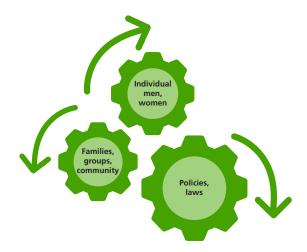


GBV prevention – critical reflection and collective action

- Preventing GBV means stopping violence before it starts (primary prevention)
 or reducing the frequency and severity of new episodes of abuse (secondary
 prevention). Evidence shows that prevention of GBV is possible; reduction in
 the levels of violence against women has been reported after a few years of
 implementation.
- Addressing the underlying causes is crucial for preventing GBV. Both social norms and social structure/systems must change to bring about gender equality and end gender-based violence. Individual behaviours are influenced as much by social norms as by the social structure and systems that maintain the social norms. SDC projects must address both (outcomes 2 and 3 of the GBV results framework): without complementary change at structural and systemic level, social norm change will not be sustained.

Critical reflection and action on norms at all three levels



Social/gender norms change when individuals, groups and society as a whole
engage in critical reflection on deeply internalised norms. Subsequently, this leads
to individual and collective action being taken to change expected behaviours (norm),
actual behaviours and advocate for changes in social structures and systems. The
SDC does not support one-off awareness sessions because they are neither
effective nor appropriate. Social/gender norms do not change by simply telling
people how to behave.

- Design of social norms interventions must acknowledge and build upon the following:
 - social/gender norms are not static, they are fluid, they have changed before, and they will change again.
 - norms are not uniform within a context, there are contradictions and opposition/resistance to norms within the same communities.
 - changing social norms (and behaviours) is not a linear process, progressive change can revert to harmful norms (classic case is Afghanistan where gender norms pertaining to women's mobility have transformed many times with successive regimes, humanitarian crises).

Psychosocial approach to prevention

Acknowledging traumatic experiences and promoting protective factors at individual, relationship and community levels – such as empathy, communication skills, emotional regulation, and nurturing family environments – has been shown to be effective in reducing forms of GBV, such as intimate partner violence and domestic violence.

Source: SDC 2006. Gender, conflict transformation and the psychosocial approach.

GBV intersects with community-wide distress and trauma caused by the specific context of the affected community: humanitarian crises, violence, poverty, discrimination against and oppression of entire communities on account of their ethnicity, race, caste, national identity. Such factors contribute to an increase of GBV.

Mobilising individuals and collectives (families, groups, communities) to reflect and change is a highly skilled intervention. Facilitators need to understand how the inner world of individuals, i.e. the psychological (feelings, thoughts, beliefs) and the outer world, i.e. the social (socio-economic situation, political environment) influence each other. The facilitators have to:

- Support individuals/families/groups to interrogate the norms that justify how women and girls are treated and the beliefs of how a man or a woman should act. The vulnerabilities and injury caused by the enforcement of such norms must be explored by participants;
- Support individuals/groups/families to analyse the connection between their histories

 personal and collective and how these affect their behaviour including the use of violence;
- Acknowledge the vulnerabilities of all members of a discussion group; support all of them to explore and develop their "power within";
- Identify with individuals/families/groups how to collectively address issues that cause these vulnerabilities and to develop their "power with others" to work towards change.

Models of GBV prevention interventions. Many GBV actors have successfully piloted and scaled community-wide interventions on GBV prevention and transformation of gender relations. In this tip sheet, approaches are emphasized that focus on building critical awareness of the emotional and social reality of participants and on working towards change at individual and collective level. One of the most radical approaches is "Healing together" which has been practiced by the SDC in the Great Lakes region. It combines the support for GBV survivors with GBV prevention.

"Healing together" – a psychosocial approach that combines GBV response and prevention

"Healing together" was developed by Prof Simon Gasibirege of the African Institute of Integral Psychology in Rwanda. It is an approach that changes the paradigm of addressing GBV. It acknowledges that by every crime against one person, many others are affected: the family members, relatives, neighbours, the care givers, even the perpetrator. GBV is defined as a set of dysfunctional and disruptive relationships based on internalised social and gender inequalities. It is an individual act that takes place between the perpetrator and the "victim", but also reflects a social relationship based on patriarchal attitudes and practices that are internalised by men and women. As a result, violence creates individual wounds in the lives of survivors and has wider consequences, including relationships of mistrust, disruption of families and communities by the rejection of the 'victimised' person and the transmission of violence from one generation to another. Therefore, healing cannot be achieved only at the individual level, but must include all those affected by the violence.

"Wounds of life" (les blessures de la vie) is a non-pathologising term that describes psychological and social suffering after experiences of violence such as GBV, abandonment, stigmatization but also for example the rejection by parents, the humiliation of discrimination and wounds created by restrictive gender norms for men and women. It is these wounds – suffered and caused to others in a vicious circle – that affect trust and relationships in families, groups and communities. Healing is an individual and a social process.

In community groups, facilitators who have themselves undergone a transformative process support citizens to explore their "wounds of life" and to better understand how these experiences together with social norms influence interpersonal behaviour and how participants can be empowered to change their relationships and behaviours. In a series of 5 workshops of 4–5 days, participants listen to each other's experience, they grieve together and slowly regain their confidence and self-esteem. The healing process also includes the questioning of social and gender norms and the will to change them.

The group process is always accompanied by multi-sectoral individual support for survivors as per their need.

"Healing together" has been implemented in the SDC-funded regional programme to address GBV in the Great Lakes region since 2011. This programme in its present form closes at the end of 2023. But the approach is integrated in other interventions in the region and is being adapted by the SDC in Mali and other countries of West Africa.

Adapted from: Simone Lindorfer (2023). Standards minimaux de qualité de l'approche psychosociale communautaire « Guérir ensemble », DDC Bujumbura.

- ? Essential questions to ask when reviewing GBV prevention interventions
- 1— Who is engaged in the gender norms change and GBV prevention process?

The SDC promotes community-wide critical reflections as part of efforts to prevent GBV. Typically, these take the form of regularly held small group meetings and events organised in different locations/neighbourhoods – often organised by age and gender and, depending on the context, in mixed gender and mixed age groups. Mobilising individuals, families, groups and entire communities for community wide action are key elements of social norm change interventions. While the exact tipping point for change in a community has not been scientifically established, it needs a critical mass of people to adopt new ideas and behaviour for norms to change. The "Healing together" in the box above and SASA! which is presented in the box below are both documented as successful approaches for initiating community wide change.

SASA! A community wide approach to prevention of GBV

SASA! is a holistic community mobilisation approach to preventing violence against women. "SASA!" means "NOW!" in Kiswahili, emphasising the urgent need to prevent GBV. SASA! is also an acronym for the four phases of the process:

Start: Community activists, community leaders and institutional allies are identified, spend time exploring community norms about GBV, begin their journey of **deepening their power within** to make changes in their own lives, and start engaging others in the community.

Awareness: Activists, leaders, and allies – through their respective strategies of Local Activism, Community Leadership, and Institutional Strengthening – use a variety of provocative and interactive activities to encourage a **critical analysis of men's power over women** and the community's silence about this. Every person who joins these activities goes through a reflection process to develop 'the power within'.

Support: More and more people engage with activists, leaders and allies who are learning new skills and joining their **power with others** to support women experiencing violence, couples trying to change, and activists speaking out and holding men who use violence accountable.

Action: Activists, leaders and allies lead efforts to support community members' power to take action and sustain that change for years to come – solidifying new norms in which GBV is never acceptable and women can live safe, fulfilling and dignified lives.

Source: Raising Voices (2020) SASA! Together: An activist approach for prevention violence against women, Kampala, Uganda.



- Are interventions planned for the entire community: are women, men, girls and boys engaged in critical reflections through various entry points such as community groups and spaces, families, schools, existing community-based initiatives?
- Does the intervention include:
 - Collective reflection (in gender/age specific groups and mixed groups)?
 - Collective action (by women and girls and by mixed groups)?
 - Building solidarity, allyship (among women and girls, men, boys and also mixed groups)?
- How are participants for the critical reflection groups selected and how does the project connect with and create access for the most marginalised?
- How are curriculum and strategies for critical reflections on gender/social norms designed and developed?

While patriarchal norms at the heart of gender-based violence are universal across the world, manifestations are unique to the context. For instance, in conflict/post-conflict contexts, conflict/displacement-related trauma is closely linked to intimate partner violence and needs to be addressed in prevention efforts. Likewise, economic deprivation or ethnic/caste-based oppression intersects with gender-based violence and needs to be addressed as part of prevention interventions.

The manifestations of gender inequality, the contributing factors to GBV as well as the perception of causes and effects of GBV held by women and men must be understood by those who formulate the prevention strategy and the group discussion curriculum.

When reviewing projects, assess the following:

- Is the curriculum/strategy based on the knowledge and experience of local actors? Curriculum and strategies designed by international actors (individuals or agencies) must be avoided unless they have been assessed by local experts and adapted to the specific context by national/sub-national actors?
- Is the project period sufficient for the development, testing and adjustment
 of methodologies as required, training and mentoring of local facilitators,
 implementation, follow-up, hand-holding and participatory assessment of results?
 - Do not fund abridged versions of methods and curriculum because of shortage of time or funds. Abridged versions don't allow for sufficient time to develop the change process
 - Allow for piloting of initiatives, if required, and/or an inception phase
- How will facilitators for critical reflection sessions be selected? Facilitators need to be trusted by communities, be well respected by their peers and they need to model gender equitable, respectful behaviours.

 Facilitators are also influenced by deeply internalised norms and need to first undergo a process of transformative critical self-reflection on gender, sexuality, power and so on, before they can facilitate similar critical reflections with others. Ask how the project will provide such training of facilitators. Ensure they include ongoing mentoring support for facilitators.

Features of effective discussion for critical reflection on gender/social

- Held in segregated and/or mixed gender groups;
- Curriculum developed for and tested in the specific context; curriculum for different cohorts tailored to their gender and age (women, girls, men, boys, family members, couples);
- Topics include discussions that promote critical understanding of how inner and outer worlds of individuals (psycho-social) interact and influence one another to create norms about masculinities and femininities, gender socialisation, power imbalances, structural and systemic causes of GBV
- Curriculum includes strategies for helping participants to listen to each other, to better understand their emotions and to manage conflict;
- Curriculum takes a rights-based approach;
- Involves collective reflection and individual/collective planning and action for change (e.g. as homework, practical application);
- Curriculum implemented over the course of a few months to a couple of years, through 2–4-hour sessions conducted at regular intervals (weekly, fortnightly);
- Implemented by trained facilitators, men and women from the affected communities;
- Usually implemented as stand-alone interventions, but often more effective when part of a package of training/workshops related to economic or health or mental health interventions.

3 — How are girls and women involved in prevention efforts?

Women, girls and LGBTIQ+ communities are disproportionately affected by gender-based violence and they must be at the centre of prevention efforts. In addition to engaging with them in critical reflections on gender inequality and the causes and consequences of GBV, SDC-funded projects must also provide them with information, skills (life skills, leadership skills, financial/employment/business skills), opportunities for recreation and so on. See also Tip sheet 4: Supporting women's organisations for more information on supporting women's solidarity. Many GBV actors establish formal and informal spaces that are exclusively dedicated to women and girls (Women and Girls Safe Spaces) as an entry point to deliver interventions to them.

SDC projects must ensure inclusion of the most marginalised within the communities. Some women and girls might face specific barriers to participating in activities because of disability, excessive control on mobility by intimate partner/families, childcare responsibilities and so on. Project design must address these barriers, e.g. by establishing

women and girls safe spaces (WGSS), providing for childcare at the site of intervention, providing transport allowance to facilitate participation and actively reaching out, for example, to women with disabilities. Project design must be informed by the schedules and availability of participants, especially those who are hard to reach.



When reviewing projects assess how the project will:

- Foster leadership of women, girls and LGBTIQ+ communities in the design and implementation of prevention interventions. This is indispensable for transformation in their own lives.
- Facilitate solidarity/alliances of women, girls and LGBTIQ+ communities: groups, community-based organisations, and networks for supporting individual survivors and at-risk persons.
- Provide safe referrals to GBV services when survivors disclose their experience with GBV.
- Select, train and mentor facilitators who will work with women and girls.
 - Often women facilitators of GBV projects face hostility from communities. Check how the project will establish credibility of facilitators in the community. What strategies/measures will be put in place for the safety of women/girl facilitators in particular?
- Create a safe environment within the community to enable women's and girls' participation in these interventions (so that any objection/obstructions from family/ community can be addressed)

Women and Girls Safe Spaces (WGSS) as entry point for GBV prevention and response interventions

WGSS are formal or informal physical spaces that are exclusively available for women and girls, where a range of psychosocial services and opportunities are provided.

In both humanitarian and development contexts where women and girls experience severe restrictions on their mobility many SDC partners have found WGSS to be a tried and tested intervention for reaching out to women and girls.

Often case management services are provided at the WGSS, as part of a package of interventions, which should include critical reflections on social norms.

When reviewing WGSS, ensure that activities are not only for leisure (which is important) but that strong efforts are undertaken to support women to engage in/lead community activities and that there is an outreach to the community so women can be addressed who have not been able to visit the WGSS.

It is important to ensure that WGSS are created in consultation with women and girls, that they focus on providing empowering experiences for women and girls, and are not just drop-in centres or distribution centres for supplies (e.g. dignity kits).

Source: Authors' own. See also: <u>UNFPA</u> (2015). Women and Girls Safe Spaces: A Guidance Note Based on Lessons Learned from the Syrian Crisis.

4 — How will men be reached and motivated to participate in change?

Engaging men and boys is a key strategy for GBV prevention. However, engaging and retaining men's interest in discussions and collective action to change social/ gender norms has been challenging for GBV projects, especially when activities are labelled as "GBV interventions". GBV actors report that men are not interested and/ or perceive these discussions as "against them". Evidence shows that more interest is generated if critical reflections on gender/social norms in interventions (or combinations of interventions) are integrated, where men/families see a direct benefit to them, i.e. activities to support family well-being or in livelihood projects or projects to improve health/mental health. Particularly promising are interventions that aim to improve family dynamics which do not address the men individually but as part of a family or a couple (see examples on pages 9 and 10). SDC has also developed a guidance sheet for interventions on engaging with men and boys on GBV.

Different types of interventions for engaging with men (and families) on social/gender norm change interventions

- Couples programmes are found to be an effective strategy to engage with men to reduce perpetration of intimate partner violence. These programmes are often labelled as "family wellbeing" programmes. See examples on pages 9 and 10.
- Whole family interventions engaging different members of a family/ household, including extended family members in intergenerational household settings where for instance in-laws (men and women) can also be perpetrators of GBV and where both parents, including the GBV survivor (wife), can be perpetrators of violence against their children have been found effective in preventing/reducing IPV, domestic violence and violence against children.
- Parenting programmes that integrate specific content on gender relations
 have been found effective in reducing both violence against children as well as
 intimate partner violence in addition to improving other parenting and health
 outcomes.
- Interventions designed to improve the mental health of entire communities in both a humanitarian and development setting is a good strategy to engage with men on GBV prevention. See "Healing together" in the Great Lakes and an intervention called Living Peace developed in DRC and adapted in many diverse contexts such as Lebanon, Brazil, etc.
- Economic/livelihoods support interventions where both men and women from a household are engaged, including couples and other family members (see also Tip sheet 3: Integrating economic interventions with GBV prevention and response for more information and examples).

In many projects, the work with men and boys is superficial and limited to disseminating messages on positive masculinity. It is important that men (and boys) undergo a process of critical reflection on gender/social norms through structured interventions that are carried over a period of time. One-off media campaigns, one-off street theatre or one-off sports events with men and boys are not appropriate models for changing social norms, although they could be part of a comprehensive community-based intervention.



When reviewing projects that seek to engage with men and boys, ask the following:

- How is men's engagement addressing men's and boys' distinct needs, recognising them as stakeholders and beneficiaries?
 - Are men's and boys' own issues taken up in the discussions on gender and GBV? Are their reflections on their own vulnerabilities and experience with gender norms part of the discussion?
 - Are their concerns related to economic survival addressed? For example, by connecting the reflection on GBV to an existing income generation programme?
- Are men addressed as part of a family/community whose well-being they want to contribute to? Is the reflection on gender-norms and GBV part of a couple's programme, a family economic programme, a parenting programme or a couple's health/mental health programme?
- Who facilitates sessions with men? What kind of preparation, training, self-reflection is provided to facilitators?

Example of curriculum used with couples in interventions to address social norms and intrafamilial dynamics influencing GBV

Indashyikirwa (Agents of Change), Rwanda, Great Lakes Region and now in Syria

Developed by CARE Rwanda in partnership with two Rwandese NGOs: Rwanda Men's Resource Centre and Rwanda Women's Network. Has also been implemented successfully in the SDC project in the Great Lakes Region since 2012. Presently being adapted by the FCDO for implementation in Syria.

Curriculum includes 21 sessions with couples conducted over 5 months:

- 1. Starting the Journey Together
- 2. It is all about power
- 3. Power in our lives
- 4. G is for Gender
- 5. Rights and Reality
- 6. GBV The Basics
- 7. Understanding power over
- 8. Gender, Power and Sexuality
- 9. Common triggers of GBV
- 10. Posing for reflection
- 11. What makes a healthy relationship

- 12. Building the foundations for a healthy relationship 3hr.
- 13. Managing trigger feelings
- 14. Managing trigger thoughts
- 15. Managing triggers
- 16. Balancing economic power
- 17. Providing an empowering response
- 18. Committing to change
- 19. Reducing excessive use of alcohol
- 20. Reflecting on our journey so far
- 21. Our community, our responsibility

Results: Significant reduction of IPV among couples participating in the curriculum (including economic IPV).

Source: What Works to Prevent Violence (2019) Impact of Indashyikirwa: An innovative programme to reduce partner violence in rural Rwanda. Evidence Brief August 2019.

Example of curriculum used with family members in interventions to address social norms and intrafamilial dynamics influencing GBV

Zindagii Shoista ("Living with Dignity"), Tajikistan

Developed by International Alert, Cesvi and 3 local partners: ATO, Farodis and Zanoni Sharq. Also adapted and implemented as *Sammanit Jeevan* in Nepal.

Curriculum includes **23 sessions** divided into social empowerment and economic empowerment, implemented weekly with women and household members (in-laws, husband, others):

Stage 1: Social Empowerment: discussion on relationships, family health, violence

- 1. Let's communicate
- 2. Men and women
- 3. Relationships
- 4. Peer group meeting
- 5. Family health part 1
- 6. Family health part 2
- 7. Violence in relationships
- 8. Supporting women experiencing violence in relationships
- 9. Changing behaviours
- 10. Being assertive and showing appreciation
- 11. Final peer group meeting

Stage 2: Economic Empowerment: after completing Stage 1

Module 1: Household focus

- 1. Understanding our household inputs and income
- 2. Our household budget and how we spend money
- 3. How we can save money and insure our future
- 4. Peer group meeting

Module 2: Income generating activities focus

- 1. Opportunities for income generating activities (IGAs)
- 2. How to initiate IGAs
- 3. Assessing the market for IGAs
- 4. Planning and budgeting IGAs
- 5. Costing and pricing
- 6. Planning and budgeting IGAs game
- 7. Finalising IGA plans
- 8. Bookkeeping and marketing

Results: At 30 months, VAWG levels had dropped by 50%, and relationship and gender equality indicators had improved. Significant positive changes were seen for all socio-economic status indicators as well as significant positive changes for all health measures, including depression scale and suicidality.

Source: Mastonshoeva, S.; Myrttinen, H.; Chirwa, E.; Shonasimova, S.; Gulyamova, P.; Shai, N. & Jewkes, R. (2020). Evaluation of Zindagii Shoista (Living with Dignity), an intervention to prevent violence against women in Tajikistan: impact after 30 months, What Works to Prevent Violence against Women and Girls.

References and further reading

Training modules used for social norm change

Raising Voices (2020). SASA! Together: An activist approach for preventing violence against women, Kampala, Uganda.

Lindorfer, Simone (2023). Standards minimaux de qualité de l'approche psychosociale communautaire « Guérir ensemble ». DDC Bujumbura.

Zindagii Shoista – Living With Dignity: Workshop Manual Part 1, developed by International Alert and others.

Couples Curriculum Training Module used in <u>Indashyikirwa model</u> developed by CARE in Rwanda and others.

Program Implementation Manual Economic And Social Empowerment (Ea\$E) model developed by IRC.

Impact assessments of economic interventions integrated with GBV Prevention and Response

Mastonshoeva, S.; Myrttinen, H.; Chirwa, E.; Shonasimova, S.; Gulyamova, P.; Shai, N. & Jewkes, R. (2020). <u>Evaluation</u> of Zindagii Shoista (Living with Dignity), an intervention to prevent violence against women in Tajikistan: impact after 30 months, What Works to Prevent Violence against Women and Girls.

Evidence on impact of EA\$E model of IRC in Burundi: IRC (2011): Getting down to business: Women's economic and social empowerment in Burundi.

What Works to Prevent Violence against Women and Girls (2019). <u>Impact of Indashyikirwa</u>: An innovative programme to reduce partner violence in rural Rwanda. Evidence Brief August 2019.