatization of survivors, (2) awareness, comfort and capacity issues for staff, who might not be prepared to recognize or engage with violence, or know how to explore such sensitive issues in ways that are healing or empowering for the participants, and (3) a tendency to obscure policy, market or other social structures, and the extent to which they contribute to VAW. Some of the measures taken included:

#### ***Preparing Staff to Effectively Address against Violence against Women***

Staff learning and development is critical for CARE to be effective in combating violence against women. For the SII, guidelines were developed to help prepare staff to research empowerment among women who may have survived violence and trauma. In preparation and through shared qualitative analysis among staff, SII teams gained a better understanding on:

- Dynamics of gender and power within the communities where CARE works;
- Staff's own internal biases, values and assumptions about gender and power;
- Issues of trauma and how to approach it sensitively and empathetically; and
- Resources and referral information for victims of abuse and trauma.
- The critical importance of confidentiality, safety and "do no harm."

**Sampling:** In studies focused on sex workers, the first wave of respondent sex worker and health services organizations provided the contact information for other respondents. While sampling was not random, this offered researchers access to a highly mobile population, and also offered women more autonomy to choose whether or not to participate in the study.<sup>7</sup>

**A Safe Space:** Across SII sites, research teams were careful to ensure safe and confidential spaces for respondents to prevent any potential backlash against their participation in the study. In CARE Lesotho, where research focused on garment workers and HIV risk, researchers arranged interviews in the factory at off-hours for women workers to minimize attention from employers that could expose them to discriminatory action. Because women discussed sensitive topics, and sometimes revealed their positive HIV status for the first time, the research teams offered counseling services to help address any risk of re-traumatization, and also provided free transportation home for women.

**Appropriate Methodology:** Discussions on violence must engage women in a way that is sensitive, safe, honest, encouraging and empathetic. It may be that a mismatch between local culture and research methods foil our efforts to explore violence at all, as happened when Yemen's mixed-nationality team was unable to discuss women's 'bodily integrity' at all: *Once understood, bodily integrity was completely shunned, because of the taboos on discussing sexual issues ... and on collectively acknowledging the existence of violence to women, especially in front of foreigners.* Considering team composition, personal levels of trust between research participants and data collectors, methods, and timeframes can all play a role in bridging this kind of divide.

Where direct discussion of violence too great a risk, teams across the SII found it useful to discuss local proverbs and norms as entry points into deeper discussions. This was the case in Bangladesh, where teams then engaged in role plays to explore violence in the household in a depersonalized manner. For the activity, the SII team worked with 12 women from poorer households who were leaders in the program and who had greater freedom of movement. With these women, the team presented four scenarios that were demonstrated to provoke violence, based on local knowledge and individual interviews (dowry, repayment of NGO loans, food and mobility). In the exercise, village women directed the role play to determine outcomes of the situation, while facilitators acted as the performers carrying out the women's script. Role plays depersonalized issues of violence although women increasingly shared their own experiences as the workshop progressed. Teams were careful to start and end sessions with less distressing activities that affirmed women's strength and resilience.<sup>8</sup>

### **FOR PROGRAMMING: How has CARE's work confronted violence?**

How have CARE's programs confronted violence in women's lives? What have been some successes and challenges? Since the SII began, new investment in VAW programming has increased the number and quality of efforts to prevent VAW.

However, even in the SII sample, much of CARE's work on VAW was focused on broad awareness-raising and debate on VAW, rather than mitigation or survivor services. In an overall CARE portfolio that tends to focus on strengthening women's agency, the VAW work is remarkable for its gendered structural focus and frequent reliance on power analysis, social mobilization, relational interventions and advocacy.

## Empowering Dialogues on Violence through Change Agents

A short, thin woman sat before a small circle of other women from her village in Burundi, her face worn with age. In a strong, calm voice, she began:

*My name is Paulette... Our life has not been easy; we have faced poverty and war but we have survived. Through all the suffering, thanks to CARE's Livelihood Security Program I have actually improved my life and am now able to look after my family and am respected in the community. Let me tell you my story...*

### **The Effect of Violence on Program Impacts**

In the SII sample, dynamics of violence impact projects as much as projects impact violence. The threat of violence has played an important role in influencing women's choices in relation to program interventions. In a number of projects, men at times blocked women from taking part in CARE programming through coercion or threat of violence. In Lesotho, where the SII explored an HIV prevention intervention, 20.8 percent of participants responded that they would have unprotected sex with partners – 50 percent, when asked why, stated that they feared that their partner would use violence against them. In Uganda, focus group discussions with participants highlighted the need to target entire households for any project interventions, stating:

*"When planning interventions, the spouses of project beneficiaries should be fully aware of what the group, workshop or meeting their spouses are attending is all about, and they should understand how the project benefits the entire family. This is necessary to avoid misunderstandings, quarrels, domestic violence and further oppression from men."*

In Burundi, CARE staff members talk with community members and listen to their life stories. In the process, staff identify 'extraordinary people with extraordinary stories.' The compelling story-tellers, known as *Abatangamuco*, or 'those who bring light,' use their stories to promote positive change in their communities. Starting with one man and one woman *Abatangamuco*, sometimes husband and wife, community members gather for a meeting to share their stories, as well as discuss gender norms, inequality, violence and taboos. During this process, *Abatangamuco* often identify key participants as potential change agents who are also interested in sharing their own stories and motivating others to change behaviors. The cycle repeats.

## CARE's Strategies to Stop Violence through Engaging Local Leaders and Awareness Raising

Eritrea, Ethiopia and Bangladesh studied initiatives specifically aimed at reducing violence against women. Through raising community awareness and engaging local power holders, their projects sought to end FGC and domestic violence. To end violence, CARE worked with imams, other religious leaders and traditional birth attendants to discuss violence against women and used traditional communications (i.e. folk songs and drama) and advocacy campaigns to raise awareness on women's rights.

Though the SII revealed important changes in men's attitudes toward women as a result of CARE's work, it did not reveal significant change in the practice of dowry, FGC and violence against women. Also, in Bangladesh, the SII revealed that by engaging structures without working to change women's relationships with men, Partnership for Healthy Life sometimes left victims who reported violence more vulnerable in their homes because public condemnation of violence put more pressure on husbands and led to greater tension in the household.

Regardless of gaps, all projects recognized the important first step they took toward ending violence: Men's views toward women were beginning to change and women became increasingly aware and vocal about their rights. Through sustained engagement of government structures and community awareness-raising, these projects fostered relationships with community leaders and developed trust between the community and CARE.

## FOR PROGRAMMING: What happens when CARE's work overlooks violence?

The majority of projects studied by the SII did not specifically target violence against women as a programmatic aim. However, violence continued to play a key role in women's behaviors and participation with CARE's work. When CARE projects overlook the dynamics of violence present in women's lives, we miss important opportunities to strengthen women's empowerment well beyond our sectors of intervention:

## The Opportunity to Break the Silence

Without working with or holding discussions on gender, the SII found that CARE's work has had little impact on

women's views of violence. This is reflected in women's own perceptions toward empowerment in which acceptance of violence has been sometimes viewed as an indicator for empowerment:

- *[An empowered woman would] display a shy manner, keep marital disputes to herself, including mistreatment by a husband – even severe beatings. Be strong. (Ethiopia SII)*  
*“[n empowered woman] does not wash her linen in public, respects her husband and humbles herself and discusses issues with her husband”. (Lesotho SII)*

The SII also found that many women whose empowerment CARE seeks can, themselves, be perpetrators or “enablers” of violence, against children, other women or even men. In Ecuador, the SII stated:

*There is plenty of evidence of domestic violence toward women in the household, as well as of women toward their children, a fact which is further exacerbated by economic problems.*

CARE is a powerful actor in settings like these. Our agendas and our silences are both noted. In fact, when CARE is silent on the issue of VAW, we contribute to and reinforce the culture of silence which normalizes VAW, and removes it from the public domain where it can be addressed.

## The Opportunity to Foster Proactive Strategizing against Violence

When we encourage women and men to change established ways of being, there is always a risk of backlash. In Ecuador, Mali and Uganda, as women gained their own income and were able to contribute to household expenses, tensions between men and women rose and women became more vulnerable to violence. One man in Mali stated:

*If a woman has more power than a man she will overflow herself. Women are no longer violated, no longer marginalized, but if she wants to exceed the limits we have to bring her back into line. We do not want to be dominated by women because of their wealth.*

In failing to recognize tensions between men and women in Mali, the SII teams raised a number of questions on how violence and women's relations with men may be affected by women's participation in CARE initiatives:

*What will happen if one day women become, thanks to VSLA, more economically powerful than men? Or on the other hand, what will happen if she loses her economic capacity to contribute to a household (a capacity that may be playing the role of tension reliever between husbands and wives) or to serve as an intermediary to obtain loans for her husband? Will she be subjected to domestic violence? Will the VLSA lose prestige and its image of having the best interest of the community in mind? (p. 26)*

SII evidence shows that our projects can do more to think through the likelihood of violence as we support women's efforts to seek better lives. Working within existing structures and relations, women themselves already maneuver in these ways – waiting until husbands are calm to press a claim in Bangladesh, and have back-up support from extended-family members in cases of violence. With skilled support from CARE, through the kinds of open and supportive engagement that are the hallmark of CARE's ISOFI and other sexual and reproductive health programming, we can help women surface both the likely risks and triggers of violence, and the strategies that they can use to avoid it.

The shared space and solidarity that CARE's group mobilization provides sometimes led women to exchange strategies and information on domestic issues. In Burundi and Ecuador, women reported using group meetings to share knowledge and strategies to avoid domestic violence and improve relationships within their families. In Peru, solidarity among sex workers enabled them to support sharing information about clients.

These ad-hoc forms of sharing can become much more central features of our work with women, hallmarks of our commitments to minimizing harm, and leveraging the women's own ingenuity and solidarity to address violence.

## Ways Forward

Across CARE's work, the threat and reality of violence can have a profound impact on women's choices and behaviors. Whether a given intervention is primarily targeting VAW, or not, CARE's programming principles require that all our work be aware of the dynamics of violence, and the potential of CARE actions to either mitigate or trigger it. The SII found that in order to effectively confront violence against women, CARE must:

- ***Train staff in gender and power analysis***, with particular skills on how to facilitate conversations on violence in a way that ensures safety for all participants, is sensitive and empowering in a way that supports positive action to prevent or address violence.
- ***Target the most vulnerable for leadership in design, implementation and evaluation of projects***, in order to ensure that their needs are represented and addressed.

- **Engage men** as allies in preventing and addressing violence. Assure affirming and supportive processes for men to explore and challenge deep-seated pressures driving violent masculinities. Prepare project strategies to include trainings and discussions with men and women, separately and together, on power and gender norms.
- Help communities to **proactively discuss the potential risks** people face as they begin to shift existing gender power relations, and prepare a range of potential strategies they are comfortable using to prevent harm.
- Throughout project implementation, CARE must use **regular, participatory monitoring** of changes in key empowerment dimensions – including experiences and responses to violence - **to address emergent harms and leverage breakthrough opportunities** for gender equity.
- **Prepare to react responsibly to incidents of violence**. Programs should be ready to refer survivors to trusted and well-trained professional health, medical, psychosocial, legal, and protection services, as available.
- **Support solidarity among women at the grass-roots and with wider women’s rights movements**, in order to raise women’s consciousness on their rights to physical integrity, to encourage women’s agency and support for survivors of violence, and to foster collective action to challenge the political, legal and cultural drivers of VAW.
- **Embed initiatives within a longer-term advocacy and programmatic framework** to ensure sustainability of program impacts that work at multiple levels (individuals, couples, households, families, communities, regions...).

## Resources for Further Learning

CARE’s Gender Wiki ([gender.care2share.wikispaces.net](http://gender.care2share.wikispaces.net)) holds a number of important resources on women’s empowerment and emergencies:

- [Engaging Men and Boys in GBV prevention and Reproductive Health in Conflict and Emergency-Response Settings: A workshop Module](#)
- [CARE SGBV Mapping Report FINAL.pdf](#): A mapping of CARE’s projects world-wide that work with SGBV.

The SII Methodological Compendium’s Module 3 on Understanding Context includes

**Ethical and effective discussions of trauma**. recommendations for how to talk with women about traumatic and painful experiences. •[Summary](#)

**Physical and psychological safety for work with trauma survivors**. The report outlines a series of useful recommendations designed to help raise awareness among staff about the risk of harm in all projects and research studies, and to help staff minimize such risks. •[Summary](#)

**Confronting Rights Denial: Reflections on CARE Bangladesh’ Violence Against Women Initiative**. This VAW initiative supports the construction of a multi-level strategy for confronting an endemic violation of women’s human right to live free from violence. •[Summary](#)

### Key Websites on Addressing VAW:

<http://www.icrw.org>

<http://www.menengage.org>

<http://www.womankind.org.uk>

<http://www.who.int/gender/violence>

<http://www.unifem.org>

<http://www.unfpa.org/16days/index.htm>

<sup>1</sup>K de Boodt (2007). *Empowering Approaches for Understanding Empowerment*. CARE International in Burundi, p.19.

<sup>2</sup> M Makoae and Z Mokomane (2008). *Examining Women’s Vulnerability to HIV Transmission and the Impact of AIDS: The role of peer education/peer support in Lesotho’s garment industry*. Human Sciences Research Council, p. 26

<sup>3</sup>A Ayele, et al (2006). *Strategic Impact Inquiry on Women’s Empowerment in Relations to FGC Elimination Project in Awash*. CARE International in Ethiopia, p. 39.

<sup>4</sup> CARE International in Burundi (2008). *Gender, Sex and Power: the implications of empowering women at risk of HIV and AIDS*. CARE, p. 32.

<sup>5</sup> CARE International in Tanzania (2006). *Village Savings and Loans and Women’s Empowerment: Strategic Impact Inquiry*. CARE, p. 30.

<sup>6</sup> B Bode (2006). *Confronting Rights Denial: Reflections on CARE Bangladesh’s Violence Against Women Initiative*. CARE Bangladesh, p. 1.

<sup>7</sup> *Ethical and Effective Discussions of Trauma*.

<sup>8</sup> CARE International in Bangladesh (2005). *Strategic Impact Inquiry Context Analysis in CARE Bangladesh*. CARE, p. 12.