

This resource accompanies CARE's **GBV Guidance for Development Programs** and CARE's **GBVIE Guidance Note**.

GBV principles & approaches

Key Considerations for Groups at Risk of GBV

Those working to address gender-based violence should ensure that their approach is inclusive and intersectional. This means they must take into account different people's needs. During project design and implementation, staff should keep in mind the diversity and intersectionality of the women, girls and other populations CARE works with and the different ways they might be at risk of, and experience, GBV.

This resource provides information on key considerations for different affected groups. It includes general considerations and those specific to children and adolescents. This resource has been adapted from the Interagency Standing Committee and GBV Protection Cluster's Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing risk, promoting resilience and aiding recovery, commonly known as the GBV Guidelines.

Key considerations

Population	Examples of GBV	GBV Risk Factors
Adolescent girls	 Sexual assault Sexual exploitation and abuse Child, early and/or forced marriage Female genital mutilation/cutting (FGM/C) IPV for married/cohabitating adolescent girls Physical and emotional abuse Lack of access to education Violence by caregivers 	 Age, gender, and limited social status Increased domestic responsibilities that keep girls isolated in the home Limits on mobility outside the home Lack of community support and protection Lack of access to understandable information about health, rights, and services (including reproductive health) Being discouraged or prevented from attending school Early pregnancies and motherhood Engagement in unsafe activities to make money Loss of family members, especially immediate caretakers Dependence on exploitative or unhealthy relationships for basic needs
Elderly women	 Sexual assault Sexual exploitation and abuse Physical and emotional abuse Exploitation and abuse by caregivers Denial of rights to housing and property 	 Age, gender, and limited social status Disabilities, limited mobility, and chronic diseases Isolation and higher risk of poverty Neglected health and nutritional needs Lack of access to understandable information about rights and services Vulnerability to economic exploitation

¹ Intersectionality means the layers of inequality that a person might experience. For example, a poor woman from an ethnic minority may experience different types of GBV and less access to services than a rich woman from an ethnic majority.



Population	Examples of GBV	GBV Risk Factors
Woman and child heads of households	 Sexual assault Sexual exploitation and abuse Physical and emotional abuse Child and/or forced marriage (including wife inheritance) Denial of rights to housing and property and inheritance 	 Age, gender, and limited social status Increased domestic responsibilities that keep them isolated in the home Lack of community support and protection Dependence on exploitative or unhealthy relationships for basic needs Engagement in unsafe activities to make money
Girls and women who bear children of rape, and their children born of rape	 Sexual assault Sexual exploitation and abuse Intimate partner violence and other forms of domestic violence Lack of access to education Social exclusion Physical and emotional abuse 	 Age, gender Social stigma and isolation Exclusion from their homes, families, and communities Poverty, lack of nutrition, and reproductive health problems Lack of access to medical care Lack of legal protection Dependence on exploitative or unhealthy relationships for basic needs Engagement in unsafe activities to make money
Indigenous women, girls, men and boys, and ethnic and religious minorities	 Social discrimination, exclusion, and oppression Intimate partner violence Lack of access to education Lack of access to services Theft of land Physical and emotional abuse 	 Social stigma and isolation Poverty, malnutrition, and reproductive health problems Lack of legal protection Lack of opportunities based on their national, religious, or cultural group or their language Barriers to participating in their communities and earning money
Lesbian, gay, bisexual, transgender, and intersex (LGBTI) persons	 Social exclusion Sexual assault Sexual exploitation and abuse Homophobic violence and abuse Domestic violence (example: violence against LGBTI children by their parents or violence by a same-sex partner) Denial of services Sexual harassment Rape used as a punishment for sexual orientation Physical and emotional abuse 	 Discrimination Lack of legal protection Limited social status Transgender persons not legally or socially recognized Same-sex relationships not legally or socially recognized Exclusion from housing, job opportunities, and access to health care and other services Exclusion of transgender persons from shelters, bathrooms, and health facilities Social isolation/rejection from family or community, which can result in homelessness Engagement in unsafe activities to make money
Separated or unaccompanied girls, boys, and orphans, including	 Sexual assault Sexual exploitation and abuse Child and/or forced marriage Forced labor Lack of access to education 	 Age, gender, and limited social status Neglected health and nutritional needs Engagement in unsafe activities to make money Dependence on exploitative or unhealthy relationships for basic needs



Population	Examples of GBV	GBV Risk Factors
children associated with armed forces/groups	 Domestic violence Physical and emotional abuse 	 Early pregnancy and motherhood Social stigma, isolation, and rejection by communities because of association with armed forces/groups Active engagement in combat operations Primary caretaker is another child
Women and men involved in forced prostitution, and child victims of sexual exploitation	 Sexual assault Physical and emotional abuse Sexual exploitation and abuse Lack of access to education Other forms of trafficking 	 Dependence on exploitative or unhealthy relationships for basic needs Lack of access to reproductive health information and services Early pregnancies and motherhood Isolation and a lack of social support Social stigma, isolation, and rejection by communities Harassment and abuse from law enforcement Lack of legal protection
Women, girls, men, and boys in detention	 Sexual assault as punishment or torture Physical and emotional abuse Lack of access to education Lack of access to physical health and mental health resources 	 Lack of sanitation Overpopulated detention facilities Men, women, unaccompanied children are not separated Obstacles to reporting incidents of violence (especially sexual violence) Fear of speaking out against authorities Trauma from violence and abuse suffered before detention
Women, girls, men, and boys living with HIV	 Sexual harassment and abuse Social discrimination and exclusion Verbal abuse Lack of access to education Loss of job or ability to make money Prevented from seeing their children Physical and emotional abuse 	 Social stigma, isolation, and higher risk of poverty Loss of land, property, and belongings Stress and/or depression Lack of contact with family Poor physical and emotional health Harmful use of alcohol and/or drugs
Women, girls, men, and boys with disabilities	 Social discrimination and exclusion Sexual assault Sexual exploitation and abuse Intimate partner violence and other forms of domestic violence Lack of access to education Denial of access to housing, property, and livestock Physical and emotional abuse 	 Limited mobility, hearing and vision Isolation and a lack of social support Communication barriers Lack of access to latrines and sanitation services Barriers to reporting violence Barriers to participating in their communities and earning money Lack of access to medical care Lack of legal protection Lack of access to reproductive health information and services



Population	Examples of GBV	GBV Risk Factors
Women, girls, men, and boys who are survivors of violence	 Social discrimination and exclusion Secondary violence (example: abuse by those they report to) Greater vulnerability to future violence Physical and emotional abuse 	 Disabilities and chronic diseases Lack of access to medical care Lack of contact with family Isolation and higher risk of poverty

Additional considerations for children and adolescents

Key considerations for children and adolescents, including adolescent girls and children or adolescents who identify as LGBTQI+, must be accounted for in GBV integration. As non-specialists:²

- 1. Ensure that the referral pathway specifically notes whether a service provider is equipped with child- or adolescent-friendly services.
- 2. Do not seek out or investigate cases of child abuse, but also do not ignore reports and allegations.
- 3. If there is an allegation or report relating to children or adolescent GBV, then go through the appropriate channels to support the survivor, maintain confidentiality, and do no harm.
- 4. Ensure the safety of the child through providing the child or trusted guardian information on referrals to relevant, child-friendly stakeholders (Ministry or government body responsible for children's welfare, police when appropriate, child protection services, shelter, etc.)
- 5. Involve the child in decisions in an age-appropriate way
- 6. Do not force disclosure to parents or caregivers
- 7. Cash transfers directly to children and adolescents may be limited or not advised in the context. Additional risk mitigation must be considered if CVA is to be given directly to children or adolescents.³

Keep in mind that the parent or legal guardian may be the perpetrator of GBV against the child. Such situations are complex. CARE staff should put the principle of the child's best interest above all else and seek the counsel of Child Protection and GBV specialists when addressing disclosures involving children.

Mandatory reporting

In some instances and countries, there are laws that mandate the reporting of specific types of GBV (i.e. for GBV against children and adolescents) or specific acts (such as trauma via a gun or knife). Every effort should be made to comply with laws in a way that upholds a survivor-centered approach. This means that you only disclose to the individual required by law and that you give the survivor the option to self-disclose and/or seek alternatives, such as reporting it after they are removed from the immediate risk of harm by the perpetrator. Another key consideration for applying a survivor-centered approach to mandatory reporting is to ensure that all staff understand what is required by the law and to socialize that in the communities where we work.

"<u>Forced to Report</u>", a study from the British Red Cross and ICRC, showed that mandated reporting for healthcare workers was sometimes a deterrent from survivors seeking care and that sometimes healthcare workers thought that the law required them to report, but it did not.⁴

² Adapted from the GBV Pocket Guide.

³ Consult the Cash Working Group or Global Protection Cluster for guidance: GPC Task Team on Cash for Protection.

⁴ British Red Cross. Forced to report- the humanitarian impact of mandatory reporting on access to health care, 2020



CARE's global <u>Safeguarding Policy</u> on Protection from Sexual Exploitation and Abuse, and Child Abuse (PSEAH-CA) covers GBV perpetrated by those working in, or with, development or humanitarian organizations. In accordance with this policy, all CARE staff, partners, and related personnel are mandated to report PSEAH-CA concerns through the appropriate reporting mechanisms. Further information can be found on the <u>Global Safeguarding Hub</u> on CARE Shares.

Knowing limits

At all times, it is important to be clear about your role and what you can offer survivors. Becoming overly involved or taking on the role of counselor or case manager without the proper training can be harmful to survivors. Therefore, when survivors of GBV ask CARE staff for support, those staff should be trained and prepared to provide basic support, make referrals and maintain confidentiality. However, staff who are not GBV specialists should not take on roles outside of this nor be directed to by their supervisors.

Harmful laws

Legal provisions, such as those that criminalize people who identify as LGBTQI+ or stipulate the perpetrator of rape can be absolved by marrying the survivor, can complicate ethical and survivor-centered programming. In cases that may relate to these laws, maintaining confidentiality and making referrals with knowledge of the types of services available is highly important. In no case should staff encourage survivors to do anything they do not want to do. If a survivor discloses their sexual orientation, this must be kept confidential, and each survivor should be treated with respect and care- even if the social norms or religious beliefs held by staff are not the same as the survivor.

Further resources

- CARE's Gender MEL Toolkit
- CARE's <u>Impact area scenarios for GBV integration</u>