

RETHINKING RELATIONSHIPS

From violence to equality in the DRC
An evidence brief



KEY MESSAGES



Even in conflict affected areas, intimate partner violence (IPV) is the most prevalent form of VAWG and needs to be addressed alongside non-partner sexual violence.

Almost 70% of women in this study reported experiencing IPV in the past 12 months. Rates of non-partner sexual violence (NPSV) were also very high, with 24% of women reporting experiencing this in the last 12 months.



Community-based norm change interventions show promise for the prevention of VAWG.

Rates of IPV dropped by more than half after two years of intervention. There was also a more than five-fold reduction in rates of NPSV.



Harmful social norms at the root of VAWG can shift within programmatic timeframes.

Beliefs justifying wife-beating halved for both women and men. Beliefs about men's entitlement to sex also reduced significantly.



Faith leaders can have an influential positive role when meaningfully engaged in VAWG prevention and can be effective catalysts for community change.

Faith leaders have been effective disseminators and change agents in these remote communities. Faith actors' own attitudes and behaviours also shifted over the project, from speaking-up against VAWG to role-modelling behaviour change.



Norm change approaches can be effective in increasing support for survivors and reducing stigma. Violence prevention approaches may also be more effective when they include support for survivors.

By end-line, survivors were more willing to seek help and less likely to feel guilty for the violence they experienced. Partners and parents were less likely to stigmatise or reject survivors.

Background

The Democratic Republic of Congo (DRC) has experienced years of conflict. Millions have died or been displaced, and basic services have collapsed. Violence against women and girls¹ (VAWG) is very high, fuelled by gender inequality. The 2014 Demographic and Health Survey in the DRC found that 57% of ever married women aged 15–49 had experienced intimate partner violence (IPV) in their lifetime and 16% had experienced non-partner sexual violence in the 12 months prior to the survey.²

Congolese people are very religious, with an estimated 79% of the population Christian and 9% Muslim.³ Religious institutions are among the few functioning organisations in many parts of the country and often take on roles as informal providers of social services in the absence of the state or other NGOs.⁴

Project overview

From 2015 to 2017, Tearfund and HEAL Africa ran a project⁵ in 15 villages across three rural health zones⁶ in eastern DRC. Intervention activities ran for 24 months focusing on primary prevention of VAWG.

The project aimed to prevent VAWG and make it unacceptable, especially IPV. It sought to create spaces where survivors are supported by their own communities, including faith groups, and are not stigmatised; and where men and women form more gender-equitable, violence-free relationships. The project was part of the DFID-funded *H aM'H nxi y{n <ZfZI { GbnjZI VZ* Global Programme.

¹ 'Violence against women and girls is any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women (or girls), including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life.' Declaration on the Elimination of Violence against Women (DEVAW), 1993.

² MPSMRM, MSP and ICF International (2014) 'Democratic Republic of Congo Demographic and Health Survey 2013–14'.

³ Adogla EC (2010) 'Religiously remapped: Mapping religious trends in Africa'.

⁴ Whetho A, Uzodike UO (2008) 'Religious networks in post-conflict Democratic Republic of the Congo: a prognosis'. *Journal of Religion in Africa* 38(3): 57–84.

⁵ Funded by the UK government, under the *H aM'H nxi y{n <ZfZI { GbnjZI VZ* Global Programme.

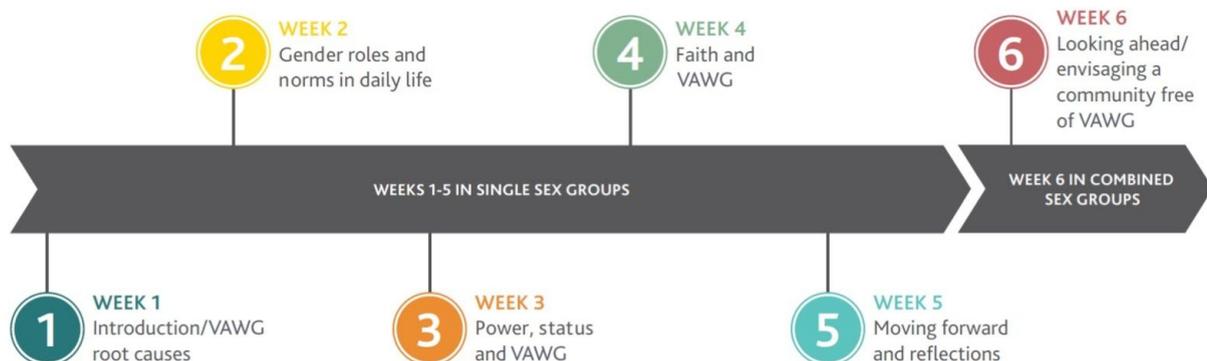
⁶ *NkZyXZ yMI*, sub-divisions of DRC administrative provinces, which comprise one reference hospital and a chief doctor.

The intervention

Tearfund’s “Transforming Masculinities” intervention addressed underlying root causes of VAWG, including social norms⁷ (values, beliefs, attitudes, behaviours and practices) that support male dominance, condone and drive VAWG and contribute to impunity for perpetrators. The approach engaged and equipped community members with leadership roles of different types to speak out against VAWG from a faith perspective. By promoting and supporting a process of personal transformation and awareness, it equipped community members to act as catalysts to address root causes and risk factors driving VAWG within the target area.



Seventy-five local faith leaders from Christian and Muslim faith groups (both men and women) were trained and encouraged to incorporate what they had learned into their existing activities such as sermons, prayer groups, youth groups, and counselling. The selection process and workshop design encouraged equal participation of men and women in the faith leaders’ workshops. Fifteen men and fifteen women (including lay leaders of youth, women’s or men’s groups) were trained as ‘Gender Champions’ to engage men and women in the wider community through a series of Community Dialogues for six weeks per cycle. Each Gender Champion recruited and facilitated dialogues for eight to ten men and women respectively, addressing different weekly themes as illustrated below.



Male only sessions are led by male Gender Champions and female only sessions by female Gender Champions.

⁷ Social norms are the rules that a group use for appropriate and inappropriate values, beliefs, attitudes and behaviours. They include what I think others ‘should’ do and also what I think others actually do.

Key features

The key features of this process and the tools used for engaging faith leaders and communities on shifting harmful norms and attitudes related to violence against women and girls are set out below.

- It involves group learning and a safe space for dialogues with single sex groups for men and women separately and then joint sharing in the mixed-group discussion.
- It promotes accountable practices at all levels (participants, facilitators, church leadership and related staff).
- It is designed to integrate easily into church activities including marriage counselling and men and women's small discussion groups.
- It is structured to accompany men and women in a process of identifying and unlearning harmful norms that impact their lives.
- It brings the discussions on gender, masculinities and sexual and gender-based violence within the context of participants' faith and culture, and aims to address underlying beliefs rather than to prescribe behavior.
- It engages both faith leaders and faith community members through discussion and activities with practical application.

Encouraging the meaningful engagement of survivors was a priority throughout. Their expressed needs, mapped from the formative research phase, were reflected in the project design and implementation. Community Action Groups (CAGs) were set up in each village, with a total of 225 members trained to share information in talks and discussion groups, provide basic psychosocial support to survivors of VAWG, and help rape survivors to access medical treatment, including post-exposure prophylaxis (PEP), at the nearest reference hospital. A trauma healing process was also started with some survivors.

Methodology

To assess the intervention's impact, two household surveys were carried out across the 15 villages at project start and end (at 24 months). In 2015 at baseline, 769 household members were interviewed (369 men, 400 women).⁸ In 2017, at end-line, 1218 people (599 men, 619 women) were interviewed – an increase of nearly 50%. In both surveys 95% identified as religious, overwhelmingly as Christian, with just over 10% identifying as Muslim.

Over the intervention period, qualitative data were also captured at eight-monthly intervals through a smaller sample of faith leaders, Gender Champions and community members with key informant interviews and focus groups. Where appropriate, learning was fed back into the programme in real time. This evidence brief draws on both quantitative and qualitative evidence.

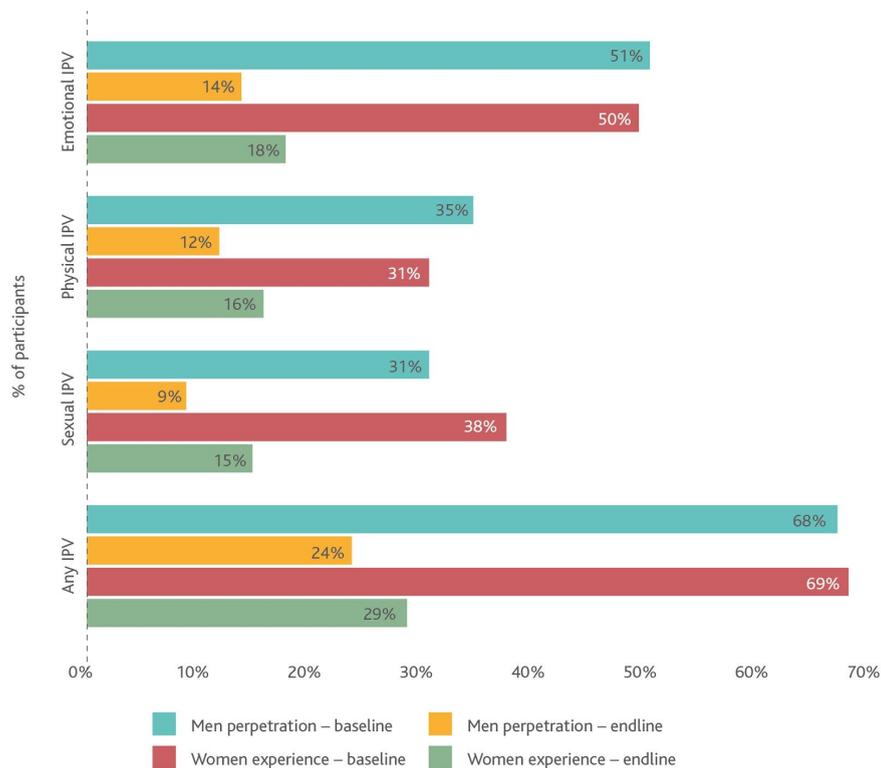
Key findings

From violence to peace

Rates of VAWG reported as experienced or perpetrated in the past 12 months reduced by more than half between baseline and end-line. IPV (in all forms, emotional, physical and/or sexual) reported by women more than halved from 69% at baseline to 29% at end-line. Likewise, the proportion of men reporting perpetrating any past-year IPV saw a significant decline from 68% at baseline to 24% at end-line. The prevalence of non-partner sexual violence (NPSV) reported by women reduced from 24% at baseline to just 4% at end-line – a more than five-fold reduction. Over 85% of both survey samples pointed to a known perpetrator, with only 7% of VAWG reported as militia-related.

⁸ Sandilands M, Jewkes R, Baghuma Lele U, Scott N (2017) *Zimbabwe's Women's Empowerment and Gender Equality (WEGA) Project: Baseline and End-line Survey Report*. Tearfund, UK.

Self-reported IPV perpetration and experience



From tolerance to resilience

Over the project period, attitudes to IPV reversed. At baseline, some violence-supportive attitudes were strongly held, with roughly half of both male and female respondents agreeing that physical violence towards a woman could be justified. At times, faith beliefs underpinned these. By end-line, promising shifts were seen and some attitudes had reversed. For example, at baseline, 66% of respondents actively engaged with faith agreed that a wife should tolerate violence for the sake of marriage. By project end, this had halved to 33.6%. By end-line, a much greater proportion of men recognised a woman's right to refuse sex and rejected most justifications for physical violence. The shift in attitudes was most pronounced among men, with a drop from 71% to 55% of men who justified physical violence and from 80% to 55% who agreed that wives should not be allowed to refuse sex. Women's attitudes also shifted significantly; for example, there was a drop from 53% to 38% of women agreeing that disobedience by wives justified violence.

From stigma to support

By end-line, survivors were more willing to seek out help and were less likely to feel guilty for the violence they experienced. Partners and parents were also less likely to stigmatise or reject survivors and there was a reduction in rape-myth beliefs, particularly among men. A particularly significant change was that by end-line, 40% of survivors of past-year IPV had talked to or sought assistance from faith leaders, up from just 2% at baseline. While 74% of end-line respondents felt that their faith institution supported survivors, many survivors still experienced a disconnect between their needs and what was being offered, also due to a lack of formal services in the area for referral. There was a significant reduction in external stigmatising beliefs about survivors among men (and to a lesser extent, women), such as increasing disagreement with the statement that a man should reject his wife if she is raped from 53% to 72% among men. There was also increased community willingness to support a family to accept a survivor of rape. By end-line, an overwhelming majority of both men and women believed that rapists should be punished.

‘I have advised her (a)s she was raped, she shouldn’t isolate herself from people when she will recover. “You need to be coming to church, fearless. Even to the market.”’

FEMALE FAITH LEADER, 2017

From male superiority towards gender equality

Men’s attitudes and behaviours shifted over the 24-month period, as men started to explore alternative patterns of masculinity. At baseline, 90% of male respondents believed that men were superior to women. This dropped to 70% by project end-line. The belief that God created men and women equal also increased by 20%. Beliefs that a wife should always be obedient to her husband also dropped, from 81% to 61% for men and from 73% to 61% for women. Nearly 90% of both men and women at baseline saw a woman’s primary role as taking care of/cooking for her family. By end-line this had reduced to 63% for men and 75% for women. Women reported more actual involvement in household decision-making and both women and men noted more sharing of gendered household tasks by end-line, with a 24% drop in men’s beliefs that childcare is only the mother’s responsibility. Beliefs that the man should have the final word in the household also dropped from 90% to 63% among men themselves.

‘About gender equality, and as God created man and woman, gender equality means that man is equal to woman so we cannot go to bother her body. No matter on what level! A man must not go and disrespect or touch the body of a woman or a girl without consent.’

MALE FAITH LEADER, 2017

From silence to vocal champions

Faith leaders have been effective disseminators and change agents in these remote communities and have also become the primary group approached by survivors for support. Their success was shown by the high proportion of community members who reported having been reached by the intervention and involved in its activities. By end-line, 83% of all respondents had attended a public talk or discussion related to VAWG. The majority of these happened in places of worship and/or were conducted by faith leaders. Religious spaces are a recognised local authority regardless of the level of adherence and belonging to faith, and their use has proven to be a highly effective dissemination model to reach out to the wider community. At end-line, 64% of respondents had also accessed couples counselling, mainly through faith leaders. This messaging is changing people’s attitudes and behaviours, even those who are passively engaged with faith. While baseline findings showed that 66% of those more engaged with faith did hold some violence-supportive attitudes, especially around wives tolerating marital violence, these reversed to 33% by project end.

‘The thing is, before they were in darkness, but today things have changed because we have received the training. [] Yes, people are always happy when they see us. And they like it because we go to them in their places to discuss the issues of violence in our village. It brings change; a lot of changes.’

FEMALE FAITH LEADER, 2017

Working with faith leaders to prevent VAWG

The programme’s starting assumption was that faith actors, particularly those in leadership roles, could be effective in disseminating information and mobilising change around VAWG at community level, if equipped through a faith-based approach. While quantitative data demonstrates that change is taking place, the qualitative findings offer lessons as to how and why the intervention had success in working with faith leaders to reduce violence:

Faith leaders used their **influence** and faith platforms to teach, preach and show active support through sacred texts and sermons, and in places of worship. They also used their moral authority to intervene and begin to hold perpetrators to account at community level, as well as mobilising a critical mass of others to also intervene and help.

Faith leaders were engaged as active partners in the process, helping to **ensure the model is compatible with the local context** and promoting an understanding of gender equality and VAWG from within the cultural framework.

They were engaged in the selection of, and support to, the Gender Champions in rolling out the Community Dialogues and as members of the CAGs, which **created a coordinated set of activities** that were able to work at different levels and reinforce each other.

Faith actors’ own attitudes and behaviours shifted over the course of the project, from speaking up against VAWG to role modelling behaviour change. The study found reduced violence in faith leaders’ own relationships.

Faith leaders played an increased and sustained role in couples counselling around VAWG and became a visible source of public support that was increasingly accessed by survivors. This underlines the potential **sustainability** of this model, providing a stable support modality in the communities that can continue after the intervention has ended.

Through this model, faith actors and community experienced that entrenched faith-based beliefs about marriage, sex and scripture can be changed by **critically engaging with sacred texts** and offering different interpretations to become more gender-equal and non-violent.

They were able to **go beyond gender equality as an abstract concept discussed in the workshops** to live out the values in their own day-to-day life and relationships, and also reached out to intervene to resolve conflict among men and women in their local communities.

Conclusion

These findings demonstrate the potential of mobilising faith leaders to become effective catalysts and diffusers of new attitudes, norms and behaviour for preventing VAWG at the community level. The positive shifts seen across the communities suggest that a spillover effect, expected from the theory of change, has taken place as a result of the intervention. The findings show that 83% of the population were directly exposed to intervention activities. This was possible both because the communities were small and remote, and because faith institutions had significant outreach in these communities. Despite progress, results also show that many harmful attitudes, norms and behaviours remain entrenched in the communities, requiring further work.

This study suggests that effective approaches to engaging faith leaders require an intervention model that is practical and meaningful to faith leaders and their communities. The curriculum included reflections on sacred texts and examples, story-telling, interactive activities, and contextualized discussions on shifting harmful norms and attitudes on gender inequality and violence to enable understanding from a faith perspective. The intervention process was also easily integrated into existing activities and accompanied by training, workshops, and dialogues to engage faith leaders and the men and women in their local congregations and wider communities.

Recommendations for donors and policymakers

Recognise that even in conflict-affected communities, IPV is the most common form of VAWG.

Recognise also that the primary forms of sexual violence encountered by women and girls in conflict-affected settings are typically by known persons rather than soldiers or militia, and design VAWG prevention interventions to reflect this.

Engage faith leaders as active stakeholders in social norms approaches to address VAWG where faith is an important factor in society. Working with faith leaders can help ensure that religious messaging challenges, rather than reinforces, entrenched harmful gender norms.

Develop and support norm change interventions of sufficient duration and intensity. This intervention was able to achieve norm change within 24 months.

Invest in holistic, multi-sectoral responses for survivors. VAWG prevention interventions can help to promote supportive and non-stigmatising attitudes towards survivors among communities, but comprehensive support services for survivors are also essential and remain a significant challenge in resource-limited fragile settings.

Engage whole communities, including men and boys as well as women and girls, and address harmful masculinities as part of VAWG prevention interventions. This should include targeting young men whose attitudes are forming. Further research is needed on how to change women's internalised attitudes that justify violence and gender inequality.

Use evidence-based approaches in the process of adapting interventions to ensure that they are context-specific and relevant.

Consider replicating, adapting and scaling up this methodology in other settings where faith is influential in shaping attitudes, behaviours and gender norms.

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