



Empowerment of Women Working Group

Gender-Based Violence: Why Care Policy Matters

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Abstract:

Gender-Based Violence (GBV) is a global crisis with devastating human and economic costs. This policy brief examines the intersection of GBV with care systems, particularly unpaid and underfunded care work, and argues that investing in care infrastructure is crucial to both GBV prevention and survivor recovery. Drawing on examples from G20 and Global South countries, the brief highlights how care-related vulnerabilities, such as economic dependency, inadequate childcare, and a lack of support for caregivers, increase women's vulnerability. The direct and indirect costs of GBV, including lost productivity and public service strain, divert resources from building resilient care systems that could prevent violence in the first place. To break the cycle, the brief calls for integrated, gender-responsive policies that treat care not as a secondary concern, but as essential public infrastructure. This includes expanding shelters with childcare, funding national care strategies, and utilising feminist budgeting to inform investment decisions. Ending GBV requires building a caring society.

Keywords: Gender-Based Violence; care systems; unpaid care work; care infrastructure; gender-responsive policies.

1. Introduction

Gender-Based Violence (GBV) is a global public health concern and a violation of human rights with high economic costs. The international commitments to eradicate forms of violence against women and girls, primarily through the Sustainable Development Goals (SDGs), have led to an increase in the demand for evidence on the economic costs of violence (Vyas et al, 2023). Such information is required to assist policymakers in designing policies and budgets that aim to eliminate GBV. This policy brief provides a snapshot of what Gender-Based Violence entails, its prevalence worldwide, economic costs and policy implications. It draws our attention to the connection between unpaid care work and GBV, to emphasise the promotion of care work policy as a mechanism for preventing and addressing GBV. By recognising care work as a structural pillar of social reproduction and a gendered site of inequality, the policy brief advocates, among other interventions, for integrated care and GBV policy frameworks that reduce women's vulnerability to violence, support survivors, and promote gender justice. The data presented is drawn from existing literature, showing examples from some of the countries that are part of the G20.

The purpose of this policy brief is to analyse the economic costs of GBV and demonstrate how integrating care policy into GBV prevention and response can provide structural, long-term solutions. It is structured as follows: Section 2 defines GBV and explores its root causes; Section 3 examines the relationship between unpaid care work and GBV, including its exacerbation during COVID-19 in G20 countries; Section 4 provides an overview of global prevalence and the role of care policy; Section 5 outlines key policy gaps; Section 6 assesses the economic costs of GBV and links these to the care-cost trade-off; and Section 7 presents policy recommendations which call for stronger integrated frameworks linking GBV and care, increased investment in social infrastructure, gender-sensitive budgeting, and a feminist care agenda as a long-term prevention strategy.

2. Explaining and Understanding Gender -Based Violence

GBV is understood globally as harmful acts committed against individuals based on their gender, rooted in unequal power relations and social norms. While definitions vary across international and national bodies, they generally agree that GBV encompasses physical, sexual, psychological, and economic harm, and can occur in both public and private spheres. It is widely recognised as a violation of human rights and a significant public health issue that disproportionately affects women and girls, although anyone can be a target. Common threads across definitions emphasise that structural inequalities, discriminatory social norms, and systemic patterns of control sustain GBV.

The National Strategic Plan (NSP, 2020) adopted by the South African government and civil society to eliminate Gender-Based Violence and femicide (2020-2030), defines it as "violence that occurs as a result of the normative role expectations associated with the gender associated with the sex assigned to a person at birth, as well as the unequal power relations between the genders, within the context of a specific society" (NSP, 2020). Similarly, the World Health Organisation's fact sheet defines GBV as "any act of gender-based violence that results in, or is likely to result in, physical, sexual or mental harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life" (World Health Organisation, 2024).

Understanding the underlying causes of GBV is essential for designing effective prevention and intervention strategies. At its core, GBV is driven by patriarchal systems that reinforce male dominance and subordinate the status of women. Harmful cultural and social norms further entrench this inequality by normalising violence as a form of control or punishment. Economic inequality compounds the problem, as women who are financially dependent on abusive partners often have limited options to leave violent situations. These drivers do not operate in isolation but intersect with other forms of oppression, including racism, colonialism, transphobia, and ableism, creating layered vulnerabilities for different groups of women. Violence is often intensified in contexts of poverty and economic stress, and women engaged in informal or low-wage employment face particularly high risks of exploitation and abuse both in the workplace and at home.

3. Unpaid Care Work and Gender Based Violence

One of the most significant yet underexplored dimensions of GBV is its relationship with unpaid care work. Unpaid care work, such as childcare, eldercare, household chores, subsistence farming, collecting water and firewood, and providing emotional support, is essential for the functioning of households and communities. However, it is predominantly performed by women and remains marginalised in economic policy (Ossome, 2021). This unequal distribution of unpaid care work limits

women's opportunities to participate in paid employment, often making them financially dependent on male partners, including those who are abusive. Such dependency can trap women in violent relationships and restrict their ability to seek help.

The COVID-19 pandemic brought this dynamic into sharp focus. Across G20 countries, including South Africa, India, Brazil, the United States, and France, lockdowns and public health restrictions coincided with reported surges in GBV. In South Africa, police data showed a 37% increase in GBV complaints in the first week of lockdown compared to the weekly average. In India, the National Commission for Women reported a doubling of domestic violence complaints between March and May 2020. Brazil's 'Ligue 180' women's helpline saw a 40% increase in calls. The United States' National Domestic Violence Hotline recorded a spike in requests for help, while in France, government hotlines registered a 30% rise in domestic violence reports during the first lockdown. Confinement at home increased care responsibilities while simultaneously limiting access to support services and income-generating opportunities. Amnesty International documented how, in parts of Southern Africa, homes became sites of sustained abuse during lockdowns, with women unable to escape or report violence (Amnesty International, 2021).

The care–GBV nexus manifests in several interconnected ways. Financial dependency arising from unpaid care work leaves women without the means to leave abusive partners (ImpactSA, 2021). The withdrawal or inadequacy of state-provided services, such as healthcare, water, fuel, and childcare, shifts the burden of provision to households, disproportionately impacting women (Ossome, 2021). In some contexts, women face risks of sexual assault while collecting basic resources like water or firewood (Tallman et al, 2023). This is not spread across all G20 countries, but it happens in South Africa and India, where there is water scarcity and poor infrastructure, particularly in rural areas and informal settlements.

Furthermore, the aftermath of violence often forces women to continue providing care for children, elders, or even abusive partners without time or resources for physical and emotional recovery. Emotional labour, often performed under coercion or threat, remains an invisible form of violence largely ignored by GBV policy. Finally, violence against women undermines their capacity for social reproduction, maintaining household well-being and children's education, which can perpetuate cycles of inequality and abuse.

4. Global Prevalence and the Role of Care Policy

GBV is a global phenomenon with varying forms and intensities shaped by local histories, cultures, economies, and power dynamics. However, across the G20 and Global South, a shared pattern emerges: the inadequacy of care systems compounds women's vulnerability to violence, while well-designed care policies can serve as both a prevention and recovery mechanism. This section highlights the prevalence of GBV in some of the G20 countries and the role of care policy.

According to Statistics South Africa (2022), one in five women over the age of 18 has experienced physical violence by a partner. Over 50,000 sexual offences are reported annually, the majority of which are rape cases. This number does not account for many cases that are unreported due to fear of intimidation, stigma, and lack of trust in the police and legal system. The femicide rate is five times higher than the global average. In 2020, the government launched the National Strategic Plan on Gender Based Violence and Femicide, a 10-year plan that aims to create a society free from GBV through six pillars. The Pillars include economic power, response, care, support, and healing; justice, safety, and protection; research; accountability, coordination, and leadership; and prevention and rebuilding social cohesion (Republic of South Africa, 2020). However, under-resourced implementation remains a challenge. Community-based care centres and informal caregiving (often unpaid) are overstretched and insufficiently linked to GBV response services.

In the United States, the National Intimate Partner and Sexual Violence Survey of 2016/2017 reported that one in four women and one in ten men experience intimate partner violence in their lifetime. It also noted that one in three women experiences some form of sexual violence. Nearly 50% of female homicide victims are killed by current or former partners. Lastly, every minute, about 20 people are physically abused by an intimate partner (Centres for Disease Control and Prevention, 2017). Some shelters now integrate childcare and trauma counselling. However, due to inadequate childcare access and a lack of universal paid leave, many survivors remain economically vulnerable and trapped in abusive relationships.

Moving to Asia, in India, the National Crime Records Bureau (2024) showed that one woman is raped every 16 minutes. In 2021 alone, over 428,000 cases of crimes against women were reported. Again, these figures exclude many incidents of violence that go unreported because of fear and stigma. The National Family Health Survey conducted in India between 2019 and 2021 shows that one in three women has experienced some form of physical or sexual violence (Government of India, 2021). In addition, child marriage, honour killings and dowry harassment are still practised, especially in rural areas and conservative regions. The continued burden of unpaid care work, especially in rural areas where water, cooking fuel, and elder care are manual and time-intensive, leaves women more exposed to both intimate and community-level violence. Services such as the 'one-stop centres' to support survivors are often poorly resourced and lack an integrated care infrastructure.

In Europe, in France, one in three women has experienced some form of GBV in her lifetime. The French National Institute for Statistics and Economic Studies and the Ministry of Interior recorded that over 210,000 women reported being victims of domestic physical or sexual violence annually. The European Institute for Gender Equality (EIGE) reported that in 2022, 118 women were killed by their intimate partners. Still, some of the survivors of GBV do not report these crimes due to fear of intimidation. EIGE estimates the EU spends €366 billion annually on GBV-related costs, with over half attributed to health and care services. France is often cited as a G20 country with comparatively strong childcare and paid parental leave policies. These measures demonstrate how robust care infrastructure can lessen women's economic dependence on partners, expand their labour market participation, and, crucially, provide greater exit options from abusive relationships. In this sense, France illustrates the potential of care policy as a structural tool for GBV prevention. Yet, the benefits are unevenly distributed: migrant women and those in low-income households face barriers in accessing services, leaving them more vulnerable to economic dependence and the risks of remaining in violent relationships.

In Saudi Arabia, domestic violence was traditionally seen as a family matter due to cultural and religious practices. Consequently, reliable statistics are limited due to social stigma and underreporting. A study by Kazzaz et al (2019) found that one in three women had experienced domestic violence. Typical forms of violence include physical and emotional abuse, women fleeing abuse being criminalised, forced to return to abusive homes and control of movement and finances. There is a limited state-funded care infrastructure for survivors, and domestic care work is often informal and unprotected, perpetuating economic and emotional control over women.

Lastly, an example from Latin America, Brazil, which ranks among the top countries globally for femicide. The report by Amnesty International (2024) submitted to the UN Committee on Elimination of Discrimination against Women indicates that in 2023, more than 1400 women were murdered due to GBV, four per day on average. One in four women reports experiencing intimate partner violence. Like in many countries, GBV is underreported in Brazil. While GBV prevalence is high, Brazil offers some promising practices, such as the "Casa da Mulher Brasileira" centres, which provide integrated services, including legal aid, psychological support, and childcare, all under one roof. These efforts represent a model for care-integrated GBV response, though geographic and budgetary coverage remains uneven.

5. Policy Gaps

Despite the clear linkages between GBV and care systems, policy responses often remain siloed across departments such as justice, health, and social services. This leads to fragmented interventions that overlook the structural role of care in both prevention and response. A striking gap is that survivor services such as shelters and trauma support frequently fail to accommodate caregiving responsibilities. In refugee settings, women cite fear of retaliation and lack of caregiving support as major barriers to seeking help (Muuo, Muthuri, and Mutua, 2020). In South Africa, many shelters lack the capacity to admit women with children, often forcing separation from dependents or deterring survivors from leaving abusive environments. Even where accommodation exists, the supportive environment necessary for healing can be compromised. Research during the COVID-19 pandemic found that essential "care interactions" in shelters, such as communal support and face-to-face counselling, were severely constrained, reducing the quality of trauma services (Burd et al., 2023). These deficits also extend to children; studies report heightened behavioural issues among children in shelters, underlining the need for integrated support that addresses both survivors and their dependents (Held et al., 2022).

The invisibility of unpaid care work in national budgeting and policy frameworks is another significant gap. Even where GBV prevention strategies exist, they rarely integrate measures that tackle the

economic vulnerabilities created by care burdens.

In South Africa, for example, women's unpaid care contributions remain largely unrecognised in fiscal planning, undermining true equality in access to socio-economic rights (Hingston, 2020). The absence of robust labour protections for women in care-intensive roles such as domestic work, community health work, and long-term care is a further shortcoming. These sectors are often informal, poorly paid, and excluded from effective occupational safety regulations, leaving women vulnerable to harassment and abuse both at work and at home (International Labour Organisation, 2021).

Finally, public investment in care infrastructure, including childcare, eldercare, water, energy, and safe transport, remains insufficient across many G20 countries. When these systems fail, households absorb the burden of care, increasing women's financial dependency and limiting their options for escaping abusive situations. This dynamic creates a self-reinforcing cycle: inadequate care infrastructure exacerbates GBV risk, while elevated GBV rates further strain under-resourced systems (Global Solutions Initiative, 2020)

6. Economic Costs, Care-Cost Trade-Off, and Resource Reallocation

GBV imposes a profound economic burden on individuals, communities, and governments. The costs can be divided into direct and indirect categories. Direct costs include expenditures on healthcare, legal services, counselling, policing, and shelter provision costs borne by both survivors and the state. Survivors often face out-of-pocket expenses for transport, medical treatment, and relocation, while governments fund police operations, court proceedings, and public health interventions. Indirect costs, while harder to quantify, are equally significant: lost productivity due to injury or trauma, reduced workplace performance, and the intergenerational impacts on children's education and well-being (UN Women, 2024).

The financial toll is staggering. In the European Union, GBV is estimated to cost €366 billion annually, with over half of this directed toward health and care services (European Institute for Gender Equality, 2022). In South Africa, GBV was estimated to cost over R36 billion in 2019 alone (KPMG South Africa, 2017). In Latin America, GBV costs are estimated at 3.7% of GDP, while in India, the resources needed to provide comprehensive health, legal, and shelter services for survivors far exceed current government allocations. In the United States, intimate partner violence alone costs approximately \$9.3 billion each year, mainly from healthcare, legal, and housing-related expenses (Centres for Disease Control and Prevention, 2017).

These economic costs are deeply connected to the way societies allocate resources. Large-scale spending on crisis response, policing, emergency healthcare, and court cases often comes at the expense of investments in preventive measures, particularly in building robust care systems. This "care-cost trade-off" means that funding which could be used to develop universal childcare, eldercare, and other support services is instead used to address the consequences of violence after it occurs. Without adequate care infrastructure, many women remain financially dependent on abusive partners, lack safe alternatives, and are at higher risk of repeated victimisation.

Reducing GBV could generate significant economic savings, allowing resources to be redirected toward building care systems that, in turn, help to prevent violence. Investments could include universal and affordable childcare, eldercare services, protections for care-sector workers, and basic income grants for survivors. Strengthening community-based care services could also serve a dual function: providing immediate support to survivors while acting as a preventive space that reduces vulnerability to future abuse.

In this way, care policies are not simply social protections; they are long-term economic strategies. By linking GBV reduction directly to care investment, governments can break cycles of violence, reduce economic losses, and create conditions in which women can live free from abuse.

7. Policy Recommendations

Addressing GBV requires moving beyond short-term crisis interventions toward structural reforms that integrate care policy as a central prevention and recovery strategy. One of the most urgent priorities is to expand and invest in care-centred GBV infrastructure. Shelters, health clinics, and police referral

systems should integrate childcare, eldercare, and trauma-informed services so that survivors can seek safety without having to choose between protection and meeting the needs of dependents. National care strategies should explicitly identify GBV prevention and survivor recovery as core objectives, with coordination between ministries responsible for gender, social development, health, and finance to ensure policy coherence.

Enhancing women's economic independence is another critical pillar. Public investment in affordable childcare, eldercare, early childhood development, and community health services, particularly in low-income and rural areas, would ease the unpaid care burden and open pathways for women to engage in paid work. In agricultural and fishing communities, support for small-scale production, secure land and water rights, and access to alternative markets can reduce economic dependency. Basic income grants for survivors, start-up grants, and mentorship programmes can provide the financial stability necessary to leave abusive situations.

Labour protections must also be strengthened, especially for women in care-intensive and informal sectors such as domestic work, home-based caregiving, and community health work. Extending GBV protections, enforcing minimum wage standards, and establishing accessible grievance mechanisms would help safeguard women in these high-risk employment sectors from exploitation and violence.

Finally, prevention must be prioritised through sustained public education. Integrating comprehensive sexuality and relationship education into school curricula can promote consent and gender equality from an early age. Public campaigns that challenge harmful gender norms should engage men and boys as allies in preventing violence. At the same time, programmes that build critical consciousness among women and girls can strengthen their ability to challenge oppression in households, workplaces, and communities.

Together, these measures form a coherent strategy that not only addresses the immediate needs of survivors but also transforms the structural conditions that enable GBV. By aligning GBV prevention with robust care policies, governments can create safer, more equitable societies and reduce the long-term economic costs of violence.

8. Conclusion

GBV is not only a public health and human rights crisis, but also a profound economic burden on individuals, communities, and nations. Violence against women cannot be meaningfully addressed without transforming the conditions that produce and sustain gender inequality, especially in the sphere of care. The care economy, comprising paid and unpaid labour, emotional support, social reproduction, and public services, is one of the most significant and under-acknowledged arenas where power and violence intersect. Tackling GBV requires more than emergency responses; it demands sustained political will, intersectional policymaking, and structural economic change. The high direct and indirect costs of GBV, absorbed by health systems, businesses, households, and women themselves, represent a significant amount of money and energy that could be allocated to building national care systems. Without this shift, governments will continue responding to violence only after it occurs, instead of preventing it before it begins. Governments must invest in social services, care work, and feminist economic strategies that reduce women's vulnerability to violence. A feminist care agenda is a GBV prevention strategy, a recovery plan, and a transformative vision for equity. Investing in care is investing in safety, dignity, and a future free from violence. Crucially, GBV prevention must be mainstreamed across all sectors, from education to infrastructure, and accompanied by adequate financial commitments. Eliminating GBV is not only morally imperative but also economically wise.

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