The learning behind the numbers: How CARE is helping prevent gender-based violence

More than one in three women worldwide (35%) experiences physical or sexual violence in her lifetime; in some countries, the prevalence is as high as 70%. Gender-Based Violence (GBV) is one of the most widespread and damaging violations of human rights in the world, but we’re starting to see some real progress in our efforts to promote a right to a “Life Free From Violence”.

CARE’s impact data now shows that together with our partners, we have contributed to more than a quarter of a million women and men changing their attitudes on GBV. So, what are we learning from our most successful work to prevent GBV? How are we fostering individual, family and community-level change so that it never happens in the first place? Here’s a few insights from evaluations and the lessons highlighted by project teams.

What are the impacts we are seeing?

Acceptance of violence is declining:
• Over recent years, CARE and partners have helped nearly 260,000 people in 11 countries to reject intimate partner violence (IPV). Across 13 projects, nearly two thirds of women and men say they no longer believe that it is ever justifiable for a husband to beat his wife—no matter the reason. That’s more than double the proportion when these projects started.
• Within these 13 projects, the proportion of people who answered that such violence could be justified - if she refuses to have sex with him, goes out without telling him, argues with him, neglects the children, or burns the food - fell from 71% to 36%.
• Where projects disaggregated data by sex, slightly larger changes in attitudes rejecting justification of IPV were seen for women (39% to 56%) than for men (34% to 49%).
• In Bangladesh, in SHOUHARDO II, acceptance of IPV more than halved, from 75% to 36%. In Tanzania the Pathways and WE-RISE projects helped reduce acceptance from 72% to 22%.

Rates of violence are also falling:
• Across the 4 projects that have also tracked rates of GBV, the % of women reporting experiencing violence over the last 12 months fell, from 26.2% to 7.2%. This means nearly 130,000 fewer women reporting having experienced IPV than would have been the case had rates of reported violence remained the same as they were at the start of these projects.

Some female partners of couples and a few staff members discussed how women’s self-confidence improved though learning about their power within: “Now I openly speak out and I use the power that I have in me and I feel there is something that I can do to make my family developed. That is a very big thing” (from A Process Review of the Indashyikirwa Couples Curriculum to Prevent Intimate Partner Violence and Support Healthy, Equitable Relationships in Rwanda; Stern & Nyiratunga, 2017)

How did we get there?

Strengthening Relationships and Solidarity Groups:
• Supporting women’s self-help and male support groups:
  • Communities were supported to set up groups or use existing structures (savings groups such as Village Savings and Loans Associations (VSLAs), self-help groups such as EKATA (Bangla for unity)
groups in Bangladesh, and producer groups) which were then used as platforms for dialogue and action (see below) on GBV prevention.

- Projects such as Pathways, SHOUHARDO II and WE-RISE found that increasing income mattered. This chimes with broader evidence (e.g. from Stepping Stones in South Africa) that a combination of economic empowerment and women’s empowerment & gender equality is critical for reducing GBV.

- The gender tools in the Pathways Farmer Field School and Business (FFBS) approach, for example, help men and women reflect on harmony in the household, domestic workload sharing, and access to and control of resources. Intimacy and harmony in the relationship was one of 6 categories of change in Pathways’ use of Outcome Mapping: for each category, project participants then defined the changes they would expect, like and love to see, and the progress they were making towards these “progress markers”.

- Engaging men and boys as equal partners/family: Approaches such as Couples Training and Role Model Couples in Rwanda, promoting Male Champions in Pathways/WE-RISE, or Champions of Change with the Young Men Initiative in the Balkans, show wider community members that their peers are challenging the predominant social norms that promote GBV, in a positive way. The impact of such work with couples is well illustrated in a series of short videos from CARE’s challenging masculinities work in the Empowering Men to Engage and Redefine Gender Equality (EMERGE) project in Sri Lanka, from Batticaloa, Nuwara Eliya, & Polonnaruwa Districts.

- Establishing and supporting Safe Spaces for Women and Girls in Emergencies: Women Friendly Spaces set up in CARE’s response in Cox’s Bazar, Bangladesh, to the Rohingya refugee crisis, provide a place for women and girls to feel both physically and emotionally safe, free of trauma, violence and abuse. They allow women to come together to speak confidentially about their experiences, needs and concerns, as well as to receive practical assistance and advice, including referral to specialist GBV response services. Over 4,000 women have used these safe spaces to date.

Leadership and collective action:

- Increasing knowledge of GBV, laws and rights: Across all projects, women’s and men’s knowledge of GBV, and related rights and relevant laws were strengthened. As noted by a participant in the Urban Migrant Women program in Myanmar, “Previously, before training, I had no legal knowledge and I was hit by my drunk husband. I did not know what to do, so I bore it….with knowledge, I now tell him that I will inform on him to CARE or women’s affairs….he has stopped hurting me….”. Most projects also included a focus on building women’s leadership skills.

- Supporting civil society networks: Umugore Arumywa in Rwanda coordinated a civil-society platform with 59 NGOs advocating for including issues of GBV into district and national planning processes. The network produced annual reports monitoring the fulfilment of Government’s international and regional commitments to tackle GBV, and the CSO network continued to function after the end of the project.

Social norms change:

- Working with the media: CARE worked with partners to tailor media to what works for each context, from programs on national or local television or radio, to village to village campaigns, to debate-style dialogue sessions with community. Media campaigns helped amplify successful cases of social transformation to reduce GBV in Mali.

- Community dialogues and action: VSLAs, self-help groups and producer groups were used as spaces to dialogue on issues surrounding gender, social norms, and to support survivors of violence. These included Reflect circles in India, Ending Violence Against Women forums in Bangladesh, Be a Man Clubs in the Balkans, and Social Action and Analysis (SAA) in Ethiopia.
Inclusive and Accountable Institutions:

- **Partnering with local leaders:** Engaging local traditional and religious leaders, as well as Government officials, which brought together powerful allies and created an environment where people could talk about gender-based violence more openly. Umugore Arumwa in Rwanda adapted CARE’s Community ScoreCard (CSC) process to help over 100 communities work with service providers to identify problems and make action plans to solve them.

- **Co-creating:** CARE’s worked with the government and service providers on a Multi-Sectoral model for GBV prevention and response for Urban Women in Myanmar, to improve quality services and increase attention to address GBV. Community mobilization in all countries was an essential part of ownership of the approaches and models supported.

Want to learn more?
Check out CARE’s Gender Primer for more guidance on promising practices to prevent GBV.

See the evaluation reports on Pathways in India, Malawi, Mali, Tanzania, SHOUHARDO II in Bangladesh, Umugore Arumwva in Rwanda, the Urban Migrant program in Myanmar, WE-RISE in Ethiopia, Malawi and Tanzania, and the website for the Young Men’s Initiative in the Balkans. Further information on CARE’s work to tackle Gender Based Violence is also available on CARE’s GBV wiki, as well as the CARE USA, CARE UK and CARE Australia’s websites.

Donors supporting this work include: the Australian Government (WE-RISE in Ethiopia, Malawi and Tanzania, and Improve access to safe employment for Migrant Women in Urban Myanmar); the Austrian and Swiss Governments and the Oak Foundation (Young Men Initiative, in Albania, Bosnia & Herzegovina, Kosovo and Serbia); the Bill & Melinda Gates Foundation (Pathways, in India, Malawi, Mali and Tanzania); the European Union (Umugore Arumwva in Rwanda); and the US Government (SHOUHARDO II in Bangladesh). The DFID-funded Indashyikirwa project in Rwanda is also expected to generate evidence of significant impact on intimate partner violence, through the quantitative and qualitative evaluations carried out by the What Works to Prevent Violence Against Women and Girls research program.

**Has your project used similar or different approaches that have yielded measurable impacts on attitudes or changes behaviors around GBV?**
Share your story with us by emailing Sarah Eckhoff sarah.eckhoff@care.org or Jay Goulden at goulden@careinternational.org.