

This resource accompanies CARE's [GBV Guidance for Development Programs](#).

GBV principles & approaches

## Ethical principles for GBV programming

CARE has an ethical imperative to reduce risks of GBV and respond appropriately to disclosures of violence at every stage of the program cycle: design, implementation, and evaluation. In all cases, upholding CARE's programming principle of "do no harm" and maintaining a survivor-centered approach should take precedence.

This resource outlines best practice principles for GBV programming and provides examples across each of CARE's Impact Areas.

The principle of [do no harm](#) and following a [survivor-centered approach](#) should be at the heart of all GBV programming. All staff must ensure they understand the [key principles](#) below and practice these in their work. Projects will need to determine how best to practically apply the principles in relation to specific project activities and contexts.



### Respect

All actions taken should be guided by respect for the choices, wishes, rights & dignity of the survivor.



### Safety

The safety of participants and staff is the top priority.



### Privacy

Individuals have a right to be free from intrusion or interruption, without being seen or heard.



### Non-discrimination

All individuals should receive equal and fair treatment.



### Informed consent

Individuals should receive & understand information about the activity prior to giving their consent to participate.



### Center local expertise

Actions should be informed by the perspectives of local stakeholders and women's rights organizations.



### Intersectionality

All actions should take into account the unique & interconnected needs of diverse individuals.



### Confidentiality

Information relating to individuals must be kept strictly private unless the individual gives consent for sharing

## Do No Harm

GBV is a human rights violation and can be a matter of life and death for many women, girls, and others. All programs should be aware of GBV-related risks associated with their programming, how programming can potentially increase risk, as well as how it can actively lower such risks. “Doing no harm” means considering both the potential risks associated with your programs as well as how the intervention might unintentionally increase the risk of, or exacerbate, conflict and violence.

Even if a program does not have an explicit focus on addressing GBV, people experiencing GBV may disclose their experiences to program staff during program activities and interactions. Project staff may also face threats to their personal safety (for “interfering” in sensitive family and/or community issues if they get involved) and/or emotional trauma through listening to survivors’ stories. Additionally, project staff may be at risk of GBV themselves in their homes, in the office, or during site visits and travel. Considering GBV risk mitigation within GBV integration efforts can reduce these risks for program participants and staff.

For example, could the project:

- Reinforce power imbalances (e.g., within a couple, between a boss and employee, between a parent and child) that can lead to GBV perpetration?
- Increase the risk of GBV for project participants, staff, and service providers?
- Re-traumatize GBV survivors by forcing them to re-live painful memories?
- Falsely raise the survivor’s hopes for justice or care, if services and systems cannot respond effectively?
- Jeopardize CARE’s ability and standing in the community or country to successfully implement future projects?

### To avoid harm, programs should never:

- Seek to implement any GBV programming without staff technical expertise (GBV training), dedicated GBV specialized staff or consultant time and funding.
- Ask individuals about their direct experience of violence.\*
- Provide advice or counseling to a GBV survivor (only trained GBV service providers should do that).
- Reinforce gender inequitable stereotypes and beliefs since those reaffirm the perpetration of GBV.
- Ask women to challenge male intimate partners without clear, evidence-based, gender transformative approaches, including approaches that engage men and boys in positive ways to promote behavior and norm change.
- Force a GBV survivor to reconcile with the perpetrator, report the incident, or seek services against their will, which violates a survivor-centered approach.

\* The only exception is if this questioning is part of a formal study that has received ethical clearance through the Institutional Review Board (IRB), with data collection conducted by GBV specialists who have received proper training in GBV research ethics and methods for all data collectors and study team members.

## Survivor-centered approach

A **survivor-centered approach** means that “all those who are engaged in violence against women programming prioritize the rights, needs, and wishes of the survivor.”<sup>1</sup> It prioritizes the survivor’s self-determination, choices, agency, autonomy, and rights over secondary considerations such as social norms or organizational reputation. It increases the survivor’s ability to make informed decisions about own care, recovery, and justice. A survivor-centered approach means that the survivor’s rights, needs, and wishes are prioritized when designing and developing GBV-related programming.

The survivor-centered approach can guide professionals—regardless of their role—in their engagement with persons who have experienced GBV. It aims to create a supportive environment in which a GBV survivor’s **rights** are respected, safety is ensured, and the survivor is treated with **dignity** and **respect**. The approach helps to promote a survivor’s recovery and strengthen her or his ability to identify and express needs and wishes; it also reinforces the person’s capacity to make decisions about possible interventions.<sup>2</sup>

### Survivors have the right to:

- Be treated with dignity & respect
- Choose
- Privacy & confidentiality
- Non-discrimination
- Information

**VS**

### Survivors should not experience:

- Victim-blaming attitudes
- Feeling powerless
- Shame and stigma
- Discrimination on the basis of gender, ethnicity etc
- Being told what to do

*Excerpted from GBV AoR, 2010. GBV Coordination Handbook (provisional edition). gbvguidelines.org*

<sup>1</sup> UN Women. *Survivor-Centered Approach*. 2020

<sup>2</sup>Adapted from IASC Gender SWG and GBV AoR, 2010

**Examples across CARE's Vision 2030 Impact Areas**

Impact Area	Examples of How GBV Affects Impact Area	Examples of Do No Harm Approach in Impact Area
<b>Gender Equality</b>	GBV uses violence to enforce and sustain gender inequality. Gender equality cannot be achieved without addressing GBV.	Interventions that seek to reduce gender inequality and shift gender norms can generate backlash. All gender equality interventions should be closely monitored for any increase in GBV.
<b>Right to Food, Water, and Sanitation</b>	Access to food, water and sanitation can all be blocked by GBV. Intimate partner and household violence can include control over household resources, affecting the ability of women and girls to purchase food or menstrual hygiene supplies. Women and girls are the primary water gatherers, and they may be at risk of harassment or violence in the act of gathering water.	Programs that promote the right to food, water, and sanitation should pay attention to potential barriers related to GBV in their initial gender analysis and design process. Efforts to improve access may instead endanger intended beneficiaries. For example, women who have to travel poorly lit paths to latrines may risk sexual assault or endanger their health by avoiding using the toilet at night.
<b>Women's Economic Justice</b>	GBV can limit women's earning potential and their ability to control their own income. For example, child marriage and school-based violence can keep adolescent girls from completing their education. Male partners might threaten or harm female partners who earn money. Workplace sexual harassment can prevent women from advancing or staying in their jobs.	Economic justice programs that do not take into account social norms around women's economic participation may put women at further risk of GBV if these norms limit women's mobility or discourage women's income earning. All programs seeking women's economic justice should avoid harm by understanding and addressing local norms and identifying any GBV-related barriers to economic participation.
<b>Right to Health</b>	GBV in all its forms is a fundamental violation of the right to health, and gravely affects physical, mental, and emotional wellbeing. Some forms of GBV, such as reproductive coercion and disrespect and abuse in childbirth, directly interfere with women's right to access the health care they need. Health providers are often first responders to acts of GBV, and potential entry points into pathways of care.	Programs that increase access to reproductive health care in particular must plan carefully to ensure that women and girls do not suffer backlash from family members. Health providers that are not appropriately trained on GBV can inadvertently harm GBV survivors. For example, reproductive health providers who are not trained to recognize reproductive coercion may perpetrate it themselves, or may put women at risk by informing male partners about their partners' contraceptive use.
<b>Climate Justice</b>	The climate crisis is increasing competition for resources and generating insecurity, exacerbating gender inequality and GBV. Disasters can increase the severity of violence in an abusive relationship because women are separated from support networks that offer protection.	Programs should plan for increases in intimate partner violence, child marriage, and other types of GBV that are often used to reinforce privileges and control over resources following environmental degradation. Additionally, advancing women's leadership on climate issues should be accompanied with an analysis of how women may be targeted in distinct ways from their male counterparts.

## Further resources

- [Do No Harm framework](#) in CARE's Gender MEL Toolkit
- Collaborative Development Action's (CDA) [Do No Harm and Gender: A Guidance Note](#) (2018)
- [CARE's Role In Supporting Social Movements: A Feminist Perspective](#)
- [CIGN Position Paper and Guidance Note on Supporting Women's Social Movements and Collective Action](#)
- COFEM's (Coalition of Feminists for Social Change) series of [tip sheets](#)