

Problem statement: causes and consequences of GBV

Magnitude of the problem: Gender-based violence disproportionately affects women and girls, and it is endemic in every country and culture. Intimate partner violence is by far the most prevalent form of violence against women globally. One in three women across the world have experienced physical and sexual gender-based violence at some point in their life. Women and girls with disabilities are up to ten times more likely to face GBV. One in five girls is married before she turns 18. In humanitarian contexts, GBV is the most widespread human rights violation and affects up to 70% of women and girls. Technology-assisted GBV affects between 65 and 90% of women, adolescents and LGBTIQ+ persons. Members of the LGBTIQ+ communities experience violence on account of their non-conforming gender and sexual identities. Men and boys are also subjected to sexual violence that is rooted in gender norms, in order to discipline or punish gender non-conforming men and/or to shame men and boys from enemy groups.

Lack of services: GBV and child protection services are generally under-resourced across the world, including in resource rich countries. However, these services are even less resourced in countries with a history of colonisation and those living with prolonged civil and political conflicts, including armed conflicts.

Low quality of services: Formal GBV service providers often themselves have harmful notions of gender and GBV, blaming survivors and not providing quality care, which becomes an additional obstacle for survivors seeking help (from the police, courts, healthcare facilities and social welfare officers). GBV service providers are frequently not qualified to provide survivor-centred GBV services, including gender-specific response services.

Women's organisations overlooked in international action on GBV: Change in attitudes of individuals and communities and changes in policies and government actions to promote gender equality and eliminate GBV have to a large extent been brought about through grassroots and national women's organisations and networks. Global attention for promotion of women's rights, gender equality and ending discrimination and violence against women has been spearheaded by women's rights movements across the world. Women's informal and formal organisations have also been at the forefront of providing services and support to GBV survivors. However, funding for women's organisations, especially in humanitarian crises, has been overlooked and especially in international humanitarian action to address GBV, women's organisations are not prioritised.

Causes of GBV – the global perspective

Gender-based violence is a feature of gender inequality and is rooted in patriarchal social norms that are prevalent across the world. Gender norms are deeply internalised and manifest in interpersonal relationships; male privilege and entitlement have historically been protected by socio-economic and political structures and systems (policies, institutions and law). Gender-based violence is used to maintain and reinforce the subordinate position of women, girls and LGBTIQ+ persons in their homes, communities and other public spaces.

GBV, harmful practices and gender inequality are codified in socio-economic and political systems and institutions. GBV is structurally enabled by policies and laws that promote/maintain gender inequality. For instance, discriminatory laws on marriage, property ownership, inheritance and on violence against women are linked to a higher prevalence of GBV and low access to GBV response services. In most low-resource countries overall socio-economic and political developments that characterise countries with higher gender parity, have been delayed by decades of colonisation, and in some cases prolonged humanitarian crisis. Higher prevalence of GBV is linked to poor education, health and public participation outcomes for women and girls, which in turn are a result of discriminatory policies. Ending GBV is therefore not simply a matter of changing individual bad behaviour and attitudes but the (patriarchal) structures that enable it. GBV interventions must be linked to initiatives to promote gender equality, women's economic development, women's political empowerment and health.

Multiple factors exacerbate GBV: poverty, childhood experience of violence and abuse, living in armed conflict, displacement, contexts of natural disasters. We find a higher prevalence of GBV where these factors are present. Studies show that experience of childhood trauma, experience of war, and frustrations stemming from socio-economic and political situations can exacerbate GBV.

Consequences of GBV – the global perspective

Trauma from GBV affects survivors physically (body), psychologically (mind), socially (relationships in family and community) economically (access to income) and politically (access to decision-making and leadership). All types of GBV affect survivors as well as their families and communities. Online GBV has comparable effects on survivors as offline violence. Here are some of the consequences of intimate partner violence, domestic violence and (conflict-related) sexual violence.

Effect of GBV on survivors:

- The experience of violence, whether it is physical, emotional, sexual or economic violence, is an experience of powerlessness, of being totally at the mercy of the perpetrator, of zero agency. In the recovery process, survivors will need to regain a sense of control over their lives.
- Physical injuries after sexual violence – and for some women unwanted pregnancies – may cause the survivor's relationship with their own body to change. They may perceive their bodies as contaminated and devalued, feelings of rejection of the body might appear. Survivors will have to be supported to regain control over their body.
- In addition to sickness and injuries, survivors usually experience extreme fear, continuous stress and the feeling of shame and even guilt. They often suffer from psychosomatic illnesses (manifested as stomach aches, headaches and so on) and depressive states (despair, loss of interest in one's surroundings, loss of appetite, lack of self-esteem, suicidal tendencies). Survivors may share such complaints not necessarily with a GBV case manager but with health workers, community outreach workers or other service providers.
- In all forms of GBV, survivors could lose contact with their usual source of social support – families and friends – when their mobility is restricted (e.g. in IPV, child marriage) or when they are stigmatised by their family and wider community (e.g. non-partner GBV, CRSV).

- In the aftermath of violence, particularly non-partner GBV, survivors often face stigma and rejection by their families and communities and can be isolated. Being rejected by their families and the groups that they were part of is deeply hurtful and traumatic.
- GBV affects the ability of survivors to earn and many survivors lose their livelihoods in the aftermath of gender-based violence.
- GBV survivors who have been active in the public and political sphere may feel intimidated and may limit their activism or withdraw from it. Conversely, GBV in public and political spheres (e.g. against elected women and representatives) serve to further marginalise women from political leadership.
- It is not a matter of personal failing when survivors decide to remain in abusive situations or to return to their violent circumstances. To leave their situation, they need the kind of strength and self-esteem that has often been largely destroyed in them by terror and abuse. Their apparent tolerance of violent and exploitative conditions corresponds to their basic feelings of hopelessness. GBV case workers must not judge women survivors of intimate partner violence, for instance, for remaining in or returning to abusive situations through direct or indirect messaging. Instead, they should remain patient and supportive.

Effect of GBV on families:

- Intimate partner violence can affect the survivor's relationship with other members of their family, including their natal families and their children. Trauma affects how a survivor is able to communicate and form bonds, and the way family members respond to the violence contributes to the perpetration or to the recovery of the survivor.
- Non-partner violence often impacts the entire family psychosocially – they might react with support to the survivor or with hostility and rejection. Expected to be the protector, men come under social and personal pressure. They fear being judged for not having protected their wives or other women of the family; they may feel shame and may try to prove their masculinity by rejecting or even punishing the survivor and in so doing to comply with the expectation of family members and neighbours. Families often support such rejection of the victim in order to maintain their social status.
- Children of all ages are affected by violence against their mother. When the violence is perpetrated by someone from outside the family, the mother's trauma and stigma affects children. In case of intimate partner violence, perpetrators are often also violent against children. In addition, women who have suffered violence often turn violent towards their children. Witnessing or experiencing violence can lead to anxiety, depression, withdrawal, violent behaviour and can affect children's physical health and nutritional status. Child health and nutrition suffers because the children feel the pain of the mother and react to it, often with the inability to properly integrate food or with sickness.
- Children born of rape/conflict-related sexual violence very often face violence and rejection from their families and communities.

Effect of GBV on communities:

- When gender-based violence occurs at a community level, for instance, rape and sexual violence against all/large numbers of women and/or girls and/or men and boys as part of conflict/war and/or oppression of certain groups on account of caste, ethnicity, race or religion, entire communities may be traumatised, including those who were not direct victims of the violence.
- Targeted rape and sexual violence against specific groups within communities can deeply fragment the community along the lines of those who support or reject the survivors. If persons from the same community were involved in perpetrating the violence, community life can be further antagonised.

GBV forms, causes and effects are context specific

- Some types of GBV are common across contexts (e.g. IPV, rape, child sexual abuse), whereas other forms might be specific to certain contexts (FGM, early marriage, CRSV, domestic violence by in-laws). It is important to consult with different members of the community to identify the various forms of GBV and their extent.
- GBV may be understood and experienced differently by women and men and differently across contexts. It is important to understand the perceptions and explanations of all genders of the causes and effects of GBV in each location.
- In different contexts, different sources of support might be available/used by survivors – local faith bodies, existing community based groups, influential persons in the communities (e.g. teachers, health workers, human rights defenders, informal/formal leaders). It is important to identify supporters and advocates for survivors within their communities; understand what motivates them to support survivors and what is their influence on public opinion.

References

WHO (2021): Violence against women prevalence estimates, 2018: global, regional and national prevalence estimates for intimate partner violence against women and global and regional prevalence estimates for non-partner sexual violence against women. [Executive summary](#).

UNFPA (2021): [Technology-facilitated Gender-based Violence: Making All Spaces Safe](#).

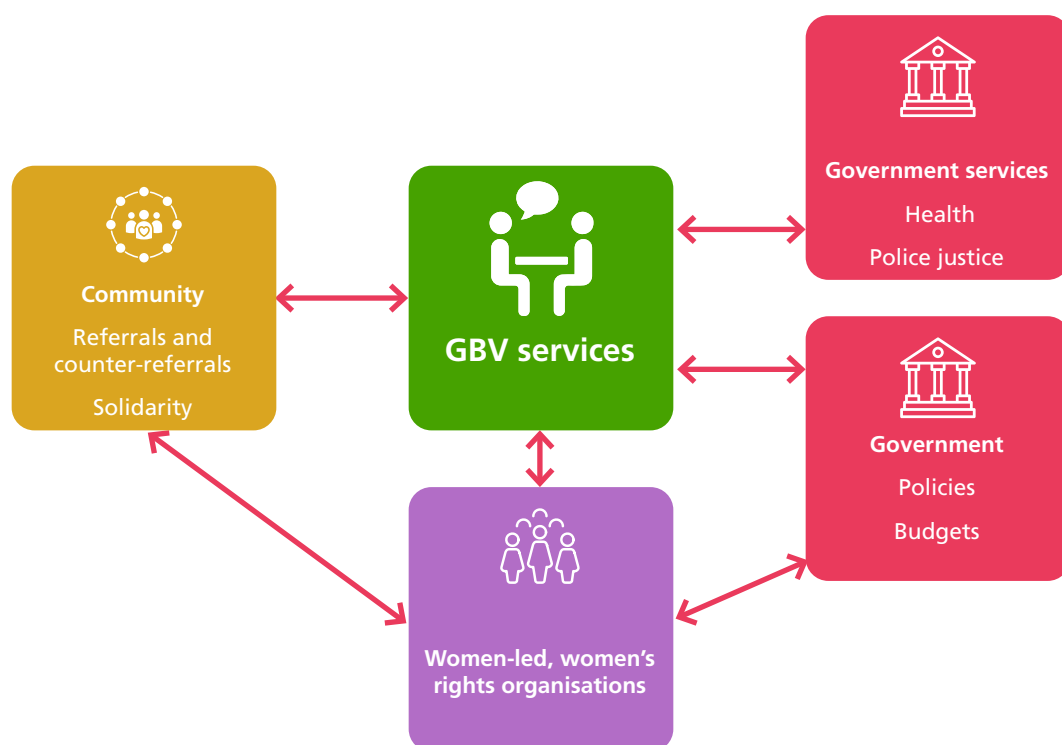
UNICEF (2018): [Child Marriage: Latest trends and future prospects](#).

The SDC's approach to addressing gender-based violence

The SDC believes that interventions to address GBV must take an ecosystem approach (also called socio-ecological approach) – which means, in addition to addressing GBV at individual, interpersonal relationship and community levels, SDC funded projects must also address GBV at the institutional level (law, policy, market, faith) and organisational level (government agencies, service providers, NGOs etc). All SDC-funded GBV projects must address:

- Consequences of GBV at the level of survivors, their families, communities – [Outcome 1](#) (page 3 of Theory of change)
- Root causes and contributing factors of GBV at the level of individuals, families, communities – [Outcome 2](#) (page 5 of Theory of change)
- Policies, laws and systems for enabling structural and long-term changes – [Outcome 3](#) (page 7 of Theory of change)

Ecosystem for GBV prevention and response



The SDC promotes an empowerment approach to working with GBV survivors

Empowering survivors of GBV is crucial if they are to bring about changes in their lives. It is the path to their healing. Recognition of “power within”, improves their sense of agency and self-worth, ultimately increasing their ability to make strategic choices and exercise influence in their relationships within the family and community. GBV response services in particular must acknowledge survivors’ suffering and help them to understand their situation, e.g. through counselling, and if appropriate, through group reflections; the survivors are subsequently supported to regain control over their body and circumstances and develop the capacity to positively transform their relationships, including parenting. A crucial element of empowerment is mobilising collectives (“power with”) – not only do they lend (peer) support to individual women/girls/LGBTIQ+ persons and male survivors, they are also crucial to bringing about change at a structural/ social level.

The SDC promotes a psychosocial approach to GBV prevention and response

Trauma is a process. What a person has experienced before the abuse and how they are cared for and treated after the abuse is highly important for the healing process. Hence, the recovery of the survivors is closely interlinked with the response of family and community to the violence. And their response in turn, is influenced by prevalent social/ gender norms as well as the psychosocial distress and trauma of individuals and, in some contexts, entire communities.

A psychosocial understanding of change

‘Psycho’ refers to the psyche or the ‘soul’ of a person. It has to do with the inner world – with feelings, thoughts, desires, beliefs and values and how we perceive ourselves and others. ‘Social’ refers to the relationships and environment of an individual. It includes the social and cultural context in which people live, ranging from the intricate network of their relationships and cultural expressions through to the community and the state. The inner world (psycho) and the outer world (social) influence each other. A psychosocial approach to prevention of GBV recognises that individual and collective traumatic experiences create suffering and disempowerment and severely affect the way people relate to each other. By acknowledging the suffering and by creating an understanding of how it affects all relationships, including gender relations, individuals can be encouraged and empowered to change.

Source: [Gender, Conflict Transformation and the Psychosocial Approach](#)

Displacement, poverty, discrimination against and oppression of communities on account of their ethnicities, race, caste and national identity manifest in similar and different ways for men and women, boys and girls. One such manifestation could be increased violence by men on women. Natural disasters, displacement, conflict and occupation also cause community-wide trauma. Therefore, when working on prevention of GBV, it is important to recognise and factor in traumatic processes and

the disempowerment they create at individual and group/community levels. While addressing gender norms and gender inequality as root causes of GBV, SDC-funded GBV projects must also simultaneously support families and communities to understand how the traumatic experiences/histories have disempowered individuals and entire communities. Acknowledging the suffering and supporting the understanding of how this has affected relationships can be healing and empowering. It is an important step towards changing oppressive and violent behaviour towards women and girls.

Such interventions take time and persistent engagement as has been demonstrated by the SDC's community-based psychosocial programme in the Great Lakes. The SDC promotes long-term vision in project design.

The SDC promotes a gender-transformative approach to GBV prevention and response

The SDC believes that GBV prevention and response interventions must seek to transform gender relations by transforming social norms, underlying social structures and policies. Such transformation is possible through critical examination of inequalities and gender roles, norms, and dynamics by affected populations, by service providers and by governments. For examples and techniques, see [Tip sheet 2: GBV prevention – critical reflection and collective action](#).

Women-led organisations

It is of utmost importance that local/national humanitarian actors lead, participate in and are adequately funded for humanitarian response, as they are the ones who know the situation on the ground best and often have better access to people in need than international humanitarian organisations.

Source: Grand Bargain Caucus Outcome Document on 'The Role of Intermediaries in Supporting Locally-led Humanitarian Action'. Endorsed by the SDC in August 2022.

The SDC promotes GBV prevention and response led by national and sub-national actors

The SDC believes that local state as well as non-state actors must meaningfully and equitably engage in development, humanitarian, and peacebuilding programs. SDC-funded GBV projects must work to empower local systems by supporting development and implementing policies, legislation and budgets that promote gender equality and GBV prevention and response. SDC-funded projects must support women-led women's rights organisations to work on GBV prevention and response and to advocate at the level of governments/authorities and communities. Women-led organisations' leadership in setting international development/humanitarian priorities in relation to GBV must be encouraged (see [Tip Sheet 4](#)).

The SDC promotes close linkages between GBV projects and interventions for gender equality.

Because gender inequality in the socio-economic and political arena is closely related to the prevalence of GBV, the SDC promotes close linkages between GBV interventions and existing (SDC-funded) initiatives that seek to improve gender equality. SDC-funded GBV

projects should meaningfully interact with initiatives to improve gender equality policies and framework conditions and with projects for women's empowerment in public and political space.

The SDC promotes the integration of GBV prevention in health and economic programmes

It is important to overcome the silos between projects. GBV can be easily addressed as additional elements, for example, in health programmes (sexual and reproductive health and rights, mother and child health, nutrition) and income generation or vocational skills skills development programmes (see [Tip sheet 3](#)).

The SDC promotes GBV risk mitigation in all sectors

Since GBV occurs in all contexts at all times, including among affected communities in SDC projects on other thematic areas such as livelihoods, WASH, health and so on, it is important that GBV risk mitigation is mainstreamed in all SDC projects. Thematic guidance on how to mitigate GBV risks in each sector are provided by the [IASC GBV Guidelines](#). For GBV risk mitigation in Cash and Voucher Assistance, see the SDC co-funded [UNFPA tool](#).

The SDC promotes close collaboration between GBV projects and PSEAH measures

Since GBV is prevalent in all contexts, we have to assume that sexual exploitation, abuse and sexual harassment (SEAH) committed by humanitarian and development staff is widespread as it is also rooted in unequal gender norms and power asymmetries. Engaging with partner organisations on PSEAH is a must. SDC-funded GBV projects should be a resource for the support of SEAH affected persons. They should also know what to do in case a person discloses that she/they has suffered SEAH.