

Traditions and Opportunities

A Toolkit for GBV Programs to Engage Community Leaders in Humanitarian Settings



Guidance Tools and Resources

Traditions and Opportunities: A Toolkit for GBV Programs to Engage Community Leaders in Humanitarian Settings

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Acknowledgements

This Toolkit is intended to provide guidance and resources for GBV programs to safely and effectively engage community leaders to advance GBV prevention and response in humanitarian settings. The Toolkit was developed through a process of collecting experiences, good practice examples, and piloted approaches. Our aim was to develop a resource that adheres standards and established best practices, while honoring the creativity, flexibility, and problem-solving spirit of humanitarian GBV programs that are regularly confronted with new and diverse challenges. We hope that this set of ideas and tools will prove useful to GBV teams interested in strengthening or expanding their programs to work collaboratively with community leaders to build safer and more equitable communities for women and girls.

This Toolkit was developed by International Medical Corps (IMC), with generous collaboration from a broad network of GBV specialists and organizations who contributed through formative interviews, sharing of tools and resources, and review of draft materials. The Toolkit draws heavily from formative research and piloting by International Medical Corps' GBV program teams in Cameroon, Iraq, and Mali. In each of these locations, community leaders, government authorities, GBV sub-cluster coordination groups, and partner organizations provided input and feedback.

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Glossary

Common terms used in this Toolkit are defined below. Definitions have been drawn and adapted from key resources for consistency.

Adolescent girl: Any person who identifies as female between the ages of 10 and 19 years old.

Attitude: Opinion, feeling, or position about people, events, and/or things that is formed as a result of one's beliefs.

Belief: An idea that is accepted as true. It may or may not be supported by facts. Beliefs may stem from or be influenced by religion, education, culture, and personal experience.

Case Management: Gender-based violence (GBV) case management, which is based on social work case management, is a structured method for providing help to a survivor of violence. It involves one organization, usually a psychosocial support or social services actor, taking responsibility for making sure that survivors are informed of all the options available to them, and that issues and problems facing a survivor and her family are identified and followed up in a coordinated way, while providing the survivor with emotional support throughout the process.¹

Caseworker: An individual tasked with the responsibility of providing survivor-centered GBV case management services for survivors. Caseworkers are also commonly referred to as social workers or case managers, among others.

Community: Individuals, groups, and institutions who share a defined geographical space. This space could be a camp, urban center, village, settlement, or a local administrative unit.

Community Leader: Members of the community who serve in formal or informal leadership positions, such as elders, chiefs or tribal leaders, religious leaders, local government officials, traditional aunties, midwives, school officials, etc. They are both male and female, and they have roles in their communities that help them to influence or serve others.

Disclosure: The process of revealing information. A survivor who discloses GBV shares information about the incident with another person.

Early and Forced Marriage (EFM): Early marriage is synonymous with “child marriage” and is a marriage in which at least one party is married before the age of 18. Forced marriage is a marriage in which one or more of the parties is married without their consent or against their will. A marriage can also become a forced marriage even if both parties enter with full consent if one or both are later forced to stay in the marriage against their will.²

Empathy: The ability to understand another person's point of view and share their feelings.

¹ Gender-based Violence Information Management System (GBVIMS) Steering Committee. 2017. *Interagency Gender-Based Violence Case Management Guidelines: GBV Case Management* (gbvresponders.org)

² UNICEF. Webpage on child marriage, *Child marriage* | UNICEF

Female Genital Mutilation/ Cutting (FGM/C): Involves partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons.³

Gatekeeper: Individual who holds some formal or informal authority to allow interventions within a community.

Gender Equality: When rights, responsibilities, and opportunities do not depend on whether individuals are born male or female. Gender equality implies that the interests, needs and priorities of both women and men are taken in consideration and equally valued.

Gender Inequality: When one gender is not treated equally to others. For example, women within the home and in society are treated as inferior and second-class citizens, and their skills, experiences, and lives are not as valued as those of men.

Gender-Based Violence (GBV): An umbrella term for any harmful act perpetrated against a person based on socially ascribed (i.e. gender) differences between men and women. It includes acts that inflict physical, sexual, emotional, or mental harm or suffering, threats of such acts, coercion, and other restrictions of opportunities and freedom. The term 'GBV' is most commonly used to underscore how systemic inequality between males and females—which exists in every society in the world—acts as a unifying and foundational characteristic of most forms of violence perpetrated against women and girls.⁴

Humanitarian Setting: Humanitarian response can take place in varying contexts, ranging from urban to rural environments, slow- to rapid- onset events, and acute to chronic situations, including natural disasters, conflict, and complex political emergencies that affect populations.⁵

Intimate Partner Violence (IPV): A pattern of behavior in an intimate relationship – often within marriage, but also in dating relationships, or between ex-partners- where one person exerts power and control over the other person. Intimate partner violence (also referred to as domestic violence, or partner abuse) can include physical, sexual, emotional, spiritual, reproductive, economic, or psychological abuse.

Patriarchy: A social system where the male is the primary authority figure and holds a central role in the home and community.⁶

Perpetrator: A person who directly inflicts violence or supports violence against another.

Psychosocial: A term used to emphasize the interaction between the psychological aspects of human beings and their environment or social surroundings. Psychological aspects are related to our thoughts, emotions, and behaviors. Social surroundings concern a person's relationships, family and community networks, cultural traditions, and economic status, including life tasks, such as school or work.

Refugee: Someone who is unable or unwilling to return to their country of origin owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group, or political opinion.

3 World Health Organization (WHO), *Female genital mutilation*, 2020. Available at <https://www.who.int/news-room/fact-sheets/detail/female-genital-mutilation>

4 IASC. 2015. *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action* - <http://gbvguidelines.org>

5 Sphere Association. (2018). *The Sphere Handbook: Humanitarian Charter and Minimum Standards in Humanitarian Response, fourth edition*, Geneva, Switzerland, 2018. <https://spherestandards.org/handbook>

6 IRC. 2013. *Engaging Men in Accountable Practice* - <http://gbvresponders.org/prevention/emap-tools-resources>

Sexual Violence: Any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic a person's sexuality, that use coercion, threats of harm or physical force, or that are without a person's express consent. Sexual violence includes rape/attempted rape, sexual abuse, and sexual exploitation.

Sexual Exploitation and Abuse (SEA): A term used to describe GBV perpetrated by humanitarian actors and Peacekeepers. According to the United Nations, the term "sexual exploitation" means any actual or attempted abuse of a position of vulnerability, differential power, or trust, for sexual purposes, including, but not limited to, profiting monetarily, socially or politically from the sexual exploitation of another. Similarly, the term "sexual abuse" means the actual or threatened physical intrusion of a sexual nature, whether by force or under unequal or coercive conditions.⁷

Social Norms: Shared standards of behavior, or informal understandings that govern the behaviors of members of social groups or communities.

Survivor: A person who has experienced GBV. The term "victim" can be used interchangeably, though "survivor" is generally preferred by psychosocial support services to emphasize resilience and agency.

Women and Girls Safe Space (WGSS): A structured place where women and girls' physical and emotional safety is respected and where women and girls are supported through processes of empowerment to seek, share, and obtain information, access services, express themselves, enhance their psychosocial wellbeing, and more fully realize their rights.⁸

⁷ United Nations Secretariat, Secretary General's Bulletin. 2003. *Special Measures for Protection from Sexual Exploitation and Abuse*. ST/SGB/13/2003 - E - ST/SGB/13/2003 -Desktop (undocs.org)

⁸ International Rescue Committee, International Medical Corps. 2019. *Women and girls' safe spaces: A Toolkit for Advancing Women's and Girls' Empowerment in Humanitarian Settings*. <https://gbvresponders.org/wp-content/uploads/02/2020/IRC-WGSS-English2020-.pdf>

Acronyms

AIDS	Acquired Immune Deficiency Syndrome
BCC	Behavior change communication
CBCM	Community-based complaints mechanisms
CBCFM	Community-based complaints and feedback mechanism
CBO	Community-based organization
CEDAW	Committee on the Elimination of Discrimination against Women
CMR/IPV	Clinical management of rape/ intimate partner violence
COFEM	Coalition of Feminists for Social Change
CSC	Communication for Social Change
EC	Emergency contraception
EFM	Early/ forced marriage
FGM/C	Female genital mutilation/cutting
FGD	Focus group discussion
GBV	Gender-based violence
GBViE	Gender-based violence in emergencies
GBVIMS	Gender-based violence information management system
HIV	Human Immunodeficiency Virus
HTP	Harmful traditional practice
IASC	Inter-Agency Standing Committee
IEC	Information education communication
IMC	International Medical Corps
IRC	International Rescue Committee
INGO	International non-governmental organization
IPV	Intimate partner violence
KII	Key informant interview
LGBTI	Lesbian, gay, bisexual, transgender and intersex
MHPSS	Mental health and psychosocial support
NFI	Non-food item
NGO	Non-governmental organization
PEP	Post-exposure prophylaxis
PSEA	Protection from sexual exploitation and abuse
PSS	Psychosocial support
PTF	Protection task force
SBC	Social behavior change
SBCC	Social behavior change communication
SEA	Sexual exploitation and abuse
SOGIESC	Sexual orientation, gender identity, gender expression, sex characteristics
SOP	Standard operating procedure
SRH	Sexual and reproductive health
STI	Sexually Transmitted Infection
WASH	Water sanitation and hygiene
WLO	Women-led organization
WRO	Women's rights organization

UN	United Nations
UNFPA	United Nations Populations Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
VSLA	Village savings and loans associations
VAW	Violence against women
VAWG	Violence against women and girls
WHO	World Health Organization
WGSS	Women and girls safe space

Introduction

“Working with community leaders to address GBV is a very good and promising approach because community leaders are the guardians of all our beliefs and customs. Because GBV is rooted in beliefs and customs, trying to address GBV without engaging community leaders can lead to a big conflict, and you won’t have any impact. Community leaders also play roles in providing response to GBV survivors. Survivors go to chiefs of villages to bring their concerns and experiences, and the leaders have practices for dealing with concerns and an approach to justice that is based first on keeping social cohesion, but GBV cannot be resolved like any other conflict. Based on my experience in GBV programs in my own country and elsewhere, I’ve learned that it is more challenging to engage community leaders in some places than others. Sometimes religious aspects make it more challenging. But if you ask any leader to describe what a leader is, what a leader does, they will talk about protecting the community. And that is also what we want—to protect women and girls in the community.”

– Experienced GBV Program Manager



Why This Toolkit?

Humanitarian programming to address GBV in emergencies has gained greater attention in recent years, with focused interventions to better meet the needs of survivors and communities. Engaging community members—including community leaders— is key to the success of GBV prevention and response programming. Community leaders carry great responsibility and influence in communities, particularly in emergency settings. As critical stakeholders, GBV programs have long engaged community leaders as gatekeepers, service providers, and agents of change. However, GBV programs have often lacked tailored guidance and support to explore potential areas of community leader engagement and navigate challenges related to this work, including risks of inadvertently reinforcing leadership structures that do not center women and girls. This Toolkit aims to provide GBV practitioners with new ideas, guidance, tools, and resources to meet these challenges, and to safely and effectively engage community leaders to advance GBV prevention and response in humanitarian settings.

Who Are Community Leaders?

Community leaders are members of the community who serve in formal or informal leadership positions, such as elders, chiefs or tribal leaders, religious leaders, local government officials, traditional aunties, midwives, school officials, etc. They are both male and female, and they have roles in their communities that help them to influence or serve others.

Why Community Leaders?

Community leaders play important roles as custodians of traditions, customs, and norms, and often have a strong influence on the attitudes and behaviors of others. They may be sought for support and guidance on matters related to the community and the family, including marriages, distribution and ownership of resources, and interpersonal conflicts. In many contexts, community leaders are involved in responding to incidents of GBV, including intimate partner violence, early and forced marriage, and sexual violence perpetrated within the community. This is especially true during emergencies and displacement when formal systems break down or are more difficult to access. Community leaders can therefore serve key roles in ensuring adequate support for survivors of GBV and building communities that are free from violence against women and girls.

Overview of the Toolkit for GBV Programs to Engage Community Leaders in Humanitarian Settings

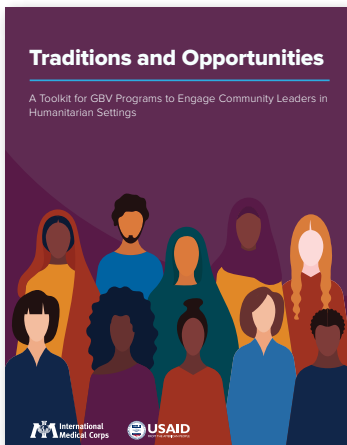


Who is the Toolkit For?

The Community Leaders Toolkit is designed for GBV programs, including programs implemented by local, national, and international organizations, to serve as a resource in their work to address GBV in humanitarian settings. This Toolkit does not outline a specific program to follow but rather includes guidance and tools that GBV program teams can adapt and apply to engage community leaders through existing or planned GBV prevention and response programs, as appropriate to program goals, context, resources, and team capacity.

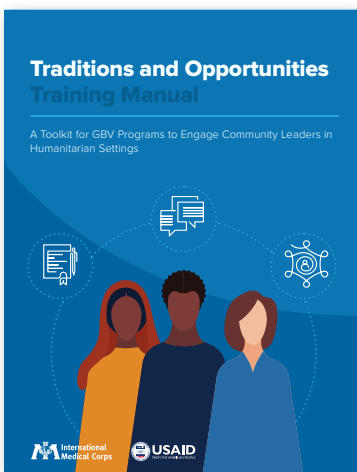
Components of the Toolkit

The Toolkit is divided into two sections: 1) Guidance, Tools and Resources; and 2) Training Manual for Staff and Community Leaders.



Guidance, Tools and Resources

This section of the Toolkit includes Core Concepts and Approaches for engaging community leaders in GBV prevention and response. A chapter devoted to Building a Foundation for Engagement outlines steps for GBV programs to take, as well as tools and resources to help teams plan for effective community leader engagement. The remaining chapters focus on key areas of community leader engagement- GBV Response, GBV Risk Mitigation, Transformative Change, and Supporting Women Leaders- with core concepts and recommended approaches for each, as well as *ideas for engagement*, or strategies and activities that GBV programs might consider for engaging leaders in respective key areas, and tools and resources to support their work.



Training Manual for Staff and Community Leaders

The Toolkit Training Manual includes plans for GBV program teams to build knowledge and skills for community leader engagement, as well as plans for GBV teams to deliver trainings on GBV prevention and response to groups of community leaders. Training content includes Core GBV Concepts, Foundations: Key Approaches for Engaging Community Leaders, Foundations: Planning for Community Leader Engagement, GBV Response, GBV Risk Mitigation, Transformative Change, and Women's Leadership.

Guidance Tools and Resources Content

GBV Core Concepts & Approaches

Core GBV concepts and approaches are grounded in evidence-based theories, principles, and practices foundational to effective GBV prevention and response. These concepts and approaches underpin all efforts to engage community leaders in GBV prevention and response.

It is essential that staff have a sound understanding of these concepts and approaches and skills to apply them to GBV prevention and response programming before engaging community leaders in programming. In turn, GBV teams can support community leaders to also learn about and apply these concepts and approaches in the community. Core GBV concepts and approaches are described briefly in this section, and then explored in more depth in the [**Training Manual**](#).



Understanding GBV

What is GBV?

Gender-Based Violence is “...an umbrella term for any harmful act that is perpetrated against a person’s will, and that is based on socially ascribed (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., 2015, p.5)

The Gender-Based Violence Information Management System (GBVIMS) identifies six core types of GBV, as represented in the table below.¹ All incidents of GBV may be captured within this classification, but when GBV programs and community leaders discuss GBV they are more likely to refer to broader categories of violence against women and girls, such as:

- Intimate partner violence (IPV), or domestic violence, which is defined by the relationship between the survivor and perpetrator and may relate to multiple types of violence, including rape, sexual assault, physical assault, denial of opportunities, and emotional abuse.
- Harmful traditional practices (HTP), which includes types of violence that may be tied to local social, cultural, or religious values, including early/forced marriage (EFM) and female genital mutilation/cutting (FGM/C).
- Sexual exploitation and abuse (SEA), which is defined by the power relationship between survivor and perpetrator and in humanitarian settings is largely used to describe incidents of GBV perpetrated by aid workers, including rape, sexual assault, and exchange of money, goods, benefits, or services for sexual contact.

Why do we use the term GBV?

The terms GBV and violence against women (VAW), or violence against women and girls (VAWG) are largely synonymous. The terms can be adapted in different contexts and within different organizations.

The term GBV was used in the UN Declaration on the Elimination of Violence against Women (DEVAW, 1993) to underscore the human rights dimensions of violence against women and corresponding responsibilities of States.

Six Core Types of GBV	Description
Rape	Non-consensual penetration (however slight) of the vagina, anus or mouth with a penis or other body part. Also includes penetration of the vagina or anus with an object.
Sexual Assault	Any form of non-consensual sexual contact that does not result in or include penetration. Examples include attempted rape, as well as unwanted kissing, fondling, or touching of genitalia and buttocks. FGM/C is an act of violence that impacts sexual organs, and as such should be classified as sexual assault. This incident type does not include rape, i.e., where penetration has occurred.

¹ The GBV Classification Tool was developed by UNFPA, UNHCR and IRC as part of the GBVIMS project initiated in 2006 by OCHA, UNHCR, and the IRC. The GBV Classification Tool and other GBVIMS resources are available at: [GBVIMS: Gender-Based Violence Information Management System](#)

Physical Assault	An act of physical violence that is not sexual in nature. Examples include hitting, slapping, choking, cutting, shoving, burning, shooting or use of any weapons, acid attacks or any other act that results in pain, discomfort, or injury.
Forced Marriage	The marriage of an individual against their will.
Denial of Resources, Opportunities or Services	Denial of rightful access to economic resources/assets or livelihood opportunities, education, health, or other social services. Examples include a widow prevented from receiving an inheritance, earnings forcibly taken by an intimate partner or family member, a woman prevented from using contraceptives, a girl prevented from attending school, etc. Reports of general poverty should not be recorded.
Psychological/ Emotional Abuse	Infliction of mental or emotional pain or injury. Examples include threats of physical or sexual violence, intimidation, humiliation, forced isolation, stalking, harassment, unwanted attention, remarks, gestures, or written words of a sexual and/or menacing nature, destruction of cherished things, etc.

Consequences of GBV

GBV results in serious and harmful consequences for survivors, as well as their families and the overall community. Consequences of GBV can be physical, emotional/psychological, social, and/or economic and may relate to short or long-term impacts. Below are some examples of the consequences of GBV:

Health Consequences for Survivors:

- Death, suicide, homicide, infant mortality, and maternal mortality
- Sexual and reproductive health consequences including sexually transmitted infections, HIV/AIDS, unwanted pregnancy, problems with pregnancy, unsafe abortion, miscarriage, sexual disorders, loss of the ability to have children)

Psychological/ Emotional Consequences for Survivors:

- Long-lasting psychological effects including depression, anxiety, traumatic stress
- Eating and sleeping disorders
- Fear, anger, loss of trust in others, helplessness, and hopelessness
- Substance abuse

Social Consequences for Survivors:

- Withdrawal from school, employment, family engagement, participation in community activities
- Forced marriage to preserve family honor/ community cohesion
- Stigma, blame
- Rejection from family/community, decline in marriageability
- Lack of power and resources to escape continued perpetration of GBV

Consequences for Family Members and Wider Communities:

- Children may witness GBV, experience social consequences along with their mothers, or may not be receive sufficient care, which can impact school performance, self-esteem, and overall wellbeing and development.
- Intimate relationships with survivors may deteriorate (lack of sex, increased tension and fighting, decreased happiness in relationships), partners may contract STIs, HIV/AIDS, may need to carry increased household workload
- Loss of income to the family, increased medical costs
- Increased medical, legal and social service expenses for the community

The immediate and longer-term physical, reproductive, and mental health consequences of GBV vary from person to person depending on individual and contextual factors, the type and nature of violence experienced, the survivor's developmental level and stage, and the care and support she receives. The different effects of GBV can be interrelated; for example, physical wellbeing affects psychological wellbeing.

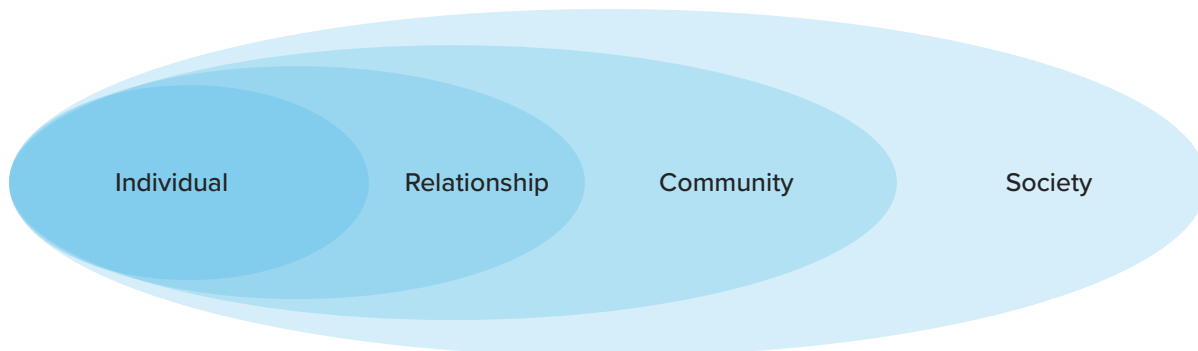
Causes and Drivers of GBV

Gender Inequality

The root cause of GBV is gender inequality. Gender inequality refers to the unequal treatment or perceptions of people based on their gender, and it is reflected in unequal power relations that grant men systemic power and privilege over women. Gender inequality cuts across public and private spheres and impacts social, economic, cultural, and political rights. It restricts and limits women's and girls' freedoms, choices, and opportunities. Inequality can increase women's and girls' risk of abuse, violent relationships, and exploitation. For example, women's economic dependency on men – combined with discriminatory marriage, divorce, and child custody laws – means that women are often unable to escape violent relationships. GBV is not only a consequence of gender inequality; it also reinforces it. Violence keeps girls and women at a lower status and entrenches the power disparities between men and women.²

The Ecological Model and Contributing Factors

While gender inequality is the root cause of GBV, other factors that contribute to, enable, and perpetuate GBV. The ecological model helps explain these numerous intersecting drivers and contributing factors. Within the ecological model, violence is influenced and affected by various factors across different levels of the social ecology. These are individual, relationship, community, societal levels, also referred to as 'circles of influence'.



Ecological Model

² UNICEF GBVIE Programme Resource Pack, Kit 1, Getting Started: https://aa9276f-9f45-487a-2a3e8-7f4a61a0745d.usrfiles.com/uqd/aa48_9276eb30b1a7654c8d885a537e3ae810d2.pdf

The inner-most circle represents individual factors that can influence experiences of GBV, such as personal attitudes and beliefs, personal history and experiences, and individual characteristics. The second circle represents the influence of family and relationship, while the third circle reflects the influence of community level factors, including community leadership and community norms and practices. The fourth and final circle represents societal level factors that influence GBV, such as national laws, policies, and wider societal norms.³ Risk factors and protective factors that increase or decrease risk or likelihood of GBV can be identified at each level of the ecological model, relating to both GBV victimization and GBV perpetration. Examples of risk factors associated with women’s experiences of GBV can be seen in the table below.

Examples of Factors Associated with Women’s Risk of GBV Across the Ecological Levels	
<p>Individual Level</p> <ul style="list-style-type: none"> • Attitudes toward gender equality • Use of alcohol and drugs • Witnessing GBV as a child • Low education level • Physical/ mental ability 	<p>Family/Relationship Level</p> <ul style="list-style-type: none"> • Early/forced marriage • IPV in the home • Poverty • Perceptions of family honor • Level of support within family
<p>Community Level</p> <ul style="list-style-type: none"> • Low levels of community safety and security • Displacement • Lack of availability of information about GBV and services for survivors • Inequitable gender norms and social norms that condone GBV 	<p>Society Level</p> <ul style="list-style-type: none"> • Discriminatory and weak laws against GBV • Lack of functioning formal justice systems • Conflict • Poverty

Using the ecological model, GBV teams can identify risk and protective factors, and relevant strategies to address GBV in each context. As community leaders are particularly influential in at the community level of the ecological model, GBV teams can work with leaders to identify and address GBV risk factors, while reinforcing and promoting protective factors.

Power

As noted above, gender inequality, which results in an imbalance of power, is the root cause of GBV. Understanding this, as well as other power dynamics that exist within communities, can help GBV teams avoid unintentionally reinforcing or contributing to inequitable power dynamics that perpetuate discrimination and violence.

Further, understanding different types of power can help teams consider how power can be harnessed to promote positive changes in work with community leaders. See below for an overview of different types of power.

³ Heise, L. *Violence Against Women: An Integrated, Ecological Framework*, 1998. https://www.researchgate.net/publication/11127184_Violence_Against_Women_An_Integrated_Ecological_Framework

Different Types of Power⁴

Power within is the strength inside ourselves when we recognize the equal ability within all of us to positively influence our own lives and community. By discovering the positive power within ourselves, we are compelled to address the negative uses of power that create injustice in our communities.

Power over means the power that one person or group uses to control another person or group. This control might come from direct violence or more indirectly, from the community beliefs and practices that position men as superior to women. Using one's power over another is injustice.

Power with means the power felt when two or more people come together to do something that they could not do alone. Power with includes joining our power with individuals as well as groups to respond to injustice with positive energy and support.

Power to is the belief, energy, and actions that individuals and groups use to create positive change. Power to is when individuals proactively work to ensure that all community members enjoy the full spectrum of human rights and can achieve their full potential.

Using a **power analysis** helps GBV staff working with community leaders reflect on:

- Unequal power relations across multiple levels of the social ecology and circles of influence (individual, family, community, and society)
- Power dynamics within community leadership structures, and between community leaders and other members of communities
- Individual and collective power, and how power can be effectively used to create change and prevent GBV

➔ See *Training Manual – GBV Core Concepts* for further learning on core concepts. The GBV Core Concepts training modules are designed for both GBV teams and community leaders.

⁴ Raising Voices. *SASA! Preventing Violence Against Women and HIV*, 2008.

GBV Programming in Humanitarian Contexts

In settings impacted by humanitarian emergencies, GBV programming commonly centers on four areas of intervention:

Responding to GBV survivors

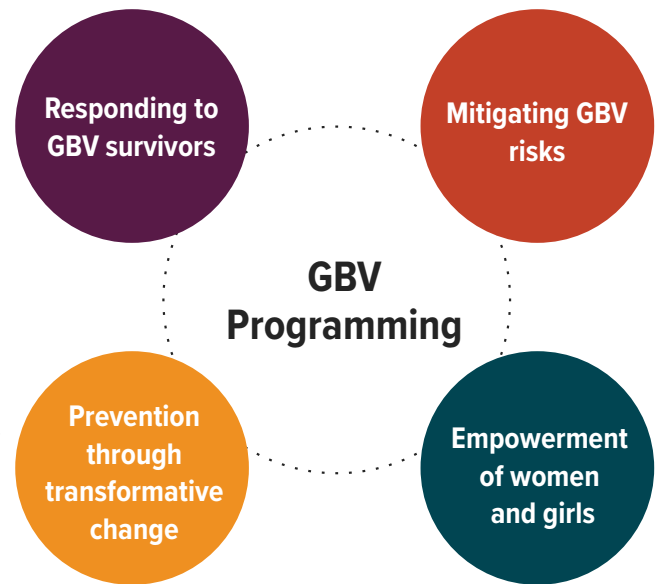
1. Mitigating GBV risks to reduce the likelihood of GBV occurring
2. Catalyzing transformative change to ultimately prevent GBV
3. Empowerment of women and girls

GBV response – Aims to assist and support GBV survivors with access to good quality, coordinated, compassionate and confidential health, psychosocial, safety, justice, and other services to promote their safety, wellbeing, and recovery from GBV.

GBV risk mitigation – Aims to identify and reduce risk factors for GBV across all humanitarian sectors and services and within the community. GBV risk mitigation is guided by the IASC Guidelines for Integrating Gender-based Violence Interventions in Humanitarian Action.⁵

GBV prevention through transformative change – Involves tackling the underlying causes and drivers of GBV to prevent violence in the longer-term. This work centers on promoting laws, policies and norms that promote equality between men and women, and strengthening communities and relationships based on respect and non-violence.

Empowerment of women and girls – Involves expanding opportunities and resources available to women and girls to strengthen their cognitive, personal, psychosocial, and socio-civic empowerment and reduce the risks they face.



This Toolkit provides ideas for engaging community leaders related to these areas of programming.

⁵ <https://gbvguidelines.org/en/>

Good Practice Approaches for GBV Programming

The following good practice approaches apply to all programming— response, risk mitigation, transformative change, and empowerment of women and girls. Staff should receive training to build their knowledge and skills in applying these approaches and work together to identify how to apply the approaches throughout their work engaging community leaders in GBV prevention and response.

Intersectional Feminist Approach

A feminist, women-led approach means that women and girls drive the priorities and actions when engaging with community leaders. By promoting a women-led approach, GBV teams ensure that women and girls' voices are at the center of programming, and that women are provided opportunities to be leaders in developing appropriate and sustainable solutions to GBV with community leaders. A feminist women-led approach recognizes that women and girls have the knowledge, expertise, and skills to guide engagement with leaders. They know better than anyone their own realities, their needs, the risks they face, and what types of community leader engagement would be most beneficial. This approach is grounded in the belief that all women and girls of all ages and abilities have the same rights, value and worth.⁶ A women-led approach:

- Recognizes that power imbalance between men and women is the root cause of all types of GBV.
- Aims to transform patriarchal power relations.⁷
- Is grounded in human rights and a commitment to equality, justice, and dignity for all people
- Applies an intersectional lens to identify and address inequality.

An **intersectional feminist lens** allows GBV teams to understand how women and girls experience overlapping and intersecting forms of oppression, discrimination and marginalization based on their multiple co-existing identities, such as their race or ethnicity, their class, or sexual identity.⁸ Applying an intersectional lens can help GBV teams and community leaders recognize and address multiple forms of oppression, discrimination and inequality that women and girls experience simultaneously in a given context.⁹

Using an women-led intersectional approach to working with community leaders might involve:

- Ensuring women and girls participate in every aspect of community leader engagement (e.g., working around women and girls' schedules and providing transport and childcare so they can participate).
- Asking women and girls from all groups and backgrounds (considering age, religion, ethnicity, disability, etc.) for information and including them in information gathering activities so that their needs and priorities guide all actions.
- Providing training to women and girls in GBV prevention and response so they are better equipped to participate in programming.
- Creating opportunities for women to increase their knowledge and skills for exercising different types of power, including power with, to, and within.

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

7 Raising Voices. *SASA! Together: An activist approach for preventing violence against women*, Kampala, Uganda, 2020. p.51.

8 GBV AoR. *The Inter-Agency Minimum Standards for Gender-Based Violence in Emergencies Programming*, 2019.

<https://gbvaor.net/#keydocument-block>

9 GBV AoR, 2019. p. VII

- Asking women and girls about their assets and resources (support systems, material, financial, family, local leaders) and what they need to support risk mitigation.
- Promoting women’s leadership within the organization and the GBV team and ensuring women staff are involved with community leader engagement.
- Supporting women leaders, strengthening women’s representation and participation at different decision-making levels both within formal and traditional structures.¹⁰
- Partnering with local women’s organizations and networks for community leader engagement.

Strengths-based Approach

A strengths-based approach recognizes human potential and appreciates that women and girls, community leaders and members “...have untapped, undetermined reservoirs of mental, physical, emotional, social, and spiritual abilities” that they can pull from to address their own needs, develop solutions, and make needed changes. GBV teams can focus on community leaders’ different strengths and positive attributes along with resources available within the community to address GBV.

Applying a strengths-based approach to engaging community leaders might include:

- Focusing on opportunities, rather than weaknesses or deficits
- Focusing on positive aspects of culture, religion, norms, etc.
- Recognizing people as experts in their own lives
- Reinforcing what’s working, including positive use of power, efforts of local organizations, etc.
- Strengthening relationships and building alliances to promote positive change
- Providing opportunities for women and girls to lead

Participatory Approach

A participatory approach is important for effective GBV prevention and response. Genuine participation of communities and community leaders is empowering, fosters ownership of the problem, and ensures locally appropriate solutions. Without genuine participation from women and girls, and boys and men, strategies to address risks and promote change will be inadequate. The participation and agency of communities in GBV programming recognizes that:

- Change is more likely to happen and be sustained if the individuals and communities most affected own the process, or at least contribute to it.
- Communities should be the agents of their own change.
- Change is more likely if the process is based in discussion and dialogue rather than on persuasion and telling people what to do.

Applying a participatory approach to engaging community leaders might include:

- Ensuring GBV staff are comfortable with high levels of participation and have skills to facilitate this
- Recognizing community leaders and members are experts in their community
- Valuing process and not only outcomes

¹⁰ GBV AoR, 2019.

- Prioritizing inclusion of different groups in the community, especially those who often have less voice and agency
- Selecting methods and tools for different activities that support participation and needs of different groups
- Identifying barriers and risks related to participation in GBV activities
- Recognizing that discussion and dialogue leads to mutual learning (between staff and community leaders, leaders, and the community, and among community members)
- Acknowledging the capacity of community leaders to bring positive change to their communities

Survivor-centered Approach

A survivor-centered approach is a cornerstone of GBV work. The safety, rights, dignity, and empowerment of GBV survivors is always a top priority. A survivor-centered approach aims to make sure each survivor's rights are at the forefront of all action, that each survivor is treated with dignity and respect, and that each survivor's agency is recognized and supported. Putting the survivor at the center of the helping process promotes recovery, reduces risks of further harm, and reinforces agency and self-determination. A survivor-centered approach recognizes that every survivor:

- Has equal rights to care and support;
- Is different and unique;
- Will react differently to violence;
- Has different strengths, capacities, resources and needs;
- Has the right, appropriate to her age and circumstances, to decide who should know about what has happened to her and what should happen next; and
- Should be believed and be treated with respect, kindness, and empathy.

Applying a survivor-centered approach to engaging community leaders might include:

- Training staff engaging with community leaders and community leaders on survivor-centered principles of confidentiality, safety, respect, and non-discrimination
- Sensitizing community leaders to survivor-centered principles
- Working with leaders to strengthen community-level GBV response and referral protocols that reflect a survivor-centered approach
- Advocating with community leaders on behalf of survivors

Ethics and Safety

GBV interventions and programs can paradoxically increase risks of violence for girls and women. In some emergency settings, simply gathering information about GBV can have serious – even life-threatening – implications for survivors, other community members, or GBV staff. Girls and women who do disclose GBV may face retaliation from perpetrators and their supporters, and even reprisal from authorities. Such retaliation can range from social exclusion to being charged with criminal offences (such as adultery) and subjected to further violence, including so-called “honor killing”.

In addition to safety risks, there are ethical dimensions of GBV programming in emergencies. For example, all humanitarian actors have an ethical obligation to ‘do no harm’ to affected people and communities. As GBV is very common, many staff and community members have had direct and indirect exposure to GBV – as

survivors, witnesses, or family members –and have experience coping with its consequences. GBV programs have an ethical responsibility to promote GBV survivors’ and other community members’ wellbeing and to not cause further harm through re-traumatizing them.

Ensuring that engagement with community leaders promotes safe and ethical programming might include:

- Ensuring that all GBV staff are trained in initial GBV response and can make supportive referrals for quality care and support services
- Sensitizing staff engaging with community leaders on ethical and safety dimensions of GBV prevention and response
- Anticipating, mitigating, and monitoring risks and unintended consequences arising from working with community leaders
- Ensuring that staff have regular opportunities to reflect on and discuss ethical and safety issues that arise in work with community leaders

➔ See *Training Manual – Foundations: Key Approaches for Engaging Community Leaders* for further learning on key approaches to engage community leaders.

Building a Foundation for Engagement

Programs focused on GBV prevention and response in humanitarian settings, whether implemented by local, national, or international organizations, are likely to engage community leaders at least as “gatekeepers” who can sanction their work and allow program teams to operate in communities. Beyond this, GBV programs may engage community leaders to different extents, depending on a number of factors, including team members’ understanding of leadership structures and preparedness to safely and effectively engage leaders.



Building a Foundation for Engagement

Regardless of the extent or areas of engagement that GBV programs pursue, it is important for GBV teams to first build a solid foundation for engagement with community leaders to prevent and respond to GBV. Building this foundation involves six steps:

1. Build a team with appropriate qualities, values, knowledge, and skills to engage community leaders safely and effectively for GBV prevention and response activities.
2. Introduce the program to community leaders.
3. Map community leadership structures within the community.
4. Identify priority areas for engaging community leaders in GBV prevention and response.
5. Identify community leaders to engage.
6. Create a plan for engaging community leaders in GBV prevention and response.

This chapter includes guidance on how GBV teams can complete the steps of building a foundation for community leader engagement. Tools and resources are also provided to assist teams in this work.

Tools and Resources

- **Tip Sheet: Communication Skills**
- **Tip Sheet: Starting with Ourselves**
- **Self-Reflection Exercises**
- **Tip Sheet: Identifying Women Leaders**
- **Decision-Making Tree for Identifying Key Areas of Engagement**
- **Activity Planning Tool**

Training Modules

- *Training Modules: GBV Core Concepts*
- *Training Modules: Foundations: Key Approaches*
- *Training Modules: Foundations: Planning for Engagement*

Step 1: Build a Team

Whether you are creating a new GBV team or working with an existing GBV team implementing GBV programming, it is essential that staff who engage and work with community leaders have appropriate qualities, values, knowledge, and skills that promote safe, effective, and meaningful engagement of community leaders in GBV prevention and response. Key actions to help you build a team with capacity to safely and effectively engage community leaders in GBV prevention and response include:

- Selecting staff with appropriate values, beliefs, and qualities
- Training and supporting staff
- Developing reflective practice

Action 1.1 Select Staff with Appropriate Values, Beliefs, and Qualities

It is important for staff working with community leaders to have values, beliefs and qualities that promote equality, non-violence, and the equal worth and dignity of each person. This helps to promote gender-equitable and survivor-centered values, beliefs, and attitudes with community leaders and across the whole community. People are the most important resource for shifting harmful beliefs and behaviors and creating the change necessary to support survivors and end GBV. Staff responsible for engaging community leaders also need to have specific qualities and abilities for engaging respectfully and effectively with diverse leaders in the community.

Identify essential beliefs, values, and qualities necessary for engaging community leaders in GBV prevention and response and include them in the job description and selection process for staff engaging community leaders. They should include values and beliefs that support equality between men and women and promote the dignity, rights and inherent worth of all community members, including GBV survivors and marginalized women and girls. Consult widely to identify the qualities required to engage with diverse community leaders safely and effectively in your context.

Provide staff with ongoing opportunities to reflect on and further develop their values, beliefs, qualities, and abilities for engaging community leaders.



GBV Teams

For the purposes of this Toolkit, a GBV team is a team of GBV practitioners within one (local, national, or international) organization or multiple organizations supporting a common GBV prevention and response program, while *GBV staff* relates to the people within a GBV team, including paid staff or volunteers.

Practice Tip

Discuss as a team the qualities and abilities that are most important for GBV staff to engage community leaders in your setting. These may include the following though should be tailored to your context:

- Patience
- Non-judgmental, and interested in others' opinions
- A passion for working with communities
- Confidence (without being arrogant)
- Understanding of community power dynamics, customs, and norms
- Uses power positively in their own lives, including between women and men
- Flexible
- Reliable and trustworthy
- Communicates clearly and respectfully

Action 1.2 Train and Support Staff

Dedicated training and ongoing support for staff engaging community leaders are critical to building and strengthening the engagement team. Training modules included in this Toolkit are designed to deepen understanding of core concepts and key ideas relevant to engaging community leaders in GBV prevention and response, provide opportunities for self-reflection, and strengthen skills related to community leader engagement, including communication and facilitation skills. Ongoing support refers to the day-to-day practices, learning and reflection exercises, and coaching provided to staff to nurture their growth and development and help them to put into practice ideas and skills learned through training and experience. Combining trainings with ongoing support is most effective for building team capacity.

Training Staff

While the structure of GBV teams varies by context, GBV programs commonly include staff dedicated to GBV response (such as GBV caseworkers or psychosocial support workers), and staff dedicated to community outreach and prevention (such as GBV community mobilizers). Regardless of the team structure and staff roles and responsibilities, it is likely that all GBV staff will engage with community leaders in some way, while others will have greater responsibility for working directly with community leaders. Therefore, it is recommended that:

- All GBV staff must be trained in *GBV Core Concepts* (2 days).
- GBV staff selected to work closely with community leaders receive more in-depth training and support to develop and apply specific skills and approaches for engaging community leaders, including:
 - *Foundations: Key Approaches for Engaging Community Leaders* (2 days)
 - *Foundations: Planning for Engagement* (2 days)
- Additional staff trainings will be tailored according to Areas of Engagement prioritized by the team: GBV Response, GBV Risk Mitigation, Transformative Change and/or Women's Leadership.)

Note: Trainings for community leaders will also begin with *GBV Core Concepts*. Further training plans for community leaders should be developed in line with the *Community Leaders' Engagement Plan*.

Supporting Staff

Ongoing support for staff engaging community leaders enables staff to discuss and reflect on their achievements and challenges, share their experiences, solve problems, and learn from each other. There are many ways to provide ongoing support to staff who are engaging community leaders. Make sure to include these in your program workplans so that they are not overlooked. Common ways of supporting staff include:

1-on-1 meetings. Use time during regularly scheduled meetings with staff or in designated meetings to discuss key issues and challenges or opportunities emerging in their engagement with community leaders.

GBV team meetings. Team meetings offer an opportunity to discuss common challenges and new opportunities, and for staff to learn from each other. They are also a good opportunity to observe and strengthen team dynamics.

Informal check-ins. Informal check-ins help to connect with staff personally, build relationships, create trust, and establish open dialogue. As staff go deeper into this work, they may want to explore questions and experiences outside of a supervisory relationship. Managers may consider pairing peer staff for informal check-ins.

Staff development sessions. Staff development sessions are shorter, more targeted exercises focused on a specific topic. GBV teams may identify areas from trainings for further discussion, or you may identify common challenges arising from engaging community leaders. Staff development sessions can be incorporated into regular meetings, offered as optional before work or during lunch, scheduled for full or half-day workshops, or a combination of different approaches.

Action 1.3 Developing Reflective Practice

Addressing GBV begins within each of us. It requires each of us to reflect on and understand our own values, attitudes, and beliefs and to explore the ways that we use power in our own lives before asking others to do the same. Using reflective practice compels us to reflect on our own lives and critically explore our own experiences of power, how we use power positively and negatively, our attitudes and beliefs about gender equality, and how we can improve. Reflective practice also strengthens our personal connection to GBV prevention and response work and builds critical thinking skills to find solutions to challenging issues. When staff develop reflective practice, they are better equipped to support others through similar processes.

Ideas for Developing Reflective Practice Within the Team

There are many ways to build reflective practice among staff engaging community leaders. A few examples include:

1. Incorporate reflection exercises into staff meetings and gatherings.
2. Share articles and stories related to power and GBV for discussion during team meetings. Give each staff member an opportunity to facilitate- choosing the article/discussion topic and developing guiding questions for that session.
3. Use role play, or creative exercises to demonstrate positive use of power and balanced power between women and men.

➔ See **Tip Sheet: Communication Skills**, **Tip Sheet: Starting with Ourselves**, and **Self-Reflection Exercises** in *Building a Foundation Tools and Resources*.

Step 2: Introduce the Program to Community Leaders

Sharing information with community leaders about the GBV program and introducing members of the GBV team helps build trust, relationships, and acceptance. Ideally, GBV staff would have consulted with community leaders during the program design phase and have already established processes for community leader participation and input. In some cases, community protocols require that a GBV program manager or other senior staff member introduce the GBV program to community leaders before recruitment and program set-up, to ensure the program is welcome in the community. However, if this has not yet occurred, now is the time to meet with community leaders to introduce your organization, the GBV program, your interests in engaging community leaders, and senior staff members.

To Prepare for Introducing the GBV Program to Community Leaders:

- Ask GBV staff, staff from other sectors, organizations or trusted contacts for guidance and ideas about how best to introduce the program. Get recommendations from women in the community and women's organizations.
- Decide as a team what type of initial introduction is required or appropriate in your context (ex: one-on-one meetings, small gatherings of leaders, a larger community meeting, etc.), which leaders to invite, what kinds of invitations are needed (e.g., formal written invitations, word-of-mouth, etc.). You may invite specific individuals or gather overarching groups e.g., church leaders, youth leaders, etc.
- Be sure to include women leaders.
- Set a time and date that is appropriate for the given leaders and share invitations.
- Prepare simple written or visual materials about the program, as appropriate to your context, to share with community leaders.
- Practice with staff how to explain the program and activities to community leaders and respond to frequently asked questions. Avoid using "jargon" or overly technical language.
- Ensure that translation of key terms makes sense in the local language.
- Seek guidance from those familiar with the community about appropriate behavior when meeting community leaders, starting and ending meetings, etc.
- Review and understand hierarchies and power dynamics of those who are invited, to ensure proper protocols are observed.



Example from Practice

GBV Program Manager Described Her Team's Experience In Iraq:

"Due to cultural and religious sensitivity in country, we find it useful to have community leaders on our side. If the community leaders do not understand what we are doing, it's impossible to run a successful GBV program. Once we identify the location where we want to establish a GBV program, the first key thing is to engage the community leaders, and mostly they are men. They're the ones who permit the woman and girls to participate and seek services. Once leaders come to this 'aha moment' (usually during GBV core concepts training) they become our mouthpiece, broadcasting the services."

Practical Tips for Introducing the GBV Program

- Where possible, arrange seats in a circle
- Introduce yourselves (names and the name of the organization).
- Ask leaders to introduce themselves and their roles in their communities
- Explain the program and services/activities offered.
- Use a strengths-based approach to emphasize your program's interest in supporting healthy, safe and respectful communities and families that are free from violence. Do not shy away from the focus on women and girls.
- Share any materials such as brochures, leaflets, etc.
- Leave ample time for questions and answer them patiently.
- Do not make promises that you cannot keep
- Respect leaders' time



Example from Practice:

Introducing GBV Program to Community Leaders in Jordan

Maram moved from the capital of Amman to start a new GBV program for Syrian refugees in Irbid, Jordan. She identified two senior colleagues from the community to identify local leaders who should be consulted. The colleagues were able to set up a meeting for the team.

Even though Maram was from the same country, she wasn't familiar with local customs in Irbid, so she asked her colleagues for help preparing for the meeting. They told her to wear long sleeves, don't offer to shake hands unless the community leader initiates, sit if and where the leader offers a seat, accept the leader's offer for coffee or tea, and make sure to ask about his family. They also gave Maram advice about how to describe the program, avoiding technical words like gender-based violence and harmful traditional practices, or acronyms like IPV.

The day of the meeting, Maram and her colleagues arrived early, and they had to wait a long time. The leader invited the team to sit and offered coffee. Maram expressed how appreciative she was for the opportunity to meet. After short introductions, the community leader unexpectedly offered Maram a cigarette and asked where she was from. She politely declined the cigarette, and they talked about families for almost 20 minutes.

After this exchange, Maram said, "I know you have a lot of important work, and I don't want to take too much of your time. I wanted to meet to introduce myself and share information on our planned program. We would really like to hear your thoughts. Our hope is to work together to provide needed services in your community."

Maram and her colleagues shared an overview of their organization's work and plans for the program. They shared an informational pamphlet and business cards. The community leader asked questions about the program, including whether services were only available for Syrian refugees or also local members of his community. Maram and colleagues had anticipated this question and were able to share more details. When necessary, Maram's colleagues were able to clarify issues by interpreting from Arabic to the local language.

Maram asked the leader if they could plan to meet again to hear more of his ideas and begin to work together. He agreed, and they set plans that Maram made sure to keep.

From her first meeting with the leader, Maram noted several things she learned about leadership and the community:

Punctuality. She would need to exercise patience if meetings did not start on time, as she was used to.

Social niceties. It is important to take time, and very important to ask about one's family.

Respect and collaboration. The community leader seemed more receptive to the program when asked for his opinion and support.

Local knowledge. Colleagues from the community proved invaluable for a successful meeting. "...an umbrella term for any harmful act that is perpetrated against a person's will, and that is based on socially ascribed (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., 2015, p.5)

Step 3: Map Community Leadership

To build an understanding of formal and informal leadership within a community, GBV teams can map leadership structures, and the areas of influence for different leaders. Mapping can take different forms; however, the purpose is to create a clear picture of the different leadership structures and types of leaders in a community that might have influence on GBV prevention and response, how they are connected, and types of influence leaders have. This will help the team identify appropriate groups and individuals to begin to work with and strategically plan for how to engage leaders. Actions to help you map community leaders include:

- Learn about leadership structures
- Identify leaders
- Create a visual map

Action 3.1 Learn About Leadership Structures in the Community

Gather information about community leadership structures and the roles and responsibilities of different groups of community leaders including:

- Formal leadership structures that exist in the community. There may be multiple and overlapping structures, based on geography, cultural group, religion, etc.
- Informal leadership. Outside of formal positions, which people are regarded as leaders? Who is trusted and respected? In particular, which women are considered leaders?
- What are specific responsibilities of different leaders regarding GBV prevention and response?
- What are the relationships between leadership structures? Are there formal hierarchies, specific reporting lines, levels of authority, etc.?
- For different leaders/ leadership structures, what are their areas/regions/populations of influence?
- Who are women leaders in the community?
- Who best represents the needs of women and girls in the community?
- What are the power dynamics between different leadership structures? Between different leaders, and between leaders and the community?

Gather information from as many different sources as possible. For example, discuss leadership with staff, other organizations, community volunteers, activists, and others. Network with women-led organizations (WLO), women's rights organizations (WROs), and other community-based organizations (CBOs) and stakeholders. Consult with women and girls through informal discussions or as part of GBV assessments, where questions about leadership can be integrated into focus group discussions and/or interviews. Questions about leadership can also be incorporated into broader, multi-sectoral assessments, including population-based studies.

It is important to get a wide variety of feedback and opinions to ensure information is inclusive of the perspectives of different groups within the population, particularly vulnerable and marginalized groups, and not just the majority or group with the most influence and power. To do this, think about who is most at risk of GBV in the community, considering specific subgroups of the population based on age, ethnicity, geographic location, and other factors. Reach out to these groups to assist in the mapping exercise.

Record information and organize it into notes. Try to be as specific possible, with titles and names of positions, and how they relate to one another. Where formal relationships and hierarchies exist between structures, ask questions to understand the specific reporting lines, or levels of authority.

Action 3.2 Identify Leaders for Initial Engagement

Once you have learned about the leadership structures in the community, you can identify different types of community leaders to engage in GBV prevention and response. This should include formal leaders, such as traditional leaders and religious leaders, as well as informal leaders who have a position of respect and influence due to their profession or role in the community, such as teachers, leaders of community groups or organizations, etc. Identify leaders who are likely to be supportive or interested in the program, or in GBV issues more broadly. It is best to start with leaders who express interest in GBV prevention and response or promoting women and children's rights and wellbeing. The following strategies may help identify community leaders for initial engagement:

- Identify leaders with any prior experience engaging with a GBV program.
- Identify the most influential, respected, and motivated leaders.
- Consider which leaders are thought to have healthy, equitable and respectful family relationships, and may be able to demonstrate positive behaviors.
- Ask for recommendations from other leaders, community members, and organizations.
- Identify women already in leadership roles or who are activists/advocates in the community.
- Ask women and girls who they respect, and from whom they seek support. (Remember, leaders, especially women leaders, should include informal leaders).
- Identify women and girls, as well as men and boys, who are vocal in meetings, program discussions or activities, who might serve as leaders or help to identify other leaders.
- Remember that most leaders will not represent the entire community and may not be focused on most vulnerable populations. Seek inclusive representation.



Example from Practice Identifying Leaders in the Far North of Cameroon

After years of GBV prevention and response programming, including work with select community leaders, a GBV team in the Far North of Cameroon conducted a mapping exercise to identify leaders who might be further engaged. Through this exercise, they identified a senior religious leader who did not support religious interpretations that were commonly invoked by other leaders to justify or minimize acts of GBV. The team was able to engage and learn from this senior leader, who then agreed to help facilitate trainings of other leaders.

Action 3.3 Create a Visual Map

Review and organize all information gathered about community leadership. Create a visual map to represent information on leadership. This “map” may take many different forms, for example:

- A large-scale drawing including pictures, symbols, and words
- A drawing using the ecological model, with information on leaders organized under relevant circles of influence
- A series of flipcharts with different lists that capture the information
- Tables of information, organized by category, in hard or soft copy

Keep the map of community leaders handy for team use. Keep and store any supporting notes and documents produced through the mapping exercise. Review the map from time to time to make sure the information remains accurate and update it as needed.

➔ See **Tip Sheet: Identifying Women Leaders** in *Building a Foundation Tools and Resources*.

Step 4: Identify Priority Areas for Engaging Community Leaders

This Toolkit highlights four key areas for engaging community leaders in GBV prevention and response programming: GBV response, GBV risk mitigation, transformative change, and supporting women leaders. See the table below for more information on each key area for engagement.

While core concepts and approaches are foundational to any engagement with community leaders, the extent to which your program will engage with leaders in specific areas of GBV prevention and response should be determined based on:

- Contextual needs and priorities
- Risks and benefits
- Interests of GBV survivors, and of women and girls
- Team capacity and resources

Key Area of Engagement	Description	Considerations
GBV Response	GBV response relates to the support, assistance, and services intended to improve survivors' wellbeing, safety, and recovery. GBV response services should include survivor-centered medical care, GBV case management, psychosocial support, safety, security and justice. Community leaders may be involved in different aspects of GBV response.	<ul style="list-style-type: none"> • Are community leaders aware of, or involved with referral pathways? • Has your program identified barriers to GBV response services that community leaders could help to address? • Are community leaders involved in responding to GBV cases? If so, how? • Do women and girls, GBV staff or others have concerns about the ways in which community leaders currently respond to GBV survivors? • What are the potential risks and benefits of engaging leaders in GBV response?
GBV Risk Mitigation	GBV risk mitigation involves identifying and addressing factors that increase risks of GBV. These can include environmental risks, such as poor lighting and crowded conditions, as well as risks within services, such as poorly placed facilities or exploitative staff. Risk mitigation does not address root causes of GBV.	<ul style="list-style-type: none"> • Are community leaders already involved in GBV risk mitigation? If so, how? • Has your program, with leadership from women and girls, already identified GBV risks? • How might leaders be able to support efforts to mitigate risks? • What are the potential risks and benefits of engaging leaders in GBV risk mitigation? How would you address these

Key Area of Engagement	Description	Considerations
Transformative Change	Transformative change relates to addressing root causes of GBV and supporting processes of change within individuals, social norms, and systems to prevent GBV by combating discrimination, empowering women and girls, and fostering equality and nonviolence.	<ul style="list-style-type: none"> • Who in the community is already working to catalyze change and prevent GBV? Are any community leaders involved? • Does your organization have experience with this kind of programming? • Will you rely on an existing approach/ methodology or developing your own? Have you gone through an informed decision-making process about this? • What are the possible risks of engaging in this type of programming with community leaders? What would be the benefits?
Supporting Women Leaders	Supporting women leaders relates to devoting specific attention to engagement of existing and emerging women leaders as a means of amplifying their skills, and influence in communities. Community leadership is often dominated by men, and in turn men’s perspectives, concerns, and priorities. Supporting women leaders helps to build their power, which is critical to all other work with leaders to address GBV.	<ul style="list-style-type: none"> • Are women recognized as formal leaders, or informal leaders? Are there any existing efforts to strengthen the roles of women leaders? • Are women and girl leaders interested in support? • What types of support can your team/ organization offer women leaders? • What are the possible risks of engaging in this type of programming with community leaders? What would be the benefits?

- ➔ Consult the **Key Areas of Engagement** section of the Toolkit for further details about each area of engagement and ideas for engaging community leaders.
- ➔ See **Decision-Making Tool for Identifying Key Areas of Engagement** for further guidance on how to prioritize areas of engagement with community leaders in *Building a Foundation: Tools and Resources*.

Step 5: Identify Community Leaders to Engage

Once you have identified the key areas for engagement, it is time to identify specific groups or individual leaders with whom you will work. Review selected areas of engagement and brainstorm a list of criteria to identify suitable community leaders. Think about what type of support is needed for each area, and who has the power to influence and catalyze change. The table below includes types of criteria you might consider, and examples of specific criteria that might be important, depending on your areas of engagement and the priorities for your community and program.

Types of Criteria to Consider	Examples of Specific Criteria
Personal qualities and characteristics	empathetic, well-respected, vocal...
Authority and influence over relevant matters	oversees marriage and divorce proceedings...
Skills	public speaking, advocacy skills...
Knowledge	GBV core concepts, legislation...
Values, attitudes, and beliefs	faith, belief in gender equality, support for human rights...

Applying criteria to community leaders mapped during Step 3, you can begin to identify leaders appropriate for different key areas of engagement. Drawing on knowledge of community leadership, past programming experience, and consultations with women and girls, you can further consider factors that may help you identify specific leaders for engagement, including:

- Which leaders might have mutual interests or areas of overlapping concern with the GBV program?
- Who are thought to be the most trusted or respected leaders and why?
- Have women and girls expressed concerns about any specific leaders?
- How do factors such as faith, ethnicity, or clan affect leaders' spheres of influence related to key areas of engagement?
- How do leaders behave in meetings or other forums? Do they demonstrate good listening skills and an interest in what others have to say?
- Are specific leaders involved with adjudicating GBV cases?
- Will community leaders have the time to engage with the GBV program?



Example from Practice

Cameroon GBV Program
Community Leader Criteria

- Gender-sensitive
- Positive model for their family, community, or entourage
- Honest person
- Dynamic and sociable
- Impartial and neutral
- Knowledgeable in GBV guiding principles
- Supportive of women's empowerment and leadership
- Knowledgeable of the services in the community

Step 6: Create a plan!

To effectively engage community leaders, reflect on the outcomes you would like to achieve and create a plan that is purposeful and organized. Identify activities that might contribute to outcomes- from group discussions to advocacy to safety initiatives- and consider the action steps that will be required to successfully implement each activity. Further consider who will be involved with the activity (ex: GBV staff, partners, community leaders), the resources that will be required, the timeframe, and team members who will assume responsibility for implementation and monitoring.

- ➔ Consult the **Key Areas of Engagement** section of the Toolkit for activity ideas under Ideas for Engagement
- ➔ See **Activity Planning Tool** in *Building a Foundation Tools and Resources*.

Building a Foundation Tools and Resources

Tools and Resources

- **Tip Sheet: Communication Skills**
- **Tip Sheet: Starting with Ourselves**
- **Self-Reflection Exercises**
- **Tip Sheet: Identifying Women Leaders**
- **Decision-Making Tree for Identifying Key Areas of Engagement**
- **Activity Planning Tool**

Training Modules

- *Training Modules: GBV Core Concepts*
- *Training Modules: Foundations: Key Approaches*
- *Training Modules: Foundations: Planning for Engagement*

Tip Sheet: Communication Skills

Why are communication skills important?

Engagement with community leaders involves regular communication, whether hosting and facilitating meetings, discussing sensitive subjects, supporting individual survivors, or advocating for women and girls' needs. Good communication skills help GBV teams demonstrate and earn trust and respect, build collaborative relationships, and maximize safety and effectiveness in programming.

- **Communicate in language that is clear, accessible, and appropriate to the context.**

- Use the local language or dialect whenever possible, in both verbal and written communication.
- Use common words and phrases; avoid “jargon” and acronyms. For example, ‘GBV’ is likely not the best way to first describe your programming.
- Be attentive to words that may be offensive to any group.
- When working with an interpreter, make sure they are respected within the community, trained in GBV core concepts, and understand GBV words and meanings.

- **Be respectful, open, and honest.**

- Learn about expectations for greeting and communicating with different types of community leaders. For example, is there an expected order for greeting a group of leaders, what etiquette and pleasantries are expected, etc.?
- Be aware of body language and nonverbal communication. For example, in some places, it is not appropriate to stand directly in front of a leader or to make direct eye contact.
- Give your undivided attention. Use active listening skills and silence mobile phones.
- Avoid interrupting someone when they are talking.
- Be humble and open to dialogue. Do not cast yourself as the expert on all matters related to women and girls; value the expertise and lived experience of community leaders and community members.
- Do not argue when you disagree with an idea. Listen first. Then ask questions to better understand, and to stimulate discussion and further thinking on the topic.
- Express appreciation for the work of community leaders.
- Be open about the purpose of your work and the values that underpin GBV programming. Demonstrate that you are guided by these values.

- **Apply a strengths-based approach**

- Focus on mutual interests and common issues of concern to build relationships and trust. A foundation of trust and collaboration will make it easier to address more difficult issues over the course of programming.
- Recognize the contributions and potential of community leaders to make positive changes within communities, even where leaders may also contribute to concerning practices.
- Frame issues in positive terms whenever possible. For example, highlight the benefits of non-violence instead of only focusing on the consequences of violence.
- Share examples of other program successes, or communities that are implementing similar strategies and the benefits to those communities.
- Look for opportunities to reinforce positive practices and social norms, including positive aspects of culture, positive exercise of power, and positive efforts to address GBV.
- Ask questions that encourage thoughtful discussion
- Ask questions in a way that expresses genuine interest in others' ideas and perspectives.
- When someone asks a question or expresses an idea that could perpetuate harm to women and girls, consider asking others what they think. Ask follow-up questions that invite further reflection.
- Start with easier topics and build up to more sensitive topics of discussion. Look for opportunities to reinforce positive practices and social norms, including positive aspects of culture, positive exercise of power, and positive efforts to address GBV.

- **Ask questions that encourage thoughtful discussion**

- Ask questions in a way that expresses genuine interest in others' ideas and perspectives.
- When someone asks a question or expresses an idea that could perpetuate harm to women and girls, consider asking others what they think. Ask follow-up questions that invite further reflection.
- Start with easier topics and build up to more sensitive topics of discussion.

➔ **Resources:** For essential communication skills for GBV teams and community leaders, it may be helpful to review the **Handbook for Coordinating Gender-based Violence Interventions in Humanitarian Settings (2019)** section on **Effective communication** (pp.176).

Tip Sheet: Starting with Ourselves

Transforming power dynamics to end gender-based violence is a process that begins with ourselves- as individuals, and GBV practitioners. Organizations and teams that implement GBV programs can reflect on their own dynamics related to gender and power. A structured process can help GBV teams take steps to address power imbalances within their organization and between their organization and communities.

- **Conduct weekly, bi-weekly, or monthly reflection exercises with staff and volunteers to explore issues of gender and power.**
- **Commit to increasing balance of power within the workplace.**
 - Supervisors model positive uses of power.
 - Maintain mutually respectful communication between staff at all levels.
 - Create opportunities for all staff to meaningfully contribute to decisions.
 - Provide opportunities for staff to provide feedback and review their supervisors.
 - Value the contributions of all staff members.
 - Prioritize wellbeing of staff, volunteers, and partners.
- **Avoid reinforcing or mirroring power imbalances from the community within the workplace**
 - Ensure that women are well-represented within staffing structures, including senior management.
 - Build teams that reflect the diversity of communities.
- **Take actions to balance power between staff and community members**
 - Respect the equality, dignity, and worth of all community members. Value their expertise, experience, and contributions.
 - Appreciate the humanity of community members, including community leaders, engaging with them as people rather than “beneficiaries,” “target groups,” or “subjects” of assessments. Get to know them.
 - Whenever possible, sit amongst groups you engage, at the same level.
 - Be attentive to how your dress, modes of transportation, communication equipment and other items may be perceived as symbols of power. Find ways to minimize the use or visibility of items that set you apart from others.
 - Ensure that community members have opportunities to provide feedback to your organization and multiple means to report any suspected abuses of power.

Self-Reflection Exercises¹

GBV teams can make a practice of regularly organizing reflection exercises. Team members can rotate responsibility for introducing or leading exercises, which can take many forms. Below are two examples adapted from Raising Voices.

Exploring Our Values Exercise #1

Read Together or Independently:

Values are the qualities that we most deeply believe in and that we can use to guide our choices and actions. They form the foundation from which we live. Our values are so much a part of us that we often do not even notice them. Defining our values is an ongoing process. As time passes and as we grow and experience life, our values can change. Reflecting on our values brings useful self-awareness. When we live our values, we feel better about ourselves, more fulfilled and less stressed. Further, we contribute to the greater good, adding strength and positivity to our relationships and communities. Our actions inspire others to live their values, and we attract friends who share the values we are exhibiting.

Independent Exercise:

Use a journal or paper and pen. Think about two personal values that you would like to practice more often in the things you say and do. For each of these values, complete the following:

- **The first value I want to make more dominant in my life is...**
 - Because...
 - I will do so by...
- **The second value I want to make more dominant in my life is...**
 - Because...
 - I will do so by...

Group Discussion:

Talk as a team about the exercise. Team members can share values they identified in the personal exercise but should not be required to do so.

- What were your reflections reading about values?
- How did you find the exercise? What did you learn about yourself?
- Does our team have common values that we try to uphold?

¹ Adapted from: Raising Voices. SASA! Together: An activist approach for preventing violence against women. Kampala, Uganda, 2020 which was adapted from the original source: GBV Prevention Network / Raising Voices. Get Moving! Kampala, Uganda, 2012.

Living Our Values Exercise #2

Read Together or Independently:

Whether or not we are aware of it, our values influence our every move. But that does not mean we are always acting according to our values. Sometimes our values tell us to act one way, but we still decide to act another. Sometimes we do not even realize that our actions are contradicting our values. Many things can stop us from acting according to our values: fear, pressure, distraction, stress, greed, etc. Acting according to our values requires conscious effort.

Independent Exercise:

Use a journal or paper and pen.

- Draw three vertical lines to create four columns on the page, like in the table here.
- List three personal values in the first column.
- For each value, indicate:
 - Actions you usually take to follow that value
 - Actions you sometimes take that contradict that value.
 - The impact, or consequences that not following the value has on your life.

Value	Follow	Contradict	Consequences
1			
2			
3			

Group Discussion:

Talk as a team about the exercise. Team members can share values they identified in the personal exercise but should not be required to do so.

- What were your reflections during this exercise?
- What did you learn about yourself?
- Were you surprised by anything?
- Did you reflect on any changes you would like to make?

Tip Sheet: Identifying Women Leaders

- **Remember that not all leaders hold the title of “leader.”** Your purpose is to identify people who influence and serve other members of the community. These individuals are not always formal leaders, or people elected to leadership positions. Women leaders may be teachers, health workers, heads of church or other religious groups, or other members of communities who dedicate themselves to community affairs or service. Wives of male community leaders may also be regarded as de facto leaders and may be key allies of GBV programs (though wives of leaders, and other women leader, may also reinforce interests/perspectives of male leadership structures).
- **Ask women and girls!** Ask diverse groups of women and girls within the community who they look up to and trust. Which women and girls do people go to for support or advice? Whose opinions are most valued and respected?
- **Consider the diversity of the population.** Many leaders will represent or influence specific populations within the community more than others. Be sure to consult with diverse groups of women and girls, accounting for different experiences related to age, language, ethnicity, race, religion, legal status, and other factors, with the aim of identifying a diverse group of women leaders.
- **Use accessible language.** Rather than simply asking about “women leaders” think about how to describe the qualities and roles you would like to identify. For example, a GBV practitioner in Kordofan, Sudan struggled to identify women when she asked for help locating “female traditional leaders.” But during a chance conversation, one woman advised her to meet with the *hakamats*. She learned that *hakamats* are influential female singers and poets who highly regarded, respected, and sometimes feared. Her program began engaging *hakamats* with great success.
- **Consult with women’s associations and community-based organizations.** Organizations and informal associations that operate within communities are often engaged with at least some elements of community leadership. Women members of community-based organizations, particularly members of women-led organizations and women’s rights organizations, are frequently regarded as women leaders.
- **Identify active training participants.** When GBV programs offer trainings to community members, they can remain attentive to women and girls who demonstrate personal qualities and characteristics of leadership, as well as positive values, attitudes, and beliefs.
- **Be attentive to women and girls who demonstrate leadership during program interventions.** Through the course of GBV programming, members of women and girl safe spaces, and participants of different activities, including livelihoods or learning activities, group psychosocial support activities, or community development projects, will emerge as natural leaders who are interested in helping others and fostering positive change.

Decision-Making Tool: Identifying Key Areas of Engagement

Problem(s) to Address <i>Define specific problem(s) that community leader(s) might be engaged to address.</i>	Key Areas of Engagement <i>Consider actions leaders might take under key areas of engagement.</i>	Ideas for Engagement <i>Review ideas for engagement in relevant chapters and list ideas, based on analysis of need and potential.</i>
	GBV Response	
	GBV Risk Mitigation	
	Transformative Change	
	<i>Supporting Women Leaders</i>	

Identify the Key Problem(s)

Reflect on specific problems related to GBV, and GBV prevention and response, in your community. To gather information, GBV teams may find it helpful to:

- Use a problem tree to analyze the problem and identify root causes, contributing factors, and consequences.
- Conduct a root cause analysis (See **Transformative Change** chapter for guidance.)
- Consult with women and girls to understand the problems they face and explore potential solutions.

Key Areas of Engagement

For each key area of engagement, consider actions community leaders might support. The GBV team might think about the below questions as they relate to each key area of engagement.

- Are community leaders already involved to address the problem?
- What influence, power, skills, or knowledge could potentially benefit key areas of engagement?
- What resources can community leaders contribute?
- Are specific leaders more open to engagement? Considering the hierarchy and roles of different leaders, are specific leaders more suitable for engagement?
- What are leaders' possible interests or priorities?
- What are the benefits to engaging community leaders?
- What risks could engagement pose to women, girls and the GBV team? Are these risks high, and could they be effectively mitigated?

Ideas for Engagement

For each key area of engagement, review ideas for engagement from relevant chapters of this guidance, from other GBV tools and resources, and from prior experience. Team members can also brainstorm new ideas. Consider the potential for different activities, given available resources, time, availability and openness of leaders, and team capacity and interest. Also consider the safety and ethics of different activities in your context.

- Have similar activities taken place in your community?
- How might authorities, and different members of the community, respond?
- Would the activity compromise your ability to serve women and girls?
- Is the key area of engagement practical and achievable?
- How can you consult with women and girls about this?
- What inputs (funding, materials, transportation, time, etc.) would be required of you and of leaders?
- Is it safe to engage in this way?
- Do the benefits outweigh the risks or negative aspects of engagement?

Activity Planning Tool

GBV teams may find it helpful to use the planning tool to better prepare for engaging community leaders. The planning tool serves as a model and can be adapted to your program context.

Area of Engagement: *GBV Response*

Intended Outcome:					
Activity	Action Steps	Participants	Resources	Timeframe	Person(s) Responsible
List ideas for engagement, or activities	List action steps required to conduct the activity	Who will be involved? (ex: staff, partners, community leaders)	List required resources		

Area of Engagement: *GBV Risk Mitigation*

Intended Outcome:					
Activity	Action Steps	Participants	Resources	Timeframe	Person(s) Responsible

Area of Engagement: *Transformative Change*

Intended Outcome:					
Activity	Action Steps	Participants	Resources	Timeframe	Person(s) Responsible

Area of Engagement: *Supporting Women Leaders*

Intended Outcome:					
Activity	Action Steps	Participants	Resources	Timeframe	Person(s) Responsible

Key Areas of Engagement



GBV Response

GBV response relates to actions taken after incidents of GBV, with particular attention to the treatment of survivors by their community and access to survivor-centered services. All survivors of GBV should have access to support and services, based on their needs and preferences, including GBV case management, psychosocial support, justice, and security services. The GBV Response chapter includes ideas for engaging community leaders to strengthen community-based response systems, build community awareness of response services, and foster survivor-centered attitudes, norms, and behaviors.

GBV Risk Mitigation

The Inter-Agency Standing Committee (IASC) Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action refer to GBV risk mitigation as “reducing the risk of exposure to GBV (e.g. ensuring that reports of ‘hot spots’ are immediately addressed through risk-reduction strategies; ensuring sufficient lighting and security patrols are in place from the onset of establishing displacement camps; etc.)”. Risk mitigation is focused on making communities and services safer for women and girls, and community leaders can influence or lead much of this work. The GBV Risk Mitigation chapter includes ideas for engaging community leaders to identify and address GBV risks.

Transformative Change

Transformative change programming involves addressing root causes of GBV to prevent its occurrence. Preventing GBV requires changes in unequal power relationships between women and men that are replicated across different levels of society, from individual expectations and attitudes to social norms, policies, legal frameworks and systems. Community leaders can influence changes at different levels of their communities. The Transformative Change chapter includes information on selecting or designing GBV prevention programs and ideas for engaging community leaders to build awareness, knowledge and skills; foster gender equitable, respectful and non-violent social norms, attitudes, and behaviors; and promote women’s and girls’ empowerment.

Supporting Women Leaders

Women leaders can represent and promote women’s voices, needs, and perspectives within their communities, but women leaders rarely have adequate representation and influence in community and humanitarian decision-making. Other chapters include attention to how women leaders can contribute to GBV Response, GBV Risk Mitigation, and Transformative Change. The Supporting Women Leaders chapter devotes additional attention to engaging women leaders, including ideas for GBV programs to support women in leadership positions, support emerging leaders, and foster an enabling environment for women’s leadership.

GBV Response



GBV Response

Key Concepts

- Role of Community Leaders in Strengthening GBV Response
- Considerations for GBV Teams Preparing to Engage Community Leaders in Response

Approaches

- Strengthening Coordination, Access, and Community Awareness of Response Services
- Fostering Survivor-centered Attitudes, Norms, and Behaviors

Ideas for Engagement

- Strengthening Coordinated Community-Based Systems and Building Community Awareness of Response Services
 - Developing and Disseminating a GBV Referral Pathway
 - Increasing Access to GBV Response Services
 - Outreach and Awareness-Raising
- Fostering Survivor-Centered Attitudes, Norms, and Behaviors
 - Training Leaders to Apply a Survivor-Centered Response
 - Group Discussions on Respect for Survivors
 - Group Discussions Focused on Hypothetical Cases
 - Practice Sessions for Listening and GBV Response
 - Emergency Assistance and Coded Communication
 - Survivor-Centered Support, Justice and Mediation

Tools and Resources

- **Participatory Guidance: Developing a Referral Pathway**
- **Addressing Barriers to Care**
- **Discussion Guide: Respect for Survivors**
- **Discussion Guide: Hypothetical Scenarios**
- **Practice Sessions for GBV Response**
- **Tip Sheet: What to Say and Do when a Survivor Discloses GBV**
- **Planning Guide and Tool: Advocacy with Leaders on Behalf of Survivors**
- **Fact Sheet: Early Forced Marriage**
- **Fact Sheet: Intimate Partner Violence**
- **Fact Sheet: Sexual Assault and Rape**
- **Fact Sheet: Female Genital Mutilation/Cutting**

Training Modules

- *Training Modules: GBV Response*

Key Concepts

Role of Community Leaders in Strengthening GBV Response

Community leaders can play important roles in response to GBV survivors. This includes leaders in formal leadership positions, such as traditional or religious leaders who play a role in community-based justice mechanisms that adjudicate GBV cases, as well as informal leaders who are influential and trusted by the community. Some of the ways community leaders contribute to GBV response and engage with survivors are outlined below.

Community leaders influence and shape community attitudes, norms and behaviors related to GBV and GBV survivors. Community leaders greatly influence community attitudes, social norms and behaviors that determine how GBV and GBV survivors are perceived by the community, how survivors are treated, and whether survivors seek help. The stigma, shame and blame often attached to GBV can have tremendously harmful impact on survivors, affecting if and how they disclose incidents, and how they are treated when they seek help. Community attitudes and norms also influence a survivor's ongoing safety, protection from further violence, as well as her psychosocial wellbeing and mental health. Engaging community leaders to help strengthen survivor-centered attitudes, norms and behaviors that promote survivor's dignity, safety and rights can significantly improve community response to GBV and outcomes for survivors.

Community leaders are critical sources of information and guidance for survivors and their families. Trusted and influential leaders in formal and informal positions of leadership are often sought for support and guidance from the community on a wide range of matters, from marriage, distribution of resources, and interpersonal conflicts, including intimate partner violence, early and forced marriage, and sexual violence perpetrated within communities. Engaging community leaders to build their knowledge and skills in survivor-centered response to GBV can help survivors and their families receive accurate information about potential consequences of GBV, and guidance that prioritizes survivors' wishes, safety, wellbeing, and dignity.

Community leaders influence community-based systems, resources, and services. Community leaders are central to the development of community systems, including healthcare, education, justice, and social welfare systems. They influence government and humanitarian decision-making, planning, and resources allocation and play a key role in improving availability and accessibility of services to communities. This includes reducing barriers GBV survivors and other community members face in accessing services and helping to coordinate with different stakeholders, sectors, and service providers in the community. Engaging community leaders to prioritize and mobilize resources for coordinated care, support, and protection services can help survivors receive timely, safe, and quality care.

Community leaders are involved in providing services to GBV survivors. Community leaders are often directly involved with providing services to GBV survivors. In many settings, traditional and religious leaders provide justice and mediation services for GBV through community-based dispute resolution and justice mechanisms. Their authority over GBV is embedded in customary and religious law and in social norms. It may also be codified within formal justice systems. In emergency settings, when formal systems break down or are more difficult to access, women and girls are more likely to turn to community leaders and informal courts to address incidents of GBV.¹ Even when they do not promote survivors' rights or safety, survivors may request help from community leaders as their best or only option to seek redress.

¹ The World Bank Working Paper. *Improving local justice processes and outcome for women and girls affected by violence and discrimination: a review of promising interventions*, 2014.

In addition to justice services, community leaders may be involved in other survivor care, support, and protection services. For example, women leaders may be involved in providing safe shelter for survivors escaping violence. Community leaders may also work with government or non-governmental agencies, or community-based organizations, that provide psychosocial support, and other services for survivors. Engaging leaders who provide services to survivors to promote survivor-centered principles, processes, and practices can greatly enhance GBV survivors' safety, rights and recovery and help protect them from further violence.

Considerations for GBV Teams Preparing to Engage Community Leaders in Response

There may be concerning practices among community leaders for GBV teams to be aware of before planning to engage community leaders to strengthen survivor-centered response. These are linked to the patriarchal nature of community leadership structures and community norms and practices that condone GBV. While there is great diversity in community leadership structures, and among leaders themselves, both formal and informal leadership structures across the world are largely patriarchal. This means women's status is generally subordinate to men's, and women's and girls' perspectives and experiences may not be equally valued or considered. Because of this:

- **Community leaders may consider acts of GBV a dishonor to the family, clan, or community, and have less concern for the impact of GBV on individual survivors.** When addressing cases, leaders may prioritize community harmony over individual rights, safety, and protection in order to restore family and community relationships. This approach can run counter to a survivor's interests, for example, if she is trying to leave an abusive husband or seek justice against a perpetrator within the community.
- **The practice of marrying an adolescent girl or unmarried woman to the boy or man who raped them remains common in different parts of the world.** This practice may be viewed by community leaders as a favorable option for restoring peace between families and within the community. It may also be understood as a merciful option to preserve the survivor's future in communities where her marriageability is compromised by rape. Still, such forced marriages violate girls and women's rights and can be incredibly traumatizing for survivors, condemning them to a lifetime of sexual violence.
- **Community leaders may condone IPV, even expecting men to discipline their wives for certain infractions.** Where this is true, leaders may not be inclined to address IPV unless the frequency or level of abuse surpasses social expectations related to perceived transgressions. Such an evaluation requires leaders to consider not only the actions of an alleged perpetrator, but also the behavior of the survivor, and survivors' testimonies may not be required or even welcomed in negotiating agreements. Informal justice, when administered by community leaders, often involves resolving disputes through mediation, where disputing parties are guided to reach negotiated agreements.² In many contexts, leaders negotiate accusations of IPV between husbands (alleged perpetrators) and male relatives of their wives (survivors), where a woman's father may receive a payment in compensation for her abuse. When women are directly involved in negotiations or mediation, they may be asked to make specific compromises or promises in exchange for the husband's commitment to cease serious abuse. This practice effectively equalates a woman's behaviors that are not in line with her husband's expectations, such as poor housework or leaving home without permission, to a man's assault and abuse.

² The World Bank. *Working Paper: Improving local justice processes and outcome for women and girls affected by violence and discrimination: a review of promising interventions*, 2014.

Because of attitudes and practices described above, GBV teams are sometimes reluctant to engage community leaders in GBV response, particularly those leaders involved in mediating or proposing settlements or solutions to GBV incidents that are harmful to survivors. In particular, staff may be concerned about reinforcing or legitimizing community practices that are not survivor centered. These concerns are legitimate, and teams should carefully consider risks and benefits of different strategies for engaging with community leaders to ensure they do not inadvertently cause harm. However, lessons from practice illustrate that carefully planned and respectful engagement with leaders can be transformative and can strengthen survivor-centered responses at the community level, even in very challenging and conservative settings.



Example From Practice

A former GBV Program Manager described her team's experience working with community leaders in Maban, South Sudan

"In emergency work, we're used to contacting people when we need something from them, and we can forget the importance of building respect and good relationships. In our program, we started engaging leaders through greetings and introductions, and then holding regular meetings to learn from leaders and share our concerns. We invited them for trainings on GBV core concepts and referrals. This served as an important foundation when we engaged leaders on behalf of survivors.

We only approached leaders on behalf of survivors who we supported with case management services, and only after talking through everything with survivors. Often, survivors weren't familiar with their leaders, maybe because of displacement or because men were more involved with community affairs, so we would accompany and introduce survivors to leaders who might help. Sometimes survivors had already spoken with leaders who didn't take their cases seriously, and when we met with those leaders on survivors' behalf it helped to elevate the importance of a case.

When we supported a survivor whose case was to be settled through mediation or court proceedings, we always organized a one-on-one meeting with the leader ahead of proceedings. We would just sit and listen to the leader's concerns. When we spoke, we would raise points from our trainings and focus on consequences for the survivor. Leaders would often express agreement but then talk about the pressure they faced to meet people's expectations. I came to appreciate that leaders are people, and they are also influenced by others. I also realized that sometimes we are too timid to raise questions, believing that everything is deeply rooted in tradition or religion. I found that sometimes leaders' decisions were actually very pragmatic, and if we simply asked why, and why again, we could better understand their interests and concerns, and leaders were then often happy to engage in joint problem-solving. For example, leaders were largely reluctant to grant divorces to survivors, even though local customs allowed for divorce in cases of severe abuse. After asking "why" in different ways, we understood that some leaders simply weren't able to provide official divorce papers. So we worked with leaders to create divorce documents in Arabic, and we made copies to be signed by all parties at the traditional courts. We kept a copy of divorce records in our case files, and we laminated a copy for each survivor to keep.

Understanding leaders' perspectives and concerns helped us to identify common ground and effectively advocate on behalf of survivors. One time, a leader was happy to stop the forced marriage of a girl when I suggested that she would earn a larger bridewealth for her family in the future, if she were first able to complete school. I didn't feel entirely good about appealing to this interest, but ultimately the decision was also in the survivor's interest.

Over time, leaders began inviting us to participate in court proceedings. We would still meet leaders one-on-one ahead of time, then at court we would just sit in and be present for the survivor. Sometimes, we would be invited to speak, and then we would raise principles of human rights and highlight consequences of the relevant form of GBV for survivors. I believe our presence took some pressure off leaders. For those who wanted to be more supportive of survivors, we provided the rationale and a specific reference point. It helped them to be more courageous.

While engaging with our program, leaders stopped many forced marriages of girls before and during court proceedings, including at least one case where it had been arranged for a girl to marry her rapist. We were also able to support many survivors of GBV to obtain recognized divorces."

Approaches

With respect for the multiple roles community leaders can play in strengthening GBV response, GBV programs can consider a range of ideas for engaging community leaders. Generally, these can be organized into two approaches: 1. Strengthening coordination, access, and community awareness of response services, and 2. Fostering survivor-centered attitudes, norms, and behaviors among community leaders and broader communities. GBV teams can consider options under each of these approaches by following a process of identifying priorities, assessing risks, and planning interventions, as described below.

Strengthening Coordination, Access, and Community Awareness of Response Services

Essential services should be made available for survivors of GBV in all emergency contexts, including survivor-centered GBV case management and psychosocial support services and medical services to treat survivors of rape, sexual assault, intimate partner violence, and other forms of GBV. Establishing quality services is not sufficient, though, to ensure that survivors are able to access timely support in line with their wishes. Community-based systems are essential to facilitate information-sharing, referrals, coordination between service providers, and access for survivors. For GBV teams, engaging leaders to support information sharing and referral pathways is often less sensitive and less involved than efforts to shift social norms and behaviors, and in a wide range of contexts, community leaders have made significant contributions to strengthen community-based systems.

Fostering Survivor-centered Attitudes, Norms, and Behaviors

Survivors of GBV deserve to be believed and supported, and those who receive support from family and close members of their community will face fewer consequences and risks. Fostering attitudes, norms, and behaviors that would support survivors is linked to embracing concepts of gender equality, nonviolence, and women's and girls' rights, as covered in [Transformative Change](#). But even where GBV teams don't engage community leaders for transformative change toward GBV prevention, they might engage leaders to encourage more supportive attitudes toward survivors, particularly individual survivors who they may encounter in their service to communities. While fostering survivor-centered attitudes and behaviors requires more involvement than a one-off meeting or training, and is best supported through ongoing engagement, GBV teams may also engage individual leaders on an ad hoc basis, to advocate for their support of specific survivors. As engagement of leaders for GBV response is sensitive and can increase risks, it is important that GBV teams continually assess safety and ethical risks, and it is also essential that GBV staff themselves have access to support and security services.

Choosing an Effective Approach and Planning to Engage Community Leaders in GBV Response

Following three simple steps can help GBV teams safely assess and plan for effective engagement with community leaders in GBV response:

- Step 1: Identify priorities for engaging community leaders to strengthen survivor-centered response
- Step 2: Assess ethical and safety risks and plan for safety.
- Step 3: Develop a plan for implementing and monitoring activities

Step 1: Identify priority areas for engaging community leaders

Consider strengths, gaps, and opportunities for engaging different leaders for each of the following:

- Attitudes, norms, and behaviors related to GBV and GBV survivors
- Community knowledge of, and trust in, GBV response services
- Availability and accessibility of coordinated services to meet survivors' health, psychosocial, safety and justice needs
- Response to individual survivors

This may be a relatively straightforward process if the team has been working in the community for some time, or it may take longer and require more information-gathering if it is a new GBV program. Opportunities to consider when assessing opportunities:

- Partner with local women's groups and organizations.
- Consult with a wide range of stakeholders who are familiar with the community and community leaders.
- Listen to and be led by women and girls from the community. They are experts in their experiences and in strengths and gaps in community responses to GBV. Ask them about what is currently working to support GBV survivors and their ideas for improving community responses to GBV to better promote survivors' safety, care, and protection from further violence.
- Apply an intersectional lens and ask women and girls from all groups and backgrounds (considering different ages, religions, ethnicities, disabilities, etc.) about community strengths and gaps in GBV response.

Prioritize objectives and activities. Once the team has identified opportunities for engaging community leaders to strengthen GBV response, agree on objectives for engagement and specific, related activities. Don't forget to use a participatory approach and engage different groups of women and girls in this process!

Once you have identified priorities, it's time to get creative and consider strategies or activities that will help the team safely effectively engage with community leaders to strengthen survivor-centered GBV response. There is no one-size fits all approach –strategies will depend on gaps and opportunities, risks and safety considerations, priorities of women and girls, and the extent to which leaders are interested and ready to engage with your program (as assessed in Building a Foundation for Engagement). For example, in some settings, GBV teams will identify leaders interested in building their knowledge and skills in survivor-centered response, while in another setting, it may be most appropriate to limit engagement to specific leaders on a case-by-case basis, when advocating on behalf of GBV survivors. As with all actions related to GBV response, any actions concerning specific survivors should be guided by the wishes of individual survivors.

➔ Use the **Ideas for Engagement** in the next section when developing strategies for engaging community leaders in in strengthening GBV response.

Step 2: Assess ethical and safety risks and plan for safety.

Before developing a plan to implement activities, carefully assess potential ethical and safety risks that might arise when engaging community leaders to strengthen GBV response. As with step 1, consult with with women and girls to understand ethical and safety risks before initial engagement with leaders to strengthen GBV response to identify potential risks. However, anticipating and responding to risks is an ongoing process and GBV teams should regularly monitor for the emergence of unintended consequences throughout their work with community leaders in GBV response.

Step 3: Develop plans for implementing and monitoring activities

Within the capacity of your team and organization, develop a plan for implementing and monitoring specific activities to engage community leaders in strengthening GBV response. What are the activities? What resources are needed? When they be implemented and how will they be monitored? How and how often will the team monitor for unintended consequences? How will the team capture, document and share successes and challenges in the program?

- ➔ Use the **Community Leaders' Engagement Plan Tool** in the *Foundations for Engagement* chapter of the Toolkit to help plan when and how to implement and monitor activities to support engagement of community leaders in strengthening GBV response

Ideas for Engagement

Strengthening Coordinated Community-based Systems and Building Community Awareness of Response Services

- Developing and Disseminating a GBV Referral Pathway
- Increasing Access to GBV Response Services
- Outreach and Awareness-Raising

Fostering Survivor-Centered Attitudes, Norms, And Behaviors

- Training Leaders to Apply a Survivor-Centered Response
- Group Discussions on Respect for Survivors
- Group Discussions Focused on Hypothetical Cases
- Practice Sessions for Listening and GBV Response
- Emergency Assistance and Coded Communication
- Direct Advocacy with Leaders in Support of Survivors
- Survivor-Centered Support, Justice and Mediation

Developing and Disseminating a GBV Referral Pathway

A referral pathway is a simple mechanism for safely linking GBV survivors to services, including healthcare, psychosocial support, case management, safety and security services, and justice and legal aid.³ The Inter-Agency Minimum Standards for Gender-Based Violence in Emergencies Programming indicate that community leaders and other “gatekeepers” should be informed about referral pathways to promote awareness within communities.⁴ To maximize leaders’ commitment to, and promotion of referral pathways, it is recommended to actively involve leaders in the development of referral pathways within their communities. GBV program teams can engage leaders early in the process of developing, revising, or adapting referral pathways for their communities.

Suggested steps for engaging community leaders to develop or update a GBV referral pathway:

1. Inform leaders about the purpose of a GBV referral pathway and discuss the underlying guiding principles of a survivor-centered response.
2. Solicit leaders’ input in mapping GBV response services and identifying focal points.
3. Share feedback with leaders provided by women and girls involved with developing a GBV referral pathway.
4. Ask leaders to validate the GBV referral pathway once developed. Emphasize the importance of empowering survivors to elect services and self-report.
5. Involve leaders in the dissemination and promotion of the GBV referral pathway.
6. Engage leaders in discussions or practice sessions to review and reinforce the GBV referral pathway.

Community leaders who are involved in the development and rollout of a referral pathway may be more likely to use the pathway when they hear of or are directly involved with responding to an incident of GBV. Through engagement focused on developing and disseminating GBV referral pathways, GBV teams can encourage leaders to take positive actions in response to cases when they are involved with making or receiving referrals. The table below outlines different ways leaders may be involved with making or receiving referrals and corresponding positive actions GBV teams can encourage leaders to take.

Ways Community Leaders May Be Involved with GBV Referrals	Positive Actions Community Leaders Can Take
Survivors report incidents of GBV to leaders	Leaders respond with compassion; support survivors to access services in line with their wishes; and maintain confidentiality
Leaders hear about incidents of GBV through second-hand reports	Leaders prioritize the safety, security and wishes of survivors; encourage those with knowledge of incidents to respect guiding principles and not gossip; adhere to the referral pathway where survivors decide whether to seek services and whether to report incidents to authorities
Survivors are referred to leaders as focal points or service providers within the referral pathway	Leaders listen to survivors and provide requested support applying a survivor-centered approach; refrain from taking actions outside support requested by survivors or outside their authority and capacity

➔ See **Participatory Guidance: Developing a GBV Referral Pathway** in *GBV Response Tools and Resources*.

3 IASC (Inter-agency Standing Committee). *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing risk, promoting resilience and aiding recovery*, 2015. p. 64.

4 GBV AoR (Gender-Based Violence Area of Responsibility). *Inter-Agency Minimum Standards for Gender-Based Violence in Emergencies Programming*, 2019. p. 53.

Increasing Access to GBV Response Services

Even when good quality GBV services are available, survivors face many barriers to accessing them. Some of these barriers are practical, such as distance to services, cost of services, or procedural requirements such as the need to obtain a special police form before being able to seek medical examination and treatment. Other barriers relate to service provider attitudes and beliefs, limited trust in services, and social and security repercussions related to disclosing GBV.

Community leaders are well-placed to help identify and address barriers to GBV response services. GBV teams can involve leaders in participatory barrier analyzes, as well as plans and actions to resolve or reduce barriers that keep girls and women from accessing care in the community. While GBV teams can take direct action to increase access to services, significant and sustainable changes will require community participation and leadership. The table below outlines some examples of how GBV teams can involve, encourage, and support leaders to take actions to increase survivors' access to services.

“In remote villages, when a woman is ready to deliver a baby, the community has a system to transport her to the maternity ward. If they can do this to save the life of a woman who is delivering, and her baby, why can't they do the same to save a survivor of GBV?”

Communities can adapt these systems to support all emergency cases. When leaders understand their role and understand the importance of women having access to services, they will support.”

– GBV Program Manager, reflecting on the potential of community solutions

Common Barriers to GBV Services	Positive Actions Community Leaders Can Take
Lack of knowledge about services; benefits of seeking help after GBV	Raise awareness and share information about the impacts of GBV, availability of services and benefits of accessing services to addressing harmful consequences of GBV
Costs associated with accessing services	Mobilize funds for survivors to access, through savings and loans groups or emergency community funds for vulnerable individuals; advocate with local and ministry authorities to waive fees for survivors
Distance to services; lack of transportation	Organize emergency transport schemes, such as working with taxi companies on reimbursement plans; advocate with ministry authorities for the establishment of outreach clinics and services.
Lack of childcare inhibiting survivors from attending services; programs	Identify volunteers to provide childcare.
Physical access challenge for survivors with disability	Mobilize community resources to improve disability access to services through physical enhancement and/or technology solutions such as remote consultations.

➔ See **Addressing Barriers to Care** in *GBV Response Tools and Resources*

Outreach and Awareness-Raising

GBV teams can engage community leaders to share information on available services and the importance of timely response services for survivors, particularly survivors of rape. Community leaders often have platforms for sharing information, including meetings with other leaders and community focal points, and may be willing to share information through existing platforms and networks. GBV teams can further ask community leaders to participate in awareness-raising efforts such as distribution and display of the referral pathway or other pamphlets/ posters related to GBV response, sharing messages at community events or over the radio, and joining committees or groups of volunteers focused on GBV outreach.

Involving community leaders to share information on services can help, not only to increase knowledge of services, but also to signal support for GBV response services and, by extension, support for survivors of GBV.

Training Leaders to Apply a Survivor-Centered Response

Training in GBV core concepts is foundational for both staff and community leaders and should always include attention to a survivor-centered approach. A survivor-centered approach creates a supportive environment in which survivors' rights and wishes are respected, their safety is promoted, and they are treated with dignity and respect. A survivor-centered approach is based on the following guiding principles:⁵

- **Safety:** The safety and security of survivors and their children are the primary considerations.
- **Confidentiality:** Survivors have the right to choose to whom they will or will not tell their story, and any information about them should only be shared with their informed consent.
- **Respect:** All actions taken should be guided by respect for the choices, wishes, rights and dignity of the survivor. The role of helpers is to facilitate recovery and provide resources to aid the survivor.
- **Non-discrimination:** Survivors should receive equal and fair treatment regardless of their age, disability, gender identity, religion, nationality, ethnicity, sexual orientation or any other characteristics.

Community leaders can promote survivor-centered principles within the community, and also apply the principles themselves in any interactions they have with or about GBV survivors. Further in-depth training for community leaders may focus on deepening understanding of different types of GBV, the consequences of GBV for survivors, their families, and their communities and how to apply survivor-centered principles in practice. Through training, community leaders may be supported to reflect on their actions and responsibilities related to GBV response, and how they might apply guiding principles of a survivor-centered response in different circumstances and scenarios.

➔ See *Training Manual*

Group Discussions on Respect for Survivors

Small group discussions involving diverse leaders can be a powerful way to foster attitudes, norms and behaviors that reduce stigma, shame and blame associated with GBV and promote those that foster compassion, respect, and support for survivors. A carefully facilitated group discussion can create a safe space for reflecting on the harmful consequences and human rights dimensions of GBV, as well as community values that promote dignity and respect for all community members.

⁵ Definition drawn from: GBV AoR. *Inter-Agency Minimum Standards for GBVIE Programming*, 2019.

A supportive process that encourages reflection, dialogue and mutual learning can open the way for exploring the gap between values of respect and dignity and the realities for women and girls who are subjected to discrimination and violence. This process can also help community leaders reflect on how GBV harms the dignity, health and well-being of women and girls, and the benefits of changing attitudes, norms and behaviors that prevent GBV survivors from seeking help.

In turn, community leaders can influence wider community attitudes, norms and behaviors in support of GBV survivors. They may do this through:

- Facilitating similar discussion groups with community members;
- Using their public roles and platforms to speak out in support of GBV survivors;
- Holding community meetings to break the silence about GBV;
- Mobilizing other leaders and community members to take action in support of GBV survivors;

- Modelling and championing supportive attitudes and behaviors

To promote effective discussions with community leaders, GBV teams can:

- Plan for multiple sessions – shifting attitudes takes time
- Use a structured approach where each discussion builds on previous discussions
- Use a strengths- and benefits-based approach
- Ensure facilitators are respected by, and respectful of community leaders
- Ensure facilitators have excellent facilitation and communication skills
- Invite staff to observe discussions to strengthen team capacity
- Debrief after each discussion to review and plan for the next session

➔ See **Discussion Guide: Respect for Survivors** in *GBV Response Tools and Resources*

Group Discussions Focused on Hypothetical Cases

One approach for facilitating group discussions related to GBV response is to use hypothetical but realistic scenarios to highlight consequences of GBV for survivors and explore how community leaders might positively respond to cases. Hypothetical scenarios are useful because they allow community leaders to focus on “the survivor” without abstraction, but also without disclosing the identity of any actual survivors, and without judging the actions of any actual perpetrators or community leaders. This can allow for more honest, open, and reflective discussion. Even where community leaders are reluctant to acknowledge the possibility of GBV within their own communities, they may be willing to hear stories drawn from other emergencies, or to discuss hypothetical scenarios as an exercise.

Group discussions focused on hypothetical cases are best kept small. GBV teams can even hold one-on-one meetings with leaders who are interested in meeting to review hypothetical scenarios as a means of strengthening GBV response. While GBV staff may have strong opinions about how community leaders should respond to hypothetical cases, it is important for the facilitator to keep in mind that the goal of such exercises is to strengthen thoughtful practice, rather than to quickly arrive at the right “answers.” Facilitators should approach the exercises as a shared learning opportunity. GBV teams that understand community leaders’ concerns, perspectives, and interests will be better prepared to serve communities and survivors from those communities. At the same time, community leaders will be more willing to learn from GBV teams that demonstrate sincere interest in their perspectives and concerns.

➔ See **Discussion Guide: Hypothetical Scenarios** in *GBV Response Tools and Resources*

Practice Sessions for Listening and GBV Response

Trusted community leaders can provide critical support to survivors and serve as important entry points for survivors to access GBV case management, healthcare, and other response services. By sharing information and their commitment to addressing GBV, community leaders can demonstrate openness to survivors who may be seeking help.

GBV teams can support community leaders to practice response to survivors who seek their help. As with GBV staff and other first responders, it is helpful to consider the types of things a leader can do and say to reflect empathy and concern. Survivors can be very sensitive to perceptions of blame and judgement, and through simple roleplay exercises, GBV teams can offer feedback to help leaders hone their communication skills and become more comfortable receiving survivors and providing basic support and referrals.

Depending on survivors’ situations and wishes, as well as leaders’ capacity and authority, community leaders may be able to provide additional assistance to survivors, for example:

- Identify temporary shelter
- Encourage support from families of survivors, including welcoming survivors of IPV back into the family home
- Help to stop a planned forced marriage
- Report threats or incidents to authorities
- Report suspicions of SEA
- Hold perpetrators accountable

GBV teams can use hypothetical scenarios, focused on types of GBV in the community where community leaders might be receptive and able to strengthen response, to explore options and ideas with community leaders. As community leaders identify options of support they could offer, they can also practice communicating these options with survivors, and GBV teams can help to reinforce the importance of only acting in accordance with survivors’ wishes.

➔ See **Practice Sessions for GBV Response** and **Tip Sheet: What to Say and Do when a Survivor Discloses GBV** in *GBV Response Tools and Resources*

Emergency Assistance and Coded Communication

Community leaders who support survivors of GBV may come to know women and girls who face continued risks, particularly those with abusive partners or former partners. If survivors have accessed available support and protection in line with their wishes, yet they still face risks of violence, community leaders can play important roles in assisting survivors when they are in danger. GBV programs can engage community leaders to discuss if and how they might be available to survivors in immediate need. Community leaders who are committed to providing help can be further engaged and safely connected with individual survivors, depending on survivors' wishes.

Survivors of intimate partner violence can develop plans to increase their safety at particular times, including before or during partners' violent episodes. Within GBV management services, caseworkers support survivors of IPV to develop such safety plans,⁶ which often include plans to alert a confidant and plans to seek temporary shelter. As part of safety planning, GBV caseworkers can discuss the option of connecting with leaders who are willing to offer support to survivors in immediate need.

Specific plans for seeking immediate help from a community leader should be worked out during individual assessments and safety planning. It is important, though, that both the survivor and leader agree to pre-determined means of communication and a course of action for assistance.

Means of requesting immediate assistance may include a non-verbal "signal alert", a code word, or other coded way of communicating a need for help. For example, a survivor could flash a light or place an innocuous object outside her home to alert neighbors, or she could place a call to a friend or community leader to ask about a meeting, or she could send a child to ask about borrowing a specific item. Alerts can be specific to individuals and their confidants, including community leaders, as arranged through safety planning. Individualized alerts can be most secure for individual survivors, though such systems also rely on the availability of select confidants. Alerts can also be shared among women and leaders within communities. Shared alerts can expand the potential for help-seeking, but there is also a risk for alerts to become known by perpetrators of abuse.

Direct Advocacy with Leaders in Support of Survivors

Advocacy is an important strategy for promoting GBV survivors' rights to care, support, protection and redress for the violations they have experienced. Survivors often advocate on their own behalf, or have family members of other supporters that can advocate for them. Advocacy is also a key element of case management with GBV survivors, and caseworkers commonly advocate with service providers or others to ensure that survivors receive the support and resources



Example from Practice

Advocacy for survivors of forced marriage

A GBV program in Cameroon engaged leaders to understand the risks of early and forced marriage and agree on a system for addressing cases. From that point, when married girls sought help from the GBV program and requested additional support, a caseworker would inform community leaders to monitor survivors' security as their cases were referred for further action. Community leaders agreed to no longer address cases of forced marriage through traditional justice, but rather helped to refer survivors to relevant ministries, including legal support for survivors who wished to dissolve their marriages. Girls who wanted to stay in school were registered with support from designated GBV focal points within schools, and the ministries coordinated with the girls' husbands to pay school fees.

⁶ GBVIMS Steering Committee. *Inter-Agency GBV Case Management Guidelines*, 2016. gbvresponders.org

they require to feel safe, heal and recover. At times, it may be appropriate for GBV program staff to engage with one or more community leaders to advocate on behalf of an individual survivor. GBV teams should only approach a community leader to advocate on behalf of a survivor when a survivor wants this to be done, and when they have assessed that it is safe to do so.

To promote safe and effective advocacy on behalf of a survivor, GBV managers should ensure:

- The approach has been discussed with the survivor, there is a clear purpose for the advocacy, and particular leader(s) identified.
- The survivor wishes to pursue this approach and has given consent for specific information to be shared when discussing her case with agreed-upon leader/s.
- Ethical and safety implications have been assessed, including staff safety.
- The staff feel safe and comfortable to undertake direct advocacy with a community leader – staff should never be required to do something they do not feel comfortable with.
- Ongoing support is in place for the survivor, through case management or other psychosocial support services.
- A process is in place to ensure that staff receive supervision and support before, during and after the engagement with a community leader, and their safety is monitored and managed on an ongoing basis.

➔ See **Planning Guide: Advocacy with Leaders on Behalf of Survivors** in *GBV Response Tools and Resources* for further information and guidance on undertaking direct advocacy on behalf of leaders.

Survivor-Centered Support, Justice and Mediation

In many settings, traditional, religious, or other community leaders adjudicate and settle disputes between community members. In fact, globally, the vast majority of legal problems and disputes are resolved within informal justice systems. There are many reasons why survivors or families of survivors might seek help through informal mechanisms, however, as with most formal justice systems, these mechanisms are not commonly survivor-centered.

GBV teams should carefully consider safety and ethical risks before engaging community leaders around justice/mediation systems, and when engaging leaders, teams should use thoughtful and respectful communication to avoid backlash or negative consequences for survivors involved with justice processes. GBV team members may feel different levels of comfort engaging with community justice mechanisms, and no staff should be compelled to participate.

To strengthen survivor-centered support related to community-based justice and mediation processes, GBV teams can consider engaging community leaders through one or more of the following strategies:

1. Understand justice and mediation systems and procedures, 2. Promote survivor-centered justice and mediation processes, 3. Support survivors involved with justice/mediation processes, 4. Advocate for survivors involved with justice/mediation processes, and 5. Observe or participate in justice/mediation proceedings.

1. Understand Justice and Mediation Systems and Procedures

There is a wide variety of informal legal/justice mechanisms used in different parts of the world. These include legal systems based on customary, religious, and indigenous rules and practices. Customary laws are embedded in customs, traditions or rules and dispute resolution mechanisms of clans and traditional groups, while religious laws refer to norms that are derived from interpretations of religious texts. In most systems, traditional leaders, religious leaders, or other community leaders (who tend to be older men) are at the heart of investigating, adjudicating and mediating alleged crimes and disputes. Mediation is a common element within informal justice systems, with the focus on parties negotiating a resolution to a case. Restorative justice is another common element within informal justice systems. This refers to a process through which survivors and offenders, their families, and representatives of the community, discuss how to respond to an offender's actions and repair relationships. Examples of restorative justice in practice include survivor-offender mediation and dialogue, peace-making circles, and sentencing circles.

Before undertaking any engagement with community leaders to strengthen survivor-centered informal justice processes and outcomes, GBV teams can first develop their understanding of how the justice system operates. Answering the following questions may be helpful:

- What are the laws related to traditional justice? *(Many legal codes will restrict community leaders' involvement with specific types/ degrees of criminal cases.)*
- What are the common practices related to justice and mediation? What types of GBV cases are addressed? *(Keep in mind that common practice may not align with legal codes.)*
- Which community leaders have authority to administer justice/ propose settlements? *(Refer to your Community Leader Mapping.)*
- What do justice/mediation processes look like? Are these public or private? Who participates? Are survivors present? Are survivors able to speak directly with leaders during or before proceedings?
- What are common outcomes of justice/mediation proceedings? What 'solutions' are proposed for IPV? What 'solutions' are proposed for sexual violence within the community?
- Are some leaders thought to be more supportive of survivors during proceedings and in proposed 'solutions'?

To learn more about informal justice mechanisms and how they operate, GBV teams can seek information from the following sources if it is safe to do so:

- Direct engagement with community leaders for mutual learning and exchange through one-on-one discussions, group discussions, and trainings
- Consult with local women's rights organizations
- Ask women and adolescent girls through group discussions
- Review any published research or reports
- Request to observe public proceedings

2. Promote Survivor-Centered Justice and Mediation Processes⁷

If deemed safe and appropriate, GBV teams can use a variety of strategies to engage community leaders to strengthen survivor-centered justice processes for GBV survivors. Influencing community leaders who are custodians of informal justice systems can help increase attention to women's and girls' justice needs and promote more sensitive approaches. Lessons from working with community leaders, including faith and traditional leaders, on GBV include: the importance of contextualization by articulating women's rights through customary laws or religious texts; identifying the right entry point and developing trust; understanding religious diversity and power dynamics between actors; the need for local ownership; and continuous dialogue with faith actors and other leaders. Activities for engaging community leaders to promote survivor-centered justice processes include:

- Facilitate community dialogues on women's rights and access to justice for women between leaders, women, and other community members
- Organize trainings in GBV core concepts, including the principles of a survivor-centered response, where leaders are allowed space to reflect on how to better apply principles in justice proceedings
- Organize trainings with expert facilitators in women's rights and gender-sensitive approaches to justice, such as gender-responsive decision-making, mediation, evidence assessment, and record-keeping
- Organize meetings and trainings with representatives of formal justice mechanisms, to clarify relevant laws and policies and strengthen referral processes for survivors
- Produce and share information sheets with simplified statutory codes or guides on relevant formal laws on the rights of women
- Organize exchange visits with gender-responsive formal courts and informal justice forums to build mutual understanding and facilitate cross-system learning on how to be more gender-sensitive. Include women champions, community leaders, magistrates, or judges of informal justice forums.
- Support women-centered dispute resolution systems. Although uncommon, there are examples of women-centered dispute resolution systems that GBV teams might support.



Example from Practice

Coordinating between informal and formal justice in Cameroon

A GBV program in the Far North region of Cameroon recognized concerns with the support survivors received in both formal and informal justice systems. The program organized a GBV core concepts training for the Ministry of Justice, who in turn agreed to co-facilitate a training with community leaders, focused on GBV core concepts and laws related to addressing GBV. Through the training, community leaders learned that crimes related to GBV should be referred to formal justice mechanisms.

The GBV program also worked with ministries and leaders to strengthen processes for referring survivors between the community and district-level authorities. All parties agreed that a survivor interested in pursuing justice would be supported by a community leader and/or the head of a women's association to first visit the Ministry of Women's Empowerment and Family, who could then help a survivor to document her case and plan for an accompanied, and more supportive meeting with the Ministry of Justice.

⁷ GBV AoR Helpdesk (2020) *Strengthening Survivor-Centered Justice for GBV Survivors in Emergencies*.

3. Support survivors involved with justice/ mediation processes

GBV programs that provide focused response services for survivors of GBV, in line with inter-agency standards for GBV case management and psychosocial support services,⁸ can help survivors make informed choices about whether to seek traditional justice or mediation. The Inter-Agency GBV Case Management Guidelines include detailed information on why mediation is problematic in the context of GBV, and the significant risks of mediation for survivors.⁹ The Guidelines also include recommendations for sharing information with survivors and supporting survivors who elect to proceed with mediation despite known risks. Briefly, GBV teams can provide the following support directly to survivors through GBV case management services:

- Provide survivors with accurate information about the justice process, what to expect and the types of outcomes (see above 1. Understanding justice and mediation systems and procedures)
- Support survivors to consider risks of participating in informal justice processes so they can make informed decisions about whether to lodge a complaint
- Help survivors who elect to proceed with justice/mediation proceedings for potential outcomes, including victim-blaming and safety risks
- Develop safety plans with survivors
- Follow up with survivors to for continuous support, assessment of safety risks and needs
- Provide practical assistance as possible, including transportation, childcare, accompaniment



Example from Practice

Strengthening informal justice processes and supporting survivors in Nigeria

During heightened stages of conflict in Borno State, Nigeria, some communities have had no access to formal security or legal justice systems. Leaders in these communities have assumed greater responsibility and served as the only option for survivors of GBV seeking protection or justice. Unfortunately, many leaders are known to attribute blame to survivors, and mediation processes and outcomes do not often uphold survivors' rights. In this context, a GBV team in Damboa, Nigeria has determined that risks are too high to observe mediation proceedings, but the team has worked to engage community leaders in regular discussions and trainings on GBV, with emphasis on consequences of GBV and leaders' roles in administering justice for survivors. Through regular engagement, the team has been able to identify leaders within the community who hold more supportive views, including a couple of leaders who they view as real allies. When GBV caseworkers understand that a survivor may be interested in seeking mediation support from a community leader, the team takes the following steps:

1. Carefully discuss the shortcomings and risks of mediation and support the survivor to make an informed choice
2. When survivors elect to proceed with mediation, help to identify a leader with appropriate authority who may be more supportive, based on previous engagement and experiences. Provide in kind support and transportation, where necessary, for survivors to seek help from more supportive leaders
3. Develop a safety plan and regularly follow up with survivor during and after the process of mediation.

8 GBV AoR (2019) *The Inter-Agency Minimum Standards for Gender-Based Violence in Emergencies Programming*. Available at: <https://gbvaor.net/#keydocument-block>

9 GBVIMS Steering Committee (2016) *Inter-Agency GBV Case Management Guidelines*

4. Advocate for Survivors Involved with Justice/Mediation Processes.

GBV teams may hear about GBV cases adjudicated by community-based mechanisms through different means, including from community leaders. It is important for GBV programs to always operate from a survivor-centered approach, which means that any efforts by GBV teams to influence justice proceedings are based on the explicit wishes of survivors. GBV programs should never make assumptions about what survivors will want, nor should they involve themselves in specific cases if survivors have not requested their support.

When GBV programs provide support to individual survivors who are involved with justice or mediation processes (see above 3. Support survivors involved with justice/mediation processes), the possibility of the GBV team engaging in such a process might be raised by a survivor or a GBV caseworker. GBV programs should establish whether this is a safe and appropriate option for their context, and whether specific team members will serve as focal points for such assistance.

If a survivor requests the GBV program to engage a community leader to seek support, share information on her case, or advocate for specific procedures or outcomes, and the GBV program and staff determines this will be possible, plans should be made to effectively engage a select leader, in line with the survivor's specific wishes. Where there is an option of selecting a leader, GBV teams apply their mapping and criteria from the **Building a Foundation for Engagement** chapter to identify leaders who might be more supportive.

See ideas captured under **Direct Advocacy in Support of Survivors** above, as well as the related **Planning Tool**, to review criteria and recommendations for advocating with survivors on behalf of survivors. Specific to considerations related to mediation or justice processes, and based on a survivor's wishes, GBV programs might engage community leaders to:

- Request a leader's support on behalf of a survivor, and make introductions
- Share information on the survivor's case, as agreed upon
- Share information on the relevant form of GBV, including common consequences for survivors, family members, and communities
- Open a discussion with a community leader to explore their concerns, share relevant information, and engage in joint problem solving (preferably before justice/mediation proceedings have taken place)
- Request a meeting with the survivor ahead of justice/mediation processes
- Request specific considerations related to mediation/ justice proceedings, based on a survivor's preferences, such as:
 - Having the hearing in private or in public
 - Planning for safety
 - Whether or not the survivor will speak during proceedings
 - Which witnesses or advocates may participate or be present
 - Whether written statements can be provided
 - Whether additional, influential, or supportive community leaders might be involved
- Follow up, after justice/mediation proceedings to raise concerns or request additional support

5. Observe or participate in justice/mediation processes.

GBV teams may have the opportunity to support survivors during justice or mediation proceedings, or even to directly influence proceedings. Community leaders who have been effectively engaged by GBV programs through different activities will be more likely to welcome GBV staff involvement. If a survivor requests a GBV staff to accompany her during such a process, and the staff is comfortable doing so, and this is approved by relevant leader/s, the GBV staff will need to consider different possibilities with the survivor. It will be important to know the survivor's preferences for your involvement, and to plan your involvement as much as possible, but also to remain flexible to adapt to circumstances and leaders' cues during proceedings, while adhering to parameters established with the survivor. Based on contextual opportunities and a survivor's wishes, GBV teams might be able to support a survivor during justice or mediation proceedings in one or several of the following ways:

- Be present for the survivor as a source of support, even silent support if necessary
- Check in with the survivor during proceedings to see how she is feeling, whether she needs a break, whether she wants to stop proceedings, etc.
- Speak as an expert on the relevant form of GBV, including common consequences for the survivor, family, and community
- Share information on the case, as agreed upon, including consequences the survivor has faced
- Respectfully raise questions about process. For example, you might ask whether the survivor or a witness may be invited to speak.
- Accompany the survivor to leave proceedings, helping her to reach safe accommodation and plan for next steps

Following mediation/ justice proceedings, GBV teams can check in with survivors, assess new or increased risks, adjust safety plans, and identify additional steps to take. Survivors may want GBV staff to follow up with leaders after proceedings, to review outcomes and potential consequences, or to request additional support.

➔ See **Planning Guide and Tool: Advocacy with Leaders on Behalf of Survivors** for further information and guidance on undertaking direct advocacy on behalf of leaders, including advocacy related to justice/mediation proceedings, in *GBV Response Tools and Resources*

GBV Response Tools and Resources

Tools and Resources

- [Participatory Guidance: Developing a Referral Pathway](#)
- [Addressing Barriers to Care](#)
- [Discussion Guide: Respect for Survivors](#)
- [Discussion Guide: Hypothetical Scenarios](#)
- [Practice Sessions for GBV Response](#)
- [Tip Sheet: What to Say and Do when a Survivor Discloses GBV](#)
- [Planning Guide and Tool: Advocacy with Leaders on Behalf of Survivors](#)
- [Fact Sheet: Early Forced Marriage](#)
- [Fact Sheet: Intimate Partner Violence](#)
- [Fact Sheet: Sexual Assault and Rape](#)
- [Fact Sheet: Female Genital Mutilation/Cutting](#)

Training Modules

- *Training Modules: GBV Response*

Participatory Guidance: Developing a Referral Pathway¹⁰

1. Discuss the importance of a referral system

GBV programs can engage community leaders and other community members to understand how good referral systems protect survivors' safety and help them access critical and potentially life-saving support.

2. Develop a referral list

GBV programs will identify key services through coordination mechanisms, service mapping, and consultations with government and other service providers. GBV teams can also consult with community leaders, particularly to identify community-based and non-traditional service options such as disability organizations, ethnic and religious groups, community groups and lesbian, gay, bisexual, transgender, and intersex (LGBTI) organizations.¹¹

Consider the following when developing your list:

- Emotional support
- Accompaniment throughout medical and legal processes
- Health services (including clinical management of rape and intimate partner violence (CMR/IPV))
- Legal services
- Safe housing or options for temporary shelter
- Child protection services
- Community leaders
- Disability-inclusive services for women with cognitive, physical, or other disabilities
- Women's support or empowerment groups
- Adolescent girls' support or empowerment groups
- Economic support resources or activities
- Appropriate services for all women (trans women, women who are lesbian or bisexual, women who are HIV-positive, immigrant women, women who do not speak the primary language in the community, etc.)
- Other services that community members feel are important in the context

Begin to consider barriers to accessing services. If health services that can provide CMR/IPV services, including provision of post-exposure prophylaxis for HIV and emergency contraception, are outside of the community, community leaders can help to develop safe transport schemes to strengthen timely and confidential access to medical care.

¹⁰ Adapted from *Raising Voices* (2020) *SASA! Together: An activist approach for preventing violence against women, Kampala, Uganda*.

¹¹ International Rescue Committee (2018) *Mobile and Remote GBV Service Delivery Mobile and Remote GBV Service Delivery* (gbvresponders.org)

Gather information for each service. Try to collect all relevant information for each service. See table below.

Institution/ Organization	Type of Service	Focal Point/ Contact Person	Hours of Operation	Cost of Service	Phone Number	How to Make a Referral

3. Review the quality and availability of services

Before finalizing the list and sharing information, GBV team can visit services to be sure they are operational, test contact phone numbers, meet service providers, and consult with partners and women and girls to develop at least a basic understanding of the quality and availability of services. Services included in a referral pathway should be safe and supportive of survivors.

4. Raise awareness of the referral pathway and train community leaders and others to make supportive referrals.

Engage community leaders and community groups to disseminate information on the referral pathway. Develop pictorial representations of the referral pathway (see example below), and post contact information in key locations. The GBV team can help to train community leaders and others in using the referral pathway to make safe and supportive referrals for survivors. When possible, service providers can join trainings to share information on their services directly to communities and address any questions or concerns.

5. Engage service providers to strengthen services and referrals.

GBV programs can help to strengthen response by engaging and training service providers within the referral pathway, particularly those that are not explicitly focused on GBV, in GBV core concepts and a survivor-centered approach. Additionally, GBV programs may hear feedback on services from survivors receiving GBV case management services, or women and girls involved with different program activities. GBV programs may also receive feedback from engaged community leaders. Based on feedback, GBV teams can engage service providers to strengthen helpful services or address any concerns.

GBV programs can also organize regular coordination meetings with service providers within the GBV referral pathway to review coordination procedures and address any challenges or gaps. Periodic trainings can be organized to review principles of survivor-centered response.

6. Update the referral list, and conduct refresher trainings

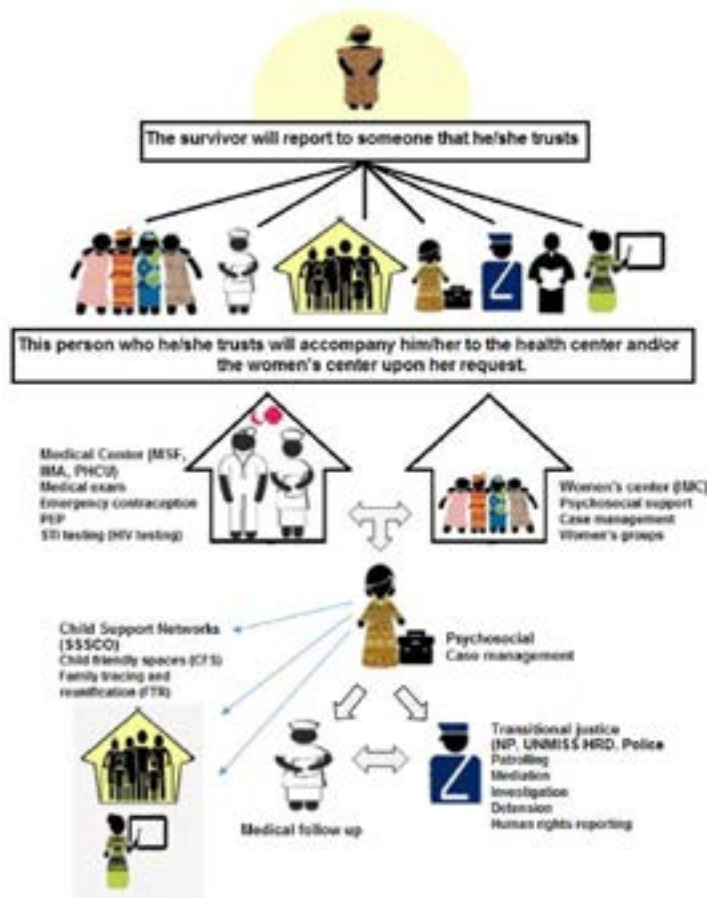
The referral pathway should be regularly updated to reflect feedback from the community, experiences of survivors with services, and changes in available services and contact information. This is particularly important during early stages of an emergency, where frequent changes are expected. Updated referral pathways can be shared through outreach and refresher trainings.

7. Strengthen basic response skills within the community

Where community members have skills to provide basic, survivor-centered response, survivors who disclose incidents of GBV will be better supported and have increased access to essential response services. GBV programs can engage community leaders and others in the community to strengthen basic response.

Resources Related to Strengthening Basic Response:

- Find sample training modules in the *Training Manual*
- Review the **Tip Sheet: What to do and say when a survivor discloses GBV** in *GBV Response Tools and Resources*
- See the Inter-Agency Standing Committee's [How to Support Survivors of Gender-Based Violence When a GBV Actor Is Not Available in Your Area: A Step-by-Step Pocket Guide for Humanitarian Practitioners](#)



Sample Community Referral Pathway: Malakal, South Sudan

Addressing Barriers to Care¹²

Follow these steps to assess and address barriers to care and support services for GBV survivors

1. Organize a workshop to develop a plan to address critical capacity gaps

Do this exercise in a participatory manner, inviting community leaders, representatives from women's and children's networks, survivor support groups, and other organizations and groups that advocate on behalf of survivors. It is good to have different ages represented, for example adolescents, young women and older women.

2. Identify the service and population to be analyzed

You can choose to look at barriers faced by survivors for a particular service, for example, barriers faced in accessing law enforcement; barriers faced by a particular group of survivors, for example, general barriers faced by adolescent girls in seeking help; or barriers faced by a particular group in accessing a particular service, for example, barriers to adolescent girls in accessing health care. You can also do all three if it is needed, although this will take more time.

- To identify barriers survivors face in **accessing a particular service, write the name of the service** in a circle, e.g., health post, police, women's center, women's shelter, child protection network, etc. and draw a series of concentric circles around it.
- To identify barriers faced by a **particular group of survivors, write the name of the group** in a circle, e.g., adult women, married women, unmarried women, adolescent girls, young children, males, sex workers, etc. and draw a series of concentric circles around it.
- To identify barriers faced by a **particular group to a particular service, write the name of the service and the name of the group** in a circle and draw concentric circles around it.

3. Ask 'why'

- If you put the name of a service in the center circle, ask participants why survivors don't use the service and write the answers in the second circle.
- If you put the name of a particular group of survivors in the center circle, ask participants why that group doesn't access services and write the answers in the second circle.
- If you put the name of a service and particular group in the center circle, ask why that group doesn't access that service and write answers down in the second circle.

4. Probe and get more information

- For each factor or barrier identified, continue to ask, 'why is this so?' and write the corresponding answers in the next circle.
- Continue this process until all barriers have been revealed.
- Write the barriers on a list.

¹² UNICEF. *Communities Care: Transforming Lives and Preventing Violence Toolkit*

5. Develop a plan for addressing each gap

- Go through the list of barriers one by one and have participants discuss and explore potential strategies and actions for reducing or eliminating each barrier.
- Ask participants to decide which actions are high priority, who is responsible for them and the timeframe.
- Participants may not be able to identify all the solutions for all the barriers. You may need to consult with others before finalizing the action plan.

6. Document, implement and review the action plan for addressing barriers

- Using the **action plan for addressing barriers**, document the action plan and distribute it to relevant stakeholders.
- Start implementing it!
- Organize a review meeting to follow up on progress in implementing the plan and adjust as needed.

Action plan for addressing barriers to care and support for GBV survivors

Barrier	Strategies for reducing the barrier	Who	When

Discussion Guide: Respect for Survivors

Group discussions with community leaders about gender, power, and types of GBV can help leaders examine their attitudes and practices toward survivors, as well as those common within the community. This discussion guide includes suggestions for arranging and leading any group discussion, followed by sample questions and important ideas for discussing gender, power, and types of GBV.

Arranging Discussion Groups (ahead of discussion)

- Identify a comfortable and quiet locations for discussions.
- Limit groups to 15 participants
- Complete discussions within 1.5 hours.
- Ensure lead facilitator has experience and/or training in facilitation. The facilitator must be able to ask probing and clarifying questions, demonstrate comfort and patience when talking about sensitive issues, positively manage negative or harmful comments, and respond appropriately to disclosures of GBV.
- Have a referral list of available services in case of GBV disclosure.
- Where possible, arrange same-sex facilitators for all male or all female discussion groups.

Introduction (5-10 minutes)

- Greet everyone, share introductions, pleasantries, and gratitude for any recent positive actions.
- Share general information about your organization and program (with any new participants).
- Present the purpose of the discussion.
- Agree to not share stories that identify individuals.

Discussion (30-45 minutes)

- Introduce topic of discussion and begin with a question or other prompts.
- Be sure to review questions/prompts and adapt them for context.
- Avoid “teaching”, talking too much, or arguing. Use prompts to keep conversation going and remember the discussion is also a learning opportunity for you.
- Do not feel pressure to use all questions/prompts.

Wrap-Up (5 minutes)

- Summarize key takeaways or ideas from discussion.
- Agree on any points for further discussion and make plans as appropriate.
- Thank all participants.

Prompts/Questions

GBV teams can explore community values and expressions of respect for others through group discussions. When discussing consequences of GBV and common community response to survivors of GBV, it will be useful to focus on a specific form or trend of violence. Prompts and questions below can be adapted to relate to different forms of GBV. Each sample cluster of prompts/ questions below could be adapted for a single group discussion.

- When someone has experienced a loss, or an awful event, how do we show that person that we care for them and empathize with their experience? Is the same support extended to women who survive [rape/ other form of GBV]? How could community members demonstrate support for a survivor?
- I wonder if we can all take a minute to silently think about a hard time in our lives. What helped us during that time? Think about the person or people who helped you to feel better—what they did or said. I won't ask you to share your own experiences, but I want us to keep those in mind as we talk today about women and girls who experience violence...
- Many people blame or think badly of a woman who experiences [rape/IPV/ other form of GBV]. I want to talk today about some of the consequences of that blame... How do you think most people in the community would think about someone who was [raped/beaten by her husband/other]? Discuss the consequences of stigma and mistreatment of survivors...
- What do women usually do after they have experienced [rape/IPV/other form of GBV]? Who would they tell? Would they tell their family members/friend/community leader/service provider? What might prevent a woman from telling someone or seeking help? What can be done to encourage survivors to seek help and support?
- I would like to talk about a type of violence that sometimes affects women/girls. I know this is a difficult conversation, and I don't want to talk about any specific individuals, but I think it's important to discuss the consequences of [rape/IPV/EFM/other] and how we might better support any women or girl who experiences this...

Important Ideas for Discussion

- Be familiar with consequences of GBV, including important points of global evidence. Information can be useful to open a conversation, to explain your concern and reason for raising issues, or to answer direct questions. Group discussions should not focus, though, on memorizing information but rather exploring topics. Make sure you listen more than you speak, and don't silence discussion with your knowledge of the topic.
- Remember not to be alarmed if someone raises a problematic point of view. This is likely a positive sign that you've created a safe space to air ideas, and exposing ideas is an important part of the process of change. You can note your concern or disagreement without silencing discussion. Probe further. Ask how a survivor might feel. Ask other participants to share their thoughts.
- Be prepared to remind participants not to reference individuals or real cases.
- Be prepared to share information with leaders to help survivors access support.
- Note areas for learning and further discussion—for both leaders and the GBV team.

Discussion Guide: Hypothetical Scenarios

Group discussions with community leaders involving hypothetical scenarios can help to create space for sensitive and important discussions related to GBV response. This discussion guide includes suggestions for arranging and leading any group discussion, followed by steps for facilitating scenario-based discussions, sample scenarios, sample questions, and important ideas for discussing GBV response through hypothetical scenarios.

Arranging Discussion Groups (ahead of discussion)

- Identify a comfortable and quiet locations for discussions.
- Limit groups to 15 participants
- Complete discussions within 1.5 hours.
- Ensure lead facilitator has experience and/or training in facilitation. The facilitator must be able to ask probing and clarifying questions, demonstrate comfort and patience when talking about sensitive issues, positively manage negative or harmful comments, and respond appropriately to disclosures of GBV.
- Have a referral list of available services in case of GBV disclosure.
- Where possible, arrange same-sex facilitators for all male or all female discussion groups.

Introduction (5-10 minutes)

- Greet everyone, share introductions, pleasantries, and gratitude for any recent positive actions.
- Share general information about your organization and program (with any new participants).
- Present the purpose of the discussion.
- Agree to not share stories that identify individuals.

Discussion (30-45 minutes)

- Introduce topic of discussion and begin with a question or other prompts.
- Be sure to review questions/prompts and adapt them for context.
- Avoid “teaching”, talking too much, or arguing. Use prompts to keep conversation going and remember the discussion is also a learning opportunity for you.
- Do not feel pressure to use all questions/prompts.

Wrap-Up (5 minutes)

- Summarize key takeaways or ideas from discussion.
- Agree on any points for further discussion and make plans as appropriate.
- Thank all participants.

Steps for Facilitating Scenario-Based Discussions

1. Select or create a scenario, adapted for contextual relevance. Use names that are easily recognized but not the same as any known survivors, or family members of leaders.
2. Share or read a scenario. Clarify that the scenario is hypothetical and not based on any individual in the community. Ask participants not to reference specific cases during discussion.
3. Prompt discussion with limited questions.
4. Highlight important ideas and wrap-up discussion with plans for follow-up.

Sample Scenario 1

Sarah is a 16-year-old student who loves to study and has big dreams for her life. She lives with her family and helps to care for her younger sisters. One day, she learns that her father is in debt to an older, wealthier man in their community named Adam. Four years ago, her father needed money to pay medical bills after an injury and asked to borrow money from Adam. Adam did not believe Sarah's father would be able to repay a loan, so he instead offered to give the money in exchange for Sarah's hand in marriage, once she was a bit older.

Adam has now come calling for Sarah. She is devastated and does not want to marry Adam, who is much older and already has two wives. She feels betrayed by her father, but she does not wish to anger or humiliate him, and he gave his commitment to this Adam.

Sample Scenario 2

Hada is a 20-year-old woman with one small child. Her husband, Kader, was away from town for work for most of a year. During this time, Hada was very friendly with her neighbors and liked to help in the community. She volunteered with a women's group and also took classes at the Women and Girls' Safe Space.

Since Kader returned home, Hada is rarely seen in the community. She no longer visits neighbors of the Women and Girls' Safe Space. It appears that Hada is pregnant again, but she has not announced her pregnancy and is not seeking prenatal services.

Sample Scenario 3

Miriam lives with her husband, Ali, and their three children. When they got married, Ali paid a bride wealth to her family. He often tells her that he had paid a good price for her so she should work hard and be a good wife, or else he will send her back and demand the money back from her family.

Miriam works from early in the morning until late in the evening selling vegetables in the market. When she gets home, she is tired, but she still needs to cook dinner, fetch water, wash clothes, and look after her young children.

Ali often takes the money that Miriam earns at the market and goes out in the evening. He comes home late, and often, he starts shouting at Miriam. He beats her in front of the children. Sometimes he makes her sleep outside to punish her if the food is cold or not cooked to his liking, and to show the neighbors that he is the boss in his family. Many of their neighbors ignore Miriam. Although they often see her with bruises on her face, they just keep quiet.

Sample Scenario 4

Agnus is a 13-year-old girl who has been very sad and ill lately. Her mother was worried about her and took her to the doctor, who informed her that Agnus is pregnant. Agnus confessed to her mother that John, their 19-year-old neighbor, raped her some weeks ago. This is why she has been sad and not acting like herself.

Prompts/Questions

- How might the woman or girl at the heart of the scenario might be feeling?
- What risks does she face? What might happen if...
- How would different members of her family respond in this situation? Other members of community?
- Would you (or another leader) be involved, somehow, in this situation? Would the woman or girl facing problems likely seek support from a leader? Why or why not? Who else might contact you to become involved? Why?
- Whose interests should guide a leader's actions in such a case?

Important Ideas for Discussion

- Keep the survivor at the center of discussion. Discussion will likely shift into other areas of concern, and the facilitator can help to bring focus back to the woman or girl at the heart of the scenario. This provides good practice for survivor-centered response.
- Focus on the role of community leaders. Discussion may shift to what others could or should do. What can leaders to support a woman or girl in this situation?
- Be prepared to remind participants not to reference individuals or real cases.
- Be prepared to share information with leaders to help survivors access support.
- Note areas for learning and further discussion—for both leaders and the GBV team.

Practice Sessions: Responding to Survivors

GBV teams can organize one-on-one, or small group sessions for community leaders interested in practicing their response to women and girls who seek their help, and survivors who disclose incidents of GBV. Practice sessions, including feedback and discussions, should usually be completed within one hour.

Organizing Exercises

Practice sessions can include different types of exercises, depending on the size of a session and leaders' preferences. Some options include:

- Role play between a GBV team member (acting as survivor) and leader
- Role play between two leaders, acting out different parts
- Role play presentations (with two actors in front of a small group)
- Small group discussion, where responses are suggested without pressure to “act.”

For each session, the following steps are recommended:

1. Present a situation or scenario (either to the group or only to the person acting in the role of a survivor).
2. Allow time for leaders to practice response through an exercise.
3. Reflect on the exercise. Ask leaders how they felt. Invite feedback from any leaders who observed the exercise. Recognize positive things that leaders did. Provide feedback through questions and suggestions for changes, or additional actions.

Scenarios

Each exercise will involve a brief, hypothetical situation or scenario with a woman or girl seeking help, or a GBV survivor. Scenarios should be relevant to the context, but not based on real cases. Names used for scenarios should be easily recognized but not the same as any known survivors, or family members of leaders. Teams and leaders can consider the following options:

- Agree on a problem the woman or girl might be facing, such as a type of GBV, but no other details
- Discuss problems within the community, or a particular trend of GBV, and then agree to practice response to a survivor reporting a related incident.
- Select and adapt a scenario from **Discussion Guide: Hypothetical Scenarios**

Key Elements for Community Leaders to Practice Through Sessions

Through scenarios, leaders can practice important elements of survivor-centered response, within their respective roles as community leaders. Leaders can practice what to say and do to reflect empathy and concern, and how to share options for support and assistance. Through practice, leaders can increase their comfort and skill in the following key elements of response:

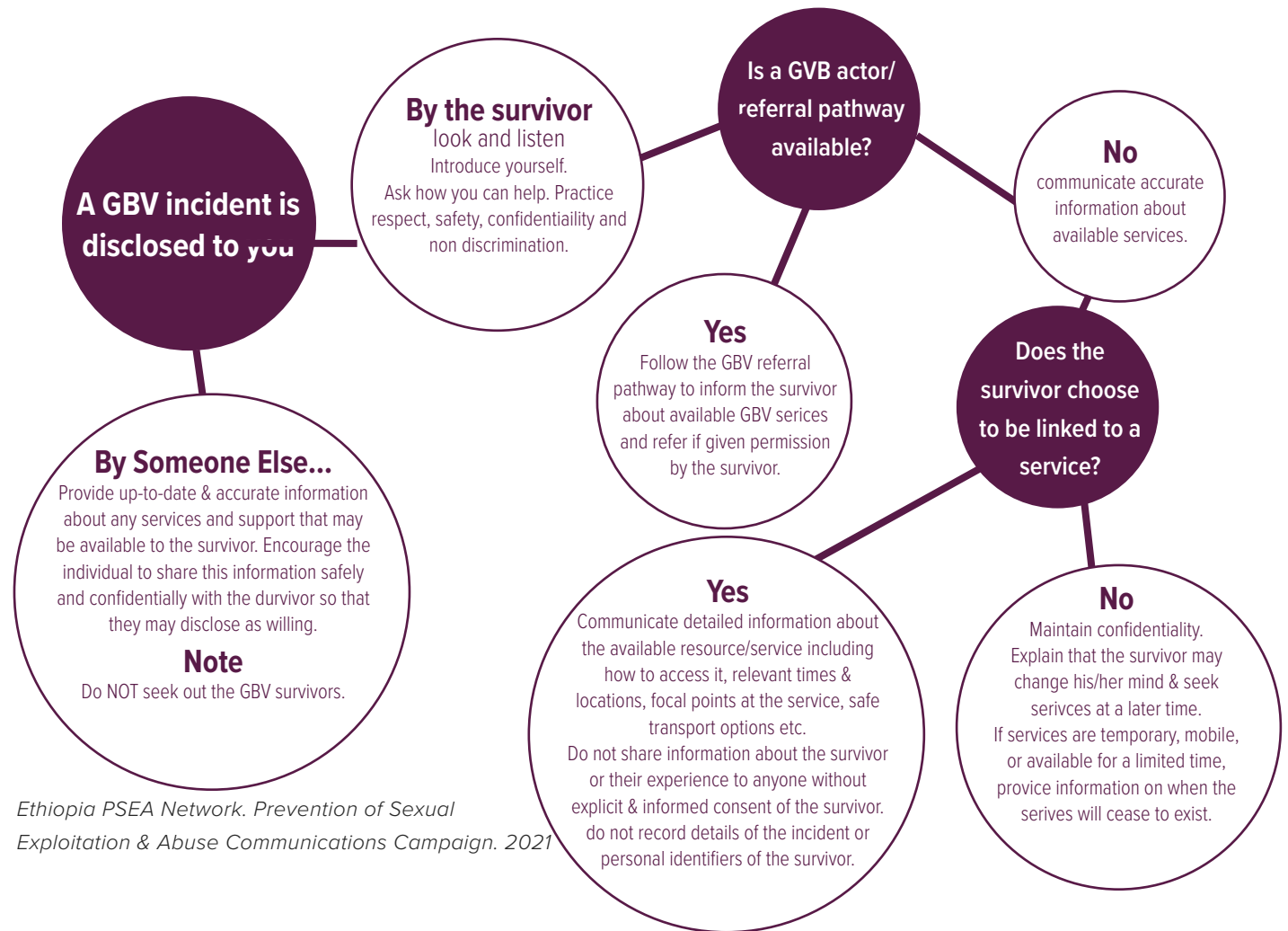
- Creating a safe space and putting survivor at ease
- Listening
- Non-verbal communication
- Making helpful statements
- Asking questions to understand needs and preferences (while avoiding unnecessary questions)
- Sharing options for referrals and other forms of support (without advising or directing)

What GBV Teams Can Offer and Learn

Through practice sessions, GBV teams can provide feedback and support to community leaders who are committed to strengthening survivor-centered response. Practice sessions also offer GBV teams an opportunity to learn with leaders. GBV teams can:

- Become more familiar with community response to survivors, which can inform programming.
- Learn about leaders' practices in response, which can help GBV teams better prepare survivors engaged with GBV case management who are weighing the option of reporting to leaders
- Gauge leaders' familiarity with GBV consequences, referral systems, etc. and identify areas for follow-up
- Strengthen relationships with leaders for future collaboration

Tip Sheet: What to Do and Say When a Survivor Discloses GBV¹³



Look

- Receive a survivor, demonstrating a welcoming attitude
- Ask how you can help to address any urgent needs. Some survivors may need immediate medical care or clothing.
- Ask if the survivor feels comfortable talking to you in the current location. Find a more private or comfortable place if needed.
- Offer water, a tissue, etc.

Examples of helpful things to say:

- “You seem to be in a lot of pain right now, would you like to go to the health clinic?”
- “Does this place feel OK for you? Is there another place where you would feel better? Do you feel comfortable having a conversation here?”
- “Would you like some water? Please feel free to have a seat.”

¹³ Adapted from: IASC (Inter-agency Standing Committee). *Pocket Guide: How to support survivors of gender-based violence when a GBV actor is not available in your area*, 2015. <https://gbvguidelines.org/en/pocketguide/>

Listen

- Listen more than you speak.
- Control your curiosity and don't press with questions.
- Comfort with words of support. Reinforce that what happened was not the survivor's fault.
- Express sympathy and understanding.
- Let her know that you will hold the information she shares with you in confidence.
- Stay focused on the survivor and her experience, even as you may have concerns about the perpetrator or the wider context or security situation.

Examples of helpful things to say:

- *"I'm glad you told me."*
- *"I know this is happening to other women in the community. You are not alone."*
- *"I'm sorry this happened to you."*
- *"What happened was not your fault."*
- *"Everything that we talk about together stays between us. I will not share anything without your permission."*
- *"Please share with me whatever you want to share. You do not need to tell me more than you want to."*

Link

- Respect the survivor's rights to make her own decisions.
- Use the GBV referral pathway and share information on services available.
- Ask if she would like any specific support from you.
- Tell the survivor she does not need to make decisions now and can access services in the future.
- Ask if anyone in her family is aware and supporting her.
- Offer to help strengthen her family support—but only if she wants this help.
- Offer to accompany the survivor for services.
- Maintain confidentiality and don't share information about her situation without her consent.
- Make a plan to talk again with the survivor if she likes and let her know you are available.

Helpful things to say:

- *"Our conversation will stay between us."*
- *"There is a special program that supports women and girls in similar situations. Would you like to know about them?"*
- *"How can I help you?"*
- *"I can help to connect you to services if you like?"*
- *"I want to be sure your family is supporting you. Is there anything I can do to help? Do you want me to talk to anyone?"*
- *"Do not feel pressure to make any decisions now. You can think about things and always change your mind in the future."*
- *"I want to be sure you're okay and receiving the support you want. How can I check in with you?"*

Planning Guide and Tool: Advocacy with Leaders on Behalf of Survivors

This planning guide is intended to help a GBV team consider the appropriateness, as well as the approach, of engaging leaders to advocate on behalf of individual survivors of GBV. Guidance is organized into three steps: 1. Reviewing safety and ethics, 2. Planning for the meeting, and 3. During the meeting.

The planning tool that follows this guidance may help GBV teams further organize their ideas and plans. While this tool is designed to help teams prepare for challenging discussions related to supporting individual survivors, GBV teams may use the tool to organize themselves ahead of any meeting with leaders that involves advocacy, or an “ask”.

Advocacy with Leaders on Behalf of Survivors: Planning Guide

1. Review safety and ethics before a GBV team member engages in direct advocacy:

- Advocacy is based on expressed wishes of survivor, including selection of leader
- GBV team member is clear on the survivor’s wishes, including what information you can share with leader
- Survivor is receiving ongoing GBV case management/ psychosocial support services
- GBV team member feels safe and comfortable meetings with the leader for this purpose. This type of engagement shouldn’t be required of staff
- GBV team member has access to direct supervisor and ability to report any threats, etc.

2. Plan for the meeting with a leader:

- Ensure safety and ethical criteria are met
- Agree on team member/ representative to engage leader, considering preparedness and appropriate profile
- Discuss approach with supervisor/ colleagues
 - Clarify and prioritize “asks” for leader
 - Consider leader’s interests in the case
 - Identify common ground
 - Identify positive contributions of leader to highlight during the meeting
 - Discuss actions taken in similar cases to prepare for likely reactions and possible risks and consequences
 - Collect information, including relevant facts about the case and related forms of GBV (see Fact Sheets on different forms of GBV)
 - Organize and review key points, emphasizing common ground, appealing to facts, and focusing on “asks”
 - Practice greetings, key messages, positive communication

- Request a meeting, as appropriate. If dropping by, be sure to select good time (not during meals, prayers, etc.)
- Plan transportation as needed to arrive on time
- Plan to wear respectful clothing

3. During the meeting with a leader:

- Greet and exchange pleasantries
- Explain the purpose of your visit and why you have sought their support
- Listen. The leader may be eager to share feelings and opinions about a case. Exercise patience, listen to concerns, and acknowledge their feelings without argument.
- Acknowledge leader's interests and positive contributions
- Share concerns, drawing on key points. Listen to leader's response and/or concerns
- Appeal to leader's interests and your mutual concern for the survivor
- Explore the potential of "asks"/ requested actions together.
 - Adopt a joint problem-solving approach
 - Keep your focus on the survivor and the case at hand; don't be distracted by broader or other issues that may be raised
 - Don't press for an immediate decision if this is not needed
 - If the leader is very angry or resistant, or if any threats are made, thank them for their time and quickly end the meeting
- Summarize points of agreement and next steps
 - Share any final thoughts that you would like the leader to consider
 - Express appreciation for leader's time and consideration
 - Share contact information and plan for follow-up, as relevant

Advocacy with Leaders on Behalf of Survivors: Planning Tool

Summary of Issues and Request

Briefly, why are you considering advocating with a leader?

Ethics & Safety

Has the survivor requested this intervention? Yes No

Are you clear about the survivor's wishes and consent related to:

- What specific information you can share? Yes No
- With which specific leaders? Yes No

Does the staff feel safe and comfortable to meet with the leader? Yes No

Does the staff have:

- Required means of communication and transportation? Yes No
- Knowledge of available support, in case of threats or other security risks? Yes No

Purpose

What is your major ask?

What actions do you want the leader to take?

Engaged community leader/s: _____

Leader's Interests

How open is the community leader to the issue?



Open. Supportive of the GBV program and a proponent of survivor-centered response.



Partially Open. Has demonstrated interest in GBV program activities, but not known as a reliable advocate for survivors.



Closed. Not known to the GBV program and/or thought to be not supportive.

The leader will likely be most concerned about...

Key Points for Discussion

What key points- pieces of information or facts- are important to highlight?
Which facts will most appeal to the leader's interests (see **factsheets**)?

Prepare for Potential Challenges

Anticipate different perspectives and possible arguments.
How will you re-orient discussion to focus on key points?

Communication Style

Important things to remember when communicating with leader.
Specific greetings?
Has the leader made positive contributions to community safety, or to the GBV program, that you want to acknowledge?

Fact Sheet: Early/ Forced Marriage

Early marriage is synonymous with “child marriage” and is a marriage in which at least one party is married before the age of 18. Early/child marriage is often the result of entrenched gender inequality, making girls disproportionately affected by the practice. Globally, the prevalence of [child marriage among boys](#) is just one sixth that among girls.¹⁴

Forced marriage is a marriage in which one or more of the parties is married without their consent or against their will. A marriage can also become a forced marriage even if both parties enter with full consent if one or both are later forced to stay in the marriage against their will.¹⁵

Early marriage is form of forced marriage, as girls are often forced and, according to human rights standards, are not able to provide informed consent to marry under the age of 18.

Early/forced marriage (EFM) is identified as a specific form of GBV but should also be considered a form of sexual violence, where girls forced into marriages are consequently forced into sexual relationships.

Impact of Early/Forced Marriage

Early/forced marriage threatens the lives and health of girls in many parts of the world, despite international agreements, national laws, and substantial evidence of its harm. Being forced into marriage is a grave violation of an individual’s self-determination and bodily integrity. The violation of early/forced marriage is also linked to numerous risks and consequences, compounding the harmful impact of the practice for individuals, families, and communities.

Drivers of Early/Forced Marriage

Forms of early/forced marriage are customary in many parts of the world, but marriage customs have shifted quickly within communities, based on movements to shift practices, as well as changes in livelihoods, emergencies, and displacement. Early marriage is often driven by parents’ interests in protecting girls and securing their marriageability. During emergencies, when strains on family resources are great, these concerns are often heightened, and early marriage may increase and shift to include younger girls and greater age differences.

Individual Consequences

- Girls who marry are more likely to drop out of school.
- Girls/women who experience EFM earn lower income. For each year of primary schooling, a woman’s income increases by 10 to 20%
- Early marriage leads to earlier and more pregnancies, resulting in negative health consequences. Girls who marry often do not have access to, or use, contraception.
- Early marriage significantly increases risks of maternal mortality. Maternal mortality is a leading cause of death of adolescent girls (globally the second highest cause of death for adolescent girls, and in some countries the highest). A multi-country study found that maternal mortality doubled for mothers aged 15-19, compared to mothers aged 20-34. For mothers under 15, the rate doubled again. This means a girl under 15 is four times more likely to die during pregnancy or after childbirth than someone in their 20s.

¹⁴ UNICEF. Webpage on child marriage, Child marriage | [UNICEF](#)

¹⁵ UNICEF. Webpage on child marriage, Child marriage | [UNICEF](#)

- Early pregnancy among girls whose bodies are not ready often leads to medical complications such as obstetric fistula and hemorrhaging. (Obstetric fistula is a condition where a hole develops in the birth canal as a result of childbirth. The hole can be between the vagina and the rectum, ureter, or bladder. It results in continual leakage of urine or feces from the vagina, causing discomfort as well as social stigma.)
- Those who marry early face higher risks of contracting sexually transmitted infections (STIs) and, in some settings, are more likely to be HIV positive. This is due to low negotiating power within their marriages.
- Forced marriage is associated with poor mental health and suicide. Girls who are married are more likely to experience isolation, depression.
- Girls/women who experience EFM are often disconnected from families
- Relationships initiated through EFM are more likely to involve violence, including emotional, physical, and sexual violence. Therefore, EFM is both a form of GBV and also a risk factor for additional forms of GBV.
- In some contexts, relationships initiated through EFM are more likely to result in divorce, and divorce can carry additional negative consequences for women in those contexts.
- Early marriages are often not legally recognized, which contributes to challenges for girls/women to access entitlements.

Family Consequences

- Increased child mortality. Children born to mothers under the age of 15 are 2.5 times more likely to die than those born to mothers aged 24-27.
- Children born to underage mothers are more likely to have problems with nutrition, physical and cognitive development.
- Health complications associated with early marriage lead to increased health expenses for families.
- Lack of education of girls/women affects other family members. This means less income for the family.
- Children with less-educated mothers are also less likely to receive proper nutrition, less likely to be immunized against childhood diseases, and more likely to die.
- EFM is most widely practiced in developing countries, and in poorer communities within developing countries.
- Early marriage contributes to poverty by limiting girls' education and work opportunities. Societies where women are able to complete secondary school are more prosperous.

Societal/ Community Consequences

- EFM is most widely practiced in developing countries, and in poorer communities within developing countries.
- Early marriage contributes to poverty by limiting girls' education and work opportunities. Societies where women are able to complete secondary school are more prosperous.

Fact Sheet: Intimate Partner Violence

Intimate partner violence (IPV) is a pattern of behavior in an intimate relationship – often within marriage, but also in dating relationships, or between ex-partners- where one person exerts power and control over the other person. Intimate partner violence (also referred to as domestic violence, or partner abuse) can include physical, sexual, emotional, spiritual, reproductive, economic, or psychological abuse.

Impact of Intimate Partner Violence

Intimate partner violence, even when it does not involve physical violence, can be extremely harmful. It includes behaviors that frighten, intimidate, humiliate, manipulate, and isolate survivors. Intimate partner violence has a range of short- and long-term consequences for survivors and negatively impacts families, communities, and the wider society.

Do women also abuse their partners?

Both males and females can experience IPV, but the great majority of IPV is perpetrated by men. Intimate partner violence is the exploitation of power, and men are afforded more power in society and in families. Men are also less likely to be sanctioned for abusing power.

Will community leaders respond to IPV in contexts where it is common or expected?

Some types and degrees of IPV are rooted in social norms and gender roles and expectations. In many communities, it is acceptable for men to punish their wives, to control their access to resources and services, to exert control over their sexuality and reproductive choices, and even to beat them for perceived transgressions. Even where IPV is normative, community leaders and others will recognize IPV as a problem when men beat their wives “too much”- that is, when the degree of violence surpasses social expectations, or when the abuse is not considered justified. Intervening in such cases is often an understood part of a community leader’s responsibilities.

Cycle of Violence

Severe and escalating IPV is characterized by a cycle of violence, with periods of calm that may last weeks or even years, that then escalate into episodes of violence. This cycle can be compared to weather patterns, where the calm period is sunny, then pressure builds up in the form of clouds, until the storm. Understanding the cycle of violence is important, because community leaders and others may think a situation of IPV has been “resolved” during a calm period, when really the survivor remains at risk.

Individual Consequences

- **Death and injury** – 42% of women who have experienced physical or sexual violence at the hands of a partner had experienced injuries as a result. These can include bruises and welts, lacerations, abdominal injuries, head injuries, fractures and broken bones or teeth, burns, etc. Severe injuries can result in death.
- **Chronic health** – Stress of prolonged IPV can cause and exacerbate ailments that may be difficult to identify or diagnose. IPV is a risk factor for many diseases and conditions, where health consequences can persist long after the violence has stopped.
- **Mental health and suicide** – Women who have experienced IPV are almost twice as likely to experience depression. IPV is linked to PTSD. Women experiencing IPV are much more likely to attempt suicide.

- **Social isolation** – Women experiencing IPV may be restricted from friends and family. Poor self-esteem and depression related to IPV also contribute to women’s loss of participation in social life.
- **Alcohol and drug problems** – Women experiencing IPV are almost twice as likely as other women to have alcohol-use problems.
- **Sexually transmitted infections** – Women who experience physical and/or sexual partner violence are 1.5 times more likely to acquire syphilis infection, chlamydia, or gonorrhea. In some regions (including sub-Saharan Africa), they are 1.5 times more likely to acquire HIV.
- **Unwanted pregnancy and abortion** – IPV is associated with unwanted pregnancy, abortion, and unsafe abortion.

Family Consequences

- **Violence during pregnancy** – IPV during pregnancy is linked to miscarriage, delayed prenatal care, stillbirth, premature labor and birth, fetal injury, and low birth-weight babies
- **Children’s health** – Women who experience IPV have a 16% greater chance of having a low birth-weight baby; Studies have found children born to women experiencing IPV are 40% more likely to suffer from stunting, are less likely to be immunized, have higher rates of diarrheal disease, and are at greater risk of dying before the age of five.
- **Children’s mental health** – Many studies have found an association between IPV against women and consequences for children, including anxiety, depression, and poor school performance
- **Children’s safety** – IPV is associated with child abuse in the same household.
- **Children’s future relationships** – Children will mirror behaviors they witness. Significant evidence indicates that boys exposed to IPV are more likely to perpetrate IPV later in life; girls exposed to IPV are more likely to be in abusive relationships later in life.

Community/Societal Consequences

- Social and economic costs of IPV are enormous, across all societies. Countries with lower prevalence of IPV are largely more prosperous.
- IPV contributes to poverty by limiting women’s mobility and ability to work.
- IPV contributes to family disputes and separations.
- Women who experience IPV can face varied consequences and housing insecurity; may require community/social support.
- IPV affects children and future generations, where consequences are compounded and repeat.

Fact Sheet: Sexual Assault and Rape¹⁶

Sexual violence is any sexual act (or attempt to obtain a sexual act), unwanted sexual comments or advances, or acts to traffic a person's sexuality, using coercion, threats of harm or physical force, by any person regardless of relationship to the victim.

Rape is non-consensual penetration of the vagina, anus, or mouth with a penis or other body part. Also includes penetration of the vagina or anus with an object. Rape can be perpetrated by someone known to the victim or by a stranger. Rape by two or more perpetrators is often referred to as gang rape.

Sexual assault is any form of non-consensual sexual contact that does not result in or include penetration. Examples include attempted rape as well as unwanted kissing, fondling, or touching of genitalia and buttocks. This incident type does not include rape, i.e., where penetration has occurred. Female genital mutilation/cutting is an act of sexual violence that impacts sexual organs, and as such will be classified as a sexualized act.

There are many types of sexual assault and rape that include, but are not limited to the following:

- Rape in marriage or dating relationships
- Rape by strangers
- Rape by soldiers
- Unwanted sexual advances, or touching, including demanding sex in return for favors
- Sexual abuse of people who are mentally or physically disabled
- Sexual abuse of children
- Forced marriage, including the marriage of children
- Forcing someone into prostitution

Impacts of Sexual Assault and Rape

Sexual violence is harmful and negatively impacts survivors, their families, their communities, and wider society. There are many short- and long-term physical, mental and psychosocial consequences. At its worst, sexual violence can be life-threatening. The nature and severity of consequences are influenced by the type, duration and severity of the violence, the individual's age and developmental level, her relationship to the perpetrator/s, her psychosocial circumstances and the care and support she receives.

Physical Consequences

Physical consequences of sexual violence can include acute physical effects such as injury, shock, disease, and infection, as well as chronic health problems such as disability, infections, chronic pain, gastrointestinal disorders, eating and sleeping disorders. There may also be immediate and ongoing reproductive health problems including miscarriage, unwanted pregnancy, menstrual and gynecological disorders, and pregnancy complications.

Some consequences are present immediately after an incident, while others appear at a later stage. For example, it is common for survivors to experience shock immediately after an assault; they may feel cold, faint, confused or disoriented, they may feel sick and even vomit. In the hours, days and weeks following sexual assault, many people report difficulty falling or staying asleep, heart palpitations and breathing

¹⁶ Source: UNICEF Communities Care: Transforming Lives and Preventing Violence Toolkit.

difficulties, headaches or general aches and pains, feeling tired and fatigued, nausea, being easily startled by noises, general agitation and muscle tension, numbness, eating problems, or oversensitivity to noise. It is also common for women to come for medical care months or even years after sexual violence. Physical effects depend on the violence itself. In cases of child sexual abuse, there may be no obvious physical signs. The absence of physical injuries or signs does not mean that sexual violence did not take place.

Psychological and Emotional Consequences

Psychological effects generally refer to inner thoughts, ideas and emotions and can be less visible or even completely hidden, so survivors may need to offer this information. Psychological and emotional effects of sexual violence can be immediate and longer term. Common psychological effects of sexual violence include anxiety, depression, self-harm, chronic stress reactions, and overwhelming feelings of fearfulness, disempowerment, shame, and anger. It is very important to remember that everyone shows emotions differently and judging how people outwardly is a mistake.

People are all different, and the way they act and behave will depend on the individual and the context, including the culture. The reactions vary from person to person, depending on the age of the survivor, her life situation, the circumstances surrounding the violence and the response of support persons.

Fact Sheet: Female Genital Mutilation/Cutting¹⁷

GBV programs may sometimes support girls at risk of female genital mutilation/cutting (FGM/C) and consider engaging community leaders on behalf of survivors. More frequently, GBV programs engage community leaders in efforts to prevent FGM/C. Evidence suggests that perspectives of community leaders on FGM/C can be changed through engagement.¹⁸ Where it is practiced, FGM/C is strongly rooted in social norms, and shifting these norms requires concerted, thoughtful efforts and community participation. Community-based organizations are best suited to lead safe and effective strategies to prevent FGM/C.

Key Facts

- Female genital mutilation/cutting (FGM/C) involves the partial or total removal of external female genitalia or other injury to the female genital organs for non-medical reasons.
- The practice has no health benefits for girls and women.
- FGM/C can cause severe bleeding and problems urinating, and later cysts, infections, as well as complications in childbirth and increased risk of newborn deaths.
- FGM/C is mostly carried out on young girls between infancy and age 15.
- FGM/C is a violation of the human rights of girls and women.

Types of FGM/C

Female genital mutilation is classified into four major types:

- **Type 1:** This is the partial or total removal of the clitoral glans (the external and visible part of the clitoris, which is a sensitive part of the female genitals), and/or the prepuce/ clitoral hood (the fold of skin surrounding the clitoral glans).
- **Type 2:** This is the partial or total removal of the clitoral glans and the labia minora (the inner folds of the vulva), with or without removal of the labia majora (the outer folds of skin of the vulva).
- **Type 3:** Also known as infibulation, this is the narrowing of the vaginal opening through the creation of a covering seal. The seal is formed by cutting and repositioning the labia minora, or labia majora, sometimes through stitching, with or without removal of the clitoral prepuce/clitoral hood and glans (Type I FGM/C).
- **Type 4:** This includes all other harmful procedures to the female genitalia for non-medical purposes, e.g. pricking, piercing, incising, scraping and cauterizing the genital area.

Who is at Risk?

FGM/C is mostly carried out on young girls sometime between infancy and adolescence, and occasionally on adult women. More than three million girls are estimated to be at risk for FGM/C annually. The practice is mainly concentrated in the Western, Eastern, and North-Eastern regions of Africa, in some countries the Middle East and Asia, as well as among migrants from these areas. FGM/C is therefore a global concern.

¹⁷ This fact sheet is drawn from World Health Organization (WHO), *Female genital mutilation*, 2020. Available at <https://www.who.int/news-room/fact-sheets/detail/female-genital-mutilation>

¹⁸ UNFPA, UNICEF WHO, Population Council. *Effectiveness of Interventions Designed to Prevent or Respond to Female Genital Mutilation* | UNICEF; UNHCR & Population Council. 2107. *Community Engagement In SGBV Prevention And Response A Compendium Of Interventions In The East & Horn Of Africa And The Great Lakes Region*, 2020

Consequences of FGM/C

FGM/C has no health benefits, and it harms girls and women in many ways. It involves removing and damaging healthy and normal female genital tissue and interferes with the natural functions of girls' and women's bodies. Generally, risks of FGM/C increase with increasing severity, but all forms of FGM/C are associated with health risks.

Immediate consequences can include:

- severe pain
- excessive bleeding (hemorrhage)
- genital tissue swelling
- fever
- infections e.g., tetanus
- urinary problems
- wound healing problems
- injury to surrounding genital tissue
- shock
- death.

Long-term consequences can include:

- urinary problems (painful urination, urinary tract infections);
- vaginal problems (discharge, itching, bacterial vaginosis and other infections);
- menstrual problems (painful menstruations, difficulty in passing menstrual blood, etc.);
- scar tissue and keloid;
- sexual problems (pain during intercourse, decreased satisfaction, etc.);
- increased risk of childbirth complications (difficult delivery, excessive bleeding, caesarean section, need to resuscitate the baby, etc.) and newborn deaths;
- need for later surgeries: for example, the sealing or narrowing of the vaginal opening (Type 3) may lead to the practice of cutting open the sealed vagina later to allow for sexual intercourse and childbirth (deinfibulation). Sometimes genital tissue is stitched again several times, including after childbirth, hence the woman goes through repeated opening and closing procedures, further increasing both immediate and long-term risks;
- psychological problems (depression, anxiety, post-traumatic stress disorder, low self-esteem, etc.);

Cultural and Social Factors for Performing FGM/C

The reasons why female genital mutilations are performed vary from one region to another as well as over time and include a mix of sociocultural factors within families and communities. The most commonly cited reasons are:

- Where FGM/C is a social norm, social pressure to conform, as well as the fear of being rejected by the community, are strong motivations to perpetuate the practice. In some communities, FGM/C is almost universally performed and unquestioned.
- FGM/C is often considered a necessary part of raising a girl, and a way to prepare her for adulthood and marriage.

- FGM/C is often motivated by beliefs about what is considered acceptable sexual behavior. It aims to ensure premarital virginity and marital fidelity. FGM/C is in many communities believed to reduce a woman's libido and therefore believed to help her resist extramarital sexual acts.
- Where it is believed that being cut increases marriageability, FGM/C is more likely to be carried out.
- FGM/C is associated with cultural ideals of femininity and modesty, which include the notion that girls are clean and beautiful after removal of body parts that are considered unclean, unfeminine, or male.
- Though no religious scripts prescribe the practice, practitioners often believe the practice has religious support.
- Religious leaders take varying positions on FGM/C: some promote it, some consider it irrelevant to religion, and others contribute to its elimination.
- Local structures of power and authority, such as community leaders, religious leaders, circumcisers, and even some medical personnel can contribute to upholding the practice. They can be effective advocates for abandonment of FGM/C.
- In most societies, where FGM/C is practiced, it is considered a cultural tradition, which is often used as an argument for its continuation.
- In some societies, recent adoption of the practice is linked to copying the traditions of neighboring groups.

For More Information on FGM/C, See the Following Resources:

- World Health Organization (WHO). Complete information sheet available at: <https://www.who.int/news-room/fact-sheets/detail/female-genital-mutilation>
- An evidence review of different strategies to prevent and respond to FGM/C between 2008-2020 can guide future programming: UNFPA, UNICEF WHO, Population Council. 2020. An Effectiveness of Interventions Designed to Prevent or Respond to Female Genital Mutilation. [Effectiveness of Interventions Designed to Prevent or Respond to Female Genital Mutilation | UNICEF](#)
- Additional resources are available through the UNFPA-UNICEF Joint Programme on the Elimination of Female Genital Mutilation: [UNFPA-UNICEF Joint Programme on the Elimination of Female Genital Mutilation | UNICEF](#)

GBV Risk Mitigation



GBV Risk Mitigation

Key Concepts

- Role of Community Leaders in Risk Mitigation
- Considerations for GBV Teams Preparing to Engage Community Leaders in Risk Mitigation

Approaches

- Identifying and Raising Awareness of GBV Risks
- Addressing GBV Risks with Community Leaders

Ideas for Engagement

- Identifying and Raising Awareness of GBV Risks
 - Community Safety Audits
 - Women-Led Risk Analyses
 - Outreach and Awareness-Raising
 - Group Discussions on GBV Risks and Protection from Sexual Exploitation and Abuse
- Addressing GBV Risks with Community Leaders
 - Reinforcing Existing Risk Mitigation Strategies
 - Community Safety Initiatives
 - Community Preparedness
 - Distributing Dignity Kits
 - Promoting Women's and Girls' Involvement in Community Affairs and Decision-Making
 - Inclusion in Humanitarian Coordination and Planning
 - Involving Leaders in Protection from Sexual Abuse and Exploitation

Tools and Resources

- **Safety Audit Checklist**
- **Community Mapping Tool**
- **Sample Key Messages for Outreach**
- **Discussion Guide: GBV Risks**
- **Discussion Guide: Protection from Sexual Abuse and Exploitation**
- **Sample Tools: Protection Taskforce**
- **Sample Terms of Reference (ToR): Protection Taskforce**
- **Sample Action Plan and Monitoring Template: Protection Taskforce**
- **Sample Meeting Plan: Protection Taskforce**
- **Sample Communication Tree**

Training Modules

- *Training Modules: GBV Risk Mitigation*

Key Concepts

Role of Community Leaders in Risk Mitigation

Community leaders are key actors within communities and may contribute greatly to endorsing, supporting, and/or leading actions aimed at GBV risk mitigation. Simply by acknowledging GBV risks, leaders can help to draw more attention to the needs of women and girls. And leaders' involvement in GBV risk mitigation can help to legitimize and strengthen the effectiveness and sustainability of interventions.

Community leaders are well-placed to identify and share information on GBV risks. Community leaders are knowledgeable about the communities they support, including the physical environment, services and facilities within the community, and community populations. They hear reports of problems within the community and understand how the community has changed over time, and through an emergency. They are also well-networked and often have established means for sharing important messages with communities.

Government and humanitarian actors with responsibility for mitigating GBV risks regularly consult with community leaders. All humanitarian actors have an obligation to mitigate risks of GBV from the earliest stages of an emergency¹. To effectively integrate attention to GBV risks in the design and delivery of programs, all humanitarian actors should meaningfully consult women and girls. Unfortunately, many do not. These same actors are likely, though, to consult formal community leaders who therefore have an important opportunity to highlight risks that women and girls face.

Community leaders can directly address some risks of GBV. Beyond raising attention to GBV risks, community leaders may be able to take direct action to reduce some risks. Addressing risks to the population is an expected role of many community leaders, and GBV teams can support leaders in exercising this responsibility.

Considerations for GBV Teams Preparing to Engage Community Leaders in Risk Mitigation

Risk mitigation differs from transformative change. Risk mitigation and transformative change may be thought of as different, and complimentary, strategies to prevent GBV. While risk mitigation generally relates to more immediate measures to address specific risks and reduce exposure to GBV, transformative change generally relates to actions taken to stop GBV from first occurring, including actions to transform systems and shift social norms. While it may be important to engage community leaders for both risk mitigation and more transformative change, it will be useful for GBV teams to reflect on different strategies, and the types of change they would like to pursue with specific leaders, at different phases of an emergency or programming. Engagement related to transformative change requires a deeper commitment, and more investment in time and resources from both GBV teams and leaders. Some risk mitigation activities will also require substantial inputs, but other activities will be relatively simple to implement, even when engaging community leaders for the first time.

¹ Inter-Agency Standing Committee. *Guidelines for Integrating Gender-based Violence Interventions in Humanitarian Action*, 2015. p.5. <https://gbvguidelines.org/en/>

Maintaining a focus on women and girls can be challenging when communities face multiple problems and threats. Across the world, women and girls do not enjoy equal participation in public affairs or leadership, where their needs may be overlooked or viewed as subordinate to other interests. During emergencies, when needs are many and time and resources are limited, it can be particularly challenging to assert a focus on women and girls. Even when community leaders are supportive of such a focus, discussions and initiatives can easily shift toward broader interests, or the priorities of men. While appreciating that multiple problems exist in communities, GBV programs bring value to humanitarian response by maintaining a steady focus on the rights and needs of women and girls. This includes ensuring that analyses of risks are women-led, and that the voices and interests of women and girls guide all GBV program actions, including engagement with community leaders.

Gender-based violence is a sensitive topic, and community leaders may not be eager to acknowledge GBV risks. It is a universal truth that GBV is a sensitive issue. Across the world, incidents of GBV are among the most underreported crimes, and subjects such as rape are highly taboo in many contexts. Community leaders may be reluctant to talk about GBV risks in general, and they might be particularly reluctant to acknowledge specific types or trends of GBV within the communities they support and guide. GBV programs should be aware of general sensitivities, adopting careful language and approaches, and should also anticipate specific sensitivities, including trends of GBV that might not be possible to directly address with community leaders.

Approaches

Identifying and Raising Awareness of GBV Risks

GBV teams can work to involve community leaders in broader efforts to identify and raise awareness of GBV risks and can also engage leaders in specific activities tailored to their roles. A wide range of community leaders may be engaged in this approach, which may not require leaders to be familiar with GBV core concepts, nor fully committed to transformative change or a survivor-centered response. After introducing a GBV program to community leaders (see **Building a Foundation**), this is the most minimal engagement GBV teams may have with leaders, who will almost always be interested in at least contributing to community safety assessments.

Addressing GBV Risks with Community Leaders

Beyond identifying and raising awareness of risks, more committed community leaders may be engaged to address GBV risks and create more protective environments for women and girls. A range of potential ideas for engagement are outlined below, but GBV teams can take a flexible and adaptive approach to support community-led risk mitigation activities, particularly those led by women and girls. Community leaders can be engaged to support community-led initiatives, GBV program activities such as dignity kit distribution, and humanitarian planning and coordination. They may also be engaged to take direct action or to find creative solutions to address risks.

Ideas for Engagement

Identifying and Raising Awareness of GBV Risks

- Community Safety Audits
- Women-Led Risk Analyses
- Outreach and Awareness-Raising
- Group Discussions on GBV Risks and Protection from Sexual Exploitation and Abuse

Addressing GBV Risks with Community Leaders

- Reinforcing Existing Risk Mitigation Strategies
- Community Safety Initiatives
- Community Preparedness
- Distributing Dignity Kits
- Promoting Women's and Girls' Involvement in Community Affairs & Decision-Making
- Inclusion in Humanitarian Planning
- Involving Leaders in Protection from Sexual Exploitation and Abuse

Community Safety Audits

A safety audit is a common method for GBV programs to assess risks of GBV, particularly in camps or communities with clear boundaries. Safety audit processes vary, where some audits rely entirely on GBV staff observations and can be completed quickly, while others are conducted in conjunction with key informant interviews, service mapping, or other methods of assessment. The frequency with which safety audits are conducted also varies. During the early stages of an emergency, GBV teams may frequently conduct safety audits to assess and respond to evolving changes in the environment. In more stable settings, teams may conduct semi-annual or even annual safety audits to monitor changes.

GBV teams can consider engaging community leaders in different ways to support a safety audit, from granting access for an assessment to participating in the audit itself to addressing findings. Options for community leader engagement are briefly described below.

Sanctioning Safety Audits

As with other methods of assessment, in most contexts, GBV teams are recommended to at least inform community leaders of their plans to conduct a safety audit. Seeking buy-in from an appropriate range of leaders can reduce suspicion and help teams gain access to communities.

Joining Safety Audit Teams

Where a GBV team has sufficient time and resources, it can be beneficial to organize broader community (and inter-agency) teams to conduct safety audits. Community leaders may be asked to serve on safety audit teams, helping to collect information, process results, and agree on findings and recommendations. Participation of community can lend credibility to safety audit findings. Government actors and humanitarian organizations may be more inclined to take actions based on safety audit findings if the recommendations come from the community and not a single organization or program.

- Be sure that women leaders (formal or informal) are included in safety audit teams
- Carefully discuss and review the purpose of safety audits as focused on safety concerns for women and girls, so that attention does not drift to broader community needs.

Serving as a Key Informant

When safety audits include interviews with select service providers and other key informants, community leaders may be included based on their knowledge of communities. GBV teams should involve an appropriate range of leaders, to be sure the diversity of communities is well-represented, as well as male and female leaders. GBV teams should be sure that any safety audit reports reflect that community leaders were interviewed, as their perspectives may be different from other community members. Likewise, be sure to indicate whether interviewed leaders were male or female.

Learning About Safety Audit Findings

When a safety audit is complete, GBV teams should, at a minimum, inform community leaders of key findings and recommendations (omitting any highly sensitive findings). Ideally, community leaders will have the opportunity to discuss findings and recommendations in a forum that allows leaders to explore ideas for addressing risks and setting plans for action.

Taking Action to Share Information and Address Risks

Community leaders, including formal and informal leaders, can help to share information from safety audits through their networks. GBV teams can also engage leaders to address specific risks identified through safety audits.

➔ See **[Safety Audit Checklist](#)** in *GBV Risk Mitigation Tools and Resources*.

Women-Led Risk Analyses

While both male and female community leaders can contribute to identifying GBV risks, it is critical that diverse groups of women and adolescent girls are consulted, and that their perspectives are prioritized. Women leaders may have relative privilege within communities, and even leaders with the best intentions will not be able to speak on behalf of women and girls in their diversity, while specific risks may relate to age, social status, means of livelihood, race, or other factors.

When conducting initial focus group discussions (FGDs) or more participatory exercises to assess GBV risks, GBV teams are recommended to first meet with groups of community leaders. Through such consultations, leaders are not only able to contribute information, but they are able to learn about the purpose and methods of the assessment- and more about the GBV program's interests- which can alleviate concerns or suspicions. During consultations, GBV teams can inform leaders about their intentions to meet with groups of women and girls and can further seek leaders' approval for such plans where this may be important. If leaders want to join FGDs with women and girls, GBV teams may gently discourage this in the interest of a recommended process. When leaders, including recognized women leaders, do join FGDs, this should be noted as leaders' presence may influence what information is shared.

Once a GBV program has established itself with community leaders, further efforts can be made to engage women and girls in participatory exercises to analyze GBV. Teams can introduce community mapping exercises, where women or adolescent girls identify services, challenges in accessing services, and areas that might present safety risks to women and girls. As GBV teams learn about perceptions of risks from women and girls, they can in turn continue to meet with community leaders and share the concerns of women and girls (without disclosing information that could compromise participants' safety or standing in the community).

Where community leaders are very receptive to women's and girls' concerns, GBV teams may also consider creating space for leaders to hear directly from women and girls. Teams could prepare both parties ahead of a meeting, where women/girl participants agree on roles to facilitate the discussion or exercise, and leaders understand that the session should be led by women and girls.

➔ See **Community Mapping** in *GBV Risk Mitigation Tools and Resources*.

Outreach and Awareness-Raising

From the earliest phase of an emergency, community leaders can help to raise awareness of GBV risks, as well as community members' rights to assistance and opportunities to report abuse and seek assistance. Common communication channels include:

- **Interpersonal communication** including one-on-one interaction through community outreach
- **Community channels** that involve information sharing within the community, such as community meetings and religious sermons.
- **Broadcast and print media**, including radio messaging, distribution of brochures, and display of posters.
- **Digital and social media** via technology, including messages shared through mobile phone applications or e-mail.

GBV teams can include community leaders in outreach and awareness raising in two ways: firstly, as advisors when designing, implementing, and monitoring outreach and awareness-raising activities, and

secondly as facilitators to share information on GBV risks. As risk mitigation messages tend to focus on safety risks and available services, rather than behaviors and social norms, messaging is generally less sensitive. A wider range of community leaders may be willing and well-placed to contribute to outreach and awareness-raising related to risk mitigation than transformative change, which requires deeper levels of knowledge and commitment.

➔ See **Sample Key Messages for Outreach** in *GBV Risk Mitigation Tools and Resources*.

Group Discussions on GBV Risks and Protection from Sexual Exploitation and Abuse

Group discussions is a common approach for engaging community leaders. Discussions related to GBV risks may be organized as a one-off opportunity to identify risks with leaders, or as an ongoing opportunity to dive deeper into how risks might be addressed. Discussions can also focus on building knowledge and connecting leaders to available resources, including information on protection from sexual exploitation and abuse (PSEA).

When arranging any group discussion, consider the group dynamics, which will depend, in part, on whether leaders belong to an established group and know each other well, or if you are bringing together members of different formal or informal leadership structures. You should also consider how group size, composition in terms of age, sex, religion, and other factors, as well as location of the discussion might contribute to power dynamics and the comfort of participants. Tailor your discussion accordingly.

Some ideas for arranging group discussions that you could consider, depending on your context, include:

- Identify a cohort of interested leaders and organize regular discussions about mitigating GBV risks.
- Arrange group discussions between (male) leaders and representatives of women's associations or women-led organizations, to provide an opportunity for leaders to hear concerns from women representatives and for women representatives to directly seek support from leaders in addressing risks.
- Organize sex-separated discussion groups on GBV risks, and then bring groups together to exchange highlights from each discussion, with emphasis on learning from women and girls.

➔ See **Discussion Guide: GBV Risks** and **Discussion Guide: PSEA** in *GBV Risk Mitigation Tools and Resources*.

Reinforcing Existing Risk Mitigation Strategies

GBV programming aimed at improving protection for women and girls should begin with learning. GBV teams can consult with women and girls to understand how they are mitigating and responding to GBV protection risks individually (self-protection) and collectively (in collaboration with other women, community groups, organizations, etc.). Wherever possible, GBV teams can help to reinforce existing strategies. If, for example, women have begun to organize themselves into small groups to gather firewood outside of a community, to mitigate risks of attack when traveling alone, a GBV team could assist to connect other women to such networks or establish gathering points and times for women to meet before leaving the community, or

organize meetings at a WGSS to set plans for firewood collection, or ask leaders to share information about the strategy.

GBV teams can engage community leaders to support existing risk mitigation strategies in many ways, including:

- Endorsing or sanctioning strategies
- Contributing time or resources
- Sharing information to increase awareness or participation
- Participating themselves

Community Safety Initiatives

Community safety initiatives apply a participatory approach to recognize the essential role community members play in addressing protection risks and concerns within their own communities. GBV teams may support, or help to introduce, associations of concerned community members focused on addressing GBV risks. These groups may take different forms, but it can be helpful if community leaders (both male and female) contribute to such initiatives.

Protection Committees/ Task Forces

GBV teams can support, or help to initiate, volunteer committees or task forces focused on increasing protection for women and girls within communities, or smaller sectors of communities. These groups should be guided by women and girl-led risk analyses and accountable to women and girls in the community. Effective groups may be reasonably small but should include diverse representation. As protection committees develop action plans and take actions, GBV teams should be attentive to shifts toward broader community interests and help to maintain a focus on women and girls. Where multiple committees or task forces exist within the same community or area, GBV teams can help to coordinate between groups to support shared learning and joint initiatives. GBV teams can also help to establish linkages between women's associations and women's rights organizations and protection committees.



Example from Practice

Community safety initiative in Gambella, Ethiopia

A GBV program supporting South Sudanese refugees in Ethiopia helped establish Community Safety Initiative Groups (CSIG) focused on protection of women and girls in refugee camps. Each CSIG includes ten volunteer members, including shurta (male community leaders), and focal points from different groups within the camp, including groups representing the elderly, people with disabilities, adolescents, and religious groups. The GBV program trains the CSIG, involves them in regular safety audits, and supports CSIG to develop action plans focused on women's and girls' safety. The GBV team holds regular meetings with the CSIG to consult on GBV risks and track progress against action plans. Separate but connected to the CSIG, the GBV program helped to connect women activists into Women Network Groups (WNG). These women-only groups play similar roles to the CSIG and help to guide the work of CSIG. They also help to mobilize women and girls to increase participation in work beyond risk mitigation.

Community Patrols

Community leaders can support initiatives to monitor high-risk areas to help prevent or mitigate GBV. Some community groups that organize to monitor, or patrol communities can play a helpful role in mitigating GBV risks, while others may adopt threatening or controlling practices that present new risks for women and girls. Community patrols are sometimes armed with weapons, and in some settings, the groups may be viewed as militia, posing a threat to the government or to certain populations. Where community patrols

exist, GBV teams should view them as actors within the (informal) security sector and should understand the composition of the groups and common perceptions of their work. GBV teams can consult with diverse groups of women and girls to understand how they feel about community patrols. If women and girls identify potential for these groups, GBV teams can help to share recommendations from audits and women and girl-led risk analyses. Where possible, GBV teams can also help the patrols connect with protection committees, women's rights organizations, or other relevant groups.

➔ See **Sample Tools: Protection Taskforce** in *GBV Risk Mitigation Tools and Resources*.

Community Preparedness

Risks of GBV increase during emergencies and displacement. Preparing for emergencies, by setting plans to implement in the event of an emergency, can help to mitigate these risks. While emergency preparedness is more commonly discussed as the remit of governments and humanitarian actors, individuals and communities can and do adopt measures to prepare for emergencies. Particularly where eruptions in conflict or periodic natural disasters are expected, GBV teams can engage community leaders to help prepare for events that disrupt protective systems and endanger women and girls.

Community preparedness for GBV can be attentive to:

- Individuals who may be at greater risk during an emergency or sudden displacement (e.g., older women, women and girls with disabilities, girl heads-of-household)
- Means of quickly reaching women and girls with information
- Plans to protect/destroy sensitive information (where community based GBV staff or volunteers provide GBV response services)
- Places for women to gather or seek shelter
- Strategies for safe movement that account for vulnerable individuals

Preparedness plans can include establishing alert systems, communication trees, gathering points, movement plans, focal points, teams, or partnerships. GBV teams can consult with women and girls to understand what plans may be in place and to explore opportunities to develop or strengthen preparedness plans. Once the interests and preferences of diverse groups of women and girls are understood, GBV teams can engage community leaders to support and share information on preparedness plans, as relevant. Plans may identify specific support roles that women leaders can take. GBV teams can further help to test and refine preparedness plans, for example by practicing the quick collection of documents, checking telephone numbers in communication trees, or rehearsing planned procedures.

➔ See **Sample Communication Tree** in *GBV Risk Mitigation Tools and Resources*.

Distributing Dignity Kits

In emergencies, women and girls require basic material items to maintain hygiene, including personal hygiene, and personal comfort. The lack of basic items such as soap, underwear, or culturally appropriate clothing can lead women and girls to isolate themselves, or move to remote places for hygiene purposes, or engage in high-risk practices to meet needs. GBV programs commonly support the distribution of dignity kits, either through direct implementation or through coordination with WASH or other sectors, to help vulnerable women and girls meet basic needs. **The Inter-Agency Minimum Standards for Gender-Based Violence in Emergencies Programming** outline standards for dignity kits, including the importance of consulting with women and girls to determine the contents of kits. In addition to hygiene items, kits may include a range of materials to increase personal safety, such as hand-held lights and whistles. The Minimum Standards also outline considerations for targeting groups to receive dignity kits.

GBV programs can engage community leaders to endorse, plan and implement dignity kit distributions but should *not* rely on community leaders, including women leaders, to solely determine the contents of dignity kits. During acute emergencies, it may be tempting to accept the guidance of leaders to initiate interventions, but they cannot speak on behalf of vulnerable women or adolescent girls who can better represent their own needs and preferences. Community leaders may be able to assist, though, in identifying community networks that can assist in assembling and distributing kits. Leaders can also help to identify vulnerable individuals in need of kits, particularly where blanket distribution is not possible. For example, International Medical Corps' GBV program in Iraq consulted with women and girls and coordinated with partners to develop a vulnerability criteria for dignity kit distribution.



Example from Practice

Working with leaders to distribute dignity kits

In Iraq, a GBV program consulted with women and girls, as well as partner agencies, to determine the contents of dignity kits and establish a vulnerability criteria for targeting most vulnerable women and girls for distribution. GBV staff share kits with women and girls who visit women and girls safe spaces (WGSS) for GBV case management or other activities and who meet the criteria. The team also shares the vulnerability criteria with community leaders and collaborates with leaders to identify vulnerable women and girls who may not frequent the WGSS, including those with disabilities.

Promoting Women's and Girls' Involvement in Community Affairs and Decision-Making

Globally, women do not have equal access to public affairs, nor equal representation in decision-making bodies. Adolescent girls have even less involvement in decision-making, and in highly patriarchal settings, women and girls may have limited to no representation. This inequality has broad implications for women and girls, and during emergencies, when time and resources are limited, the result is too often that women's and girls' rights and needs are overlooked by those charged with making critical decisions about assistance.

Community leaders assume many responsibilities during emergencies. They often lead meetings where information is shared and decisions are reached, they may determine access to or distribution of community resources, and they are commonly consulted by government ministries and humanitarian agencies to plan and deliver aid. Particularly where formal leadership structures do not include women, GBV teams can

engage leaders to highlight women's and girls' interests, and, where possible, advocate for women and girls to be more directly involved with decision-making. GBV teams can consider the following approaches to increase women's and girls' involvement in community affairs and decision-making:

- **Share concerns and priorities, on behalf of women and girls.** Particularly where direct representation of women is not possible, GBV teams can serve as a link between community leadership and women and girls reached through the GBV program.
- **Work with leaders to increase women's and girls' access and representation.** GBV teams can explore ideas with leaders and make recommendations based on consultations with diverse groups of women and girls. This could include setting community meeting times and locations that better facilitate women's participation; opening new channels for information-sharing; inviting women's associations, or women and adolescent girl representatives, to participate in meetings or decision-making bodies. Where women leaders are included in decision-making, but their representation is limited, leaders could consider introducing quotas to ensure more inclusive and balanced participation.
- **Support women leaders.** GBV teams can engage women leaders to identify barriers to their full participation in decision-making and help to address these. Support to women leaders could involve capacity building, advocacy, resource mobilization, or other areas of work.
- **Advocate for requirements on consultation and representation.** GBV teams can request that community leaders help remind government and humanitarian agencies of their responsibilities to consult with women and girls when setting priorities and planning services. Leaders can ask agencies not to proceed without input from women and girl representatives.

➔ See **Key Areas of Engagement: Transformative Change** for more ideas related to shifting norms toward gender equality and **Supporting Women Leaders** for more ideas related to promoting women's leadership.

Inclusion in Humanitarian Coordination and Planning

Community leaders should have opportunities to both inform and receive information from humanitarian agencies to strengthen GBV risk mitigation. GBV teams can help leaders, particularly women leaders, connect with and feed into humanitarian coordination and planning mechanisms. GBV teams can help leaders engage with coordination and planning in multiple ways, including:

- Help leaders understand coordination systems, and the responsibility of all humanitarian sectors and actors to mitigate risks of GBV.
- Organize with coordinating agencies of GBV sub-clusters/ working groups (or other sectors, as relevant) for leaders to participate in coordination meetings and share concerns. This could be organized on an ongoing basis, or for select meetings.
- Serve as a liaison between leaders and coordination mechanisms by regularly meeting with leaders for two-way information sharing. Help to raise leaders' concerns with relevant groups for humanitarian planning, and keep leaders informed of plans.
- Advocate with sector leads and coordination structures to consult with leaders, particularly women leaders, to strengthen GBV risk mitigation. Help to connect agencies and focal points with leaders who demonstrate commitment to GBV risk mitigation. Based on the Community Leader Mapping and engagement with leaders, GBV teams can recommend consultations with specific leaders and help to make introductions.



Example from Practice

Advocacy for protection of displaced women

A GBV program supporting a camp community of internally displaced persons in Iraq established regular coordination with mukhtars (male community leaders). Many of the women and children in the camp had been left behind by their husbands/fathers who were thought to be somehow affiliated with ISIS and believed to have been captured or killed. When the government determined to close the internally displaced people (IDP) camp, the GBV program maintained telephone contact with the mukhtars as camp residents moved back to their homes of origin. The mukhtars conveyed concerns raised by women about the challenges they faced reintegrating into their communities, where they were met by threats because of their husbands' possible or perceived involvement with ISIS. The GBV program was, in turn, able to raise these concerns through humanitarian coordination systems and advocate for continued protection for affected women. Based in part on this advocacy, the government allowed women and children at risk to return to the camp.

Involving Leaders in Protection from Sexual Abuse and Exploitation

Sexual exploitation and abuse (SEA) is a specific and appalling form of GBV, where humanitarian workers or peacekeepers violate the rights of vulnerable individuals affected by crises. Risks of GBV increase in every humanitarian emergency, when unscrupulous members of humanitarian agencies have opportunities to exploit and abuse those they should serve.

GBV teams can engage community leaders to share information on SEA risks, the rights of all beneficiaries of assistance, the responsibilities of all humanitarian workers, and service and reporting options. Through assessments, group discussions, or one-on-one meetings, community leaders may also be able to identify specific SEA risks and concerning humanitarian practices that should be addressed. Community leaders are well-placed to help share protection from sexual abuse and exploitation (PSEA) messages with community members, including through outreach and awareness-raising activities.

GBV teams can help leaders connect to SEA coordination and reporting mechanisms and can further help to strengthen community-based protection and reporting. Community leaders may be supported to serve as PSEA focal points in communities, receiving complaints and helping survivors access services. Community leaders can also serve on committees to process and address complaints.

For more guidance and resources please refer to:

- **Empowered Aid:** A free, self-paced online course on mitigating risks of SEA in programming, distribution, monitoring and evaluation. The course emphasizes engagement of women and girls and a participatory approach. Available from George Washington University's Global Women's Institute and partners at: [Empowered Aid Course | Global Women's Institute | The George Washington University \(gwu.edu\)](#)
- **The IASC [PSEA-CBCM Best Practice Guide \(2016\)](#)** for recommendations on establishing and supporting community-based complaints mechanisms.
- **The IASC PSEA** site for additional resources, including a page devoted to community engagement, with examples from different countries and sample IEC materials: [Protection from Sexual Exploitation and Abuse | IASC / PSEA \(interagencystandingcommittee.org\)](#)
- **The United Nations PSEA** site for policies and additional resources: [Preventing Sexual Exploitation and Abuse \(un.org\)](#)

GBV Risk Mitigation Tools and Resources

Tools and Resources

- [Safety Audit Checklist](#)
- [Community Mapping Tool](#)
- [Sample Key Messages for Outreach](#)
- [Discussion Guide: GBV Risks](#)
- [Discussion Guide: Protection from Sexual Abuse and Exploitation](#)
- [Sample Tools: Protection Taskforce](#)
- [Sample Terms of Reference \(ToR\): Protection Taskforce](#)
- [Sample Action Plan and Monitoring Template: Protection Taskforce](#)
- [Sample Meeting Plan: Protection Taskforce](#)
- [Sample Communication Tree](#)

Training Modules

- *Training Modules: GBV Risk Mitigation*

Safety Audit Checklist

Safety audit information is largely collected through observation. When community leaders are involved with conducting safety audits, they may share additional information that is not immediately available through observation. This checklist can be adapted for context.

Shelter/Layout	Yes	No	Comments
Is there a large presence of unaccompanied women and girls?			
Are single women or women-headed households located in a special area?			
Are non-related families housed together?			
Is there any source of night lighting?			
Is overcrowding a problem?			
Mobility	Yes	No	Comments
Are women able to move freely in and out of the community?			
Are women regularly leaving the community for livelihood purposes (firewood, water, farming, jobs)?			
Are there particular safety risks for women and girls moving through the community?			
Decision-Making	Yes	No	Comments
Are women represented in leadership?			
Are government/ humanitarian actors consulting women in planning services?			
Have youth been consulted in planning services (shelter, nutrition, health, WASH, etc)?			

Security Presence	Yes	No	Comments
Police			
State military			
Other armed actors			
Barriers/checkpoints			
Community security committees			
Women's participation in any community security plans			
Known/apparent danger points in the community that pose risk to women and girls?			
NFIs	Yes	No	Comments
Are any NFIs distributed specifically to women?			
Is fuel distributed?			
Facilities	Yes	No	Comments
Are latrines/bathhouses separated by sex?			
Are there internal locks on latrine/bathhouse doors?			
Do latrines/bathhouses appear safely and easily accessible for women?			
Do water points appear safely and easily accessible for women?			
Do health facilities appear safely and easily accessible for women?			
Support	Yes	No	Comments
Are there spaces where women are congregating (informal or designated)?			
Are any women's associations active?			

Community Mapping Tool

Community mapping can help to identify GBV risks, as well as barriers to services, that may be mitigated. The exercise can also serve a purpose of raising awareness of GBV risks, particularly when women and girls identify risks that community leaders, or men and boys, had not considered. If mapping exercises include mixed-sex groups, these should be well-facilitated to be sure women and girls are able to lead. Maps developed by women and girl-only groups may be shared with male community leaders after exercises are concluded.

Generally, participatory exercises should be limited to 20 participants and completed within 1.5 hours. When mapping includes physically visiting different areas of the community, the exercise will take more time, and refreshments or other provisions may be required.

Information to Record During Mapping Exercise

Date: _____

Location: _____

Interpretation Used? Yes No

Gender Composition of Participants	Approximate Age Groups of Participants
<input type="checkbox"/> All female	<input type="checkbox"/> 10-14 years
<input type="checkbox"/> All male	<input type="checkbox"/> 15-19 years
<input type="checkbox"/> Mixed-sex	<input type="checkbox"/> 20-24 years
	<input type="checkbox"/> 25-40 years
	<input type="checkbox"/> Over 40 years

Notes on Diversity of Participants:

Are any community leaders included in the group? Yes No

Notes:

Information to Share Before Mapping Exercise

Introduce all GBV team members.

Present the purpose of the discussion.

- General information about your organization and program
- Interest in understanding concerns and needs for women and girls
- Participation is voluntary with no direct benefit for volunteering
- No one is required to respond to any questions
- Participants are free to leave the discussion at any time
- With whom will information be shared and how?

Agree on confidentiality.

- Keep discussion confidential
- Do not share stories that identify individuals

Ask permission to take notes.

- No one's identity will be mentioned
- The purpose of the notes is to ensure that the information collected is accurate

Methods of Community Mapping

Participants develop some representation, or map, of the community and then mark areas of increased risk (e.g. the bush when collecting firewood, the road to and from school) as well as protective assets (e.g. women and girls' safe spaces).

The map of the community can be developed through different exercises, including:

- 1. Group drawing:** Present a map of the community, or begin with a blank paper and facilitate a discussion where volunteers help to draw a rough map of the community by memory. Indicate major landmarks, such as rivers, markets, and places of worship, as well as service points, such as schools and health facilities.
- 2. Representing space:** Using an open space, participants can model the community, using handy objects, or even volunteers within the group, to mark landmarks.
- 3. Visiting space:** Invite participants to move together through the community, for example using transect walks to move from one end of the community to the other, to identify specific areas.

After mapping space, as well as risks and assets, engage participants to discuss how identified risks might be addressed. Note recommendations for advocacy with different actors, and support proposed community initiatives. Plan to follow up with participants, as relevant. Community mapping exercises can be repeated over time to track changes in the overall protective environment of a community.

Sample Community Map



Sample Key Messages for Outreach

Outreach messages related to risk mitigation can be developed with community leaders, who can help to amplify messages within communities.



All assistance is free! No one has a right to touch you, or demand money or favors or sex in exchange for services.



If you see or hear anyone asking for money, sex or favor in exchange for any service you have a right to report it. *Add information on locations/ focal points for reporting.*



Individuals who may be vulnerable – unaccompanied young people, pregnant women, persons with disabilities, elderly, female heads-of households, etc. – may need special attention. Please check on those near you and make sure they are okay.



Services are available for any man, woman or child who has experienced rape, or sexual violence. Medical Care after rape is very important and is best if received as soon as possible. Within three days after rape, medicine may prevent HIV and infections. Within five days after rape, medicine may prevent unwanted pregnancy.



Provide information on available services for survivors of GBV, including health and GBV case management/ psychosocial support services, or community focal points who can provide basic emotional support.



Everyone has the right to be safe from violence. If you or someone you know is in danger, you can seek help from *available security services.*

Discussion Guide: GBV Risks

Group discussions with community leaders about GBV risks can help to identify, raise awareness, and explore ideas for risk mitigation. This discussion guide includes suggestions for arranging and leading any group discussion, followed by sample questions and important ideas for discussing GBV risks.

Arranging Discussion Groups (ahead of discussion)

- Identify a comfortable and quiet locations for discussions.
- Limit groups to 15 participants
- Complete discussions within 1.5 hours.
- Ensure lead facilitator has experience and/or training in facilitation. The facilitator must be able to ask probing and clarifying questions, demonstrate comfort and patience when talking about sensitive issues, positively manage negative or harmful comments, and respond appropriately to disclosures of GBV.
- Have a referral list of available services in case of GBV disclosure.
- Where possible, arrange same-sex facilitators for all male or all female discussion groups.

Introduction (5-10 minutes)

- Greet everyone, share introductions, pleasantries, and gratitude for any recent positive actions.
- Share general information about your organization and program (with any new participants).
- Present the purpose of the discussion.
- Agree to not share stories that identify individuals.

Discussion (30-45 minutes)

- Introduce topic of discussion and begin with a question or other prompts.
- Be sure to review questions/prompts and adapt them for context.
- Avoid “teaching”, talking too much, or arguing. Use prompts to keep conversation going and remember the discussion is also a learning opportunity for you.
- Do not feel pressure to use all questions/prompts.

Wrap-Up (5 minutes)

- Summarize key takeaways or ideas from discussion.
- Agree on any points for further discussion and make plans as appropriate.
- Thank all participants.

Prompts/Questions

- Is there a place in the community that women or girls should avoid? (Day? Night?)
- What places/services/shelters present the most danger for women/girls? Could anything be done to make these safer?
- Without mentioning any individuals, which group or groups of women and girls feel the most insecure or the most exposed to risks of violence? Why?
- Since the emergency/displacement, are parents taking any new actions to protect their daughters?
- What actions are being taken to protect women and girls from violence? What more could be done to create a safer environment?

Important Ideas for Discussion

- In highly sensitive environments, GBV teams can ask generally about any safety risks to the population and then probe for specific risks to women and girls if leaders appear open to discussion.
- Community leaders may have different ideas about risks than women and girls who are separately consulted. GBV teams can help to highlight risks from women and girls' perspectives and ask for leaders' help to address these risks.
- Community leaders may have ideas for protecting women and girls that would limit their rights (such as restricting women's access to certain services) or present new risks (such as encouraging girls to marry). Allow space for all ideas and facilitate a discussion around what is truly protective (considering multiple risks and interests).
- Share information on available GBV response services, as well as reporting options for SEA. Where community leaders are in new environments, GBV teams can also help to make them aware of general security service and reporting options.

Discussion Guide: Protection from Sexual Abuse and Exploitation

Group discussions with community leaders about sexual exploitation and abuse (SEA) can help to raise awareness of risks and rights related to SEA and explore options for better protecting communities. This discussion guide includes suggestions for arranging and leading any group discussion, followed by sample prompts and important ideas for discussing PSEA.

Arranging Discussion Groups (ahead of discussion)

- Identify a comfortable and quiet locations for discussions.
- Limit groups to 15 participants
- Complete discussions within 1.5 hours.
- Ensure lead facilitator has experience and/or training in facilitation. The facilitator must be able to ask probing and clarifying questions, demonstrate comfort and patience when talking about sensitive issues, positively manage negative or harmful comments, and respond appropriately to disclosures of GBV.
- Have a referral list of available services in case of GBV disclosure.
- Where possible, arrange same-sex facilitators for all male or all female discussion groups.

Introduction (5-10 minutes)

- Greet everyone, share introductions, pleasantries, and gratitude for any recent positive actions.
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- Summarize key takeaways or ideas from discussion.
- Agree on any points for further discussion and make plans as appropriate.
- Thank all participants.

Prompts/Questions

- Sample Script: We would like to talk to you about something very sensitive and concerning that can happen during emergencies, when people like me work to assist affected communities. Sometimes, some of those people aren't really committed to helping and instead take advantage of those most vulnerable, particularly women and girls. Aid workers might demand favors in exchange for work or assistance. Some aid workers have hurt and even raped children. We want to make sure you're aware of the community's rights to be free from this kind of abuse, and we would like to talk about some ways to protect the community.
- Do you think there are any services/ distribution practices that present significant risks to women and girls?
- Without mentioning any individuals, have you heard any suspicions of bad behavior by aid workers?
- If you heard that someone in your community may have been exploited or hurt by an aid worker, what do you think the best actions would be to protect them and others? Are you aware of services available to them? Do you know where this could be reported?
- Sample scenario (to adapt for context if using): *A widowed woman is alone in the community, the only caretaker for her two young children and her aging father. While in line to register for food distribution, an NGO worker said he will give her an extra kilo of wheat each month if she visits him in the evenings to "keep him company."*
 - Do you think such a situation happens in this community?
 - How would community members react if they knew what was happening to the woman?
 - Do you think the woman might seek help from anyone? Who?
 - How would you respond if the woman confided in you about this situation?

Important Ideas for Discussion

- Assistance from humanitarian agencies is always free. Any requests for payment or exchange is wrong and can be reported.
- Someone who has been exploited by a humanitarian is never at fault. Every person has the right to assistance and the right to be safe from harm and abuse.
- Share information on local reporting options for suspicions of SEA, as well as information on how leaders might be more involved with SEA coordination or complaints mechanisms.
- Share information on available GBV/SEA response services.

Sample Tools: Protection Taskforce

This selection of tools may be useful for GBV teams considering support to, or establishment of, protection taskforces/ committees (names may vary) focused on mitigating risks of GBV. Sample tools include:

- Guidance on establishing a protection taskforce
- A sample Terms of Reference for a protection taskforce
- Sample action and monitoring plans for a protection taskforce
- A sample meeting plan and agenda for a protection taskforce

Establishing a Protection Taskforce (PTF)

Phase 1:

- Approach key community members and invite them to a preliminary meeting about the establishment of PTF
- Explain the purpose of the PTF, expected commitments and responsibilities (to be finalized by members), and that there will be no monetary remuneration
- Ask who is interested in joining PTF and if others should be invited

Phase 2:

- Arrange an orientation meeting to agree on structure and terms of reference for the PTF
- Provide initial training in GBV core concepts, referrals, and risk mitigation
- Establish meeting schedule

Phase 3:

- Carryout safety risks
- Identify risks to address and actions to mitigate risks
- Implement and monitor actions
- Share information and connect community members to services
- Meet regularly to review needs and plans

Sample Terms of Reference (ToR): Protection Taskforce

Purpose & Objectives

The Protection Task Force (PTF) is committed to the general safety and wellbeing of the community, with a particular focus on reducing risks of gender-based violence (GBV). The task force will dedicate attention to specific issues and challenges women and girls face in the community, partner with community leaders to create a safer environment for women and girls, and coordinate with GBV programs to strengthen community participation in GBV prevention and response efforts. The PTF will play key role identifying and addressing protection risks.

Composition and Structure

The PTF will comprise community leaders and other committed members of the community who can provide diverse and effective representation, with at least 50% women and adolescent girls. This may include community leaders, religious leaders, members of women's associations, youth associations, associations of persons with disabilities, and elders.

PTF will include 10-15 members. In larger communities, PTF associations may be larger, with 10-15-member sub-groups responsible for designated blocks or areas of the community.

Commitments and Responsibilities

Members of PTF commit to:

- Initial orientation
- Trainings on GBV core concepts, referral pathway, and risk mitigation
- Regular participation in meetings
- Participation in safety audits
- Contributions to address identified needs
- Respectful coordination with PTF and community members
- Upholding GBV guiding principles

Members of PTF contribute to:

- Continuous discussion on protection of women and girls
- Identifying protection risks of women and girls
- Developing action plans for addressing protection risks
- Monitoring progress against action plans
- Sharing information on protection risks, reporting mechanisms, and services
- Linking vulnerable individuals to support services
- Reporting protection concerns, including suspicions of sexual exploitation and abuse
- Promoting solidarity and gender equality

Sample Action Plan & Monitoring Template: Protection Taskforce

Date: _____

PTF: _____

GBV Risk	Action	Location	Timeframe	Participants	Lead

Date: _____

PTF: _____

Planned Action	Location	Lead	Status	Notes

Sample Meeting Plan: Protection Taskforce

Date: _____

Facilitation: _____

Total Participants: _____

Venue: _____

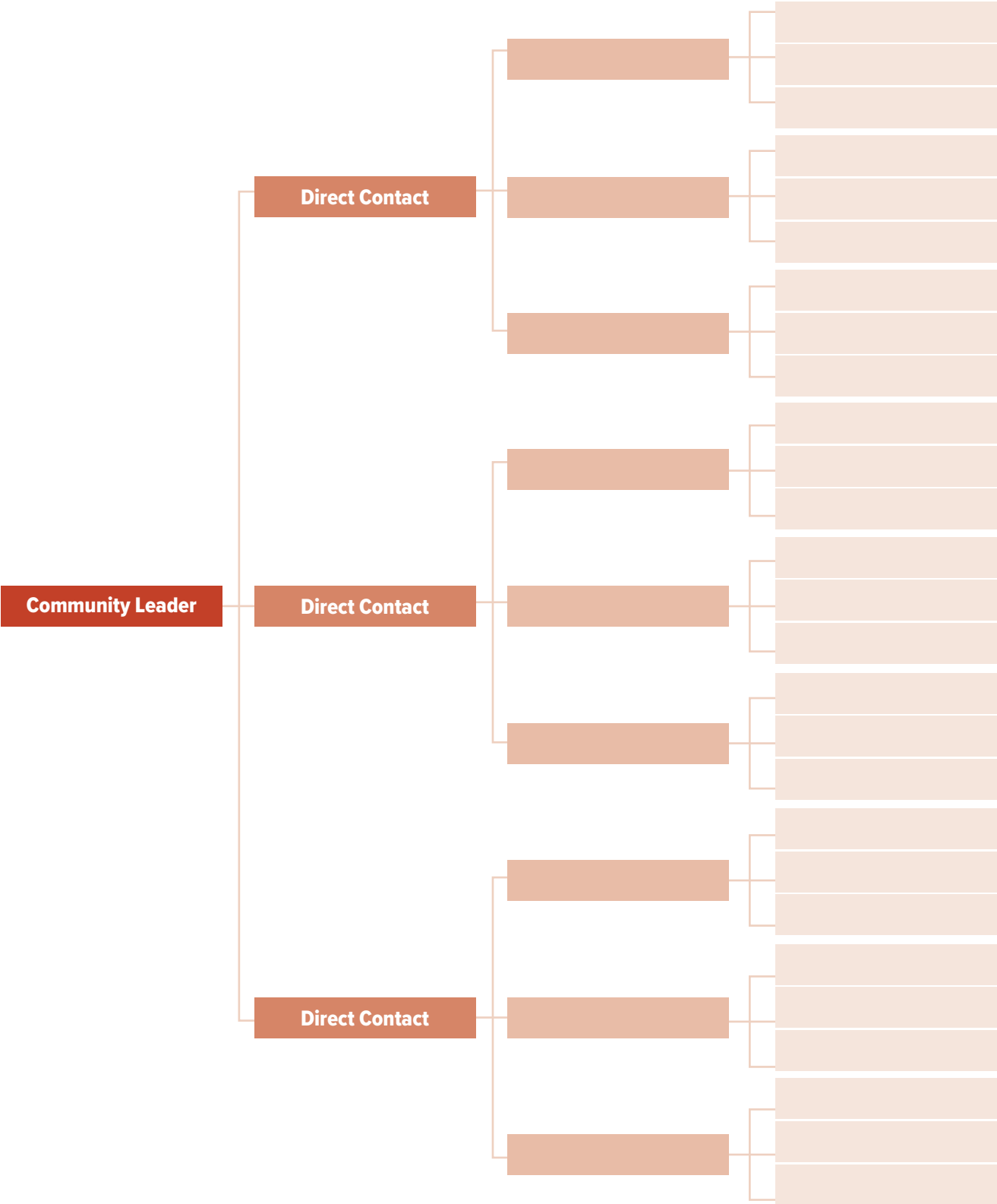
	Name	Age	Sex	Zone	Affiliation	Contact
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

Meeting Agenda:

- Priority issues
- Review of action plan and achievements since last meeting
- Challenges
- Plans
- Updates on membership, partners, community services
- Any other business (AoB)

Sample Communication Tree

To support community preparedness, GBV teams can work with community leaders to develop communication trees to reach women and girls, or vulnerable individuals, with emergency information. In the example below, 27 individuals or families are reached in just three steps of communication



Transformative Change



Transformative Change

Key Concepts

- Role of Community Leaders in Transformative Change to Prevent GBV
- Considerations for GBV Teams Preparing to Engage Community Leaders in Transformative Change to Prevent GBV

Approaches

- Using an Established Transformative Change Program
- Creating a New Transformative Change Program
- Designing Limited Interventions Aimed at Transformative Change
 - Building awareness, knowledge, and skills
 - Fostering gender equitable, respectful, and non-violent social norms, attitudes, and behaviors
 - Promoting women and girls' empowerment

Ideas for Engagement

- Building Awareness, Knowledge, and Skills
 - GBV Root Cause Analysis
 - Participatory Development of Messages and IEC Materials
 - Outreach and Awareness-Raising
 - Community Events and Campaigns
 - Edutainment
 - Group Learning and Life Skills
- Fostering Gender Equitable, Respectful, and Non-Violent Social Norms, Attitudes, and Behaviors
 - Group Discussions to Foster Equitable Norms, Attitudes, and Behaviors
 - GBV Prevention Action Planning
 - Appealing to International and National Legal Frameworks
- Promoting Women and Girls' Empowerment
 - See **Key Areas of Engagement: Supporting Women Leaders**

Tools and Resources

- **Sample: Root Cause Analysis**
- **Steps for Developing Key Messages**
- **Checklist: Communication Materials**
- **Tip Sheet: Pretesting Communication**
- **Tip Sheet: Involving Community Leaders in Events**
- **Discussion Guide: Equitable Norms, Attitudes, and Behaviors**
- **Prevention Action Planning Tool**
- **Recommendations: Creating a New Social Behavior Change Program**
- **Resources for Learning about GBV Prevention Theories and Approaches**

Training Modules

- *Training Modules: Transformative Change*

Key Concepts

Role of Community Leaders in Transformative Change to Prevent GBV

Community leaders are pivotal to catalyzing transformative changes among individuals and within communities to promote gender equality and prevent GBV. This includes leaders in formal leadership positions, such as traditional, religious, administrative, and political leaders who are responsible for creating and maintaining formal rules that guide community institutions and the behavior of community members. Informal leaders, who may not hold positions within formal structures but who are influential and trusted by the community, can also catalyze change in harmful and inequitable norms, beliefs, behaviors, and practices that contribute to GBV. Some of the ways community leaders contribute to GBV prevention are outlined below.

Community leaders speak out and contribute to breaking the silence and building awareness about GBV. GBV is often a hidden issue surrounded by shame and stigma, and a vital first step in prevention is breaking this silence, generating community awareness, and finding safe ways for the community to talk about the issue. Respected and influential leaders can speak out about GBV to raise awareness and create safety for others in the community to learn about and discuss the issue and the benefits of preventing GBV.

Community leaders help build community knowledge, attitudes and skills that contribute to preventing GBV. Depending on their roles, community leaders are often key sources of information and education for community members. Leaders within community institutions, including religious institutions, schools, health services, community organizations and networks, build knowledge and shape attitudes toward GBV, the harms associated with it, and the benefits of preventing it. Some leaders can also foster development of skills among different groups in the community to promote healthy, safe and respectful relationships.

Community leaders support women and girls' economic and social empowerment. Whether by participating directly in women's and girls' empowerment activities, such as education and training, social, economic and peer support activities, or indirectly through advocacy or public support for such activities, community leaders help build gender equality through empowering women and girls. Leaders can also promote women's and girls' voice and agency in public life and their participation in household and community decision-making processes.

Community leaders influence and shape social norms, expectation and behaviors related to gender equality and GBV. Formal and informal community leaders are at the heart of efforts to transform harmful and inequitable social norms that entrench and maintain gender inequality and GBV. Community leaders can challenge harmful norms that foster discriminatory and violent attitudes and behaviors toward women and girls, impunity toward perpetrators, and inaction against GBV by the community. Beyond challenging harmful norms, community leaders can promote attitudes and norms that foster equality, non-violence, respectful relationships, and accountability of perpetrators.

Community leaders help create and implement rules, policies and laws that prevent GBV. Community leaders influence and are often the custodians of rules, policies and laws that can include accountability for perpetrators, protection of women's rights, and zero tolerance for GBV. Leaders can spearhead advocacy efforts for changes to formal laws and policies related to GBV at national and sub-national levels. At the local level, leaders are often instrumental in the development and interpretation of local and customary laws and rules that help prevent GBV. For example, leaders within formal governance positions are responsible for developing and implementing community by-laws and rules, leaders within religious institutions interpret and

apply religious laws, traditional leaders have this same responsibility under customary legal systems, and leaders of community institutions, such as schools, are responsible for creating and implementing policies and rules pertaining to GBV prevention within their institutions.

Considerations for GBV Teams Preparing to Engage Community Leaders in Transformative Change to Prevent GBV

Regardless of whether a GBV team plans to engage community leaders as part of an existing GBV prevention program, or whether a GBV team is taking first steps in prevention work, it is important to remember that transformational change is not achieved through one-off activities, trainings, or campaigns. Other important considerations when preparing to engage community leaders in GBV prevention activities are below.

The availability of good quality survivor-centered support services is a prerequisite for undertaking GBV prevention activities. Transformative change involves building awareness, dialogue, and action to address GBV in the community. It is not ethical or safe to encourage communities to take steps to raise awareness and address GBV without being ready to help survivors that come forward as a result. Therefore, it is critical to have adequate survivor-centered services in place to ensure that survivors who do seek help are able to access care, support, and protection services.

GBV prevention efforts should be based on a theory of change. No matter how large or small the intervention, change is most likely to occur when an intervention is based on a clear strategy and theory for how change happens. If the team is adapting an existing GBV prevention program, you can explore the theory or theories underpinning the program to understand the mechanism for catalyzing change. If you are designing a new intervention, make sure the intervention is underpinned by a theory of change. GBV prevention programs are increasingly using a combination of theories in recognition that different strategies are required for catalyzing change at individual, relationship, community, and wider societal levels. More information on theory-based GBV prevention programs can be found in the resources and tools section.

Awareness raising is an important component of GBV prevention, but not sufficient alone. In line with the need to use a theory-based approach to prevention, evidence shows that awareness-raising is an important first step in GBV prevention, but it is only one part of the process required to catalyze change in community beliefs, attitudes, norms, and behaviors. Individual and collective change requires moving beyond raising awareness to foster critical reflection and consciousness around power, inequality, discrimination, gender, and violence and mobilizing concrete changes in behaviors and structures that perpetuate GBV. Effective approaches offer opportunities for community members to explore their values, beliefs, and attitudes individually and collectively, and take actions to create respectful, equitable and non-violent norms, behaviors, and practices. Sustaining change at individual and community levels requires ongoing discussions, meetings, trainings, mentoring and guidance.¹

¹ UN Women (2021) *Learning from Practice: Engaging faith-based and traditional actors in preventing violence against women and girls*

Prevention programming requires careful design in line with emerging evidence. Even when a GBV program is only engaging in preliminary prevention efforts with community leaders, it is important for prevention work to be carefully designed in line with emerging evidence of effective elements of transformative change and good practice in prevention programming. These include providing opportunities for people to:²

- Develop “critical consciousness,” i.e. the ability to recognize and analyze inequality and the commitment to take action against it.
- Reflect on their own beliefs and experiences around gender, violence and power and listen to others without judgment. This moves beyond awareness-raising to deeper levels of exploration.
- Examine the norms and values of their communities, and how they align with personal beliefs.
- Build new skills and practice new behaviors.
- Develop solidarity with others who are making a change.

Staff are critical agents of change in GBV prevention programming. Transformative change starts with us, and we should reflect the beliefs, attitudes, and behaviors that we are trying to promote. Staff should have the opportunity to explore their own attitudes and beliefs and the social norms and expectations that have shaped them. This also is not a one-off activity – staff should have opportunities to reflect, learn, grow, and develop throughout their work in GBV prevention programming. See **Building the Team** in *Building a Foundation for Engagement* for more information and resources to help with this.

GBV prevention should seek to engage the whole community. GBV affects the entire community, and the conditions that sustain it are rooted in values, beliefs and practices of men and women of all ages. GBV prevention therefore requires engagement of the whole community. Community leaders are an important stakeholder group and engaging diverse leaders can help to reach and influence different groups, interests, and demographics across a community.

² Adapted from the *WHO RESPECT Women: Preventing violence against women framework* (2019) <https://www.who.int/reproductivehealth/publications/preventing-vaw-framework-policymakers/en/>

Approaches

Three approaches to engaging community leaders in transformative change are outlined below. They include 1) Using an established program, 2) Creating a new program, and 3) Designing small-scale interventions aimed at transformative change.

The approach a GBV team adopts will depend on a variety of factors including:

- The context, and which approach is most relevant and appropriate.
- How long your organization is committed to GBV programming in a community.
- The resources required by each approach.
- The timeframe necessary for adapting or designing a comprehensive prevention program or designing prevention activities.
- The time available for implementation and follow-up.
- The technical support available to build capacity of staff and community members to implement the intervention.
- Community leader and wider community interest and readiness to implement prevention activities.

Using an Established Transformative Change Program

GBV prevention is an emerging area of practice, and programs to catalyze transformative change have been developed and implemented in various settings. To date, much of the evidence about GBV prevention comes from non-emergency contexts, however, a small number of interventions have been specifically developed for or adapted to humanitarian contexts (see below for examples). Where GBV teams have adequate time, capacity, resources, and support, they may consider adapting and implementing an existing approach to transformative change to prevent GBV. These approaches are rooted in theoretical frameworks, have been tested in different settings, and provide clear guidance to teams for planning, implementation, and monitoring interventions. When deciding whether to adapt an existing program, it may be helpful to:

- Research and learn about the program by reading all relevant materials, including program toolkit and/or implementation resources, evaluations, and research.
- Contact the organization that developed the program to ask for further information and advice on adapting the program.
- Reach out to other organizations that have adapted the program to learn from them about practical aspects of adapting and implementing the program.

Established Programs That Have Been Implemented in Humanitarian Settings

The evidence base for all GBV prevention programming in emergencies is still emerging. The following table highlights community-based transformative change programs to prevent GBV that include attention to community leaders, and that have some evidence regarding their effectiveness. The first four programs are community-wide interventions that include community leaders, while the fifth does not specifically target inclusion of community leaders, although they may be involved in the intervention. The list of programs is not exhaustive, and teams can undertake further research to identify other programs that could be considered for adaptation.

SASA! Together

Organization	Raising Voices
Used in humanitarian context	Yes
Involves community leaders	Yes

Description

SASA! Together is a community mobilization approach to prevent intimate partner violence against women by transforming power imbalances between women and men at all levels of the community. It is a revision of the *SASA! Activist Kit*, created by *Raising Voices* in 2008. “SASA!” means “NOW!” in Kiswahili, emphasizing the urgent need to prevent violence against women. SASA! is also an acronym for its four phases: Start, Awareness, Support and Action. “Together” emphasizes that change is possible with collaboration, support, and solidarity.

SASA! Together is typically supported by an organization and led by activists, leaders, and allies – all women and men who live and work in the community – who engage individuals, couples, neighbors, other leaders, and colleagues in the *SASA! Together* process:

- In the Start phase, community activists, community leaders and institutional allies spend time exploring community norms about violence against women, begin a personal journey of deepening their power within to make changes in their own lives, and start engaging others in the community.
- In the Awareness phase, 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.
- In the Support phase, 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.
- In the Action phase, activists, leaders, and allies support community members’ power to take action and sustain change for years to come— solidifying new norms in which violence against women is never acceptable and women can live safe, fulfilling and dignified lives.

Summary of recommended time and resources

- 3 years
- Team lead/supervisor
- Staff dedicated to each strategy
- Technical support available through Raising Voices or an accredited Technical Assistance (TA) Provider
- Financial resources for training and other activities

Where to find further information

- Overview: <https://www.sciencedirect.com/science/article/pii/S0149718921000136>
- Suitability & Readiness Assessment- <https://raisingvoices.org/wp-content/uploads/2020/02/c.-Suitability-and-Readiness-Assessment.pdf>
- Insights from implementation: https://raisingvoices.org/wp-content/uploads/2013/02/Insights-from-SASA_interactive-2.pdf
- Toolkit: <https://raisingvoices.org/sasatogether/>
- Evaluation: <https://bmcmmedicine.biomedcentral.com/articles/10.1186/s12916-014-0122-5>

SASA! Faith

Organization	Raising Voices and Trocaire
Used in humanitarian context	Yes
Involves community leaders	Yes

Description

SASA! Faith is an adaptation of the *SASA! An Activist Kit for Preventing Violence Against Women and HIV*. *SASA! Faith* takes the structure, process, and content in *SASA!* and adapts it for use by religious communities. It focuses on the Christian and Muslim faiths, as the approach was developed in Africa where these are the two major religions. However, it was created with a global focus and can be adapted to any faith in any country.

SASA! Faith includes: a guide with staff guidance and materials to be used in the faith community, a training manual for the *SASA! Faith* team and network for each phase of implementation, and assessment tools to learn from programming.

Summary of recommended time and resources

- Two to three years
- A small team of Faith Champions, including religious leadership
- Financial resources for training and other activities

Where to find further information

- Overview: <https://raisingvoices.org/sasa-faith/>
- Toolkit: <https://raisingvoices.org/sasa-faith/>

Communities Care: Transforming Lives and Preventing Violence

Organization	UNICEF
Used in humanitarian context	Yes
Involves community leaders	Yes

Description

Communities Care is a community-based model for preventing and responding to sexual violence against girls and women in conflict-affected settings. The program is premised on the idea that while armed conflict causes horrendous suffering for those affected, the disruption it causes may also present an opportunity for positive change in social norms that can contribute to gender equality and decrease GBV and discrimination. *Communities Care* emphasizes that entire communities – girls, women, boys, and men alike – benefit from healthier, safer, and more peaceful environments in which all members enjoy their right to live free from violence.

The goal of *Communities Care* is to create healthier, safer, and more peaceful communities for girls and women by working with communities to:

- Improve timely, coordinated, and compassionate care and support for survivors of sexual violence in conflict-affected settings by strengthening community-based response.
- Reduce tolerance for GBV within the community and catalyze community-led action to prevent it by transforming harmful practices and social norms that perpetuate gender inequality and related violence against girls and women into norms that promote dignity, equality, and non-violence.

Communities Care uses a ‘facilitated dialogue’ method – that is, a structured conversation led by trained community members with different groups in the community. Through this process, groups of adults and adolescents come together to:

- Build awareness and consciousness about shared values of respect for human dignity, fairness and justice;
- Connect their experiences of violence and injustice to the experiences of others; and
- Analyze how gender norms contribute to violence and injustice.

Participants are then empowered to work together to find solutions to the problems of GBV and inequality and are supported in translating these solutions into concrete action.

Summary of recommended time and resources

- 2–3 years (minimum 3 months preparation for the team; 3 months planning and customization; 18 months implementation)
- Program manager
- Senior social worker and senior community engagement worker
- Social work and community engagement team leaders
- Community discussion leaders

Where to find further information

- Overview: <https://www.tandfonline.com/doi/full/10.1080/13552074.2016.1195579>
- Toolkit: <https://www.unicef.org/documents/communities-care>
- Evaluations: <https://bmjopen.bmj.com/content/bmjopen/9/3/e023819.full.pdf>

Engaging Men through Accountable Practice (EMAP)

Organization	International Rescue Committee
Used in humanitarian context	Yes
Involves community leaders	Not explicitly, however leaders may be involved as community gatekeepers and program participants

Description

EMAP is an innovative evidence-based primary prevention model to reduce GBV by engaging men and boys in transformative individual behavior change in stable humanitarian contexts, guided by the input and realities of the women and girls in their communities.

The *EMAP* field-tested approach is primarily based on accountability to women and girls and provides a method and structure for honoring women's leadership and developing male engagement in a way that improves, rather than endangers, the lives of women and girls. The goals of *EMAP* are to:

- Reduce harmful behaviors and increase gender equality in the home.
- Provide program staff with the tools and skills to successfully model accountability to women and girls and promote transformational change.
- Give male participants the tools and knowledge to rethink belief systems and prevent GBV through individual behavioral change and provide them with programming guided by the voices of women in the community.
- Provide female participants with opportunities to reflect on GBV in their lives and influence programming with men within their community.

Summary of recommended time and resources

- 1 year
- EMAP Supervisor
- EMAP Trainer
- Male and female EMAP Facilitators

Where to find further information

- Overview: <https://gbvresponders.org/prevention/>
- Toolkit: <https://gbvresponders.org/prevention/emap-tools-resources/>
- Evaluation: <https://gbvresponders.org/wp-content/uploads/2014/07/Mens-Engagement-Research-Brief-Jan-2014-Final-2.pdf>

5. Tipping Point

Organization	CARE
Used in humanitarian context	Yes
Involves community leaders	Not explicitly, however leaders may be involved as community gatekeepers and program participants

Description

- *Tipping Point* focuses on identifying the root causes of child marriage and facilitates innovative strategies to create alternative paths for adolescent girls. The program addresses child marriage using synchronized engagement with adolescent girls and boys, parents, community, and religious leaders around key programmatic topics, and creates public spaces for all community members to be part of the dialogue. *Tipping Point*'s approach is rooted in challenging social expectations and repressive norms and promoting girl-driven movement building and activism. The project also seeks to influence the way policymakers, donors, researchers, and civil society approach the issue of child marriage,
- The *Tipping Point* intervention packages consist of 53 weekly meetings for adolescent girls and adolescent boys, 18 monthly meetings for mothers and fathers, and quarterly meetings with community leaders such as teachers, government officials, and religious leaders. *Tipping Point* focuses heavily on staff and facilitators' own personal transformation on gender and GBV to ensure program quality.

Summary of recommended time and resources

- 18 months
- Girl-led activism for social norms change component: 12 months
- Village Savings & Loan component: 12 months

Where to find further information

- Tipping Point page: <https://www.care.org/our-work/health/fighting-gender-based-violence/tipping-point/>
- Evaluation Reports: <https://www.care.org/our-work/health/fighting-gender-based-violence/tipping-point/tipping-point-meal-resources/>
- Toolkit: <https://www.care.org/our-work/health/fighting-gender-based-violence/tipping-point/tipping-point-program-resources/>

Creating a New Transformative Change Program

Depending on the context and organizational commitment and resources, it may be appropriate to create your own GBV prevention program to engage community leaders in transformative change. With adequate research, planning, time, resources, and support, GBV teams can design and implement their own approach to transformative change to prevent GBV. However, this approach will require a significant multi-year investment by the organization for research, partnerships, and technical support to design, implement and monitor an evidence-informed approach. If this approach is feasible and appropriate, the following may be helpful to prepare for the creation of a new GBV prevention program:

- Learning about community priorities for GBV prevention.
- Conducting formative research to understand GBV drivers and risk and protective factors in the community.
- Studying different theories of social and behavior change.
- Reviewing evidence about effective approaches and strategies.
- Reviewing other prevention programs to draw on lessons and avoid duplication of efforts.
- Exploring opportunities for innovation, collaboration, and coordination with others.



Example from Practice

Bienvenue aux Changements dans la Communauté

To compliment a GBV program in conflict-affected communities of the Democratic Republic of Congo, International Medical Corps designed and implemented the “Bienvenue aux Changements dans la Communauté” (BCC) or “Welcome to Changes in the Community” GBV prevention program over the course of six years, beginning in 2010. The overall aim of the program was to reduce the level of GBV in targeted communities through increased community action at all social levels and the creation and sustaining of new positive behaviors.

With support from the U.S. Agency for International Development, the BCC program was implemented in partnership with Search for Common Ground (SFCG) who were responsible for delivering societal level interventions such as radio programming, and large-scale activities like participatory theater and outdoor film screenings, as well as Johns Hopkins Bloomberg School of Public Health/Center for Communication Programs (CCP), who led formative, population-based research and provided technical support in the design of effective behavior change communication activities.

Key recommendations from the program that can inform assessment, design, monitoring and evaluation of new GBV programs are included in the [**Transformative Change Tools and Resources**](#)

Designing Limited Interventions Aimed at Transformative Change

It is not always feasible or appropriate for GBV teams to implement comprehensive, multi-year GBV prevention programs. This might be due to organizational and/or community priorities, or capacity and readiness and available resources, including time. While a smaller-scale transformative change intervention may not be able to tackle all the changes needed, carefully selected actions to engage community leaders can contribute to building awareness, motivation, and commitment to GBV prevention in the community, as well as catalyzing changes in key areas. For example, if there are very low levels of awareness or discussion about GBV, supporting leaders to break the silence and enable people to safely talk about GBV is a critical

first step in transforming harmful beliefs, attitudes and norms that sustain GBV. While one-off interventions will not lead to sustained transformative change, GBV teams can look toward such changes even during early stages of a humanitarian response and consider smaller-scale activities that could be reinforced and built upon with increased participation, stability, and resources. Thoughtfully designed interventions, even when modest, can play an important part in GBV prevention. Whether an intervention seeks to initiate community engagement in GBV prevention, or build on efforts already underway, smaller-scale strategies can engage community leaders to support one or more of the following three approaches:

Building Awareness, Knowledge, and Skills

- Take the first steps or continue efforts to break the silence and build awareness about GBV in a community
- Build knowledge and skills to promote healthy, safe, and respectful relationships among different groups in the community

Fostering Gender Equitable, Respectful, and Non-Violent Social Norms, Attitudes, and Behaviors

- Catalyze discussion about community values, beliefs, and norms to build support for gender equitable and non-violent behaviors
- Create and implement rules to protect women and girls from GBV and hold perpetrators accountable within community systems

Promoting Women and Girls' Empowerment

- Support women's participation in community decision-making
- Increase opportunities for women and girls

Even at a small scale, engaging community leaders in transformative change requires careful planning and preparation to ensure that activities are safe and will not cause harm to women, girls, leaders, communities, and staff; relevant and appropriate to the community; and effective in creating desired changes. Teams may find the steps below helpful when creating a strategy for engaging community leaders in transformative change.

1. Analyze the specific problem to be addressed. It is important to set out the problem you are seeking to change. Clearly defining the problem will enable you to better identify desired changes and appropriate strategies to catalyze change. While gender inequality is at the heart of all GBV, there are different drivers and contributing factors. For example, in some communities, social norms may be the main driver of child marriage, whereas in others, insecurity and poverty may be key contributing factors. Similarly, the individual, family and community level risk factors contributing to different forms of sexual violence vary across communities. Doing a root cause analysis with community leaders and women and girls can be helpful to analyze a specific problem and identify actions for prevention.

2. Identify desired changes that can help address the problem. Once you have defined and broken the problem down, the next step is to identify changes required to transform underlying drivers and risks. Reflecting on the root cause of GBV as discrimination against women and girls, desired changes would include those that promote equality and respect for women and girls. Through a root cause analysis, GBV teams can support communities to consider changes needed to address specific factors linked to:

- Individual knowledge, beliefs, attitudes and skills;
- Community norms and practices in relation to GBV;
- Women and girls’ participation, agency and empowerment;
- Formal and informal rules in relation to preventing GBV and mechanisms for enforcing them within the community.

It is important to engage women and girls when identifying and prioritizing changes that would prevent GBV, and to reflect the needs, perspectives and interests of different groups of women and girls in the community, including those who have less voice and visibility.

3. Identify changes in leaders that can support desired changes in the community. At this stage, you can identify desired changes that community leaders might take to contribute to catalyzing change across the wider community. The GBV team can brainstorm ideas, engaging women and girls, women’s associations, and other partners in this process. Desired changes for the broader community and for different leaders may be the same, but teams may also identify different or more specific desired changes/actions for leaders. Depending on the community leader profile, teams may also identify different desired changes for different leaders, such as those with formal leadership positions and responsibilities. Examples of changes among leaders to address a specific problem are outlined below.

Problem	Underlying factors	Desired changes in community	Desired changes in leaders
Impunity for sexual violence against girls in the community.	<ul style="list-style-type: none"> • Sexual violence against girls is hidden and shameful and people can’t speak about it. • Girl survivors are blamed by their family and the wider community. • Girl survivors are held responsible and seen as dishonoring their family. • Girls are forced to marry perpetrators to restore ‘honor’. 	<ul style="list-style-type: none"> • Communities discuss sexual violence its harmful consequences. • Family members support, protect and do not blame girls who have been raped. • The community places responsibility and blame for sexual violence on perpetrators. • Perpetrators, not survivors, are punished for rape. • Customary justice processes protect the dignity, safety, and rights of survivors. 	<ul style="list-style-type: none"> • Leaders positively contribute to public discussion about girls’ rights to safety and dignity and about the harms of sexual violence. • Leaders uphold and promote attitudes, beliefs and behaviors that protect and support girl survivors. • Leaders condemn rape and take steps to ensure that perpetrators are held accountable.

4. Identify activities in partnership with leaders. No matter the scope of the intervention, involving community leaders in the identification of activities to create changes will help to promote ownership of the problem and solutions to it. A participatory approach to identifying activities will also increase the likelihood that activities are appropriate and relevant to the context. Teams can apply their community leader mapping and profiling developed as part of **Building a Foundation for Engagement**. As discussed in more detail in Building a Foundation, when engaging leaders to promote positive change, it is important to consider the roles and influence of different leaders, and to identify leaders who share a commitment to ending GBV and promoting women and girl's safety, dignity. Some activities leaders may implement to support change include:

- Contributing to a community awareness campaign by sharing key messages about the harms of GBV and benefits of non-violent, respectful relationships with their networks.
- Participating in community discussions about GBV to facilitate collective reflection and dialogue to promote non-violent and equitable relationships.
- Holding a community meeting to discuss community priorities for creating safer more equitable relationships in the community.
- Advocating with their peers to explore appropriate community sanctions for sexual violence that promote the safety, dignity, and well-being of survivors.

5. Develop a plan and support leaders to implement and monitor activities. Leaders may require different levels of logistical, technical, practical, or other support to implement the activities. It is also important to monitor activities to ensure that they do not inadvertently reinforce harmful beliefs and attitudes or lead to unintended negative consequences. Monitoring and reviewing the effectiveness of activities will also help in the design and planning of future prevention strategies and programs.

- ➔ See **Ideas for Engagement** for further examples of activities for catalyzing change among leaders and within communities.
- ➔ See *Tools and Resources* for a **Sample: Root Cause Analysis**.

Ideas for Engagement

Building Awareness, Knowledge, and Skills

- GBV Root Cause Analysis
- Participatory Development of Messages and IEC Materials
- Outreach and Awareness-Raising
- Community Events and Campaigns
- Edutainment
- Group Learning and Life Skills

Fostering Gender Equitable, Respectful, and Non-Violent Social Norms, Attitudes, and Behaviors

- Group Discussions to Foster Equitable Norms, Attitudes, and Behaviors
- GBV Prevention Action Planning
- Appealing to International and National Legal Frameworks

Promoting Women and Girls' Empowerment

See **Key Area of Engagement: Supporting Women Leaders**

GBV Root Cause Analysis

A root cause analysis is an exercise that involves analyzing the different risk factors and drivers of GBV in a community. While gender-based inequalities and discrimination lie at the heart of GBV, numerous other factors contribute to it. These include factors related to individual beliefs, attitudes and behaviors, collective beliefs and norms, and rules, policies and laws that guide behavior. Identifying and addressing these factors that drive and perpetuate GBV is a core element of preventing it. Doing a root cause analysis with community members enables collective reflection, identification and learning about the different drivers of GBV in the community. In turn, this enables identification of the specific changes that can be made within the community to transform the conditions that perpetuate and sustain GBV. Involving community leaders in root cause analysis has multiple benefits including:

- Building leaders' awareness and understanding of causes and drivers of GBV in the community.
- Bringing leaders together with others in the community committed to change and exposing leaders to the perspectives of others, including women and girls.
- Helping to break the problem of GBV down and identify achievable changes to which leaders can commit and contribute.

➔ See **Sample Root Cause Analysis** in *Transformative Change Tools and Resources*

Participatory Development of Messages and IEC Materials

GBV teams can engage community leaders in identifying key messages for raising awareness and building knowledge about GBV when developing information, education and communication (IEC) materials to share with the broader community. Involving community leaders in developing messages and information and awareness materials increases their engagement and commitment to sharing messages aimed at promoting gender equitable and non-violent attitudes, behaviors, and norms and promoting women and girls' safety, dignity and well-being. Women and girls should also be involved in the process, as their experiences, priorities and perspectives should always guide GBV prevention efforts. Developing messages and IEC material can take a day to several weeks, depending on the complexity of the issue and topic, the number of people working on the content and material design, how many messages and materials are needed, the communication channels that will be used and time needed to pretest messages and materials.



Example from Practice

Design Workshop with Artists

A GBV prevention program in the Democratic Republic of Congo organized a three-day workshop with 25 community leaders and other representatives, divided into five groups, with an artist assigned to each group. Participants reviewed a GBV problem analysis, the program's vision for an equal and nonviolent community, and elements of social behavior change. They then worked in groups to identify key audiences and messages. The artists helped to sketch designs during group brainstorming. On the third day, pretesting audiences were invited to join the workshop and review the groups' ideas for IEC materials.

➔ See **Steps for Developing Key Messages** and **Checklist: Communication Materials** in *Transformative Change Tools and Resources*

Outreach and Awareness-Raising

Building knowledge and awareness about GBV is a critical first step in catalyzing change and there are a wide variety of methods and communication channels to help share information and build community awareness about GBV. Common communication channels include:

- **Interpersonal communication** channels that involve person-to-person or small group interaction and exchange. Examples include peer education, parent-child, teacher-student or spousal communication, support groups.
- **Community channels** that involve information sharing within the community. Examples include community meetings, community discussions, events, and religious sermons.
- **Broadcast and print media channels** that reach a large number of people. Examples include television, radio, newspapers, movies, magazines, brochures, and posters.
- **Digital and social media** channels that share digitized content via mobile technologies and the Internet including digital video, text, images, and audio are transmitted over Internet, computer, or mobile networks. Examples include websites, vlogs, blogs, social networking sites, online games, eLearning, software, and applications.

GBV teams can include community leaders in outreach and awareness raising in two ways: firstly, as advisors when designing, implementing, and monitoring outreach and awareness-raising strategies, and secondly as facilitators of awareness activities, using their influence and platforms to build knowledge and awareness of others.

When engaging leaders as *advisors* in the design of outreach and awareness, teams can establish regular meetings with interested individual or groups of leaders to:

- Identify key audiences for awareness-raising in the community, including other leaders.
- Identify effective approaches and relevant channels of communication.
- Endorse information-sharing strategies and messages.
- Prioritize themes and topics for awareness raising.
- Use their networks and influence to maximize the reach and impact of messages.
- Review implemented activities, seeking feedback and ideas for improvement.
- Plan for upcoming activities.

When engaging leaders as *facilitators* of information sharing and awareness raising teams will need to make sure that individual leaders:

- Are committed to values and principles of equality, dignity, fairness and justice for women and girls;
- Have accurate information about GBV, including about services for survivors and how to seek help;
- Have good communication skills;
- Are clear about the messages and how to communicate them.



Example from Practice

Religious Leaders as Facilitators of GBV Information

A GBV program in Mali engages dedicated and trained community leaders, including religious leaders, in all awareness-raising activities. The leaders speak about GBV topics during campaigns, celebrations for international days, and radio programs. The religious leaders also lead GBV sensitization sessions in their mosques and churches.

➔ See **Steps for Developing Key Messages** in *Transformative Change Tools and Resources*

Community Events and Campaigns

Community events and campaigns against GBV have many potential benefits including helping create awareness and mobilizing large groups of people, influencing decision-makers, helping create policy and legal changes, building critical mass for change, and contributing to catalyzing a shift in social norms when undertaken in conjunction with other activities.³ Campaigns may center around specific international or national events, such as International Women’s Day, International Day of the Girl Child or the 16 Days of Activism Against Gender-Based Violence, or they may be designed based on locally defined priorities and timeframes. Community leaders are often very much involved in community campaigns, often organizing and leading events and other strategies to campaign on local issues. For examples, leaders from national and local women’s organizations commonly organize events around the 16 Days of Activism and facilitate media campaigns to influence decision-makers in relation to strengthening action against GBV.

When engaging leaders in GBV campaign events and other activities, teams can:

- Invite leaders to join a campaign committee or planning meetings to assist in determining the theme or objectives, designing messaging and materials, organizing activities and logistics. Through participation of leaders from the beginning, teams will be able to hear from leaders how they understand the campaign, their priorities and how they can contribute to the campaign, and learn from leaders about how to use the campaign to influence others in the community. It will be important to ensure women leaders and representatives also participate in the campaign committee or planning meetings.
- Ensure the committee reviews and agrees the campaign purpose, timeline and key events and activities and commitments, roles and responsibilities of different leaders; leaders may play a variety role in campaigns. Some may simply endorse the campaign and mobilize their networks to participate by sharing information, while others may have a more public role, speaking at events or interviews. Make sure to discuss with leaders how to address controversial or difficult issues that may arise in response to messages, public statements or media generated by the campaign.
- If leaders will speak publicly at a campaign event, other public forum or to media, ensure they are comfortable doing this, and provide support if they do not have experience in public speaking. (See **Step 5** in *Building a Foundation for Engagement*.) Consider the following steps to support leaders:
 - Outline talking points with leaders ahead of the event. If leaders prepare their own speeches, ask to identify major points together and highlight key messages.
 - If leaders would like to practice, offer for members of the GBV team to serve as a practice audience.
 - Anticipate questions from the audience and help the leader prepare to respond. Leaders are not expected to be experts in GBV, so prepare leaders with good information in advance.
- Ensure leaders are briefed, prepared and well-supported during campaign activities and events.
- Hold follow-up meetings with leaders after events or other activities to debrief and discuss the strengths, successes, challenges, and lessons.
- Formally thank leaders for their time and commitment. Send a thank you letter highlighting the success of the campaign and recognizing their contributions is one way of doing this.

➔ See **Tip Sheet: Involving Community Leaders in Events** in *Transformative Change Tools and Resources*

³ UN Women. (2011). Campaigns to End Violence against Women and Girls

Edutainment

Education through entertainment, also known as ‘edutainment’ is a popular way of engaging different groups in the community in awareness-raising and behavior and social change. Examples include showing a film or listening to a radio show and then holding a discussion; organizing music events, song, or dance competitions; participatory theater; integrating GBV messages into sporting events or other community gatherings; mass media, such as radio plays. Community leaders can be invited to help design, endorse, plan, or participate in edutainment events relevant to GBV. Inviting leaders to present or take part in these events can help increase community interest and participation in events, particularly if they are targeting young people. Community edutainment events also present a good opportunity for GBV teams to publicly thank community leaders who are allies of the program or actively involved in addressing GBV. Think creatively about what type of format will engage and keep the interest of leaders. For example, using a radio drama to jump start dialogue and provide guided conversation.

Group Learning and Life Skills

Some group activities, with groups of girls, boys, women, or men, are focused on building individuals’ knowledge and skills related to preventing GBV. Group learning might focus on building knowledge of laws prohibiting GBV, or consequences of different forms of GBV for individuals, families, and communities. Groups of adolescent boys or girls, or groups young adults, might participate in life skills classes, with a curriculum focused on subjects related to preventing GBV (both perpetration and experiences with GBV), including self-esteem, decision-making, communication skills, healthy relationships, safety, sexual and reproductive health and rights, and goal setting. Learning opportunities should be led by knowledgeable facilitators. In some cases, GBV teams might recognize the potential of including community leaders, particularly women leaders, as participants or facilitators. Leaders’ participation as facilitators should depend on their familiarity with subject areas and their comfort and interest in leading learning groups. Whether leaders join as facilitators or participants, other group members will need to be comfortable learning with community leaders, as group learning requires a level of rapport and trust within the group. Leaders shouldn’t be incorporated into group activities without attention to related power dynamics.

Even where leaders do not participate directly in group learning activities, they can be engaged to support and endorse such activities. Leaders’ demonstrated support for life skills programming can influence parents, guardians, and spouses of married youth, which can positively impact uptake and access to such opportunities.

Group Discussions to Foster Equitable Norms, Attitudes, and Behaviors

Group discussions can be an effective method for facilitating engagement in GBV prevention and can contribute to fostering positive social norms that protect and value women and girls’ safety, dignity, and equality. Group discussions can be organized in forums and compositions that allow community members to safely and openly discuss GBV, its root causes and consequences, and to collectively develop local solutions. Discussions are participatory and interactive processes for encouraging community members to share their perspectives and views about GBV, as well as their ideas on what can be done about it. As part of a facilitated process, through a series of dialogues, community members can identify actions that can be taken to prevent GBV, as well as priorities for preventing GBV that should be addressed with other stakeholders. As well as problem-solving, enabling community members and leaders to safely and openly discuss community values, priorities and concerns in relation to GBV and exchange ideas and perspectives on preventing GBV can help promote safe, non-violent and relationships within families and the community.

When engaging community leaders in group discussions, GBV teams should consider the following:

- Use existing community structures and practices, including religious institutions, such as mosques, temples, churches, sermons, prayers, and rituals in group discussions can be effective.⁴
- Group composition matters. Think strategically about who to include in different discussions.
- Include leaders who are program allies and who share values that promote women and girls' safety, dignity, and equality as participants in group discussions with other community members.
- GBV teams can organize a process for regular group discussions, including who will participate, how many sessions will be held, objectives and topics that will be discussed, and guidance for facilitators.
- Good facilitation is vital and facilitators, whether GBV team members or community members, must be well-respected and have appropriate skills in creating safety in group processes, facilitating participatory processes, managing conflict and difficult conversations.
- Facilitators should be well-prepared before each session and have the opportunity to de-brief after each dialogue.



Example from Practice Sex-Separated Group Discussions in Pakistan

A GBV program in Pakistan engaged community leaders to establish *Gender Support Groups* that are sex-separated groups of community volunteers who assume responsibility for holding discussions with men or women about the consequences of GBV, including the harmful effects of some traditional practices. The Gender Support Groups also talk with community members about the benefits of girls' education and women's economic and social participation.

➔ See **Discussion Guide: Equitable Norms, Attitudes, and Behaviors** in *Transformative Change Tools and Resources*

GBV Prevention Action Planning

GBV teams can work across stakeholder groups to develop plans for concrete changes to prevent GBV. Relevant leaders should be involved in developing and supporting a GBV prevention action plan based on their roles and influence. For example, if the community prioritizes development of a sexual violence prevention plan for the local school, school leaders, leaders within government education authorities, and leaders with influence over parents, such as religious or traditional leaders, could all be invited to participate in development of a whole-of-school sexual violence prevention plan. Things for the GBV team to consider when supporting the community to develop a prevention plan include:

- What are the drivers and risks – for example, if developing a plan for a school, what are the individual, relationship, institutional and community level drivers and risks associated with sexual violence against girls at school?



Example from Practice Community-Led Systems Change

A GBV program in the Democratic Republic of Congo supported community protection groups that identified sexual harassment and assault in schools as a major concern. The program helped to bring community representatives and students together to agree on priority actions. They developed a Code of Conduct for schools that was first picked up by schools in the community, and then endorsed by the Ministry of Education.

⁴ UN Women (2021) *Learning from Practice: Engaging faith-based and traditional actors in preventing violence against women and girls*

- What concrete actions can be taken to address these drivers and risks?

The following are some examples of activities that may be helpful for addressing particular drivers and risks of sexual violence in a school:

- *Establish life skills clubs for boys and girls, with attention to respectful relationships*
- *Hold parent education sessions on healthy, safe, and respectful relationships*
- *Establish mechanisms for reporting and investigating allegations of sexual violence*
- *Discipline actors found guilty of sexual violence*
- *Nominate student and teacher focal points for referrals*
- *Develop a code of conduct for teachers and staff*
- *Develop a charter of student's rights and responsibilities*

- What resources are needed to implement the actions?
- Which people or groups will be responsible for implementing the actions?
- How will the plan be monitored?

➔ See **Prevention Action Planning Tool** in *Transformative Change Tools and Resources*

Appealing to International and National Legal Frameworks

Community leaders often play authoritative roles in customary legal systems and practices that can be harnessed to prevent GBV and hold perpetrators accountable.⁵ Sensitizing and training leaders on women and children's rights as set out in international and national legal frameworks can help foster leaders' knowledge and commitment to addressing GBV. As part of the training, GBV teams can:

- Organize trainings on national and legal frameworks with expert facilitators.
- Work with traditional, religious, and other community leaders to explore how to align customary laws and practices with international and national frameworks that protect women and girls' rights.
- Facilitate dialogues between leaders and women's rights advocates on promoting women and girls' safety, dignity, and protection within customary legal frameworks, in line with international and national legal frameworks.
- Produce and share simplified guides with leaders on relevant formal laws on the rights of women and girls in relation to GBV prevention.
- Offer ongoing learning sessions with peer groups of community leaders to provide space for leaders to share questions, concerns, and perspectives in a safe way they may not be able to in front of their congregations' or communities due to a fear of losing authority.

5 UN Women (2021)

Transformative Change Tools and Resources

Tools and Resources

- [Sample: Root Cause Analysis](#)
- [Steps for Developing Key Messages](#)
- [Checklist: Communication Materials](#)
- [Tip Sheet: Pretesting Communication](#)
- [Tip Sheet: Involving Community Leaders in Events](#)
- [Discussion Guide: Equitable Norms, Attitudes, and Behaviors](#)
- [Prevention Action Planning Tool](#)
- [Recommendations: Creating a New Social Behavior Change Program](#)
- [Resources for Learning about GBV Prevention Theories and Approaches](#)

Training Modules

- *Training Modules: Transformative Change*

Sample: Root Cause Analysis

A root cause analysis is essentially an exercise that involves asking why a problem exists, and then asking why again to the answer or answers generated. Each answer is questioned until no more “whys” can be asked, and the final answer is considered the root cause of the problem. GBV teams can organize these exercises with women and adolescent girls, community leaders, and other members of the community. Involving mixed groups of participants can help to build consensus, where this is possible. Below is an example of the outcome of a root cause analysis conducted by a GBV program in the Democratic Republic of Congo. The program team organized a workshop with representatives of the community, including male and female community leaders, and opened the discussion with the question: “Why does GBV happen in our community?” From there, the GBV team and participants continued to ask “Why” until the diagram was completed. Once community members agreed to the root cause of GBV, they were further engaged to identify important messages and interventions that could help to address the problem.



Steps for Developing Key Messages

- 1. Gather background information.** Review content and effectiveness of existing relevant materials used in your context as well as researching effective GBV messaging used in other parts of the world. Reach out to other organizations or groups such as the [GBV Prevention Network](#) to see what recent information has been produced.
- 2. Create a message design team.** Identify members of the GBV team, key stakeholders including community leaders, women, and girls' representatives, etc.) and other appropriate people to help design messages, talking points and communication materials. Set time aside to host a design workshop so that GBV practitioners and stakeholders can come together and participate in message development and design process. Where possible, invite graphic artists and/or media experts to the design workshop who can contribute ideas and perspective related to reaching audiences.
- 3. Determine the core content.** Using the information gathered and desired changes identified, identify content that should be included in key information, education, and communication materials.

To help determine core content, ask:

- What changes or actions are we seeking in relation to GBV prevention?
- Why should the community take this action?
- What core content and actions are most compelling or should be prioritized?
- Which messages are most appropriate for leader to communicate?
- Which should be avoided or addressed at a future date?

- 4. Draft key message.** Effective messages are clear, accurate and appealing. Each message should make one or two points. Messages should be framed in terms of the benefit. Refer to the following message design checklist to help guide message development.⁶

Keep the messages simple:

- Make it easy to understand
- Make it short (simple and to the point-less is more)
- Avoid jargon (use known language and terminology)
- Keep focused on a specific problem
- Keep it action-oriented and solution focused
- Make the message or talking points appealing and interesting

Know the audience:

- Address the audience's values, norms and beliefs.
- Address the audience's needs and priorities as they relate to GBV.
- Consider the tone that most appeals to the audience.

⁶ Adapted from Compass, How-to-Guide; How to Design SBCC Messages

Invite the audience to reach their own conclusions:

- Do not present every detail.
- Allow the audience to use their own thought processes.

Present positive alternatives or solutions:

- Keep messages focused on the benefits or positive behaviors rather than using scare tactics or dramatizing violence for greater impact.
- Provide positive alternative behaviors, attitudes, and values.

Lastly, appeal to **people's emotions**. The goal of making messages “emotional” is to make the audience care – because that is when they are most likely to take action.⁷ The best way to do that is to appeal to the things that really matter to them or motivate them.

5. Pretest messages. Share the key messages with a small group of people for their reaction and opinions. Prepare test versions of the messages. (See **Tip Sheet: Pretesting Communication**)

- Pretest messages.
The goal of pretesting is to answer the following questions:
 - Is the material/message easily and correctly understood?
 - Are the pictures and the language culturally and socially appropriate?
 - Is the message relevant to the target audience?
 - Is there too much or too little information?
 - Is the source appropriate and credible?
 - Does the target audience like the material?
 - Would the target audience take action based on the material?
 - Would they talk about it with their friends?
 - Is there anything that could vex/offend the audience or someone in their community?
- Revise the messages based on pretest results and the teams' opinions.
- Finalize messages in preparation for developing materials.

People can quickly become confused by mixed messages and saturated by multiple activities targeting an array of different issues. Coordinating with the other sectors will allow for the development of a cohesive and holistic plan that may be better accepted by community leaders.

⁷ People in Need. (May 2017). *The Behavior Change Toolkit for International Development Practitioners*.

Checklist: Communication Materials⁸

GBV teams can use the checklist below to review posters, flyers, and other communication materials before they are pretested with communities.

Content

Does your communication material:

- raise a controversial or thought-provoking issue?
- avoid telling people what to think and encourage people to think differently?
- encourage viewers to think for themselves?
- avoid stereotyping?
- maintain the dignity of the characters?
- show women and men as reasonable and thoughtful characters who are able to make positive decisions?
- avoid showing women as powerless victims?
- avoid showing men being highly aggressive or violent?
- show how non-violent resolution of conflict and non-violent relationships are positive?
- reinforce the concept of human/ women's rights?
- encourage personal reflection?
- use characters and situations that viewers can identify with?
- use characters that represent the range of people in your community?

Language

Does your communication material:

- avoid blaming or accusations?
- use language that is informal and familiar to the community?
- have a design that is accessible to low-literacy viewers?
- use language and images that are thought-provoking but not confrontational?
- use language that is simple and straightforward?
- make provocative statements or ask provocative questions to the viewer?
- keep language as non-technical as possible?
- respond to the reading level of the group you are reaching?
- use an attention-grabbing caption, slogan, or question?

⁸ Adapted from: *Mobilizing Communities to Prevent Domestic Violence: A Resource Guide for Organizations in East and South Africa*. Raising Voices 2003

Illustrations

Does your communication material:

- use pictures of a scene and characters that community members can and want to identify with?
- show characters being active and thoughtful?
- use diagrams and pictures to enhance the information?
- use images to help low-literate viewers understand the ideas?

Design

Does your communication material:

- have organized information so that it looks appealing on the page (not too crowded or wordy)?
- have large enough writing to be read at a distance?
- Use an attention-grabbing caption, slogan, or question in a prominent place to help viewers get the main idea?
- use creative and easy to read fonts?
- avoid using all capital letters and underline?
- use bright and vibrant colors?
- use a consistent style?
- identify your organization's contact information and logo?

Tip Sheet: Pretesting Communication⁹

Before means of communication are shared widely, it is important to pretest messages focused on GBV prevention. Communication that is misinterpreted or considered offensive can prove counterproductive and even lead to backlash against the GBV program or individuals.

When pretesting with sample audiences, please keep the following in mind:

- Plan (budget and time) for pretesting, including follow-up pretesting after revisions.
- Do not include artists or others involved with developing IEC materials in pretesting (they are too familiar with content and cannot offer an objective perspective).
- Make sure you pretest IEC materials with diverse groups of intended audiences.
- Do not ask leading questions.
- Do not explain the materials/ messaging during pretesting.
- Do not correct or disagree with participants.
- Demonstrate interest and respect for participants' feedback.

The questions below offer some guidance for pretesting common communications materials.

Poster/Leaflet/Flyer

- First please look at the picture in the poster/flyer and tell us what you see.
- Now please look at the whole poster/flyer. What do you think it's 'saying'?
- Do you think the poster/flyer is asking you to do something? If yes, what?
- Who do you think this is intended for?
- Is there anything that might offend you or someone in your community? If so, what?
- Is there anything that you don't believe to be true?
- What, specifically, do you like about this poster/flyer?
- What don't you like about this poster/flyer?
- What can be done to improve this poster/flyer?

Radio spot/ Drama sketch

- Please listen to the radio spot/observe the drama sketch.
- Please summarize the message of the radio spot/sketch.
- Did you feel the spot was asking you to do something? If so, what?
- Did it include anything you don't think is true?
- Who do you think this is intended for? Is it someone like you or someone else?
- Was there anything that could offend you or someone in your community? If so, what?
- Was there something about this that you liked? If so, what?
- Was there something about this that you didn't like? If so, what?
- What can be done to make this a better spot?

⁹ Adapted from Johns Hopkins University / Center for Communication Program

Tip Sheet: Involving Community Leaders in Events

Inviting Leaders

- Invite leaders to join a campaign committee or planning meetings to assist in determining the theme or objectives, designing messaging and materials, organizing activities and logistics.
- Ensure women leaders and representatives also participate.

Preparation for an Event

- Discuss the goal of the event with leaders.
- Listen to leaders' ideas, priorities, and preferences for contributing.
- Learn from leaders about how to use the event to influence others in the community.
- Match leaders' strengths and interests with their roles.¹⁰
- Clearly define, and write down, leaders' roles and responsibilities to minimize confusion.
- Consider offering training on issues covered during the event to help leaders participate with confidence.
- Discuss how to address controversial or difficult issues that may arise.
- Check on leaders' comfort with public speaking and offer support where desired:
 - Outline talking points ahead of the event. If leaders prepare their own speeches, ask to identify major points together and highlight key messages.
 - If leaders would like to practice, offer for members of the GBV team to serve as a practice audience.
 - Anticipate questions from the audience and help the leader prepare to respond.
- Provide detailed information and directions for the event, so that leaders are comfortable and clear on plans and expectations.

During an Event

- Respect leaders time and keep a strict agenda.
- Be sure to introduce leaders with appropriate titles and in appropriate order.
- Rely on careful planning; remember you can't control others' speeches or all outcomes.

After the Event

- Hold follow-up meetings with leaders after the event to debrief and discuss the strengths, successes, challenges, and lessons.
- Give thanks and recognition¹¹ for traditional leader's efforts. This can be done individually, or through a more formal process, such as recognition of their efforts in the local newspaper, radio program or a public presentation.

¹⁰ Raising Voices. Start. *SASA! Tips Booklet*. In *The SASA ! Activist Kit for Preventing Violence against Women and HIV*, 2008

¹¹ Raising Voices. Start. *SASA! Tips Booklet*. In *The SASA ! Activist Kit for Preventing Violence against Women and HIV*, 2008.

Discussion Guide: Equitable Norms, Attitudes, and Behaviors

Group discussions with community leaders about equitable norms, attitudes, and behaviors can help leaders explore their own beliefs and practices, as well as those common within the community. This discussion guide includes suggestions for arranging and leading any group discussion, followed by sample questions and important ideas for discussing norms, attitudes, and behaviors relevant to prevention of GBV.

Arranging Discussion Groups (ahead of discussion)

- Identify a comfortable and quiet locations for discussions.
- Limit groups to 15 participants
- Complete discussions within 1.5 hours.
- Ensure lead facilitator has experience and/or training in facilitation. The facilitator must be able to ask probing and clarifying questions, demonstrate comfort and patience when talking about sensitive issues, positively manage negative or harmful comments, and respond appropriately to disclosures of GBV.
- Have a referral list of available services in case of GBV disclosure.
- Where possible, arrange same-sex facilitators for all male or all female discussion groups.

Introduction (5-10 minutes)

- Greet everyone, share introductions, pleasantries, and gratitude for any recent positive actions.
- Share general information about your organization and program (with any new participants).
- Present the purpose of the discussion.
- Agree to not share stories that identify individuals.

Discussion (30-45 minutes)

- Introduce topic of discussion and begin with a question or other prompts.
- Be sure to review questions/prompts and adapt them for context.
- Avoid “teaching”, talking too much, or arguing. Use prompts to keep conversation going and remember the discussion is also a learning opportunity for you.
- Do not feel pressure to use all questions/prompts.

Wrap-Up (5 minutes)

- Summarize key takeaways or ideas from discussion.
- Agree on any points for further discussion and make plans as appropriate.
- Thank all participants.

Prompts/Questions

GBV teams can explore a range of issues related to norms attitudes and practices. Discussions might focus on how norms, attitudes, and practices relate to specific forms of GBV, such as early/forced marriage, or discussions might focus more generally on power dynamics and the benefits of equal partnerships and nonviolence. Each sample cluster of questions below could be adapted for a single group discussion.

- Why are women vulnerable to violence? (When the question is answered probe further—keep asking why this is true.)
- People often talk about the man as head of the household. Do you know any situations where a man and a woman share responsibilities as heads of household? What do you think about this? Are there any benefits to sharing household responsibilities and decision-making?
- What does a happy marriage look like? Is the couple the same age or different ages? How did they meet? How did they decide to marry? Can you describe the roles of the husband and wife at home and in the community? Is he working? Is she working? Who is taking care of the children? Who is cooking? Who is making decisions? Are there children going to school? What are their children learning at home?
- Some families experience violence within the home. Children who witness their father beating their mother are more likely to perpetrate or experience the same kind of violence themselves. How do we break this cycle? What is required for women to be safe in their homes? What could lead a man who beats his wife to change his behavior?
- I'm concerned that some girls in the community are marrying before they are adults. Are you also concerned about this? For what reasons would a family want their daughter to marry young? Are you familiar with the health consequences of girls having children young? What are other consequences of early marriage? How do girls feel when they are forced to marry? Are girls who marry young likely to stay in those marriages? Will they be happy marriages? Will they raise happy children? If a girl's husband begins to beat her, could the girl find help anywhere? Would she be able to move out on her own? Would her family take her in?
- Can you think of a time when you felt powerless? How does it feel when someone else has power over you? Who do you have power over? Is power a good or a bad thing, or does it depend? Can you describe a good use of power? Does the community give more power to men than women? Is that fair? How are some men abusing that power? What changes would have to happen for women to have the same power as men?
- Share a brief fact related to a form of GBV (See **Fact Sheets** in *GBV Response Tools and Resources*). Focus on a global statistic, or a consequence. Ask what the group thinks about this. Is it a problem for this community? Why does this problem exist? Is anyone benefiting? Who is being hurt? What could be done to stop this from happening?

Important Ideas for Discussion

- Be familiar with consequences of GBV, including important points of global evidence. Information can be useful to open a conversation, to explain your concern and reason for raising issues, or to answer direct questions. Group discussions should not focus, though, on memorizing information but rather exploring topics. Make sure you listen more than you speak, and don't silence discussion with your knowledge of the topic.
- Remember not to be alarmed if someone raises a problematic point of view. This is likely a positive sign that you've created a safe space to air ideas, and exposing ideas is an important part of the process of behavior change. You can note your concern or disagreement without silencing discussion. Probe further. Ask others about their views.

Prevention Action Planning Tool

This simple action planning tool can be adapted, as appropriate, to plan prevention strategies with community leaders.

Problem to Address:					
Drivers/Risks	Action Required	Resources	Responsibilities	Timeframe	Monitoring Plans

Problem to Address:					
Drivers/Risks	Action Required	Resources	Responsibilities	Timeframe	Monitoring Plans

Recommendations: Creating a New Social Behavior Change Program

The following recommendations are adapted from a lessons learned report that was prepared by the first program manager of International Medical Corps' "Bienvenue aux Changements dans la Communauté" program in the Democratic Republic of Congo. Recommendations for future programming are divided into four categories: 1. Assessment, 2. Program Design, 3. Program Implementation, and 4. Monitoring & Evaluation.

1. Assessment

Carry out a contextual analysis.

An assessment of the realities on the ground concerning the topic in question and the practical and logistical challenges of program implementation is necessary for the development of a well-targeted and realistic intervention.

Gain knowledge of local organizations and civil society working in the area of interest and how the system is structured.

Having an awareness of how civil society and local organizations working in the area of interest are structured in country can help with program development and implementation. It can help to understand how the new project's activities can contribute to existing systems, identify gaps, propose activities based on need and select potential partners.

Explore different ways of working with potential partners.

View local organizations and partnerships as a means of extending the reach of a program even when providing grants cannot be part of a program. Assessing the potential of local partnerships and exploring ways of working with them to increase the geographical reach of the program and harmonize and reinforce messages across the board.

2. Program Design

Involve specialist at the program development phase.

Specialists in the topic of interest, in behavior change approaches and in monitoring and evaluation should all be involved from the initial phases of program design through to implementation. This will allow for the proposal and subsequent intervention to be viable and technically sound.

Ensure clear program objectives are defined at the developmental stage.

Every project should have specific program objectives that contribute to an overall result. Focused activities can then be planned to achieve the desired change.

Embed BCC interventions in a theoretical framework.

Theories can be longwinded and confusing; however, they provide essential guidance to program development. At the developmental stages, it is very helpful to assess the situation and identify the most suitable theoretical frameworks to achieve the desired outcomes. Theories need to be selected according to the nature of the problem and the contextual realities. Basing an intervention on theoretical groundings can help identify which elements to focus on and guide program activities.

Less is more.

In social behavior change interventions, focus is very important, and this requires sacrificing some activities to improve the impact of the essential ones. A good way of identifying a single focus for all activities is to do a root-cause analysis. The root cause then informs all aspects of programming.

Ensure that the roles and objectives of partners well defined from the start.

Each member of a consortium should have clear roles and a scope of work with clear objectives for program implementation. Constant, open communication throughout program implementation is important to ensure that all consortium partners are aware of their function and how their input contributes to the realization of an overall shared goal.

3. Program Implementation

Have well-defined job descriptions and invest time in staff recruitment and continuous formal and on-the-job training.

Project staff have an important role in ensuring that activities are implemented correctly and will have the desired effect. Spending time of understanding exactly the qualities and competencies required to carry out the job is very helpful in selecting the most appropriate candidates. An awareness of what qualities are necessary for the job is also helpful in identifying training needs. Investing time in building staff capacity through training as well as on-the-job coaching will contribute to sustainability and the realization of a technically sound intervention.

When different programs co-exist in one site, set up regular meetings and open communication lines to harmonize planning and program implementation.

Regular meetings between the different programs operating in the same site are essential to ensure smooth and coordinated implementation of activities. At the field level meetings may be organized on a weekly basis. Organizations with management offices outside the community should also meet, less frequently, at relevant levels. Sharing information can help guide efficient programming and increase a sense of unity within communities.

When conducting large-scale activities, make sure you have key messages prepared that will be disseminated in a predetermined way during the event.

Large-scale, edutainment events are effective ways of attracting crowds and raising awareness. To make the most of such occasions, it is important to know in advance the key messages that needs to be passed onto the community through the event. The event will then need to be planned in ways that allows the sharing of that key message, it can be through the distribution of eye-catching, easy to read leaflets, through the introduction of a quiz competition during the breaks, through information stands, or simply by portraying the key message through the event, be it a sketch, a dance, or a song.

Train the GBV SBC Mobilizers in basic GBV response and referrals

SBC Mobilizers work to sensitize communities. It is important that they have knowledge of basic elements of GBV response so that they are able to provide basic support and referrals to survivors they might encounter through their work. They can also convey information on basic response to their network of facilitators.

Have an adapted and tested curriculum for training.

Where training occurs, a contextually adapted and tested curriculum ought to be in place. In cases where the training can be delivered by different programs, roles and topics which need to be covered by each program must be defined.

Develop a single name, logo, and jingle for the project.

When several partners are in one consortium, there is always the risk that each tries to promote its own organization. To avoid this, and to limit confusion on the part of the community, it helps to create a single name for the project, accompanied by a logo and a jingle if possible. This allows for communities to quickly identify the program and associate it with key messages while also ensuring unity between the different consortium partners.

Develop a message compendium to be shared with volunteer facilitators, peer educators and other partners.

Developing key messages for social behavior change can help focus interventions and communications. Gathering these messages into a compendium and sharing it with partners both internally and externally, can be an effective way of harmonizing messages and ensuring that all players speak with one voice.

When entering a new community, use existing groups and associations as a platform for sensitization sessions.

In every community there generally are groups that meet on a regular basis, including religious groups, groups of young people, or groups that are held together by a common profession. These groups constitute a ready-made platform for message delivery and sensitization sessions. Working with existing groups will not only prove less labor intensive and more cost efficient; it will also increase acceptance of the project as it is seen as working with the community rather than changing established structures.

Ensure that men-led activities do not exclude women.

In recent years there has been a call to involve men more actively in the fight against violence against women. Working only with men, however, perpetuates the status quo of norms around male superiority and risks disempowering women. When supporting men in GBV prevention, it is important that women are actively involved and leading interventions.

Ensure that community performances portray positive, aspirational behaviors.

Evidence suggests that promotion of desired behaviors is more effective than the promotion of negative practices. All elements of the intervention should therefore focus on promoting positive behaviors. This is particularly important in activities which have a visual element, such as theater, films or puppetry. As people attending these types of activities will see and witness the behavior portrayed, there is a greater risk that the event could have an undesired effect of perpetuating the negative behaviors.

When working with communities, emphasize the value on non-monetary incentives.

The benefits of becoming involved in a SBC program can be numerous, ranging from greater recognition in the community to improved skills that can be transferred to other areas. Commitment from community members is essential for the success of a program, and there is a risk that monetary remuneration may attract people who are not sufficiently committed. Programs should carefully consider appropriate remuneration for different levels of program participation and be sure to apply a compensation scheme consistently, where staff receive fair wages, and volunteers don't bear costs of participation, but money is also not an incentive for participation in trainings and other community activities.

4. Monitoring & Evaluation

Review available, analyzed service data to inform programming.

Staff leading SBC interventions within a broader GBV program should not have access to sensitive data related to individuals receiving GBV response services. Where possible, though, staff involved with GBV response can share anonymized analyses of service data with SBC staff, such as GBVIMS reports, to inform programming, including tailored activities related to trends of violence. Tracking analyzed service data over time can also provide an indication of SBC program progress.

Ensure regular, open, and effective communication between M&E and programs.

From program design and through implementation, M&E and programs need to communicate openly and regularly to ensure that means of monitoring activities are effective, to track indicators, and to inform adaptations in programming.

Develop ways of assessing whether messages are heard during large-scale events.

The first step towards behavior change is awareness. It is important for an SBC intervention to assess whether key messages are heard. Program and M&E staff should work together to find ways of determining if and which messages are heard, particularly in large scale events or radio programming where little or no interaction occurs with the audience.

Make sure there is a monitoring system in place when working with a network of community facilitators /peer educators.

Community facilitators and peer educators are helpful in extending the reach of SBC activities. Quality control of what they are doing and saying however is important, as is the provision of ongoing technical support to strengthen skills. Program staff can work with M&E to devise a quality control system to be managed through self-reporting by volunteers, regular meetings, or monitored sessions.

Pre and post tests for trainings ought to require yes/no answers or multiple choice.

Pre and post tests used with open questions present challenges for objective marking and comparison of results. When trainings are delivered at a large scale, and M&E staff will lead the measurement of results, it is preferable to include easily quantifiable response options.

Devise ways of assessing outcome.

A plan for assessing outcomes should be designed at the start of a program and can rely on a range of creative strategies, including the use of qualitative information gathered through focus group discussions or in-depth interviews, the development of proxy indicators, or the identification of comparison communities. Assessing the effects of an SBC intervention is important for both process and outcome evaluations.

Resources for Learning about GBV Prevention Theories and Approaches

GBV is a complex social issue and there are many factors that contribute to this violence. Careful reflection on these factors can help teams develop appropriate programs and interventions aimed at preventing GBV.

There are a variety of theories to explain why people behave as they do and how to catalyze changes in behaviors that are harmful. Models and theories that are proving useful and effective for prevention of GBV include:

- The ecological model
- Behavior change theories
- Social norms theories

The Ecological Model

The ecological model for understanding violence against women¹² presents the context for how violence against women occurs. It recognizes that no one factor causes violence against women, but that rather it is caused by the interplay between individual, interpersonal, community, and socio-cultural factors. In this way, the ecological model helps us gain a deeper understanding of the issue of violence against women. For example, by using the ecological model, we can see why just telling an individual man not to use violence against women will not put an end to this behavior if his family and friends continue to support the use of violence, if the social norms that justify men's dominance over women are not changed, and if the laws to punish violence against women are not properly implemented. In addition to helping us understand the problem of GBV, the model helps us identify the most effective solutions, illustrating that we need to work with different institutions, groups, and individuals across all levels to drive and enable positive change because if we do not, we will not succeed in changing the norms that sustain GBV.

Theories of Behavior Change

Multiple theories of human behavior exist that can help to better understand why some individuals perpetrate GBV, as well as the needs and motivations of individuals and groups to make positive changes in behaviors. GBV programs that are guided by a theory, or multiple theories of behavior change, can more effectively engender desired changes in communities.

Across several theories, there is consensus that the following eight factors account for most of the variation in health-related behaviors relevant to GBV prevention:^{13, 14}

1. The person forms a strong positive intention or makes a commitment to perform the behavior.
2. There are no environmental barriers that make it impossible to perform the behavior.
3. The person possesses the skills necessary to perform the behavior.
4. The person believes that the advantages of performing the behavior outweigh the disadvantages.

¹² Heise, L. *Violence Against Women: An Integrated, Ecological Framework*, 1998.

¹³ Five theories include: The Health Belief Model, the Social Cognitive Theory, the Theory of Reasoned Action, the Theory of Self-Regulation and Self-Control, and the Theory of Subjective Culture and Interpersonal Relations.

¹⁴ Gielen and Sleet. *Application of Behavior-Change Theories and Methods to Injury Prevention*. *Epidemiol Rev*, 76-65 :(1) 25 .2003. <http://www.epirev.oxfordjournals.org/content/65/1/25.full.pdf+html>

5. The person perceives more normative pressure to perform the behavior than to not perform it.
6. The person perceives that performance of the behavior is consistent with his or her self-image or values.
7. The person's emotional reaction to performing the behavior is more positive than negative.
8. The person perceives that he or she has the capabilities to perform the behavior under different circumstances.

The behavior change theory that is most applied to GBV prevention work in humanitarian settings is the transtheoretical model, or *Stages of Change*¹⁵. The Stages of Change Model identifies phases of change people go through as they work towards changing their behaviors and practice. This model can be applied individual and collective transformational change:

- Stage 1: Pre-contemplation: an individual is unaware of the problems and its consequences in her/his life.
- Stage 2: Contemplation: an individual begins to think about whether the problem related to her/his life.
- Stage 3: Preparation for action: an individual obtains more information and develops an intention to act.
- Stage 4: Action: an individual begins to try new and different ways of thinking and behaving.
- Stage 5: Maintenance: an individual recognizes the benefits of the behavior change and maintains this change.

Learn more about applying the Stages of Change Model to address GBV:

- Michau, L. (2007) *Approaching Old Problems in New Ways: Community Mobilisation as a Primary Prevention Strategy to Combat Violence against Women*: <https://www.jstor.org/stable/20461184>

Social Norms

Social norms are increasingly recognized as a key driver of GBV. Social norms are unspoken standards of behavior or rules governing what is and is not acceptable behavior; they guide the way people interact and behave. Social norms can be very powerful influences on behavior, even more so than personal opinions and understanding how norms influence behavior is an important development in GBV prevention. The desire to conform to social expectations means that social norms can be very persuasive and can be stronger than other factors influencing behavior. For example, many men still use violence against women, even when there are laws against it. It is important for violence prevention initiatives to encourage communities to focus on a positive vision for change. To make real and sustained change programs need to shift harmful unspoken group rules about gender, discrimination and violence that perpetuate GBV and replace them with norms that promote gender equitable and non-violent beliefs and behaviors.

Learn more about social norms and GBV:

- Jewkes, R. (2017) *Social Norms Evidence Brief*: <https://www.whatworks.co.za/documents/publications/165-social-norms-evidence-brief-website/file>
- UK Department for International Development (2016) *Shifting Social Norms to Tackle Violence Against Women and Girls*: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/507845/Shifting-Social-Norms-tackle-Violence-against-Women-Girls3.pdf
- GSDRC and University of Birmingham (2016) *Social Norms Professional Development Pack*: www.gsdrc.org/professional-dev/social-norms/

¹⁵ The Transtheoretical Model was developed by Prochaska and DiClemente in the late 1970s.

Additional theories and frameworks have informed how these theories and models have been applied to understand GBV. In particular, feminist theories and principles and human rights frameworks and principles have significantly influenced how different theories are interpreted and applied to GBV prevention programs and interventions.

Further, a range of other theories are used to inform particular elements of programs. For example, in addition social norms theory, a program seeking to engage and empower community leaders may apply theories of adult learning, empowerment or collective action to the program. What matters is that programs are based on relevant theories that explain the problem of GBV and provide a clear framework for how desired changes will be created. Doing further research and looking at different interventions and program designs will help identify the various ways that theories are used to inform GBV prevention.

Effective Approaches to GBV Prevention

The evidence base about effective approaches to preventing GBV is growing and evolving as new programs and interventions are developed and studied. Through global efforts such as What Works to Prevent Violence Against Women and Girls— an initiative which works across 13 countries to build the evidence base on effective approaches to preventing GBV in low-middle income settings— learning is emerging about characteristics of effective GBV prevention programs. Findings from this and other research offer valuable learning about the types of GBV programs that have shown promising results in creating a transformative change to prevent GBV. Reviewing evidence about different approaches to GBV prevention is helpful when designing GBV prevention programming— including with community leaders. While the majority of initiatives have not been implemented in humanitarian settings, the information about more effective approaches will be a helpful starting point for considering which types of initiatives might be appropriate in your context.

Resources for learning more about GBV prevention design and approaches

- Murphy, M. et al (2019) *What works to prevent violence against women and girls in conflict and humanitarian crisis: Synthesis Brief*: <https://www.whatworks.co.za/documents/publications/355-p868-irc-synthesis-brief-report-lr-26092019/file>
- Gibbs, A. and Bishop, K. (2019) *Combined economic empowerment and gender-transformative interventions*: <https://www.whatworks.co.za/resources/evidence-reviews/item/652-combined-economic-empowerment-and-gender-transformative-interventions>
- Jewkes, R., Stern, E., and Ramsoomar, L. (2019) *Community activism approaches to shift harmful gender attitudes, roles and social norms*: <https://www.whatworks.co.za/documents/publications/357-social-norms-briefweb-28092019/file>
- Kerr-Wilson A. et al (2020) *A rigorous global evidence review of interventions to prevent violence against women and girls*: <https://www.whatworks.co.za/documents/publications/374-evidence-reviewweb/file>
- Jewkes, R. et al (2020) *Effective design and implementation elements in interventions to prevent violence against women and girls*: <https://www.whatworks.co.za/documents/publications/373-intervention-report19-02-20/file>
- Women's Refugee Commission (2014) *Empowered and Safe: Economic strengthening for adolescent girls in emergencies*: www.womensrefugeecommission.org/images/zdocs/Econ-Strength-for-Girls-Empowered-and-Safe.pdf

Supporting Women Leaders



Supporting Women Leaders

Key Concepts

- Women's Leadership and Community Wellbeing
- Women Leaders and GBV Prevention & Response
- Considerations for GBV Teams Preparing to Support Women Leaders

Approaches

- Supporting Women in Leadership Positions
- Supporting Emerging Leaders
- Fostering an Enabling Environment for Women's Leadership

Ideas for Engagement

- Supporting Women in Leadership Positions
 - Training to Strengthen Knowledge and Skills
 - Peer Networks and Forums
 - Fundraising and Partnership
 - Recognition and Awards
- Supporting Emerging Leaders
 - Leadership Training
 - Socio-Civic Empowerment
 - Savings and Loans Initiatives
 - Support for Adolescent Girls
 - Mentorship
- Fostering an Enabling Environment for Women's Leadership
 - Addressing Barriers to Women's Leadership
 - Advocating with Leadership Structures
 - Group Discussions on Women's and Girls' Leadership
 - Outreach and Awareness-Raising

Tools and Resources

- [Template: Community-Based Organization \(CBO\) Information](#)
- [Template: Mentorship Action Plan](#)
- [Information Sheet: Addressing Constraints on Women's Participation in Leadership](#)
- [Planning Tool: Advocacy with Leaders](#)
- [Discussion Guide: Exploring Potential and Benefits of Women's Leadership](#)
- [Talking Points: Women's Leadership](#)

Training Modules

- *Training Modules: Women's Leadership*

Key Concepts

Women's Leadership and Community Wellbeing

Women leaders are community members who are regarded with authority or who motivate or influence others toward a purpose or common goal. Women may occupy formal leadership positions in elected, inherited, or nominated roles in traditional, religious, governance, or cultural systems. Women may also be considered leaders by virtue of their family or husband's position in these institutions. In addition to formal leadership positions, women may serve as informal leaders because of their work, such as teachers; healthcare workers; leaders of women's associations, organizations, or VSLA groups; or because of their work as advocates for women's rights or for groups of women and girls, such as those with disabilities, ethnic or religious minorities, or displaced women. All types of women leaders can serve as advocates to strengthen the health, safety, wellbeing, and inclusiveness of their communities. When women are empowered and involved in leadership roles at all levels of public and social life, the entire community benefits. Where women are empowered:

- Communities experience lower rates of violence and crime.¹
- There is greater economic, social, and political progress for all.²
- Countries are less likely to go to war with neighboring countries.³
- There are lower levels of income inequality in countries with greater numbers of women leaders in legislative positions.⁴
- A peace agreement is 35% more likely to last at least 15 years if women participate in its creation.⁵

"The transformation of power relations starts to occur when women and girls have self-determination and access to and control over resources. In order for this to happen, patriarchal systems should give way to more inclusive and representative leadership structures."

Bill and Melinda Gates Foundation
(2017) A conceptual model of woman and girls' empowerment.

Women Leaders and GBV Prevention & Response

Women's leadership and empowerment is also key to addressing GBV. Some of the critical ways that women leaders contribute to addressing GBV are outlined below.

Women leaders help promote women's empowerment and gender equality. Gender inequality causes, enables, and perpetuates GBV. GBV occurs in the context of gender-based imbalances in social power, control of resources, and participation in public life. Gender inequality is manifest in almost every sphere of life, at individual, community, and societal levels. Structural inequalities result in the abuses of power that women experience in forms of violence perpetrated by individuals, families, communities, and the State.⁶

1 Featherstone, A., Christian aid, CAFOD, Tearfund, and Islamic Relief Worldwide.. *Keeping the Faith The Role of Faith Leaders in the Ebola Response*. Tearfund/Mairo Retief, 2015.

2 Women Deliver. *Balancing the Power Equation Women's Leadership in Politics, Businesses, and Communities*, 2018. <http://womendeliver.org/wp-content/uploads/09/2018/Women-Leadership-Policy-Brief9.23.18-.pdf>

3 O'Reilly, M. *Why Women? Inclusive Security and Peaceful Societies*, 2015. Retrieved from <https://www.inclusivesecurity.org/publication/why-women-inclusive-security-and-peaceful-societies/>

4 OECD. *Women, Government and Policy Making in OECD Countries: Fostering Diversity for Inclusive Growth*, OECD Publishing, 2014. <http://dx.doi.org/-9789264210745/10.1787en>

5 *Why Women*, 2015, p.6.

6 GBV AoR. *The Inter-Agency Minimum Standards for Gender-Based Violence in Emergencies Programming*, 2019. <https://gbvaor.net/#keydocument->

Empowering women individually and collectively, and transforming inequitable norms, systems and structures is at the heart of ending GBV. Women leaders can help empower women and girls and transform the conditions that sustain gender inequality in many ways, including:

- Influencing beliefs, attitudes and norms that foster inequalities and sustain women's subordinate status in the family and community.
- Providing more equitable representation and participation of women and girls in community structures and decision-making processes.
- Serving as role models for other women and girls and supporting them to develop skills, confidence, and other assets that build agency.
- Building, nurturing, and mobilizing collective action toward greater safety, dignity and equality for women and girls.
- Positively influencing women and girls' access and control over resources and decision-making within the community.

Women leaders are critical actors and agents of change in all efforts to address GBV. GBV teams should identify both formal and informal women leaders as part of the process of Building a Foundation. GBV teams can also work to meaningfully engage women leaders in GBV Response, Risk Mitigation, and Transformative Change programming, as set out in related chapters of this Toolkit. This chapter of the Community Leaders' Toolkit aims to complement the other chapters by focusing on how GBV teams can further women leaders to support their work and help promote women's empowerment and gender equality, recognizing that addressing gender inequality is not only a foundational aspect of ending GBV, but also critical to all humanitarian programming.

Women leaders represent and advocate on behalf of women's interests and rights in relation to GBV.

Women leaders can represent and promote women's voices, needs, and perspectives within community and humanitarian decision-making processes and programming in relation to GBV. Women leaders can improve attention and resourcing to GBV and advocate for improved access to services and justice for women and girls.⁷ They also provide a key entry point at the community level to learn and share information about the women's experiences, interests, priorities and needs in relation to GBV, especially for groups of marginalized and/or less visible women, such as young women, women with disabilities, minority, and refugee women.

Women leaders are a cornerstone of GBV prevention, mitigation, and response efforts in communities.

Women leaders often spearhead community led GBV prevention and response before, during and after emergencies. This includes campaigning and raising awareness, supporting and advocating for survivors, establishing response services and systems, mitigating risks and improving women and girls' safety, and demanding and catalyzing action to prevent GBV.

Considerations for GBV Teams Preparing to Support Women Leaders

There are a number of considerations for GBV teams when planning how to best support women leaders and women's leadership in the community.

Building women's leadership skills and capabilities can itself be transformative to women's individual and collective experiences. Developing and supporting women's leadership skills and capacities can build confidence and capabilities and enable women to find power within themselves and with others to challenge inequitable and unjust power structures.

⁷ USAID. *The Role of Traditional Leaders in Preventing and Addressing Sexual and Gender-Based Violence: Findings from KwaZulu-Natal, Northwest and Limpopo Provinces in South Africa*, 2010.

Not all women in leadership positions act in the interests of women’s equality or empowerment, and sometimes, they may even reinforce the interests and perspectives of male leadership. This means GBV teams should carefully assess which women leaders represent the needs and interests of women and girls in the community when undertaking community mapping (see **Building a Foundation**) and use this information to guide approaches for engaging different women leaders to build support for women’s empowerment and equality.

GBV is a barrier to women’s participation in leadership roles, and it is therefore very important to work with community leaders to address the imbalance of power between men and women to start removing barriers to women’s participation in leadership.

Cultural and social norms can prevent women from participating in formal leadership roles and opportunities. For example, norms limiting women’s mobility mean they may not be able to participate in training away from their community. Further, patriarchal structures and systems upheld by law, religion, social and cultural norms may not recognize or value women’s leadership and discriminate against women who do assume leadership roles. It is therefore beneficial to engage with the wider community to foster a more enabling environment for women’s leadership.

Women leaders have multiple responsibilities within the household, family and community which can constrain their availability and participation. Activities for engaging women leaders or promoting women’s leadership should be planned with consideration of women’s paid and unpaid commitments and responsibilities, including childcare, care for other family and community members, domestic and household duties. It is important to explore these realities and practicalities with women, and identify how, where, and when to schedule activities in a way that doesn’t add to women and girls’ workload. Arranging childcare and transportation can also help enable women and girls to participate in leadership development activities.

Efforts to support women leaders should build women’s and girls’ access to peer networks and mentorship. Women’s empowerment is critical to women’s leadership, and relationships are an important part of empowerment. Relationships, including relationships with peers, affect women’s access to leadership roles and their ability to actively participate in leadership opportunities.⁸ GBV staff can help women leaders and future leaders foster supportive relationships to help women to act together.

Resources may be required to support women leaders. While some activities may be able to be carried out within existing program or community resources, it may be necessary to allocate funding to activities and initiatives to help develop and foster women leaders’ skills and networks.⁹

Analysis of context-specific challenges, constraints, strengths, and opportunities for women leaders will help determine the most effective entry points and approaches to supporting women leaders. During community leader mapping (see **Building a Foundation**), GBV teams collect information about women and adolescent girl leaders in the community, including those representing diverse or marginalized groups of women and girls. Understanding the different challenges women leaders face, including specific challenges of leaders representing marginalized groups, will enable GBV teams to more effectively engage and support the work of formal and informal women community leaders.

8 Pathways of Women’s Empowerment Research Programme Consortium. *Empowerment: A journey not a destination*. Retrieved from https://www.participatorymethods.org/sites/participatorymethods.org/files/PathwaysSynthesisReport_0.pdf

9 UN Women. *Turning Promises Into Action: Gender Equality in the 2030 Agenda for Sustainable Development*, 2018. <https://www.unwomen.org/en/digital-library/publications/2/2018/gender-equality-in-the-2030-agenda-for-sustainable-development#2018-view>

Approaches

Three potential approaches to supporting women leaders to foster women and girls' empowerment and equality are outlined below. The ideas presented here, and under ideas for engagement, are not exhaustive, but include: 1) Supporting women in leadership roles, 2) Supporting emerging leaders, 3) Creating an enabling environment for women's leadership.

Which approaches and strategies the GBV team adopts will depend on a variety of factors including:

- Context and appropriateness
- Length of time and resources available.
- Perspectives, needs and priorities of women leaders and other women and girls in the community.

Supporting Women in Leadership Positions

The types of support that women in existing leadership roles find helpful will vary by context and by individual. As a first step, GBV teams can ask women leaders what kinds of support might be helpful, making clear what you can and can't offer. Interviewing women in different leadership positions can help to learn more about women leaders' challenges and priorities, as well as the types of interventions that might address their needs and interests.

Supporting Emerging Leaders

Through their work with communities, GBV teams may come to know women with great potential for leadership, or informal women leaders who could be better integrated into formal, decision-making structures, or adolescent girls who are striving for positive change. Exploring opportunities to support these women and girls as emerging leaders can empower individuals and strengthen community development.

Fostering an Enabling Environment for Women's Leadership

GBV teams can help build a safer and more conducive environment for women's leadership by working to reduce barriers and increase enablers. Fostering a more enabling environment for women's leadership will help to increase leadership opportunities for women, empower women already in leadership positions, and strengthen acceptance and potential of women leaders in the community. GBV teams can adopt a benefits-based approach to highlight positive outcomes of women's leadership for whole communities.



Example from Practice

A GBV program manager described her team's experience working with women and male traditional leaders to transform the leadership structure in communities in the Far North of Cameroon:

"When we started the program five years ago, we only worked with women as participants in program activities. But in the communities where we worked, we identified some informal women's associations and bold women who provide support to women no matter their challenges. In each community, we helped these women organize into groups of ten, and we helped the groups register with the ministries as formal CBOs. This helped the women gain strength and recognition, with less exposure for each individual. Their husbands were also more supportive of their efforts once they belonged to recognized CBOs, and many joined "husbands' schools" focused on supporting women's empowerment and issues identified by women.

When we piloted this Toolkit, we spent more time engaging the traditional leaders, who have always only been men. After trainings and discussions, the leaders of two communities agreed to welcome heads of the women CBOs into the traditional leadership structure. When cases of GBV are referred to traditional courts in those communities now, the cases are managed by these new leaders, the CBO women. They make sure that cases are handled carefully, and not in open space like other cases. They support the women to meet their immediate needs and refer them to the GBV program, and they help the survivors register complaints with the Ministry of Justice."

Ideas for Engagement

Supporting Women in Leadership Positions

Training to Strengthen Knowledge and Skills
Peer Networks and Forums
Fundraising and Partnership
Recognition and Awards

Supporting Emerging Leaders

Leadership Training
Socio-Civic Empowerment
Savings and Loans Initiatives
Support for Adolescent Girls
Mentorship

Fostering an Enabling Environment for Women's Leadership

Addressing Barriers to Women's Leadership
Advocating with Leadership Structures
Group Discussions on Women's and Girls' Leadership
Outreach and Awareness-Raising

Training to Strengthen Knowledge and Skills

GBV teams can engage women leaders to provide trainings related to different areas of GBV, as covered in other sections of this Toolkit. GBV teams can also talk with dedicated women leaders to identify additional areas of knowledge, or skills they would like to develop, to strengthen their capacity for community leadership. GBV teams can consider including a flexible budget in program plans to organize trainings for women leaders, according to their needs. Then, based on the results of consultations with women leaders, teams can procure the services of expert facilitators, as needed. It is likely that women leaders might benefit from trainings outside the expertise of GBV programs, so organizing trainings with expert facilitators can provide opportunity for GBV teams and women leaders to learn together. Training topics that might be relevant include:

- International human rights
- International humanitarian law
- National laws
- Advocacy
- Communication skills
- Organizational management
- Financial management
- Fundraising

Peer Networks and Forums

GBV teams can help to create peer networks linking women leaders within the community or across communities, based on their roles as leaders or specific areas of interest or priorities. Peer support forums can enable women leaders to develop relationships, discuss challenges and frustrations, share ideas, and establish new plans or strategies for achieving goals. In settings where women have safe access to technology, peer networks can be established through virtual tools, though in-person meetings are recommended for initial relationship-building where this is possible. GBV programs can budget for forums to bring women leaders together, providing transportation or refreshments during meetings. They can also consider organizing exchange visits, where women leaders from different communities or even different countries can meet to exchange experiences and ideas. Broadening networks and exposure to different experiences can be empowering, particularly as women leadership is often limited within communities.

- Host a regular forum for women leaders within a community
- Bring formal and informal women leaders together
- Organize meetings between women leaders and local or national women-led organizations/ women's associations
- Facilitate exchange visits between communities/countries
- Connect women leaders through shared a shared technology platform

Fundraising and Partnership

Women leaders have an intimate understanding of the needs of their communities and are often at the forefront of GBV prevention and response. Still, humanitarian programming, particularly programming led by international organizations, does not sufficiently engage, or defer to the expertise of women leaders. Often, women are considered leaders by virtue of their involvement with women-led or women's rights organizations (WLO and WRO), and there is growing acknowledgement of the significant contributions of

these organizations in humanitarian response, as well as the significant barriers they face in accessing humanitarian planning, coordination, and funding mechanisms.

GBV programs, particularly those implemented by international organizations, can consider partnering with women leaders who are organized into associations or registered organizations. WLO and WRO often have goals and agendas that are broader, or longer-term, than organizations delivering GBV programs according to the humanitarian program cycle. It is therefore important for GBV programs to engage WLO and WRO to explore areas opportunities for collaboration related to mutual areas of concern. Any partnership should serve the interests of WLO and WRO and should not detract from their mission and purpose. When international organizations and GBV programs simply fund WLO and WRO to deliver on preestablished activities, they risk undermining rather than empowering these groups. GBV programs can organize meetings to understand WLO and WRO goals, discuss potential collaboration, and jointly plan program activities in equal partnership. Organizations delivering GBV programs can invest in WLO and WRO not only to deliver on mutually planned interventions, but also to strengthen the organizations. Through partnership, GBV programs can also help WLO and WRO more fully participate in humanitarian coordination and access additional funding sources, including country-based pooled funds.

GBV teams can access online trainings and resources related to humanitarian coordination and pooled funding mechanisms in multiple languages through the [Building a Better Response initiative: Building a Better Response](#).

➔ See [Template: CBO Information](#) in Supporting Women Leaders Tools and Resources.

Recognition and Awards

Throughout history and still globally, women are not sufficiently recognized for their substantial contributions to community wellbeing and development. In some contexts, women leaders maintain a low profile for security reasons, or to remain effective in their leadership without upsetting men-centered leadership structures. GBV programs can engage with women leaders to understand their preferences in terms of visibility. Where possible and appreciated, an easy way for GBV teams to raise the profile of women leaders is to publicly recognize and appreciate their contributions to the community. Recognition can be in the form of quoting, acknowledging, or thanking women leaders in meetings, during interviews or radio spots, at edutainment events, or through other public venues. GBV teams can also nominate women leaders for representation, recognition, and awards at national and even international levels.

Recognizing and awarding women leaders is beneficial not only to demonstrate appreciation, but to raise awareness and build support for women's leadership, and to motivate and inspire emerging leaders, including girls.

Leadership Training

GBV programs can engage current and emerging women leaders in leadership training that applies an intersectional feminist approach. Through training, women and adolescent girls can reflect on existing leadership structures and characteristics of effective leaders, explore opportunities to strengthen networks and collective power, and identify skill and knowledge areas to develop. GBV teams can help to organize additional trainings for emerging leaders, based on commonly identified needs.

GBV programs can explore different options to offer leadership training. Ideally, leadership training can be facilitated or co-facilitated by recognized women and girl leaders, WLO or WRO. GBV programs implemented by international organizations can partner with and support women leaders to deliver or co-facilitate trainings.

➔ See *Training Manual*

Socio-Civic Empowerment

Socio-civic empowerment is fostered through activities and services that enhance women's and girls' participation in public life, as well as opportunities to mobilize and organize for social change.¹⁰ GBV programs can implement a range of activities that provide opportunities for women and girls to expand their social networks, form supportive and strategic relationships, and enhance their collective power. In humanitarian settings, dedicated safe spaces for women and girls provide critical space for this dimension of empowerment. In fact, one of the five standard and required objectives of women and girls' safe spaces (WGSS), as outlined in the [Women and Girls' Safe Spaces Toolkit](#), is to provide a place where women and girls are safe and encouraged to use their voice and collectively raise attention to their rights and needs.

Activities that foster socio-civic empowerment can be particularly beneficial for emerging women leaders. GBV teams can consult with women and girls to identify appropriate and creative options, including but not limited to the following:

- Organize discussions and meetings to review priorities for women and girls in the community.
- Support the establishment of women's/girls' forums or associations.
- Host peer networking events.
- Organize skill-building opportunities, where women and girls can make connections through shared learning.
- Organize community development projects, where women can build relationships through shared initiatives.
- Orient women and girls to humanitarian coordination mechanisms and help them connect with organizations and systems to advocate for their needs.¹¹
- Host public events for women and girls to share concerns and ideas.

GBV programs can read more about socio-civic empowerment and find ideas for related activities in International Rescue Committee and International Medical Corps' Women and Girls Safe Space Toolkit: [Women and Girls Safe Spaces \(gbvresponders.org\)](#).

"I am a woman but I am a leader. I am a center point for the community. Women and men come to me for guidance, advice, and information, and I work hard to make sure everyone knows about the needs women and girls share with me and that the community upholds and respects women's rights."

– A community volunteer and active member of a WGSS in Lebanon

¹⁰ International Rescue Committee and International Medical Corps. *Women and Girls Safe Spaces: A Toolkit for Advancing Women's and Girls' Empowerment in Humanitarian Settings*, 2020, p. 397.

¹¹ International Rescue Committee and International Medical Corps. *Women and Girls Safe Spaces: A Toolkit for Advancing Women's and Girls' Empowerment in Humanitarian Settings*, 2020.

Savings and Loans Initiatives

GBV programs can support women's social and economic empowerment through support of village savings and loans associations (VSLA). VSLA include groups of women (usually 15-25) who contribute savings into a collective fund from which individual members can draw loans or seek emergency assistance. Increasing women's access to financial resources can increase other opportunities for women, including opportunities to participate in leadership activities. The social and collective nature of VSLA, which require shared goals and commitments, also helps to strengthen supportive relationships and characteristics of good leadership. Further, the governance structure of VSLA allows emerging women leaders to gain experience in democratic processes as well as transparent and inclusive decision making.

GBV programs can support existing VSLA within their communities or identify emerging women leaders within VSLA to support through other interventions. GBV programs interested in initiating VSLA can partner with organizations that specialize in livelihoods interventions, or implement an established VLSA program, such as the International Rescue Committee's Economic and Social Empowerment (EA\$E) approach, which is specifically designed for GBV programs. The EA\$E framework includes three successive components: 1. Women-only VSLA, 2. Gender discussion groups with partners or spouses of VSLA members to explore gender norms and household-level financial management, and 3. Business skills training.

GBV programs can learn more about International Rescue Committee's EA\$E framework here: [EA\\$E Approach \(gbvresponders.org\)](http://gbvresponders.org)

Support for Adolescent Girls

Adolescent girls experience discrimination and violence related to both their age and gender and are highly vulnerable to GBV in humanitarian settings. Some forms of GBV, such as early/forced marriage and female genital cutting, are largely perpetrated against adolescent girls. GBV programs that center girls in program design and implementation are able to tailor interventions to meet the specific needs and interests of adolescent girls. Tailored interventions can also help to promote girls' leadership in communities and expand opportunities for girls as future leaders of communities and nations.

GBV programs can consider program interventions that are deliberate in working with girls as emerging leaders, by building girls' skills in leadership, advocacy, and communication, as well as by partnering girls with mentor leaders.

GBV programs can also center adolescent girls' rights and needs in other interventions, such as promotion of girls' education, access to sexual and reproductive health and rights, and prevention of early/forced marriage. While such interventions are not directly focused on girls' leadership, girls' involvement in directing such interventions can build leadership skills. Strengthening support and opportunities for adolescent girls, and preventing GBV, also increases girls' autonomy and potential, including their potential for future leadership.

Practical resources and tools for supporting adolescent girls to increase their opportunities and leadership:

- The IASC Guidelines on Working with and for Young People in Humanitarian and Protracted Crises (2020) include an annex with *recommendations for supporting young women's leadership* (page 200): [https://interagencystandingcommittee.org/system/files/2021-02/IASC Guidelines on Working with and for Young People in Humanitarian and Protracted Crises_0.pdf](https://interagencystandingcommittee.org/system/files/2021-02/IASC_Guidelines_on_Working_with_and_for_Young_People_in_Humanitarian_and_Protracted_Crises_0.pdf)
- The International Rescue Committee has developed several programming approaches for GBV programs in humanitarian settings to more effectively engage adolescent girls, including *Girl Shine*, an adolescent girl life skills program, and *Girl Empower*, a mentorship program. International Rescue Committee's resources on supporting adolescent girls can be accessed here: [Adolescent Girls \(gbvresponders.org\)](https://www.gbvresponders.org/)
- The Women's Refugee Commission has published reports and guidance related to meeting needs of adolescent girls in emergencies, including the I'm Here approach for inclusive humanitarian programming with adolescent girls and *Strong Girls, Powerful Women: Program Planning and Design for Adolescent Girls in Humanitarian Settings*. Resources are available at: [Protection and Empowerment of Adolescent Girls | Women's Refugee Commission \(womensrefugeecommission.org\)](https://www.womensrefugeecommission.org/)
- Rise Up has developed a curriculum and advocacy tools under its *Let Girls Lead* initiative, primarily delivered in development contexts: [Let Girls Lead - Rise Up \(riseuptogether.org\)](https://www.riseuptogether.org/)
- Population Council offers a straightforward toolkit that has been used in humanitarian settings. *Girl Centered Program Design: A Toolkit to Develop, Strengthen and Expand Adolescent Girls Programs*. (2010): <http://www.popcouncil.org/research/girl-centered-program-design-a-toolkit-to-develop-strengthen-and-expand-ado>.

Mentorship

GBV programs can help connect emerging women and girl leaders with mentors. A mentor is not a supervisor or authority figure, but rather an experienced advisor who is willing to share support and guidance. Women and adolescent girls who demonstrate potential and interest in leadership can volunteer to serve as mentors. GBV programs can help to promote mentorship in different ways, including:

- Invite mentors to participate in, or lead, specific interventions, such as life skills sessions, or group discussions.
- Share contacts of mentors with program participants, through WGSS or specific interventions such as life skills classes.
- Connect participants of VSLA or other livelihoods interventions with mentors who have been successful in relevant areas of work.
- Introduce a mentorship initiative where mentors are paired with mentees and agree on plans for communication and setting goals.



Example from Practice

Mentorship in Cameroon

A GBV program serving internally displaced people and host communities in the Far North of Cameroon introduced a mentorship initiative, where young women aged 19-25 who were committed to girls' education and interested in developing their leadership potential volunteered to mentor young mothers and adolescent girls. They participated in monthly coaching sessions on leadership and agreed to serve as role models, not only for the young women and girls they mentored, but for the larger community.

➔ See [Sample Template: Mentorship Action Plan](#) in *Supporting Women Leaders Tools and Resources*

Addressing Barriers to Women’s Leadership

Globally, women’s leadership is constrained to varying degrees by a number of common factors. To strengthen a supportive environment for women’s leadership, GBV teams can help to identify specific factors within their community that limit women’s involvement in leadership, as well as enabling factors that might be reinforced. After mapping leadership structures, as part of **Building a Foundation for Engagement**, GBV teams can consult with women and men leaders, as well as women and adolescent girls, to gain a better understanding of barriers to women’s participation in public affairs, formal leadership structures, and community-level decision making. By talking with women leaders and women and girls interested in leadership, GBV teams can further identify factors that might encourage or enable their participation.

Based on the outcome of participatory learning, GBV teams can identify actions to strengthen an enabling environment for women’s leadership. Where possible, GBV teams should strengthen efforts already underway in the community, including WLO or WRO-led initiatives, and any work by community leaders to enhance equality and inclusion in leadership structures.

➔ See **Information Sheet: Addressing Constraints on Women’s Participation in Leadership** in *Supporting Women Leaders Tools and Resources*

Advocating with Leadership Structures



Example from Practice

A GBV program manager described her experience advocating for women’s inclusion in community decision-making in the Kivus, in the Democratic Republic of Congo

“In the communities where we worked, it was really challenging. We were asking leaders to adjust their traditional justice mechanisms to address GBV, and we were advocating for women’s involvement in the decision-making space. They have to change, and change is not easy. It was important to show community leaders the advantage of changing. They had to see their social norms, and to understand GBV and how this is a problem. We weren’t against their beliefs; but against norms that perpetuate GBV. We didn’t directly ask for women to be more involved with decision-making. First, we gathered women and asked about the issues they faced. Many women spoke about how violence was directly related to marriage practices and other traditions. They would say “this happens because in our culture...” Then, we met with male community leaders and asked them to describe the issues women faced. The leaders spoke about general problems in the community—like water, and health needs. They mentioned violence against women and girls, but only rape perpetrated by armed groups outside the community. When we told them about the issues women raised, they were so surprised. It was the opportunity to talk about GBV. Once they understood more about the problem, and that this is a problem for women, we talked about how such issues could be addressed. Then they agreed that women would need to be more involved.”

GBV programs that recognize a gap in women’s participation and decision-making may identify opportunities to engage existing leaders to advocate for greater inclusion of women. As with other areas of advocacy, GBV teams can apply a strengths-based approach, recognizing leaders’ important roles in protecting communities and addressing community problems, and focusing on the benefits of women’s inclusion in leadership. Depending on the context, GBV teams can explore different options for greater inclusion of women. While some leadership structures may be more flexible than others, experience demonstrates that most structures adapt and change with time and new circumstances, including emergencies and displacement.

➔ See **Planning Tool: Advocacy with Leaders** in *Supporting Women Leaders Tools and Resources*

Group Discussions on Women’s and Girls’ Leadership

GBV teams can organize group discussions on women’s and girls’ leadership as part of an assessment of barriers and enabling factors, or to contribute to a process of strengthening support for women’s leadership. When the purpose of discussions is to strengthen the enabling environment for women’s leadership, it can be helpful to organize a series of dialogues with the same groups. Through a series of dialogues, community members can identify actions that can be taken to strengthen support for women leaders, as well as actions that can reduce barriers and expand opportunities for emerging women leaders.

When engaging community leaders in group discussions, consider the composition of groups. Think strategically about the purpose of discussions and who to include in different discussions. Teams can adapt questions and discussion prompts for groups of current or emerging leaders and groups of other participants.



Example from Practice

Bringing religious leaders and women leaders together

A GBV program in Timbuktu, Mali made a practice of conducting training sessions and group discussions on different topics jointly with male religious leaders and informal women leaders. Joint discussion groups provided new opportunities for women to speak in the presence of religious leaders and helped to build religious leaders’ acceptance of women’s participation in community affairs. Over time, the program recognized increased confidence among women leaders to speak out about issues during group discussions.

➔ See **Discussion Guide: Exploring Potential and Benefits of Women’s Leadership** in *Supporting Women Leaders Tools and Resources*

Outreach and Awareness-Raising

GBV programs can consider using communication channels to promote values that support women's leadership and raise awareness of the benefits of women's leadership for communities. Increasing awareness through radio, tv, social media, art, theater, or IEC materials can help to normalize women's leadership and strengthen support for current and emerging leaders. Any outreach or awareness-raising activities should be well-coordinated with women leaders, to ensure activities are in line with their interests and to review risks of backlash.

GBV programs can also collaborate with women leaders to take leading roles in awareness-raising activities, including during GBV campaigns such as the 16 Days of Activism. GBV programs can help to support women-led initiatives, through staff time, financial support, transportation, or other resources.



Example from Practice

Awareness-raising in Central African Republic

In communities where men were reluctant to listen to women and most didn't accept women's leadership, a GBV program integrated women into protection committees. For outreach activities, only male facilitators were able to bring groups of men together to talk about protection issues. The easiest thing was to divide women and men and always have men lead male discussion groups, but the program thought it was important for men to hear from women, so they organized two-person facilitation teams, with one woman and one man. The male facilitator helped to gather men and then gave space for the woman to lead much of the discussion. With this practice, the men were willing to participate, and they were able to learn something-- not only about the topics discussed, but also about women's potential for leadership.

➔ See **Talking Points: Women's Leadership** in *Supporting Women Leaders Tools and Resources*

Supporting Women Leaders Tools and Resources

Tools and Resources

- Template: Community-Based Organization (CBO) Information
- Template: Mentorship Action Plan
- Information Sheet: Addressing Constraints on Women's Participation in Leadership
- Planning Tool: Advocacy with Leaders
- Discussion Guide: Exploring Potential and Benefits of Women's Leadership
- Talking Points: Women's Leadership

Training Modules

- *Training Modules: Women's Leadership*

Template: Community-Based Organization (CBO) Information

This template is designed for GBV programs to collect initial information about potential programming partners in humanitarian settings. Questions can be adapted and largely relate to community-based organizations, including women-led organizations (WLO) and women's rights organizations (WRO). **Questions highlighted in pink can be addressed to more informal women's associations.** Note that information captured here will not be sufficient for program planning, which should involve a collaborative process foundational to an equal partnership.

Name

Please provide the full name of your organization

Registration

Is your organization registered? Please provide information on registration: date, type of organization, validity of registration

Leadership

Who leads your organization? Please explain if the organization is led by a single person, a committee, or a different structure. Please also indicate if the leadership is composed of men, women, a combination of women and men, and if the leadership includes any children.

Key Contact

Please provide key contacts for your organization, including full names, titles, phone, e-mail, business address

Management Structure

Please provide information on how your organization is managed. Is there a management board? What does the organigram look like?

Partners

Does your organization have formal partnerships with any other implementing organizations?

Donors

Have any donors recently supported your organization? Which ones?

Geographic Coverage

Where does your organization work? How many communities/people does your organization reach in its area/s of operation?

For areas of operation relevant to potential partnership, please provide information below on your membership.

Staffing/Volunteer Information	Total Number	Female	Male
Paid, full-time members			
Paid, part-time members			
Working volunteers (indicate average hours of work per week)			
Affiliated members (not contributing to work)			

Mission and values?

What is the overall mission of your organization? What is your cause

Type of Work

What major sectors of work does your organization engage in? For example, are you focused on health? Livelihoods? Assistance to children? Women's rights?

For Women and Girl-Focused Organizations

Please indicate which activities best describe the focus of your organization (check those that relate to major activities).

- Advocacy to reform laws/policies
- Raising awareness of women's or girls' rights within communities
- Stopping specific practices that harm women or girls
- Raising funds/donations for vulnerable women or children
- Savings or loans associations of women
- Training women or adolescent girls in new trades/livelihoods
- Informal education/literacy for women or girls
- Recreational activities for women or girls
- Support for women affected by domestic violence
- Support services for women and girls affected by violence in the community/conflict
- Support services for children
- Other

Please include more specific information below if offered:

Major Activities

Please provide information on your current projects, including information on regular activities that are carried out on a daily/weekly/monthly basis.

Typical Day...

What would be the responsibilities and activities of an active worker in your organization on a typical day?

Template: Mentorship Action Plan

Mentorship is an informal relationship where an experienced woman or woman leader (mentor) helps to guide and encourage another woman or adolescent girl (mentee). Mentor: mentee relationships can occur naturally, but when these relationships are arranged it can be beneficial to agree on preferences for meeting and communication, types of support, goals, and principles of the relationship. The following action plan be adapted to help participants of mentorship initiatives agree on the purpose and terms of their relationship.

Time Commitment:

- Agree on frequency and duration of meetings
- Agree on means of communication
- Agree on a schedule for checking in on the mentor: mentee relationship

We will prioritize the following forms of mentor support (check those that apply):

- Encouragement
- Support in problem-solving
- Advice related to learning
- Discuss challenges related to holding leadership positions
- Professional advice
- Other (please describe)
- Help in tracking progress towards achieving goals

Expectations	
Mentor	Mentee

Preferences for Style of Communication	
Mentor	Mentee

Fears or Concerns to Share	
Mentor	Mentee

Mentee Goals

The mentee can identify specific goals and then work with a mentor to consider steps to reach that goal, using the table below.

Examples:

- To learn more about a field of work
- To receive advice about my education or career path
- To strengthen my network
- To improve my communication skills
- To learn more about serving as a leader
- To seek advice about overcoming challenges

Specific Goal	Steps to Reach Goal	Support requested from mentor	Timeframe	Challenges

Terms of Relationship

We are both voluntarily entering into this mentor: mentee relationship. We agree to focus on meeting the mentee’s goals. We agree to build a trusting and honest relationship. The mentor will provide constructive feedback and advice, and the mentee will maintain an open mind. We agree to respect each other’s time and communicate respectfully. If we are not able to communicate effectively, or if either party feels the relationship is not meeting the intended purposes, we are free to discontinue the mentor: mentee relationship with respect.

Confidentiality: The details of our communication should be kept confidential and should not be shared with other parties unless mutually agreed.

Option of signatures to agreement.

Information Sheet: Addressing Constraints on Women's Participation in Leadership

What are some constraints on women's participation in leadership?

Constraints on women's participation in leadership may vary, depending on factors such as race, ethnicity, age, health, socioeconomic status, disability status, gender identity, and sexual orientation.

Household work and family responsibilities- Women are responsible for a large portion of work at home. Taking care of children and family member and managing household work, often on top of work outside the home, constitutes many responsibilities and limits the time women can participate in community affairs and leadership.

Cultural and social norms or expectations- Women may be limited from participation in leadership because of strong gender roles, where men are expected to serve as leaders. In some settings, women are also not expected to move unaccompanied, speak publicly, travel, or engage in other activities that may be essential for leadership.

Stereotypes and biases- Strong gender roles can also relate to stereotypes where women are not considered to possess attributes of leadership. For example, women may be stereotyped as caring, nurturing, or indecisive, and these may not be considered qualities of strong leaders. Women may also shy away from leadership opportunities if they fear being associated with characteristics unbecoming of women.

Lack of family support- Often related to social norms and stereotypes, women's partners or family members may not approve of women's participation.

Limited representation and networks- Women lack role models in leadership and access to influential networks critical to moving up the leadership hierarchy.¹²

Gender-based violence- Pathways to leadership are minimized or blocked when women and girls face threats, sexual harassment, and other forms of GBV. Early/forced marriage, discriminatory inheritance laws and denial of critical opportunities and services, including education and family planning services, constitute significant barriers to women's participation in leadership.

Limited access to financial resources- Women experience limited financial autonomy and control over financial resources at community and household levels. This limits women's opportunities and perpetuates perceptions that women are not suited for leadership.

Practical barriers- Women are disproportionately affected by a range of barriers, including transportation, language, literacy, and physical locations of leadership venues.

¹² AAUW. (2016). *Barriers and Bias THE STATUS OF WOMEN IN LEADERSHIP*. https://www.aauw.org/app/uploads/03/2020/Barriers_and_Bias_summary.pdf

Why address constraints on women's participation?

Addressing constraints helps women more fully participate in community affairs. Where women participate in leadership, community wellbeing improves.

What can be done to address constraints on women's participation?

Constraints on women's participation can be addressed in multiple ways, from high level support of lawmakers to working with families and individual women and girls.

➔ Provide training, knowledge, and skill building opportunities for women and girls

➔ Enact zero tolerance policies for sexual harassment and other forms of GBV.

➔ Promote men's participation in childcare and household work.

➔ Consult with women about the timing of meetings or leadership activities.

➔ Provide safe spaces where women can meet to build leadership strategies and networks.

➔ Promote healthy relationships and joint decision-making at the household level.

➔ Pick locations for leadership meetings that are easily accessible for women and girls.

➔ Consider providing transportation, or rotate locations to expand participation

➔ Advocate with lawmakers to change exclusionary policies and structures.

➔ Engage community leaders to understand and address constraints to women's participation in leadership.

➔ Challenge harmful social and cultural norms, stereotypes, and biases that constrain women's participation in leadership.

➔ Organize discussions and meetings to address constraints to women's participation in leadership.

➔ Establish and strengthen mentorship opportunities.

➔ Prohibit early/forced marriage and promote girls' education.

➔ Organize networking events and social opportunities.

➔ Recognize the important contributions of women serving in formal and informal leadership positions.

➔ Hold meetings in common, or multiple languages, and accommodate different literacy levels.

➔ Organize trainings on human rights and women's rights.

Planning Tool: Advocacy with Leaders

Summary of Issues and Request

Briefly, what issues are you hoping leaders will address?

Ethics & Safety

Does the staff feel safe and comfortable to meet with the leader? Yes No

Does the staff have:

- Required means of communication and transportation? Yes No
- Knowledge of available support, in case of threats or other security risks? Yes No

Purpose

What is your major ask?

What actions do you want the leader to take?

Engaged community leader/s: _____

Leader's Interests

How open is the community leader to the issue?



Open. Supportive of the GBV program and a proponent of survivor-centered response.



Partially Open. Has demonstrated interest in GBV program activities, but not known as a reliable advocate for survivors.



Closed. Not known to the GBV program and/or thought to be not supportive.

The leader will likely be most concerned about...

Key Points for Discussion

What key points- pieces of information or facts- are important to highlight?
Which facts will most appeal to the leader's interests (**see factsheets**)?

Prepare for Potential Challenges

Anticipate different perspectives and possible arguments.
How will you re-orient discussion to focus on key points?

Communication Style

Important things to remember when communicating with leader.
Specific greetings?
Has the leader made positive contributions to community safety, or to the GBV program, that you want to acknowledge?

Discussion Guide: Exploring Potential and Benefits of Women's Leadership

Group discussions about the potential and benefits of women's leadership can be organized with community leaders (male or female) or other community members. This discussion guide includes suggestions for arranging and leading any group discussion, followed by sample questions and important ideas for discussing women's leadership.

Arranging Discussion Groups (ahead of discussion)

- Identify a comfortable and quiet locations for discussions.
- Limit groups to 15 participants
- Complete discussions within 1.5 hours.
- Ensure lead facilitator has experience and/or training in facilitation. The facilitator must be able to ask probing and clarifying questions, demonstrate comfort and patience when talking about sensitive issues, positively manage negative or harmful comments, and respond appropriately to disclosures of GBV.
- Have a referral list of available services in case of GBV disclosure.
- Where possible, arrange same-sex facilitators for all male or all female discussion groups.

Introduction (5-10 minutes)

- Greet everyone, share introductions, pleasantries, and gratitude for any recent positive actions.
- Share general information about your organization and program (with any new participants).
- Present the purpose of the discussion.
- Agree to not share stories that identify individuals.

Discussion (30-45 minutes)

- Introduce topic of discussion and begin with a question or other prompts.
- Be sure to review questions/prompts and adapt them for context.
- Avoid "teaching", talking too much, or arguing. Use prompts to keep conversation going and remember the discussion is also a learning opportunity for you.
- Do not feel pressure to use all questions/prompts.

Wrap-Up (5 minutes)

- Summarize key takeaways or ideas from discussion.
- Agree on any points for further discussion and make plans as appropriate.
- Thank all participants.

Prompts/Questions

- Do you recognize women leaders in the community?
 - Probe for informal leaders, particularly where women's leadership in formal structures is limited. Do you recognize trusted women in the community? Are there women leaders within religious institutions? Among midwives? Elders? Business owners?
- What do you think about women leaders?
- Does the community benefit from women's leadership? What are the advantages?
 - Probe for advantages women might have in leadership- for example, reaching certain populations, modeling leadership for girls, representing the needs of other women.
 - Share some benefits of women leaders and share global statistics to help spark conversation. (See **Talking Points: Women's Leadership** in Supporting Women Leaders Tools and Resources)
- What are the challenges to women's leadership? What might be done to address these challenges?
- What would be required for more women to participate in leadership?
- What can we do to better balance power between male and female community leaders?

Important Ideas for Discussion

- Questions and prompts can be tailored to different interests. During an assessment, you might want to simply capture information on people's feelings toward women leaders and the presence of women leaders. If you organize group discussions focused on strengthening the enabling environment for women's leadership, you will want to probe deeper into attitudes and barriers.
- Questions and prompts can be adapted to different groups. When discussing issues of women's leadership with existing or emerging women and girl leaders, you might focus on their experiences, and the specific challenges they face.
- Remember not to be alarmed if someone raises a problematic point of view. This is likely a positive sign that you've created a safe space to air ideas, and exposing ideas is an important part of the process of change. You can note your concern or disagreement without silencing discussion. Probe further. Ask other participants to share their thoughts.

Talking Points: Women's Leadership

Talking points are brief statements that can serve as an outline or reminder of points to highlight during a discussion with different stakeholders, including community leaders. Talking points are most useful when the user is knowledgeable on issues and can engage in discussion beyond talking points.

Below are talking points for GBV teams to discuss women's leadership and the balance of power between women and men.

We cannot fully ensure the safety, wellbeing, and success of our community without women in leadership roles.

- We must all work together to help ensure the safety and wellbeing of our community by supporting women with opportunities and access to leadership roles.
- By supporting women's leadership, we are helping our community to utilize our full human potential so that we can better face current and future challenges such as pandemics, poverty, food insecurity, war, or climate change.
- Supporting women's leadership has proven to be "...critical to all areas of a healthy society, from reducing poverty to promoting the health, education and wellbeing of girls and boys." (UN Sustainable Development Goals)
- To ensure the safety, wellbeing, and success of our community, we need to understand our community members needs and interests. Women leaders are best positioned to understand women and girls needs as they themselves are women and women and girls feel more comfortable discussing their needs and interests with trusted women leaders.

When women leaders are engaged in leadership roles at all levels, women, girls, and the entire community benefits!

- Women are a valuable resource with vast amounts of skills, knowledge and expertise that can benefit our communities. Elevating women into leadership roles with decision making responsibilities taps into women's skills, knowledge, and expertise which benefits politics, business, and the community.
- When women leaders are included, they can represent women and girls' best interests and participate in key decision-making processes that shape their lives and futures. The result is healthier families, increased peace and security, and greater overall community wellbeing.
- When women are engaged in leadership roles, there is greater economic, social, and political progress for all.¹³
- For example, there are lower levels of income inequality in countries that have greater numbers of women leaders in legislative positions.¹⁴
- Women's decision-making within households has been shown to improve family members access to healthcare and education¹⁵ which has a positive impact on the current and future wellbeing of the family.

¹³ Women Deliver. *Balancing the Power Equation Women's Leadership in Politics, Businesses, and Communities*, 2018. <http://womendeliver.org/wp-content/uploads/09/2018/Women-Leadership-Policy-Brief9.23.18-.pdf>

¹⁴ OECD. *Women, Government and Policy Making in OECD Countries: Fostering Diversity for Inclusive Growth*, OECD Publishing, 2014. <http://dx.doi.org/10.1787/en>

¹⁵ O'reilly, M. *Why Women? Inclusive Security and Peaceful Societies*, 2015. Retrieved from <https://www.inclusivesecurity.org/publication/why-women-inclusive-security-and-peaceful-societies/>

A balance of power between women and men will help ensure the overall wellbeing of our community.

- Power isn't in limited supply—A balance of power simply creates more power and strength.¹⁶ If we use our power and strength together, think of how much more we can accomplish.
- We can support women's leadership, decision-making and collective action so that women and girls can control their own lives and start to transform the balance of power between men and women.
- We can transform the balance of power by making changes through our workplace. This could be through fair and equitable policies for all staff such as professional development opportunities, benefits, fair and equal wages, or zero-tolerance policies for any violence in the workplace.
- There are many opportunities for us to help transform the balance of power. We can start by addressing power dynamics in our own household; we can condemn violence against women and girls; ensure our daughters have a quality education; stop harmful practices such as early marriage; place women in roles traditionally held by men; support income generating activities and financial independence for women; and support women's inheritance rights.
- When women's lives improve, so does their decision-making capacity at all levels in all spheres of life which has a positive impact¹⁷ on not only women, but their families and the community as a whole. To help improve women's lives and decision-making power, we need to transform the balance of power between men and women.

Promoting and supporting women's leadership starts with us.

- Promoting and supporting women's leadership starts with each one of us and how we treat women and girls in our own families and personal lives. We can do this by first reflecting on our own lives and use of power, our beliefs, values, and actions that affect how we promote and support women's leadership.
- We can examine our leadership structures, policies and practices and eliminate the barriers within those systems that directly oppose or limit women's access to leadership opportunities and positions.
- All of us can work to promote women's leadership in our communities from high level support from lawmakers to traditional leaders to working with communities, organization, religious and faith leaders, families, and individuals.
- We can help women access essential services and help create equal access to and control over resources so that women can participate in leadership opportunities.¹⁸

We can all support women's leadership by modeling balance of power in the community.

- We can celebrate women's leadership and accomplishments with the community through awareness raising, campaigns, social media, discussions with families, friends, community members, and leaders.
- We can ensure equitable power within our own homes, with families and friends, and in our workplace by listening to one another, treating one another with respect and kindness and working together.
- We can ensure women are invited to and included in decision making spaces.
- We can help take on duties within the home that are traditionally completed by women and girls so that they don't miss out on important opportunities such as education, trainings, running for or holding political office, etc.
- We can model balance of power in our homes for our children to see and learn from. Parents play an important role in shaping their children's beliefs and seeing a balance of power between men and women in their families can help to change their beliefs about women's leadership.

¹⁶ Raising Voices. *SASA! Together: An activist approach for preventing violence against women*, Kampala, Uganda, 2020.

¹⁷ UNFPA. *Women Empowerment*. UNFPA - United Nations Population Fund, (n.d.). Issue 7. <https://www.unfpa.org/pcm/node/9551>

¹⁸ WFP Gender Office. *Gender & Participation*, 2019. Retrieved from <https://gender.manuals.wfp.org/en/gender-toolkit/gender-in-programming/participation/>