Engaging Community Stakeholders to Reduce GBV: Challenges and Opportunities

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Session 2.4. GBV Prevention in Humanitarian Settings
Presented by: Annastacia Olembo

Co-authors: Nisha Singh, Marina Mestres Segarra, Thomas Wilondja Ikemo, Ghislaine Maombi Ngalya, Chantal Kizungu, Moses Abure Dada, Guya Cons Frederick, Joseph Tukube, Fazal Karim, Frozan Marofi, Habiba Shuaibu, Zainab Gbobaniyi, Annastacia Olembo, Stephanie Siddall, Eva Noble
Gaps in provision of reliable accessible survivor centered services in rural and peri-urban conflict-affected contexts.

Insufficient service providers capacity to address health, legal, safety economy and psychological needs of survivors.

Turns to community-based and community-led solutions and services provision.

Community-based solutions and engagement of community leaders can be effective in shifting harmful and patriarchal gender norms.

The very community leaders and structures seen as solutions can also reinforce patriarchal traditional norms that normalize violence against women (VAW), and their support to survivors may be ineffectual, or worse, re-traumatizing and harmful.
Women for Women International, a global development NGO, invests where inequality is greatest by helping women who are forgotten — the women survivors of war and conflict.

- Implementation organization with focus on provision of holistic social and economic 12-month program for women in conflict-affected locations.
- We work in locations where services for survivors are limited, sub-standard quality, or non-existent.
- Critical to develop solutions that meet the needs and preferences of GBV survivors and are also context-specific and realistic.
- Undertook this research to explore opportunities and challenges for working with community leaders and structures.
Methodology

• Research examined knowledge, attitudes, beliefs and norms held at community, leader and member levels across 13 communities from 2019 to 2021.

• Objective: to understand the challenges in implementing community-led solutions to respond to VAW and opportunities for critical and positive engagement that yield societies free from VAWG.

• Structured qualitative tools used open-ended questions, free listing and ranking, and incomplete stories to learn about:
  • Attitudes towards and acceptability of physical, sexual, economic and emotional VAW,
  • Salience of relevant laws, traditional customs and tensions between them, and
  • Awareness and effectiveness of community resources and support available to VAW survivors.

• Ethics: Broad questions, never about individual experiences of violence; contextualized tools, questions modified/removed per location; well-trained data collection teams; informed consent; anonymized data and kept confidential; provision of referrals where possible.

• Directed content analysis* was used to review data, create categories, code transcripts and develop themes, then synthesize the findings. All transcripts were reviewed and coded by 2+ individuals.

• Qualitative data collection was conducted in 13 rural and peri-urban communities in four conflict-affected countries: Afghanistan, the Democratic Republic of Congo (DRC), Nigeria, and South Sudan.

• 49 focus group discussions (FGDs) conducted with women and men community members across age groups (youth, adult, elderly).

• 81 key informant interviews (KII) with male and female community leaders, health care providers and security officials.
Findings: VAW is accepted as normal

• Many community members demonstrated views that VAW is common and many forms are accepted as normal.

• Community leader views varied in regards to whether a man has the right to hit or discipline his wife, and whether a wife has the right to refuse sex.
  • Male community leaders and members often expressed men’s rights to sex, financial control, and disciplining their wife.
  • In general, women leaders and healthcare providers showed less acceptance of physical and sexual intimate partner violence.
  • Security officials tended to blame alcohol/drug use or women’s “impoliteness” for physical IPV.

• Many male community members and leaders were in favor of maintaining control of their wives’ finances and stated ownership of wives’ earnings and assets – and even of their wives.
Findings: Stigma and blame remain prevalent

- Women additionally shared experiences and concerns about corruption and required bribes, or weak redress mechanisms when seeking support and justice.

- Community leaders shared views demonstrating that women are commonly blamed for being raped and face stigma in reporting or seeking help.

This figure displays the questions that community leaders and members across Yei, South Sudan would pose about a rape to the woman or girl, which establish a pattern of holding the woman responsible.
Across settings, national laws are acknowledged to give women more rights than customs, but not all communities were aware of the laws and not all community leaders or general members felt women should have equal rights to men.

- National laws were preferred where they guaranteed a girl’s right to education and prohibited early marriages.
- Customs and local traditions were preferred to settle issues of domestic violence; prioritizing family reconciliation over justice or survivor-center responses.

Community resources are limited, not available, or inaccessible to survivors because they:
- Are few and far between in marginalized or rural areas,
- Cost too much in time or material resource to access,
- Do not guarantee confidentiality to the survivor, and
- Are often linked to carceral or patriarchal structures which may themselves perpetuate attitudes which stigmatize women for their experiences of VAW or for seeking support.

Findings: Customs, laws and community resources

“I believe that the law is good because it privileges everyone. There is not a boy and a girl, all are the same. Whereas for the custom it gives importance to a man, that it is the only person who exists.”

- Community leader, Kamanyola, DRC
Some individuals highlighted gradual positive changes in community attitudes:

- “There is a change in the community because in the past a woman was considered as an object, but today we have understood that she is a person of value.”
  Traditional leader, Luciga, DRC

- “Compared to past, we see very positive changes in women’s situation, violence against women has been decreased but not controlled. The positive change is, for example, before child marriage was normal but now it is controlled.”
  Male community leader, Afghanistan (unnamed community)

- “There are changes that have taken place. Because now if a case of VAW is brought before the community leader, they respond swiftly and seriously. And this has made the men to also adjust because they don’t want their wives to report them to the community leaders.”
  Women’s group leader, Riyom, Nigeria
Findings: Challenges and opportunities

**Challenges with community-led solutions**

- Some community leaders hold patriarchal views on gender roles and women’s rights.
- Traditional rules & laws prioritize men’s rights.
- Lack of resources to provide support to survivors.
- Breaches of confidentiality and stigmatization of survivors seeking GBV services and support via community-based mechanisms
- Resistance to outside “Western” norms; fear of destruction of traditional values and families.

**Opportunities for impact**

- Community leaders are seen as authorities and respected.
- They are often sought to respond to incidents due to customs and limited or absent professional services for survivors of VAW in marginalized rural areas of these countries.
- Some community leaders hold progressive views and see women’s rights and advancement as key to community growth, especially female leaders.
- Evidence that lengthy and deep investment in community-led solutions can shift leaders’ views and ultimately reduce VAW in communities.*

*(Abramsky et al, 2014; Le Roux et al 2020; Diop et al, 2009; Cislaghi et al, 2019)*
Recommendations

• Conduct community-level assessments of attitudes, gender norms, and needs before developing solutions. Context-specific approaches and priority-setting are key, especially in conflict and limited governance settings.
  • South Sudan: important precursor and priority is restoring authority to traditional leaders by reducing local conflict and military presence; traditional leaders powerless against gangs or military.
  • DRC: community members wanted local authorities to do more to address GBV but their primary ask was to reduce the practice of seeking bribes from survivors seeking to file a report or receive support.

• When working with community leaders to shift norms, build in appropriate vetting of leaders’ own views and biases, and sufficient time to train and support evolution of their views before they are deployed as trainers or champions.

• Invest in comprehensive, localized approaches that address gender inequality, power imbalances, and community norms. These include:
  • Supporting appropriate redress and referral mechanisms and clear pathways
  • Implementing laws against VAW at the local level
  • Putting survivors’ needs and preferences at the center of processes
  • Engaging with prospective allies
  • Strengthening response services for survivors
Overview

As the world grappled with this new crisis, many of the priorities and recommendations set out within the Agenda for Action became even more critical, relevant, and urgent particularly as the secondary effects of the pandemic, especially gender-based violence" around the world threatened years of progress.

Global summary and country-specific briefs available at: womenforwomen.org/vaw-community-attitudes
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