2017 Hub Work

Evidence and research
GBV Hub led DFID-funded project on the role of faith in responding harmful traditional practices. Research team includes Elisabet Le Roux, Stellenbosch, Brenda Bartelink, University of Groningen and Shereen El Feki, Promundo with support from JLI GBV Hub co-chairs, and Hub members. Focused on 5 case studies, survey of the JLI and relevant networks.

Advocacy
Preliminary study findings presented at the Sexual Violence Research Institute Rio 2017 meeting
- Final Study Report launched and disseminated at DfID Whitehall
- jlife.com/htp-study/

Next Steps

- By early 2018, identify core researchers/institutions to be a part of steering
- Bridge gap b/t faith groups and research community
- Map funding opportunities
- Develop key questions on areas of interest for top 10 policy makers and key questions on areas of interest for faith actors (faith communities, IN FBOs - how can they use the evidence produced outside the FBO community?
- Develop a mentoring twinning plan between South/ South and North/ South academic institutions and FBOs
- Develop appropriate tools and methodologies to capture the learning from FBOs & pilot implementation
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Sexual and Gender-Based Violence Hub

Talking Points Working Draft

Hub Background
- The SGBV Hub has been involved in exploring evidence of the role and contribution of faith since late 2014. To date, the Hub has conducted and published 4 pieces of work:
- 1. Evidence Brief 3: Faith communities are key actors in empowering and protecting girls and addressing gender-based violence,
- 2. The role of faith-based organisations in preventing and responding to sexual, intimate partner and gender-based violence in conflict settings: A modified critical interpretive synthesis,
- 3. A scoping study on the role of faith communities and organisations in prevention and response to sexual and gender-based violence: Implications for policy and practice,
- The Hub is currently working completing a DFID funded research on the Role of Faith in responding to HTPs (Harmful Traditional Practices). This will be completed on the 30th of Oct.
- The Hub has Members spanning faith groups, academia, NGO and policy communities which is the kind of spread we would like. We hope that going forward we can draw together a multi sectoral advisory committee.
- The Hub has predominantly invested in the last 2 SVRI conferences in addition to the work and events hosted by the JLI. The Hub has held a meeting at DFID to showcase evidence for faith response to VAWG.
- The engagement with policy makers and other key alliances is that_ The JLI GBV Hub becomes the go-to network for (policy makers, practitioners, academia, secular groups) seeking evidence, tools and methods on working with FBOs to prevent, respond and mitigate GBV.

Key sources: the following draws heavily from the JLI SGBV Learning Hub scoping study, and the Le Roux et al. RFIA article "Getting Dirty"; current research
The talking points follow the framework below.

SDG 5 is a call to empower and protect women and girls, through equal participation in decision-making, access to livelihoods and sexual and reproductive health services, the eradication of sexual and gender-based violence, and the treatment survivors with dignity.¹

Sexual and gender-based violence (SGBV) is “violence that is targeted at women or men due

¹ “Sustainable Development Solutions Network | An Action Agenda for Sustainable Development.”
to their sex and/or their socially constructed gender roles”. SGBV is a global public health issue and includes sexual, physical, psychological, and socio-economic violence as well as harmful, traditional practices.

1. Why does Faith matter?  
   - We will now look at 3 case studies demonstrating the nature of evidence of faith groups working in SGBV.

   **1: We have to engage with faith communities because it is what survivors want.**  
   In many hard to reach, conflict affected communities, faith groups are first responders. Survivors consistently say that they want to run to a place of worship and find refuge. Survivors have expressed their hopes of faith leaders:
   - “They can help a lot in counselling, making reference to the passages from the Bible or the Koran” (CAR)
   - “They can help the survivors to go to the place of worship so that they can be healed spiritually and physically, and direct them to the support services, hospital” (CAR)
   - “They play an important role by providing moral and spiritual support, and even financial support” (CAR).
   - Their priority has to be our challenge.  
     “Spiritual support is necessary for the mourning process, telling your story until you no longer feel pain, in order to heal.” (Colombia)

   Their priority has to be our challenge.

   **2: Who Can I Turn To? Social connections and trust in GBV response among conflict-affected populations**

   This is another research study that is a real validation for engagement with faith as being important in humanitarian response in the Kurdistan Region of Iraq.
   [www.tearfund.org/socialconnections](http://www.tearfund.org/socialconnections)

   - Pilot of social mapping tool to identify social connections on (who people turn to for support) and who they trust  
   - 103 people (48 women and 55 men) from Yazidi and Muslim, displaced and host communities  
   - **Findings:** Spirituality is valuable for the communities where we work so the rationale for working with faith comes from the communities themselves.  
   - Women have fewer external connections and those without male relatives (especially displaced) lack support options.
   - Avoiding public shame and protecting family honour takes priority in resolving GBV issues – means reduced trust and reluctance to access external sources of support.

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2 Carpenter, “Recognizing Gender-Based Violence against Civilian Men and Boys in Conflict Situations.”  
4 [www.tearfund.org/socialconnections](http://www.tearfund.org/socialconnections)
3. Reach, Response & Holistic Approach

Democratic Republic Congo

- Ushindi survivor response program providing medical, psychosocial, legal, and economic support\(^5\)
- Reach: 24,793 SGBV survivors, target area is serves approximately 1 million people

Key faith & community leaders and community core groups (Noyaux Communautaires) are recruited & trained to be the first responders to SGBV survivors. Through them, survivors are then given referrals to any needed medical, psychosocial, legal, and economic support.

Results

- 14,730 SGBV survivors referred to medical services (87% target)
- 11,890 referred to legal services (85% target)
- 13,394 referred to psychosocial (71.5% target)
- 47% of target survivors enrolled in Village savings and loans associations

This slide demonstrates another compelling reasons for working with faith groups ie their reach and their holistic response.

Sustainable: of the original target 10 Health Zones 7 HZ still operational and now covers a total of 13 HZ in DRC (total beneficiaries at 1.6 million)

Goals:

1. Increase SGBV survivor access to services (# accessed vs target measured (no baseline); time to access decreased- no indicators for this)
2. Increase quality services provided (no specific indicator)
3. Prevent future SGBV (no specific indicator)

Beneficiaries: 15,995 adults >18 years old and 8,798 children <18 years old), > project goal (24,187 persons) for the five-year project (2010-2015)

local communities were trained to identify cases of SGBV and refer survivors towards services; communities were sensitised and educated about legal and gender rights, the illegality of sexual violence and the right to pursue justice; and service providers at health care facilities were trained to screen, diagnose, and treat survivors of SGBV

Case study of most common kind of evidence that we are finding within the faith space.

Case 1. Islamic Relief 2016-2017

- The first case study is from IRW, this is a document of a multi country project where faith leaders are key allies. There is a lot of qualitative evidence of the impact of faith, often going beyond anticipated outcomes simply because of their sphere of influence and leadership in such communities.
- The project is an integrated approach to gender-based violence and child protection: Key findings from Mali, Niger and Pakistan, 2016-2017.
- It shows the kind of qualitative impact of a project. This kind of evidence is very common to faith groups and is often unpublished. There is a lot more that is undocumented which makes it challenging when looking for evidence.
- To end gender-based violence by focusing on three harmful practices commonly

\(^5\) Cudjoe Bennett, Manka Banda, Lior Miller, Joseph Ciza, William Clemmer, Mary Linehan & Larry Streshley (2017) A comprehensive approach to providing services to survivors of sexual and gender-based violence in Democratic Republic of Congo: addressing more than physical trauma, Development in Practice, 27:5, 750-759
inflicted on the women and girls we work with: Early and Forced Marriage (EFM), Female Genital Mutilation/Cutting (FGM/C) and Domestic Violence (DV).

- Some quantitative findings, mainly reach (11,000 persons reached through trainings)
- The stories of personal transformation are powerful and demonstrate the influence of faith leaders in transforming harmful social norms.
- Many qualitative evidence of the impact of the project.

**Key learnings regarding faith leader involvement:**

- Role of Faith Leaders very important regarding supporting survivors where formal services are limited eg. In Niger, there are no public safe homes for GBV survivors which puts them at risk-so community & faith leaders handle GBV and CP cases.
- Religious leaders have a wide sphere of influence e.g. Faith leaders developed plans to discuss women’s and children’s rights in their regular sermons and during marriage ceremonies.

IRW is now expanding the program to 6 countries with baseline survey

**Case 2 Channels of Hope WVI (ability to change social norms and behaviours)**

**EVALUATION REPORT:** Channels of Hope. Report released: Oct 2015 in 30 communities

- Channels of Hope trains and equips faith leaders and other community members to break down walls between faiths and in their own communities to respond to serious issues and promote the well-being of all in the community—especially the most vulnerable.
- COH systematically tracks knowledge, attitude and behaviour change of the people who undergo the training. Their evaluations give us some quantitative data on the change experienced which is really valuable to track. Some faith groups like WVI are good at this especially as they have a global programme.
- Training with Church Leaders using Bible messaging & Christian teachings re promoting positive gender roles.
- Focus Group Discussions & Key Informant Interviews using faith-based approach to improving gender relations & positively influence attitudes & behaviour regarding SGBV.

**Key Findings & Outcomes:**

- Overall, participants demonstrated changed behaviour regarding value of men & women, girls & boys.
- Improved links to support services for survivors of IPV
- Improved methods of addressing substance abuse & conflict including domestic violence/IPV.

**Case 3 Tearfund**

- This is the less common type of evidence that faith communities have. Tearfund in partnership with the MRC have been working together to test their theory of change that Faith groups can contribute to reduced IPV.
- This project has been a step up in the kind of evidence gathered, both qualitative and quantitative, involving baseline and end line data comparisons. Early findings are encouraging and can go a long way in encouraging evidence gathering across the faith community. This does take strong partnerships with research, investment of project time and commitment and encouraging community/faith participation to
value data collected.

**Key Findings regarding the role of faith**

- 95% respondents identified as religious
- 83% faith ‘important’ or ‘very important’ - especially for women
- Faith Leaders identified as ‘most influential’ social referent
- Negative: More likely to agree with harmful attitudes if seen as ‘Scriptural’
- Positive: Faith engagement was ‘protective’ across faiths (Christian & Muslim) People actively engaged in faith: o reduced IPV for women and reduced alcohol consumption for men o more empowering attitudes for both men & women o more likely to believe physical violence is wrong

**2. What are the barriers to change?**

**Faith and faith actors are complex**

Even within the same faith, depending on geographical location and the culture of the community, faith actors and faith-based organizations can differ drastically. This creates difficulties in knowing how and when to engage faith actors. Also, faith actors do not have just one opinion and voice. Policies, for example on abortion, and implementation strategies do not always line up with core beliefs of faith actors⁶ or cause debate between and within faith groups.⁷

Globally 84% of people are religious.⁸ Religion is still seen as part of the problem and not as part of the solution. Programs have cited challenges in engaging local faith communities and their leaders and with local faith communities at times supporting survivors of SGBV. Especially in relation to SGBV, local faith communities and leaders are key influencers in perpetuating the beliefs and behaviors that can either lead to SGBV or help change attitudes. This also means they have key roles in creating social norms positively or negatively.⁹

**Challenges**

Usually, increased violence is not caused by just one risk factor. As described by Dahlberg and Krug, the ‘Social-Ecological’ model for violence is a combination of societal, community, relational and individual factors.¹⁰

**Societal:**

SGBV violates many human rights listed in the Universal Declaration of Human Rights (UDHR). The UDHR also documents the equality and inherent dignity of all persons.¹¹ Even

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⁶ Le Roux, Scoping Study; Le Roux, “Silent no more: The untapped potential of the church in addressing sexual violence” 2011
⁷ ibid.
⁹ Greyling, “Channels of Hope: Building the Evidence Base on the Role of Local Faith Leaders to Critical Issues to Enhance Outcomes towards SDGs.”
¹¹ UN General Assembly, “Universal Declaration of Human Rights.”
with this universal right, 128 countries have laws that discriminate between men and women. These laws range from what women can own, types of jobs, consent from a male to work and restrictions to health coverage.  

Engagement of all actors is needed to address SGBV on the societal level.

“We need to harness this power of religion to create the new social fact of gender equality and the empowerment of women.”
- Lakshmi Puri UN Women Deputy Executive Director

Recently, this has been recognized more in policy, as the UN has pursued successful partnerships with faith-based organizations

- For example, UNFPA in Somalia trained more than 3,000 female lawyers and faith leaders to champion the end of FGM.  
- UNFPA-UNICEF joint partnership on FGM in eight countries, trained more than 4,095 leaders resulting in 730 edicts on abandonment of FGM announced.

Community: Faith leaders are usually male and may often interpret scriptures with a patriarchal bias, reinforcing gender inequality. Though risk factors for GBV are complex, studies have shown that patriarchy is a contributing direct and indirect factor in sexual violence.

- Faith communities have promoted harmful social norms, beliefs and attitudes
- In the JLI SGBV Scoping survey respondents stated on misinterpretations of biblical texts – “a lot of times the frames of reference to justify violence or gender inequality is drawn from the Bible. Positive texts that promote gender equality are not usually referred to or preached about in sermons by religious leaders.”
- Though many major faiths acknowledge that females and males are equal, this does not always play out in reality. For example, women in leadership positions, including religious faiths.

Interpersonal: Traditional interpretations of scriptures intertwined with traditional values, can lead to discrimination, stigma and fatalism. On average globally, 29% of women believe that it is acceptable for husbands to beat their wives. This creates a social norm that justifies GBV in the community as a whole that must be changed.

- Sacred texts may support that as in a recent study Tearfund baseline study What Works survey results confirmed that sacred texts suggest that men should discipline their wives at certain times.

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12 Klugman et al., *Voice and Agency.*
13 Lakshmi Puri, “Remarks by UN Women Deputy Executive Director.”
14 UNIATF, “UN Inter-Agency Task Force on Engaging Religion and Faith-Based Actors for Sustainable Development and Humanitarian Work.”
17 Le Roux, Scoping Study
19 Le Roux et al., “Getting Dirty: Working with Faith Leaders to Prevent and Respond to Gender-Based
Individual:
• Faith leaders can be hesitant to engage with issues like SGBV and other taboo topics (not only reproductive health and rights, LGBTI policy). For example in Burundi, a Tearfund study found that because SGBV is still a taboo topic, there was limited engagement on SGBV and the church. The main activities were through sermons and churches did not address the needs of survivors or address stigma or other behavior change needs in the community.
• This may then perpetuate harm and vulnerability or even cause retraumatization: Findings from focus groups in African Americans found that participants felt clergy did not help women when they asked for help with domestic violence. Clergy missed an opportunity to stop violence and even allowed the violence continue. A research participant stated, “Too bad our ministers were not here because they’re really the place where policies start and they counsel victims.”
  - In some cases, faith leaders are ignorant or disbelieving of SGBV within their own communities. In a study interviewing people of Jewish, Islamic and Christian faiths, many faith leaders underestimated the prevalence of IPV in their communities. This meant that SGBV issues within the communities were left unaddressed and perpetrators were allowed to continue their abuse.
• Faith leaders have been perpetrators sometimes, breaking trust placed in them.

Challenges: Faith community perspective
• It is very difficult to gain access to funding and coordination mechanisms. In 2015, national and local NGOs received only 2.1% of humanitarian funding to NGOs, amounting to just 0.2% of all humanitarian aid.
• LFCs want to be capacitated, not instrumentalized. There is a feeling of being used by the system and then discarded, which makes LFCs less likely to opt in to the system again if another crisis arises. Instrumentalization – when LFCs are manipulated to look like NGOs.
• The role of worship communities can both support humanitarian aims, but also has an identity different to NGOs. The aim is not to force LFCs into a mold, which might mean they lose existing capacity even while other types of capacity are built. True partnership that understands the unique advantages of a range of different types and levels of local faith actors is needed.
• Capacity and training: Faith leaders need to be supported in scaling up potential interventions though currently have many other needs in the community to address and are often already overworked. While some FBOs have limited knowledge of SGBV others have limited staff.
• Divisions and lack of consensus exist within faith communities, meaning that internal barriers limit humanitarian participation.

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20 Le Roux, Scoping Study
21 Le Roux et al., “Getting Dirty: Working with Faith Leaders to Prevent and Respond to Gender-Based Violence.”
23 Ware, Levitt, and Bayer, “May God Help You: Faith Leaders' Perspectives of Intimate Partner Violence within Their Communities.”
• The question therefore is how to capacitate LFCs as actors to opt in to the humanitarian system, rather than as contractors instrumentalized for short-term gain. Capacity built, awareness raised, and LFCs selecting themselves as actors.

**Challenges in engaging secular NGOs, policymakers, donors & academia:**

• Negative preconceptions about religion: proselytizing, partiality of service, poor accountability.
• Lack of documentation and not enough investment in research.
• Lack of religious literacy and understanding of faith actors.
• Secular and faith work happening in parallel, not in partnership.

**Specific challenges to evidence of faith contributions**

For faith groups
- do not have the skills, capacities or resources for research
- value the qualitative more than the quantitative
- have very few partnerships with researchers
- very activity focussed
- do not engage with the world outside of faith & dominant secular discourses in the humanitarian system can marginalize the possible roles for faith actors.

For donors, policy makers and academia
- struggle to find effective ways of working with faith, find them confusing
- do not fully understand their influence and ways of working
- do not fully understand the importance of spirituality
- lack of meaningful partnerships, they want to transform harmful social norms but struggle to work with complex faith
- even though faith groups can provide required scale, they need accompaniment and capacity support
Sexual and Gender Based Violence

Local faith actors are key allies in ending Gender-Based Violence in humanitarian contexts.

The Challenge

Gender-based violence (GBV)\textsuperscript{6} often increases during times of conflict and crisis. Women, girls, men and boys are all vulnerable to GBV but there is a disproportionate vulnerability and impact on women and girls. GBV not only violates the human rights of women and girls but also, through fear and intimidation, can reduce their access to services and participation in society which is so vital for effective humanitarian response. Yet less than 0.5 per cent of humanitarian funding is committed to addressing gender-based violence\textsuperscript{7}. Of further concern, approaches seldom sufficiently address harmful religious and cultural beliefs and practices contributing to GBV.

- Worldwide, 35 percent of women have experienced either physical or sexual intimate partner violence or non-partner sexual violence as of 2013. However, some national studies show that up to 70 per cent of women have experienced physical and/or sexual violence from an intimate partner in their lifetime\textsuperscript{8}.

- The WHO identifies the following as causes and risk factors of gender-based violence; traditional gender norms that support male superiority and entitlement against perpetrators, harmful use of alcohol, weak legal sanctions, drug, poverty, and high levels of crime and conflict in society.\textsuperscript{9}

- In 2015, in Central African Republic more than 60,000 cases of sexual and gender-based violence (SGBV) were registered ... [specify which period?] by an inter-agency group headed by the UNFPA, of which about 30,000 involved victims of sexual violence, including rape. That is about 100 people a day.\textsuperscript{10}

- From January to September 2014, the United Nations Population Fund (UNFPA) recorded 11,769 cases of sexual and gender-based violence in the provinces of North Kivu, South Kivu, Orientale, Katanga and Maniema; 39% of these cases were directly related to the dynamics of conflict, perpetrated by armed individuals.\textsuperscript{11}

\textsuperscript{6} Gender-based violence (GBV) is an umbrella term for any harmful act that is perpetrated against a person’s will and that is based on socially ascribed (i.e. gender) differences between males and females. It includes acts that inflict physical, sexual or mental harm or suffering, threats of such acts, coercion, and other deprivations of liberty. These acts can occur in public or in private. IASC. Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing risk, promoting resilience an aiding recovery, 2015, p.5.

\textsuperscript{7} https://jliflc.com/resources/evidence-brief-3-faith-communities-key-actors-empowering-protecting-girls-addressing-gender-based-violence

\textsuperscript{8} Violence against women, Chapter 6, UN, 2013

\textsuperscript{9} World Report on Violence and Health, 2015

\textsuperscript{10} Human Rights Day: Abuses rife in Central African Republic, UNHCR, 2015

\textsuperscript{11} Sexual Violence in Conflict, Democratic Republic of Congo. 2015
Despite progress, in many conflict-affected settings across the world, programming efforts are grossly inadequate when compared to the scale of the problem. Protections for survivors continue to be limited, and prevention initiatives are often ad hoc. Short-term funding and shifting donor priorities have undercut the ability of some programmes to achieve the degree of expertise and conduct the level of comprehensive services required to adequately combat GBV. Limited agency commitment and staffing have also undermined efforts to address VAWG despite improved global commitment to combating it.\textsuperscript{12} The World Humanitarian Summit too did not deliver on its commitment to women and girls.

The role of Local Faith Communities

Being members of a faith group provides emotional, spiritual and physical resources that can be crucial in the prevention of violence and provision of diverse forms of support for survivors. Moments of social upheaval in crisis can also be opportunities to challenge harmful norms that contribute to GBV.

\textit{Tearfund’s qualitative research with 548 survivors of GBV across 9 countries showed mobilising and equipping faith leaders to be first responders was their priority to end stigma and ensure care and support}\textsuperscript{13}.

In humanitarian contexts, faith actors are often first responders as they are part of the fabric of the local communities. Survivors of GBV often run to places of worship for refuge. They often do not receive help there but instead suffer stigma and rejection. Faith communities are sometimes a part of the problem by:

\begin{itemize}
  \item promoting harmful social norms, beliefs and attitudes, often from a patriarchal perspective, reinforcing gender inequality.
  \item contributing to stigma.
  \item being hesitant to engage with issues like SGBV which then perpetuates harm and vulnerability.
  \item Re-traumatising survivors.
  \item being perpetrators sometimes, breaking the trust placed in them.\textsuperscript{14}
\end{itemize}

Despite their experiences, there was still a consensus among survivors that faith groups can have an important and in many ways unique role in meeting their needs and supporting them

\begin{itemize}
  \item Jeanne Ward and UN Women 2013.
  \item \textcolor{red}{www.svirio2017.org/forums/forum2017/sciencepitch}. Their priority, our challenge: qualitative research on survivor perspectives across nine countries. Tearfund.
  \item \textcolor{red}{http://learn.tearfund.org/~/media/files/tlz/sgbv/2017-tearfund-are-we-listening-to-survivors-en.pdf?la=en}
\end{itemize}
to heal. Research from Eastern DRC shows that active engagement within faith groups has a direct correlation to a reduction in intimate partner violence and reduced perpetration\textsuperscript{15}. Survivors also emphasised the need for religious leaders to use their position of influence in communities to break the silence around sexual violence and raise awareness, to prevent re-victimisation and stigma, and to advocate for survivors.\textsuperscript{16} Religious leaders can also be uniquely positioned to engage with “controversial” issues as they are key influencers in local communities and their role gets amplified in hard to reach places. For example, a study of Kikuyu victims of GBV in Kenya highlights how faith communities were the only actors able to provide trauma counselling in that context.\textsuperscript{17} Likewise, a study in Kinshasa shows that faith leaders are key influencers in reduced IPV and increased uptake of family planning.\textsuperscript{18} Many survivors express a need for healing from the physical and emotional trauma. Religious leaders can transform harmful social norms that contribute to GBV.

\begin{quote}
‘We found it was tribal and community leaders who settle most cases informally, even if they are reported to the police. It is therefore essential to understand the local context to recognise and utilise entry points. In trying to involve women and children in a male dominated community we had to liaise with the decision-makers who in this context were male religious leaders.’\textsuperscript{19}
\end{quote}

### Key Recommendations for policy and practice

- Develop strategic partnerships to support female and male faith leaders in the implementation of the ‘Principles for Global Action on preventing and addressing the Stigma associated with Conflict-Related Sexual Violence’ and the Call to Action on Protection from Gender-based Violence in Emergencies.
- respond practically Involve faith groups in community-based referral pathways, document and disseminate examples of good practice and promote linkages between service providers and faith groups including those concerned with HIV and AIDS.

\begin{itemize}
\item \textsuperscript{16} Are we listening to survivors? A qualitative research summary. [http://learn.tearfund.org/~/media/files/tilz/sgbv/2017-tearfund-are-we-listening-to-survivors-en.pdf?la=en](http://learn.tearfund.org/~/media/files/tilz/sgbv/2017-tearfund-are-we-listening-to-survivors-en.pdf?la=en)
\item \textsuperscript{17} Damaris Seleina Parsitau, “The Role of Faith and Faith-Based Organizations among Internally Displaced Persons in Kenya,” *Journal of Refugee Studies* 24, no. 3 (September 1, 2011): 509.
\item \textsuperscript{19} An integrated approach to gender-based violence and child protection (Islamic Relief, SIDA). 2016-2017 Mali, Niger and Pakistan
\end{itemize}
- Build evidence for faith-based responses and prevention of GBV through rigorous evaluation of programme interventions and commissioning of research studies on programme impact.
- Include conflict resolution, psychosocial response and preventing GBV (including addressing where faith teachings may currently be used to justify harmful gender norms and stigma) in faith literacy efforts.
- Prioritise the needs of survivors and respond to their demand for equipping faith leaders and communities in GBV response.
- Work with faith-based agencies to better equip local faith leaders to respond to GBV, particularly in tackling root causes, addressing ‘honour’ cultures, from a faith perspective. This includes challenging where faith leaders are currently upholding harmful gender norms.
  - Incorporate a gender-sensitive approach within social mapping tools, and consider the impact of trust and connections in referral pathways for GBV services.
HOW FAITH ACTORS ARE ENGAGED.
State of the Evidence
Veena O’Sullivan
SGBV Hub Secretary
Tearfund

Joint Learning Initiative Members

<table>
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<tr>
<th>FAITH BASED</th>
<th>ACADEMIC</th>
<th>POLICY/SECULAR NGO</th>
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<tr>
<td>ADRA Australia</td>
<td>Coventry University</td>
<td>Africhild</td>
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<td>Anglican Communion</td>
<td>London School of Hygiene &amp; Tropical Medicine - UK</td>
<td>DFID</td>
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<td>CALDO</td>
<td>Griffith University, Australia</td>
<td>Devarna de la Puente</td>
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<td>Christian Aid</td>
<td>University of Denver</td>
<td>GBV AOR West &amp; Central Africa Impact &amp; Innovation Development Centre</td>
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<td>Coalition of Violence against Women</td>
<td>ICRC - Washington DC</td>
<td>Impact</td>
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<td>Coexist</td>
<td>Johns Hopkins University</td>
<td>Innovation Development Centre</td>
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<td>Cornerstone Trust</td>
<td>University of Bristol</td>
<td>Oxfam</td>
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<td>Episcopal Relief</td>
<td>University of Queensland St Lucia</td>
<td>Rwanda Men’s Resource Centre (RWAMREC)</td>
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<td>HEARD, UKZN, South Africa</td>
<td>University of Groningen</td>
<td>Save the Children (Sweden) Asia</td>
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<td>IMA World Health</td>
<td>Stellenbosch University</td>
<td>London - Metro Police</td>
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<td>Islamic Relief</td>
<td>University of Bedfordshire</td>
<td>Sexual Violence Research Initiative</td>
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<td>Muslim Aid</td>
<td>University of Central Lancashire Populations Council</td>
<td>UNAIDS</td>
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<td>Seminaco Biblical Colombia</td>
<td>University of Massachusetts, Boston</td>
<td>UNFPA</td>
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<td>SGB Response in eastern DRC</td>
<td>University of New South Wales, Australia</td>
<td>Promundo</td>
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<td>Restored</td>
<td>University of Oxford</td>
<td>28 Too Many</td>
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<td>Sonke Gender Justice</td>
<td>Uppsala University, Sweden</td>
<td>World Health Organisation</td>
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<td>Tearfund</td>
<td>University of Cape Town</td>
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<td>University of Concepcion</td>
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<td>Wangu Kanja Foundation</td>
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<td>We Have Hope</td>
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<td>World Council of Churches</td>
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<td>World Vision International</td>
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Advocacy

Policymakers Targets
• Primary funders of GBV prevention work of GBV are DFID and USAID.
• UNAIDS, UNWomen and UNFPA are potential allies as well.

Alliances
• MenEngage Alliance
• We Will Speak Out

Explore opportunities to look at GBV through other priority issues that matter to other policymakers. eg. SRHR, Conflict and Protracted Crises, refugee.
State of the Evidence: LMICs & HICs
We focus on research in Low-Middle Income Countries but the findings are not dissimilar to what has been found in high income countries.

“God, most of all, that’s who I talk to most of all. Like sometimes I wanted Pastor and she’s busy and I don’t have anybody, I don’t have a lot of friends so there’s nobody to really talk to other than my children, I would talk to God... Prayer, that’s all I had.” (survivor, USA)

Being Delivered: Spirituality in Survivors of Sexual Violence, Knapik & Martsol

Key findings in research in USA, Canada, UK researching the role of faith for survivors of child abuse, Sexual Violence & IPV:

<table>
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<th>Positive</th>
<th>Negative/Challenges</th>
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<td>▪ Faith as protective</td>
<td>▪ Stigma</td>
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<td>▪ Reassurance from a belief that God</td>
<td>▪ Refugees report difficulty practicing faith in more secular countries (USA) compared to Africa</td>
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<td>was still in control</td>
<td>▪ Professionals e.g. healthcarers not understanding religious people have heterogeneous views &amp; beliefs on issues</td>
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<td>▪ church support and faith</td>
<td>▪ faith leaders unaware of their influence on choices including FP, health care etc.</td>
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<td>activeness engages &amp; helps emotional recovery</td>
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<tr>
<td>▪ Spiritual connections deemed deeper than ordinary interpersonal relationships</td>
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<tr>
<td>▪ Privacy &amp; security of sharing with God</td>
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Why does Faith matter?

Justification: We have to engage with faith communities because it is what survivors want.

“Spiritual support is necessary for the mourning process, telling your story until you no longer feel pain, in order to heal.” (Colombia)

“As I am young, I couldn’t solve the problems I faced. So I asked for help from my female pastor. She prays for me. She mediates when problems occur.” (Myanmar)

Qualitative research of 485 survivors from Democratic Republic of Congo (DRC), Central African Republic (CAR), South Africa, Burundi, Myanmar and Colombia.
Who Can I Turn To? Mapping social connections and trust in GBV response among conflict-affected populations

Kurdistan Region of Iraq
Pilot of social mapping tool to identify social connections (who people turn to for help) and who they trust
103 people (48 women and 55 men) from Yazidi and Muslim, displaced and host communities

• The research highlighted the vital importance of faith as a key factor in personal and community resilience.
• Women have fewer external connections and those without male relatives (especially displaced) lack support options.
• Avoiding public shame and protecting family honour takes priority in resolving GBV issues – means reduced trust and reluctance to access external sources of support.

www.tearfund.org/socialconnections

Case Study 1: Reach, Response & Holistic Approach: Survivor response program providing medical, psychosocial, legal, & economic support

Democratic Republic Congo
Key faith & community leaders and community core groups (Noyaux Communautaires) are recruited & trained to be the first responders to GBV survivors. Through them, survivors are then given referrals to any needed medical, psychosocial, legal, and economic support

Results
• 14,730 GBV survivors referred to medical services (87% target)
• 11,890 referred to legal services (85% target)
• 13,394 referred to psychosocial (71.5% target)
• 47% of target survivors enrolled in Village savings and loans associations

Faith leaders are heavily involved in both religious and tribal issues, and inter-family disputes. In these Muslim majority contexts faith leaders were involved as community champions who helped build trust, influence communities & support change.

Case Study 2. Islamic Relief Worldwide An integrated approach to gender-based violence and child protection (Islamic Relief, SIDA)

Mali, Niger and Pakistan
An integrated approach to gender-based violence and child protection end gender-based violence by focusing on three harmful practices: Early and Forced Marriage Female Genital Mutilation/Cutting and Domestic Violence.

Faith leaders are heavily involved in both religious and tribal issues, and inter-family disputes. In these Muslim majority contexts faith leaders were involved as community champions who helped build trust, influence communities & support change.

Results: Engaging faith leaders is critical in dismantling religious or cultural misinterpretations that support the abuse of girls & women

Molvi Mohammed Anwar
• runs a mosque and Islamic school
• He is influential among the 200 households in his community in Dalbandin, Pakistan
• He became a member of a CHAT.
• Afterwards, he started to deliver Friday sermons on gender issues and child protection from an Islamic perspective

• Now he continues sessions to discuss sensitive issues.
• He has dealt sensitively with three cases of physical violence
Case Study 3: World Vision

Project: Weather Coast & Temotu Community Channels of Hope (World Vision & The University of Queensland, Australia Aid)

When: April 2013 - June 2015
Where: Solomon Islands Pacific & Timor Leste

Project Context
- 30 communities
- Training with Church Leaders using Bible messaging & Christian teachings re promoting positive gender roles.
- Focus Group Discussions & Key Informant Interviews using faith-based approach to improving gender relations & positively influence attitudes & behaviour regarding SGBV.

Key Findings & Outcomes:
- Overall, participants demonstrated changed behaviour regarding value of men & women, girls & boys.
- Improved links to support services for survivors of IPV
- Improved methods of addressing substance abuse & conflict including domestic violence/IPV.

Case Study 4: Tearfund

Project: Engaging with faith groups to Prevent Violence Against Women and Girls in Conflict Affected communities (What Works)

When: July 2015.
Where: Ituri Province Democratic Republic Congo (DRC).
What: Quantitative Baseline Household Survey (15 communities- 769 interviews (400 f/369 m).

Key Findings as to the role of faith
- 95% respondents identified as religious
- 83% faith ‘important’ or ‘very important’ - especially for women
- Faith Leaders identified as ‘most influential’ social referent
  - Negative: More likely to agree with harmful attitudes if seen as ‘Scriptural’
  - Positive: Faith engagement was ‘protective’ across faiths (Christian & Muslim)
- People actively engaged in faith:
  - reduced IPV for women and reduced alcohol consumption for men
  - more empowering attitudes for both men & women
  - more likely to believe physical violence is wrong
Overall challenges: Religion & SGBV

**Challenges**
- Faith communities have promoted harmful social norms, beliefs and attitudes, often from a patriarchal perspective, reinforcing gender inequality.
- Faith actors have contributed to stigma.
- Faith leaders can be hesitant to engage with issues like SGBV which then perpetuates harm and vulnerability.
- Faith leaders can contribute to traumatising survivors.
- Faith leaders have been perpetrators sometimes, breaking trust placed in them.

**Opportunities**
Globally 84% of people identify as religious. Religiosity is highest in the poorest countries.

Specific challenges to evidence of faith contributions for donors, policy makers and academia

- do not have the skills, capacities or resources for research
- value the qualitative more than the quantitative
- have very few partnerships with researchers
- very activity focused
- do not engage with the world outside of faith

Specific challenges to evidence of faith contributions for faith groups

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- very activity focused
- do not engage with the world outside of faith

Challenges to engagement

**Secular NGOs, policy makers and academia**
- Negative preconceptions about religion: proselytising, partiality of service, poor accountability.
- Lack of documentation and not enough investment in research.
- Lack of religious literacy and understanding of faith actors.
- Secular and faith work happening in parallel, **not in partnership**.

**Faith Actors**
- Struggle to prioritise research.
- Focus a lot on training but not assessing impact of the same.
- Do not have the skills and connections with academia.
- They have mistrust and fear of the secular world.
- Difficulty in accessing **funding**.
- LFCs feel **instrumentalised**.
- Internal divisions within LFCs and a lack of coordinating mechanisms
- **Divisive practices** linked to politics and harmful attitudes, beliefs and practices.
Current research: No more 'Harmful Traditional Practices': Working Effectively with Faith Leaders

- DFID funded case study & literature review research with Faith Based INGOs into working with Faith Leaders on HTP.
- Term HTP creates resistance and hinders the process of engaging people.
- Religion is contributory but not causal to HTPs
- FBs using a mixed methods including of practical & scriptural/theological approaches to HTPs engages faith leaders in a framework which they understand and respect as authoritative

Key findings & recommendations presented Nov 10th