



RETHINKING RELATIONSHIPS: MOVING FROM VIOLENCE TO EQUALITY

What works to prevent violence against women
and girls in the Democratic Republic of Congo



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Authors: Selina Palm, Elisabet le Roux, Elena Bezzolato, Prabu Deepan, Julianne Corboz,
Uwezo Lele, Veena O'Sullivan and Rachel Jewkes

Cover photo: Participants take part in different activities as part of the gender training
workshop. Uwezo Baghuma/HEAL Africa

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learn.tearfund.org

+44 (0) 20 3906 3906

publications@tearfund.org

facebook.com/tearfundlearn

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KEY MESSAGES



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

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



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

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



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

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



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

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



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

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

1 BACKGROUND

The Democratic Republic of Congo (DRC) has experienced years of conflict. Millions have died or been displaced with a collapse of basic services. While the First Congo War (1996–1997) and the Second Congo War (1998–2003) are long past, conflict-related violence continues. Violence against women and girls (VAWG) is estimated to be very high. Conflict has increased all forms of VAWG, including sexual violence perpetrated by rebels, militia, soldiers, peacekeepers and civilians, as well as intimate partner violence (IPV) in the home. Congolese society is also characterised by gender inequality with widespread impunity for perpetrators of sexual violence.¹

While the media often portray sexual violence as militia-related, findings of various studies, including the present one, suggest otherwise. Promundo's International Men and Gender Equality Survey (IMAGES) found that IPV is more prevalent than non-partner sexual violence (NPSV), with 45 per cent of women in eastern DRC reporting having ever experienced physical IPV and 49 per cent reporting having ever experienced sexual IPV. Rape as part of conflict is also high, reported by 22 per cent of women.² The 2014 Demographic and Health Survey found that 57 per cent of ever-married 15–49-year-old women reported having ever experienced any type of IPV (physical, emotional or sexual) and 16 per cent reported experiencing sexual IPV or NPSV in the past 12 months.³ Violence against women and girls in DRC is thus not only a weapon of war but is 'used as a weapon in daily life to oppress and abuse women and girls across the whole country'.⁴

Although little is known globally about the relationship between NPSV and IPV in conflict, several studies conducted in DRC have indicated that exposure to conflict and conflict-related stress are key drivers of men's perpetration of IPV, and that men who reported perpetrating NPSV during conflict were significantly more likely to have perpetrated any IPV, including sexual IPV.⁵

There is high faith adherence in DRC, with an estimated 79 per cent of the population Christian and 9 per cent Muslim.⁶ Religious institutions are some of the few functioning organisations left in many parts of the country, which has been deeply affected by conflict, and are often the main group that citizens belong to. They also hold authority as informal providers of social services where the state has little capacity.⁷

Given the prominence of faith in people's daily lives, faith leaders and faith communities have huge potential to help prevent VAWG. Religion shapes the values that people and communities hold, and creates groups connected through common beliefs. Faith leaders, particularly in many African contexts, are accorded moral authority by both followers and the wider community. Local faith leaders influence attitudes and cultural and social norms, including notions of masculinity, femininity and gender roles as they relate to VAWG. They are key opinion leaders present over the long term in remote, conflict-affected communities and are often turned to in times of distress, including by survivors needing support.

Despite the important role of faith leaders and groups, they often contribute to silence and shame around VAWG, reinforce harmful attitudes about men and women and their relationships, especially within marriage, and contribute to normalising some forms of VAWG. Faith groups are part of a wider cultural context that

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- 1 Freedman J (2011) 'Explaining sexual violence and gender inequalities in the DRC'. *Peace Review: A Journal of Social Justice*. 2011; 23:170–175.; Meger S (2010) 'Rape of the Congo: Understanding sexual violence in the conflict in the Democratic Republic of Congo'. *Journal of Contemporary African Studies*. 2010; 28(2):119–135.
 - 2 Sleg H, Barker G and Levto R (2014) *Gender relations, sexual and gender-based violence and the effects of conflict on men and women in North Kivu, Eastern DRC: Results from the International Men and Gender Equality Survey (IMAGES)*. Washington, DC and Cape Town: Promundo-US and Sonke Gender Justice.
 - 3 MPSMRM, MSP and ICF International (2014) *Enquête Démographique et de Santé en République Démocratique du Congo 2013–2014*. Rockville, Maryland, USA: MPSMRM, MSP et ICF International. <https://dhsprogram.com/pubs/pdf/FR300/FR300.pdf>
 - 4 Loots L (2014) *Transforming masculinities: Great Lakes Region summary report: Social attitudes and practices of men in relation to gender*. www.wewillspeakout.org/wp-content/uploads/2014/06/Transforming-masculinities-English-FINAL.pdf
 - 5 Sleg H, Barker G and Levto R (2014) *Gender relations, sexual and gender-based violence and the effects of conflict on men and women in North Kivu, Eastern DRC: Results from the International Men and Gender Equality Survey (IMAGES)*. Washington, DC and Cape Town: Promundo-US and Sonke Gender Justice; Tankink M and Sleg H (2017) *Living peace in Democratic Republic of the Congo: An impact evaluation of an intervention with male partners of women survivors of conflict-related rape and intimate partner violence*. Washington, DC: Promundo-US.
 - 6 Adogla EC (2007) *Religiously remapped 3.0: Mapping religious trends in Africa*.
 - 7 Whetho A and Uzodike UO (2008) 'Religious networks in post-conflict Democratic Republic of the Congo: a prognosis'. *African Journal on Conflict Resolution*. 2008; 8(3):57–84.

influences religious practices and can provide justification and endorsement of harmful norms. Lack of knowledge and taboos among faith leaders can prevent them from engaging positively and can reinforce the tolerance of violence, perpetuating patterns of stigma and shame and preventing survivors from reporting or seeking services for fear of rejection, isolating them from their own communities. The World Council of Churches (WCC), to which many Congolese churches belong, condemned this complicit role in sexual violence and a refusal by churches to address it.⁸ This signals increased acknowledgement by high-level religious bodies of the severity of this issue and the need for churches to use their influence to prevent and respond to violence.

In the present study, the baseline prevalence of IPV was identified as approximately two in three women (69 per cent) and NPSV as approximately one in five women (21 per cent) in the target communities. The baseline study also indicated that more than 95 per cent of respondents surveyed identified as belonging to a religion, 83 per cent of whom stated that their faith was important or very important to them.⁹ The high prevalence of both IPV and NPSV and their interconnection in conflict, and the important role of faith among members of target communities, shaped the project's focus on shifting harmful social and gender norms and practices around VAWG, with particular emphasis on engaging faith groups and leaders in preventing IPV. The approach taken was to first invest in accompanying faith leaders themselves to go on a journey of awareness and change, and secondly to reach others within their own faith group and in the wider community.



Ituri Province, DRC. Photo: Prabu Deepan/Tearfund

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- 8 World Council of Churches statement on sexual violence against women in the Democratic Republic of Congo; 2009. www.oikoumene.org/en/resources/documents/central-committee/geneva-2009/reports-and-documents/report-on-public-issues/statement-on-sexual-violence-against-women-in-the-democratic-republic-of-congo.html
- 9 Sandilands M, Jewkes R, Baghuma Lele U and Scott N (2017) *Does faith matter? Faith engagement, gender norms and violence against women and girls in conflict-affected communities: baseline research in Ituri Province, Democratic Republic of Congo*. Tearfund, UK.

2 INTERVENTION OVERVIEW

Between 2015 and 2017, over 24 months, Tearfund conducted a project with Congolese partner HEAL Africa¹⁰ in 15 conflict-affected villages in Ituri Province, DRC. Called 'Engaging with Faith Groups to Prevent Violence Against Women and Girls in Conflict-affected Communities',¹¹ the project's theory of change is outlined in Figure 1 on page 6.

The intervention had three core components, detailed below. First, it equipped local faith leaders and other selected community members as change agents to speak out and mobilise communities to prevent VAWG through tackling its root causes. Seventy-five faith leaders¹² (both men and women) were trained over five sessions of two to three days each, through a faith-based curriculum that included scriptural reflections, faith references and language adapted to tailor relevant concepts to people's local contexts.¹³ Faith leaders were then encouraged to incorporate what they had learned into their existing activities, such as sermons, prayer groups, youth groups and counselling. The selection process and workshop design encouraged equal participation of men and women in the faith leaders' workshops.

Secondly, 15 men and 15 women (including lay leaders of youth, women's or men's groups) were trained over three sessions of five days each as 'Gender Champions' to engage men and women in the wider community through a series of 'Community Dialogues' for six weeks per cycle. Each Gender Champion recruited and facilitated Dialogues for eight to ten men and women respectively, addressing different weekly themes.

Thirdly, local Community Action Groups (CAGs) were set up, engaging 225 community members who committed to facilitate a safe environment and access to services for survivors.¹⁴ A Healing of Memories workshop¹⁵ was conducted with 24 survivors and nine community members.

Faith leaders, Gender Champions and CAGs engaged in their respective spaces of change within their communities, mutually reinforcing their messaging to reshape men's and women's attitudes towards rejecting and acting against VAWG, and to reduce stigma faced by survivors, enabling them to seek support. All these actors have been supported and mentored throughout the implementation period by project staff, to reinforce and monitor their understanding and internalisation of the process, and oversee dissemination activities.

The project also strengthened referrals and other supportive measures at health clinics. The aim was to reduce VAWG and facilitate sustained changes in social norms related to VAWG, so that violence becomes unacceptable, survivors are supported and men and women form gender-equitable, violence-free relationships.

10 HEAL Africa is a Congolese NGO that operates to improve the health and well-being of the community through training medical doctors, health workers and community activists in fields such as physical, spiritual and community recovery. Tearfund is a Christian relief and development INGO that has been working in DRC for over 30 years and since 2011 has been focusing on preventing VAWG and gender-based violence across all its programming.

11 Funded by the UK government, under the What Works to Prevent Violence Against Women and Girls Global Programme.

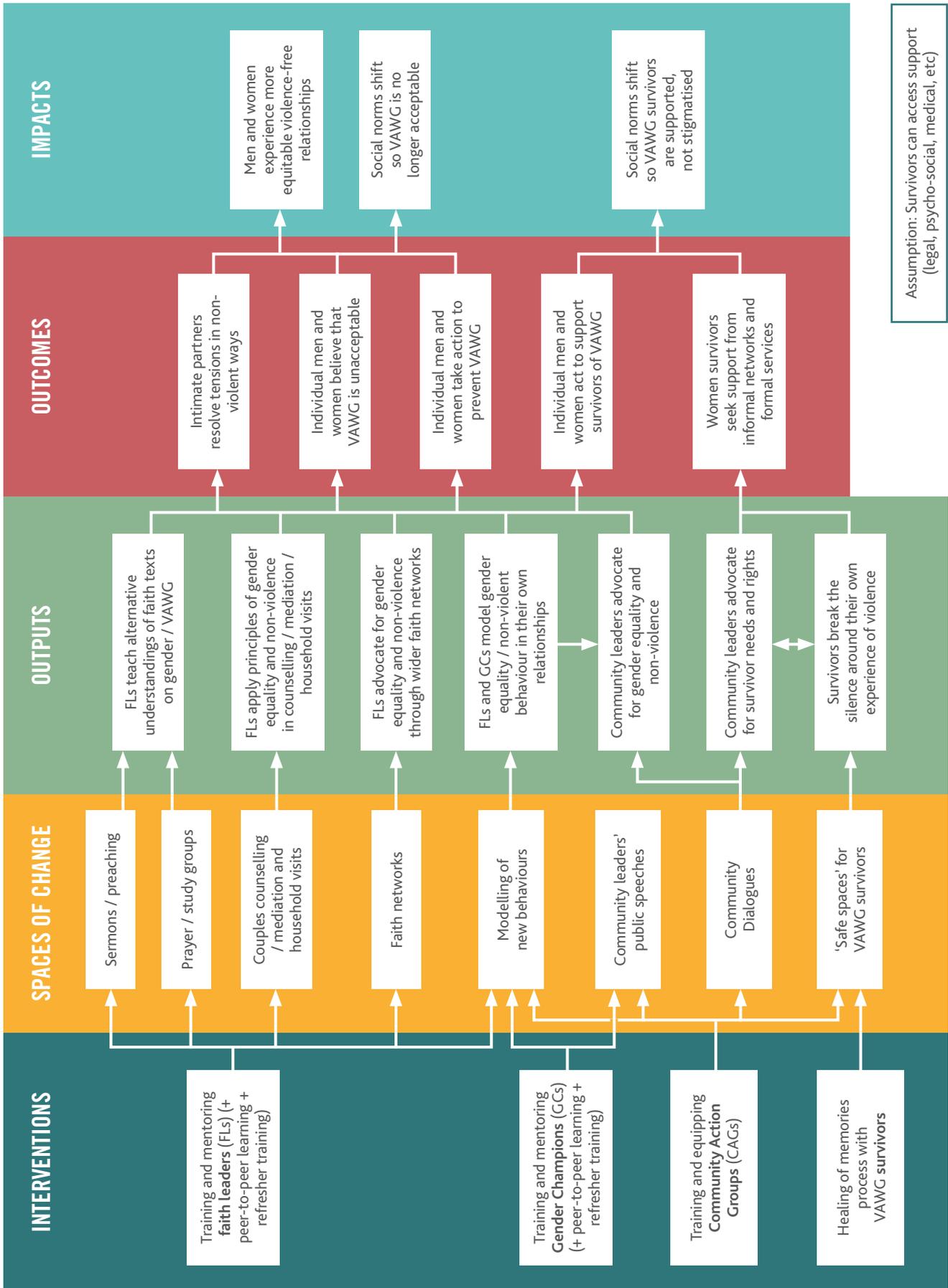
12 Faith leaders were men and women in a position of formal or informal leadership, from Christian and Muslim faiths.

13 For more on Tearfund's Transforming Masculinities approach and tools, see: https://learn.tearfund.org/en/themes/sexual_and_gender-based_violence/changing_gender_norms

14 Gender Champions and CAG members were an equal split of men and women, and of any faith or none.

15 This workshop offers a restorative process for survivors of trauma. See: www.healing-memories.org

Figure 1 The project's theory of change



3 HOW THE RESEARCH WAS CONDUCTED

The research used a mixed-methods approach including a longitudinal qualitative panel study and two household surveys at baseline and endline. It was independently conducted by the Unit for Religion and Development at Stellenbosch University, South Africa. The household surveys were conducted by Gamos, a UK-based company specialising in quantitative impact assessment.

These household surveys were carried out within the 15 communities at two evaluation time points. The baseline survey was implemented in mid-2015 and the endline survey was implemented in late 2017, with 29 months between the two evaluation points. Men and women were randomly selected and interviewed face-to-face at the household level by local Congolese assessors using a questionnaire in French or Kilendu. At baseline, 769 household interviews were conducted (369 men and 400 women). At endline, the sample was increased by almost 50 per cent, with 1,218 people (599 men and 619 women) interviewed. Information was collected using hand-held electronic devices, with sensitive questions about experience or perpetration of violence self-administered. Data sets were seen to be broadly comparable with samples from the same area and use of similar sampling methods, with the endline sample being slightly older, and more educated and food secure than the baseline sample.

Qualitative data was also collected through interviews and focus group discussions with project actors and community members at eight-monthly intervals (four visits). Learnings from the qualitative data informed the project in real time;¹⁶ for example, the panel interviews started showing that despite the distribution of chores in the household shifting, women were still expected to get permission from their husbands to participate in activities outside the home. Consequently, specific points about women's mobility were added to the following cycle of Community Dialogues to address the challenge.



☐ Nehemiah Committee, cross-denominational and -faith local committee set up by HEAL Africa to help the local community recover from violent conflict/ Kirotse Hospital. Photo: Richard Hanson/Tearfund

16 Selected quotations and insights have been drawn from the two-year panel study with intervention participants, focused on the project's qualitative data.

This study was ethically approved by the Université Libre Pays des Grands Lacs in Goma, DRC, with permissions granted by the Provincial Health Division of Ituri. All respondents gave their informed consent. Interviewers were trained on ethical principles and referral processes.

The surveys assessed whether the project's aims to change practices, attitudes and social norms related to VAWG were effective, with a particular focus on measuring changes in social norms linked to gendered attitudes towards men and masculinities, rape myths and rape survivor stigma. The survey included questions about attitudes towards IPV, beliefs about justification for physical and sexual IPV, and experiences and perpetration of VAWG. It also measured exposure to the project through participation in counselling or attendance at public talks and discussions associated with the prevention of VAWG and other topics.

3.1 Who did we talk to?

Around half of all respondents were married/cohabiting in both surveys (48 per cent at baseline, 56 per cent at endline), with more than a quarter having been married in the past year (29 per cent baseline, 28 per cent endline). Just under a quarter had had no relationship in the past 12 months (24 per cent at baseline and 19 per cent at endline). The average age of those interviewed was 30 years at baseline and 35 years at endline. More than half of total respondents (61 per cent at baseline, 55 per cent at endline) either had no education or had not completed primary school. Less than 10 per cent of both samples had completed secondary school and only 1 per cent had accessed further education at endline (3 per cent at baseline). Respondents were poor but over 85 per cent of both samples received two or more meals a day (85 per cent baseline, 91 per cent endline). Men were more likely to be primary breadwinners (67 per cent), but 57 per cent of women at baseline and 50 per cent at endline also identified as providing either all or most of the household income.

Ninety-five per cent of respondents identified as religious, with 77 per cent Christian and 14 per cent Muslim at baseline, and 81 per cent Christian and 11 per cent Muslim at endline. Less than 5 per cent of both samples claimed to have no faith. At baseline, a three-level 'faith engagement' variable was developed by grouping:

1. Those with no engagement at all or no religion
2. Those simply attending services
3. Those taking part in services and/or engaging in decision-making or leadership.

At baseline, the faith engagement variable was a stronger predictor of attitudes towards violence and gender than religious attendance alone. Consequently, the same variable was used at endline. At baseline, 85 per cent of participants said faith was important or very important to them and by endline, this had increased to 97 per cent, with increased regular faith engagement also observed. Twenty-four per cent of endline respondents identified as a trained community actor¹⁷ and of those, 17 per cent were faith leaders. The surveys were fairly gender balanced, with slightly more faith leaders being male at endline.

17 Either a faith leader, Gender Champion or a member of a CAG who received training within the project.

4 RESULTS – WHAT DOES THE DATA SHOW US?

FROM VIOLENCE TO NON-VIOLENCE RESPONSES

- Significant reduction in IPV and NPSV
- Among men, self-reported perpetration reduced from 68 per cent to 24 per cent
- Among women, reported IPV reduced from 69 per cent to 29 per cent
- NPSV reported by women reduced from 21 per cent to 4 per cent

FROM MALE SUPERIORITY TO GENDER EQUALITY

- Men have developed alternative patterns of masculinity
- Belief that men are superior to women has dropped from 90 per cent to 70 per cent
- Belief that God created men and women equal increased by 20 per cent among men
- Women's attitude that their primary role is to care and cook for family reduced from 90 per cent to 75 per cent

FROM TOLERANCE TO RESILIENCE

- A number of attitudes to IPV reversed
- Justification of physical violence dropped from 71 per cent to 55 per cent among men
- Belief that women are not allowed to refuse sex dropped from 80 per cent to 55 per cent among men
- Women's belief that disobedience of wives justifies violence dropped from 53 per cent to 38 per cent

FROM STIGMA TO SUPPORT FOR SURVIVORS

- Survivors' internal stigma reduced, as did external stigmatising attitudes
- Significant reduction in rape myth beliefs among men
- By endline, 40 per cent of IPV survivors sought assistance from faith leaders – an increase from 2 per cent
- 74 per cent of endline respondents felt their faith institutions supported survivors

FROM SILENT WITNESSES TO VOCAL CHAMPIONS

- Faith leaders are effective change agents and have become primary group approached by survivors for support
- 83 per cent of all respondents attended a public talk or discussion related to VAWG by endline
- 64 per cent of respondents at endline had accessed couples counselling, mainly through faith leaders

4.1 Has VAWG reduced in the targeted villages?

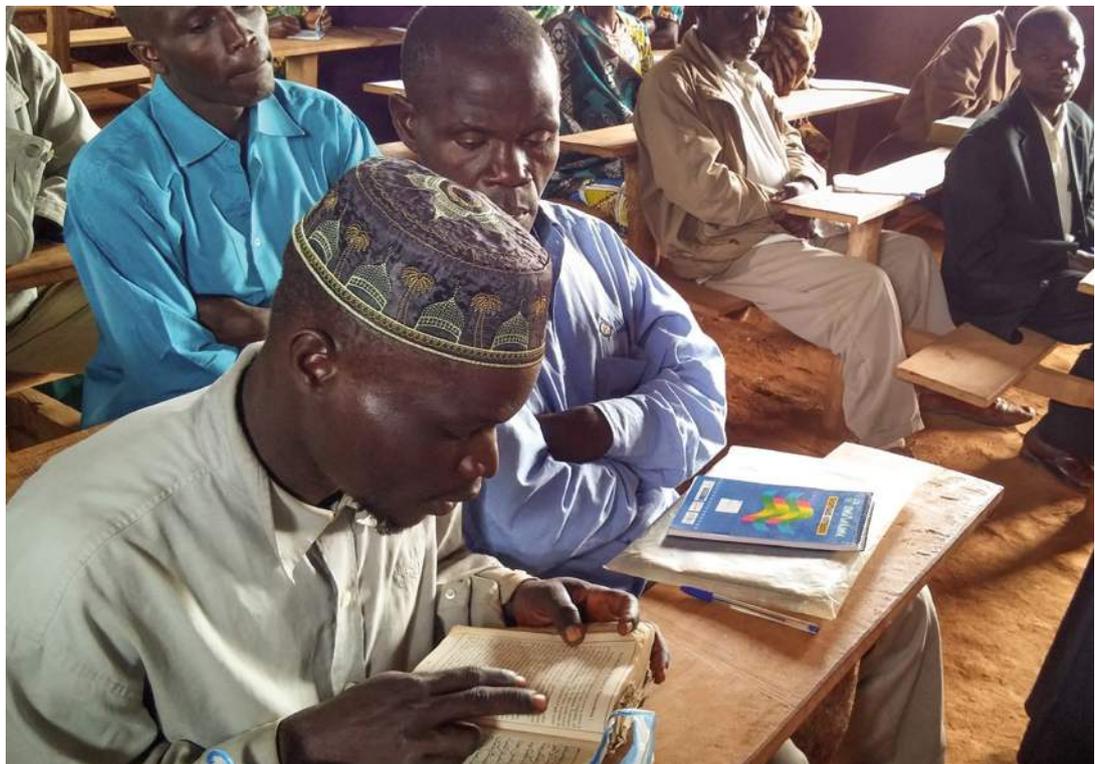
Intimate partner sexual violence

Women's experience of IPV in its multiple forms reduced by more than half over the project period from 69 per cent at baseline to 29 per cent by endline. More men and women also reported that they would or do intervene in situations of IPV in the community.

Respondents completed self-administered questions about IPV, with women asked whether they had experienced violence from, and men asked whether they had perpetrated violence against, their partner, boyfriend/girlfriend or husband/wife in the past 12 months. Three types of IPV were measured: emotional, physical and sexual violence. Sample questions asked of men were:

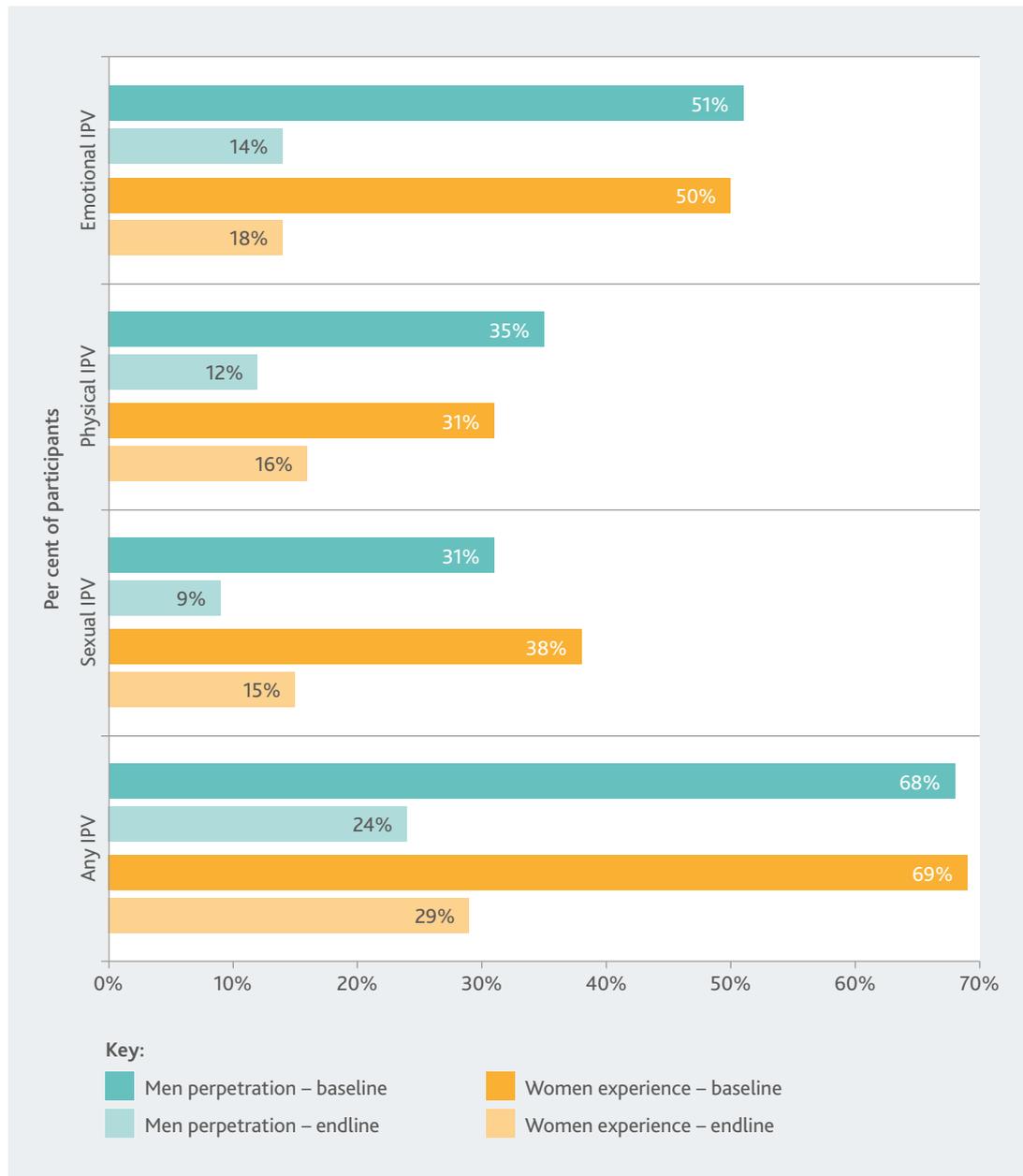
1. In the past 12 months, how many times have you [...] Belittled or humiliated (your wife, partner or girlfriend) in front of other people?
2. How often have you physically forced her to have sexual intercourse when she did not want to?

A large decline was seen in men's self-reported perpetration of emotional, physical and sexual IPV. Overall, among men in a relationship during the past 12 months, self-reported perpetration of any IPV reduced from 68 per cent at baseline to 24 per cent at endline. Reported perpetration by endline had reduced to a third of what it was at baseline for all three types of IPV. Likewise, women in a relationship over the past 12 months also reported a large reduction in any IPV experience, from 69 per cent at baseline to 29 per cent at endline. Women's self-reported experience of sexual IPV dropped from 38 per cent to 15 per cent. At both baseline and endline, reported rates of IPV experienced by women are consistent with rates of perpetration reported by men, which strengthens the reliability of these findings.



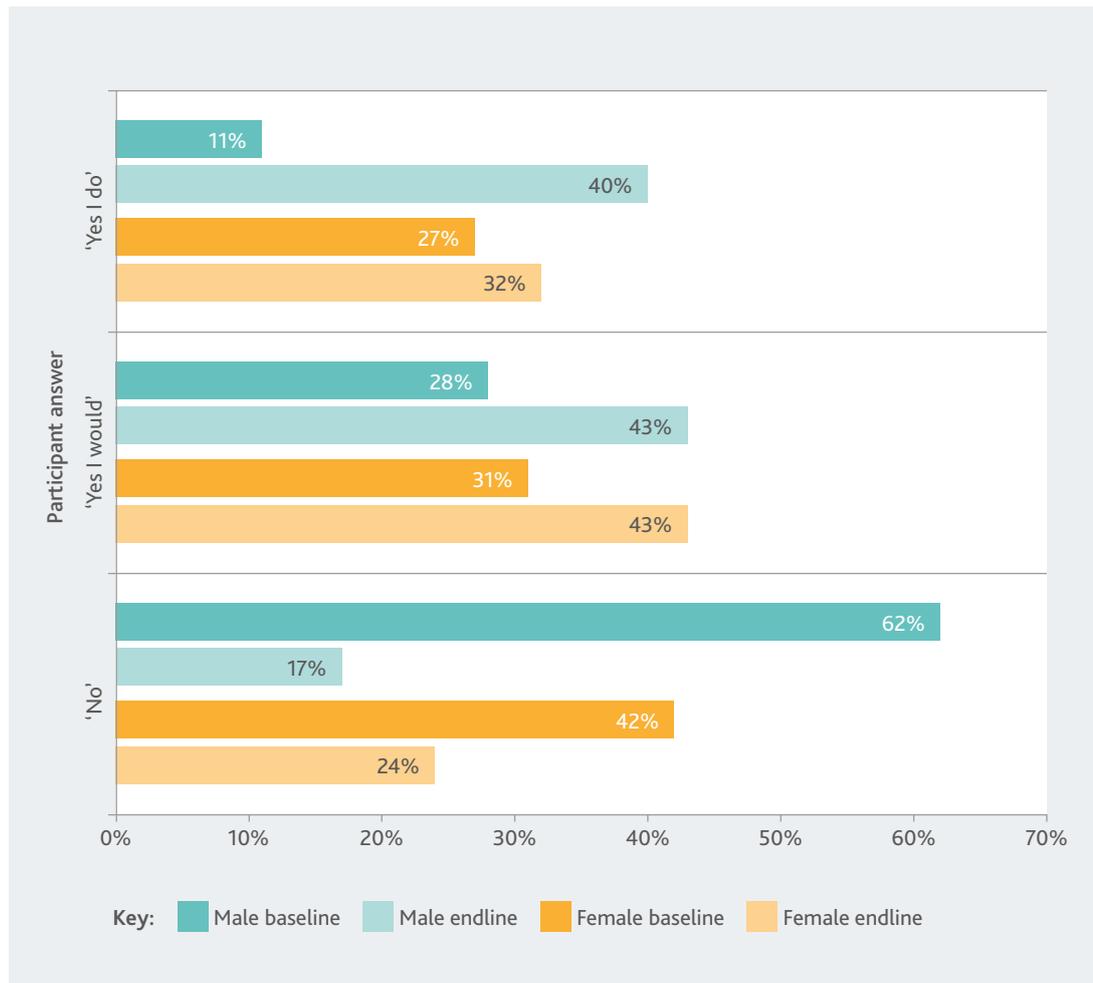
📷 A faith leader looks at scripture during training. Photo: Prabu Deepan/Tearfund

Figure 2 Self-reported IPV perpetration and experience



An increased willingness to intervene in cases of IPV also suggests that changes in violence-tolerating attitudes have translated into changes in practice. Higher proportions of both men and women at endline reported having intervened in cases of IPV. At baseline, 62 per cent of men and 42 per cent of women said they would not intervene. But by project end, only 17 per cent of men and 24 per cent of women were still reporting this. Forty per cent of men and 32 per cent of women reported intervening in actual cases. Regular intervening in cases of violence could serve as both an important deterrent to potential perpetrators of violence and a source of support for survivors.

Figure 3 Would you intervene if you knew your friend or neighbour used violence against his wife?



Non-partner sexual violence

Reported NPSV rates reduced significantly for women from 24 per cent at baseline to 4 per cent at endline. Perpetrators were almost always known to the victim. Only a small proportion of NPSV reported at either baseline or endline was by an unknown perpetrator or militia.

Twenty-one per cent of women at baseline reported having experienced NPSV in the past 12 months. At endline, this had decreased to just 4 per cent and was consistent with male reporting of perpetration of NPSV at endline (3 per cent). This shows that the focus on IPV within the project has not been at the expense of other forms of VAWG, which have also substantially reduced.

It is notable that while many narratives of sexual violence, especially in conflict settings, focus on rape by armed actors, survivors in this study overwhelmingly reported that perpetrators of NPSV were almost always known to them. Women reporting NPSV who named militia as the perpetrator in both samples was only 6 per cent at baseline and 8 per cent at endline. At baseline, 87 per cent of survivors said the perpetrator was known to them and by endline this increased to 92 per cent. This is an important finding in light of the prominence often given to unknown perpetrator forms of sexual violence in the media and in how interventions can be structured.

4.2 Are violence-supportive attitudes changing?

At baseline, 51 per cent of men supported use of VAWG at certain times and 71 per cent felt that beating a wife could be justified in at least one circumstance, while 43 per cent of women supported VAWG at certain times and 67 per cent agreed it could be justified under some circumstances. A sizable majority of men (76 per cent) and women (67 per cent) also agreed that a man is entitled to sex. These trends were reversed by endline, where a sizable majority rejected physical violence towards a woman under all circumstances and recognised a woman's right to refuse sex. Beliefs that violence should be tolerated or should not be discussed halved by endline.

At baseline, 51 per cent of men and 43 per cent of women said that there are times when a woman deserves to be beaten. The proportion of both male and female respondents agreeing with this statement had almost halved at endline to 28 per cent and 24 per cent respectively, indicating a reduction in violence-supportive attitudes. Both men and women were asked under which circumstances physical IPV was justified, including if a wife disobeys her husband, neglects the children, refuses sex, goes out without telling her husband, does the housework to an unsatisfactory level, or commits adultery. This concretisation of multiple scenarios went beyond a headline assent to 'no violence', to probe the more complex relational realities of when it might feel justified. Men's justification of physical IPV against a wife was significantly lower by endline for almost all the scenarios explored, with the proportion of men who felt that physical IPV could ever be justified falling from 71 per cent to 55 per cent. The drop among women was more modest, falling from 67 per cent to 62 per cent. A significant reduction in women's violence-supportive attitudes at endline was only observed in response to whether a husband is justified in beating his wife if she disobeys him, with women's agreement with this statement reducing from 53 per cent to 38 per cent. Women's agreement with the justification of physical IPV under other circumstances did not change significantly between baseline and endline. This finding suggests that women themselves have internalised the toleration of physical violence within marriage and that this was difficult to shift. This was also evident in some female faith leaders' responses related to counselling other women during qualitative interviews:

'We advised her just to be patient. Even if you are beaten up, this is how marriage is. We just need to help you deal with the wound. I gave her some pills just to sooth the pain and I told her to go back to her home and not leave her children behind. She listened.'

Female faith leader

While attitudes are certainly changing, particularly among men, similar positions are still concerning, despite having been challenged by project staff throughout the intervention to ensure they were not contributing to reinforcing harmful beliefs. Nearly 50 per cent of men and 61 per cent of women at endline still perceive hitting a woman to be justifiable if she has been unfaithful and one in three men and women see wifely disobedience as justifying wife-beating, although this is reduced from one in two at baseline.

Endline findings show similar attitudinal changes for both men and women in relation to tolerance of sexual IPV. Fewer men and women at endline agreed that a man is entitled to sex from his partner even if she does not feel like it. Agreement with this statement almost halved for men (76 per cent–40 per cent) and reduced by a third for women (67–46 per cent). This shows a marked change in these social norms, from being a majority view within society (over 50 per cent) to a minority view (under 50 per cent).

Baseline and endline surveys explored specific scenarios in which a married woman could refuse sex with her husband, including if she is sick, does not want sex, is mistreated by her partner or if he is drunk. Many more male and female respondents at endline (49 per cent and 46 per cent respectively) compared to baseline

(20 per cent and 26 per cent respectively) agreed that a woman could refuse sex in all four scenarios. The proportion of respondents who believed a wife could never refuse sex more than halved (from 31 per cent to 12 per cent among men and 31 per cent to 15 per cent among women). This is a key area of attitude change over the project duration.

Although men and women had similar levels of agreement at endline that a married woman can refuse sex in various scenarios, views about rights over women's bodies according to sacred scripture changed a lot less. Respondents were less likely to recognise a woman's right to refuse sex when it was phrased as a religious principle, with 66 per cent of men and 68 per cent of women at endline still believing that a wife has no right or control over her body according to sacred texts.

Overall, men's attitudes and beliefs typically changed more than women's over the project period, reducing the gender gap by endline. While there was more room for positive change among men, it also shows the deep internalisation of inequitable beliefs among women and suggests that adaptations to the approach may be needed in order to address this. The qualitative research both illustrates and explores this:

'[Wife-beating] is a must. Maybe you, the wife, did something wrong against your husband. It is possible that you are the one in the wrong because the husband is the head of the home. Sometimes he has told you so many times but you can't listen. That is what can lead the husband to raising his hands on you and beat you.'

Female community member

While all activities targeted men and women equally throughout the project, it is notable that the curriculum emphasises the importance of addressing harmful masculine traits, such as men's use of violence, control and dominance, and the need for changes in male behaviour. This highlights the potential need for further emphasis on women's attitudes and beliefs, and their internalisation.

In addition to attitudes about men's right to sex and the justification of wife-beating, other violence-tolerating attitudes were explored. Men had a higher expectation at baseline (62 per cent) than women (47 per cent) that women should tolerate violence to keep the family together. This was the main attitudinal difference between men and women at baseline. However, at endline, the number of participants agreeing with this statement reduced to 36 per cent for both men and women, eliminating the gender gap. Support for discussing marital violence outside the couple increased significantly among both men and women, with a 20 per cent shift between baseline and endline. This increase in support suggests less tolerance of violence and is an important precursor to enabling survivors to seek support outside the family.

Despite these positive findings, there was less agreement by the end of the intervention among both men (from 91 per cent to 87 per cent) and women (from 92 per cent to 80 per cent) that if a man mistreats his wife, others outside the family should intervene. This finding contradicts many of the positive shifts and may suggest a greater expectation that IPV can now be handled within the family. However, this finding also contradicts the increase in the proportion of people reporting they would intervene in cases of IPV, as presented in section 4.1 of the report.

4.3 Impact on survivor stigma, rape myths and support

Reductions in both rape myths and internal survivor stigma were found over the project period, with many more survivors seeking help and support by endline, especially from faith leaders (40 per cent), police (17 per cent) and partners (18 per cent). While large reductions were seen among men, stigmatising attitudes remained problematic among both men and women, with 47 per cent of men and 41 per cent of women at endline still tending to disbelieve a woman who says she has been raped.

Rape myths were explored in both the baseline and endline surveys. Respondents were asked to indicate their level of agreement or disagreement with the following statements:

1. When a woman is raped, she usually did something careless to put herself in that situation.
2. In some rape incidents the victims actually want it to happen.
3. If a woman does not physically fight back, you can not really say it was rape.
4. In any rape incident, one would have to question if the victim had a bad character.
5. God condemns rape.

Significant shifts were seen in men's disagreement with the specific myths cited above, such as 'in any rape incident, one would have to question if the victim had a bad character', which increased from 41 per cent to 55 per cent. Men also showed more sympathetic views by endline towards survivors and how they should be treated. However, while women as a whole were less likely to hold to these beliefs at baseline, more limited change was observed among women over the project period. Some women indicate ongoing beliefs that survivors carry some responsibility for the violence they have experienced by being careless, not fighting back or wanting it to happen. There was, however, almost universal acceptance at both baseline and endline that God condemns rape. A notable minority of both men's and women's attitudes towards rape at endline shows that inaccurate myths about rape survivors continue to flourish in these communities, although just over half of respondents disagreed with these myths at baseline. Some ambiguous findings continue at endline, such as uncertainty by some about whether rape perpetrators should be punished. A key message from both baseline and endline findings is that some rape myths remain present for a significant proportion of the communities, such as judging the character of the survivor or insisting that she must be seen to physically fight back for it to be rape.

Survivor stigma

Internal and external survivor stigma¹⁸ was also explored in both samples. Respondents were asked to indicate their level of agreement or disagreement with the following statements on external stigma:

1. A man is justified in rejecting his wife if she has been raped.
2. A raped woman's family members should have nothing to do with her.
3. A young man should not marry a young woman who has been raped.

Positive changes were seen between baseline and endline in men's attitudes towards a man rejecting his wife if she is raped, with more men disagreeing at endline (72 per cent) than at baseline (53 per cent). Reduction of stigmatising attitudes at the community level is also seen through men's higher levels of disagreement with the rejection of a survivor by her family and with not considering her a suitable bride. While women's attitudes also changed slightly, a relevant minority continue to hold deeply gender inequitable views. The vast majority of both men (90 per cent) and women (86 per cent) saw rapists as needing to be punished, although a small but growing proportion of both men (3 per cent at baseline, 8 per cent at endline) and women (3 per cent at baseline, 12 per cent at endline) did not agree with this. Finally, tendencies to disbelieve survivors were high at baseline (43 per cent for men, 32 per cent for women) and became even higher at endline, with 47 per cent of men and 41 per cent women still likely to disbelieve a woman who says she has been raped. This is a concerning, ambivalent finding that needs more exploration. Nevertheless, the overall endline data on stigma for both men and women indicates a reduction in external attitudes that stigmatise rape survivors and shows that progress is being made.

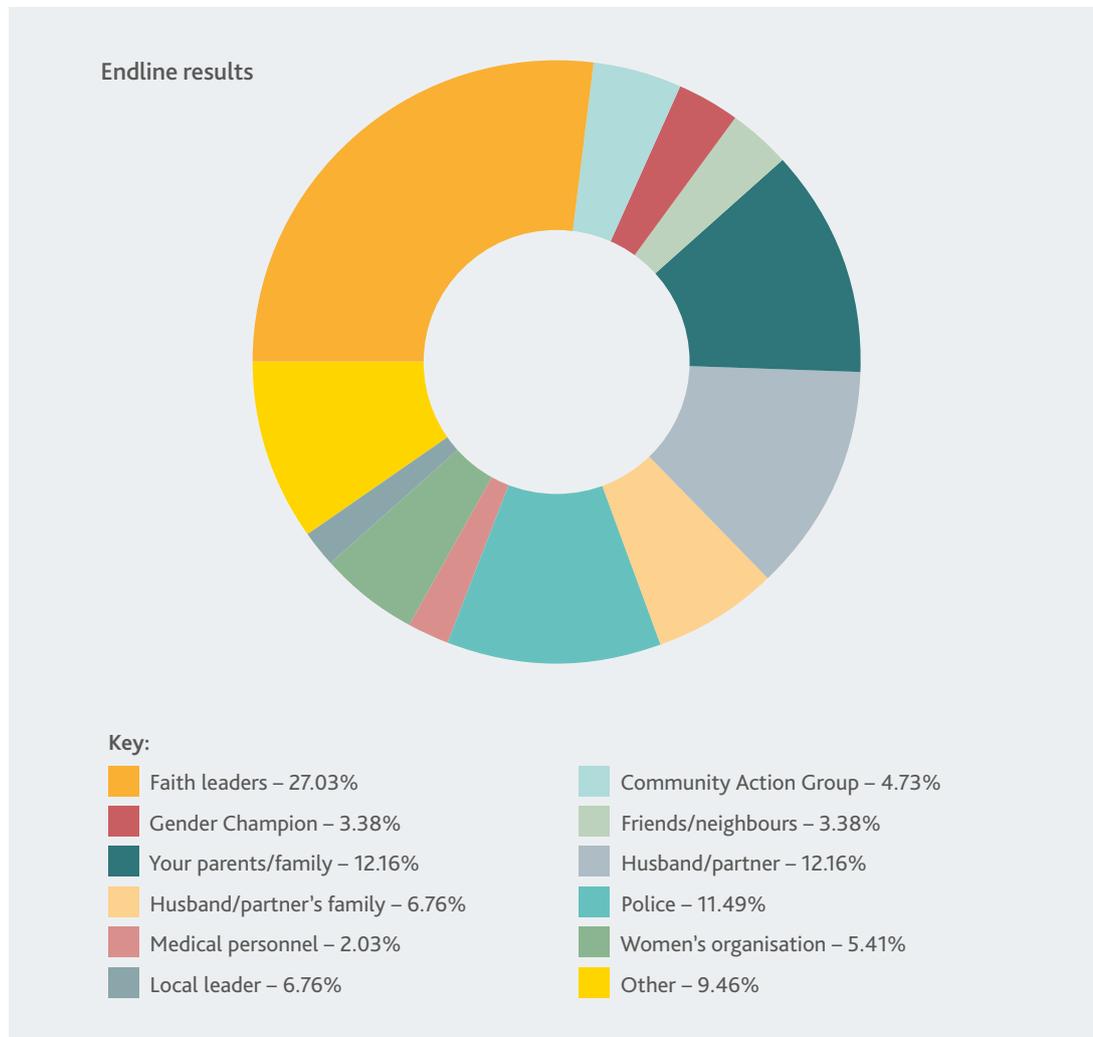
Finally, there was a significant reduction in internal stigma as reported directly by survivors of past-year physical or sexual IPV, or NPSV. For example, survivors in the endline sample were less likely to feel guilty for the violence they experienced, with an increase in the proportion of women disagreeing with the statement 'I feel guilty' from 47 per cent at baseline to 72 per cent at endline. This is a crucial step in enabling women to seek help. Partners and parents were more likely to provide support at endline; however, this has not yet translated into survivors feeling supported by the wider community or faith group, which is an area where

¹⁸ Internal stigma (or 'perceived', 'felt' stigma) refers to the shame and expectation of discrimination that prevents people from talking about their experiences and stops them seeking help. External stigma (or 'enacted' stigma) refers to the actual experience of discrimination.

further work is needed. While 28 per cent of survivors at baseline reported being left by their partner as a consequence of the violence they experienced, this had reduced to 15 per cent by endline.

Around 40 per cent of survivors of past-year physical or sexual IPV or NPSV either talked to or sought assistance from faith leaders, up from just 2 per cent at baseline and twice the rate of any other person.

Figure 4 Who do survivors turn to for help?



However, while most respondents believed that their religious institution supported survivors (74 per cent), only 11 per cent of survivors felt that a faith leader was able to provide effective support, although it is unclear how many of them asked a faith leader for support. Many survivors still experienced a disconnect between their needs and what was being offered, also due to a lack of formal services in the area for referral. Nevertheless, 32 per cent of survivors felt supported by at least one project actor by endline. A striking finding from survivors at endline is this increased role of faith leaders, who now form the largest group approached for support.

4.4 Are social norms changing?

Support for harmful social norms related to gendered violence, roles and decision-making changed for the better among both men and women by endline. Attitudes became more gender equitable, even if they often remained weighted in favour of men. Men's attitudes and behaviours in particular improved significantly over the project period. While women's attitudes also improved, they did not change to the same extent as men's. Support for discussing violence increased among both men and women.

Gender equality attitudes and practices

Both men and women held far more equitable gender attitudes at endline than baseline, with large improvements in various survey items related to gender equality, power in relationships, and gendered norms around shared household decision-making.

The proportion of men holding the belief that God created man and woman equal increased from 46 per cent at baseline to 66 per cent at endline, and from 54 per cent to 67 per cent for women. Those holding the contradictory view that men are superior to women fell from 90 per cent to 70 per cent among men, and from 82 per cent to 71 per cent among women.

The following quote from a male Gender Champion, collected as part of the qualitative research, illustrates the changes in religious beliefs about gender equality and violence:

'Gender equality sends us straight to the Bible, because God created man and woman in His image and the two of them are therefore the same and are equal. If the husband deems himself higher than the woman, in that case, it is already violence. Because everyone is equal.'

Male Gender Champion

At baseline, younger age groups tended to reject the belief that God created man and woman equal (only 46 per cent of people under 35 agreed with this statement). By endline, this group had changed the most, with 66 per cent agreeing with the statement. On the other hand, although the belief that men are superior to women fell among all age groups, it fell least among young people (from 86 per cent to 77 per cent). This age disaggregation offers important insights that need further exploration. Given that DRC has such a young population, the emerging attitudes of this group are critical. Insights from focus group discussions also suggest that despite shifts in attitudes towards men's/women's relationships, parents still hold strongly gendered attitudes towards their children's education and expectations of their behaviour.

Household roles and decision-making power

Results from both samples revealed a strong acceptance of traditional gender roles, with women as caregivers and men as providers. However, the strength of these gender attitudes had weakened over the project duration among both men and women, showing some progress in both attitudes and changed behaviour at the household level.

Nearly 90 per cent of men and women at baseline saw a woman's primary role as taking care of and cooking for her family, but this had reduced to 63 per cent for men and 75 per cent for women by endline. There were similar findings with respect to sharing childcare. There were some improvements in attitudes towards men sharing household tasks with women, with about half of respondents at endline (both male and female) believing that household tasks should be shared. The belief that a man should provide for his family strengthened over the project duration for both men (78 per cent to 85 per cent) and women (72 per cent to 85 per cent). Respondents more engaged with faith were from the start slightly more likely to feel that chores should be shared and this pattern continued into endline.

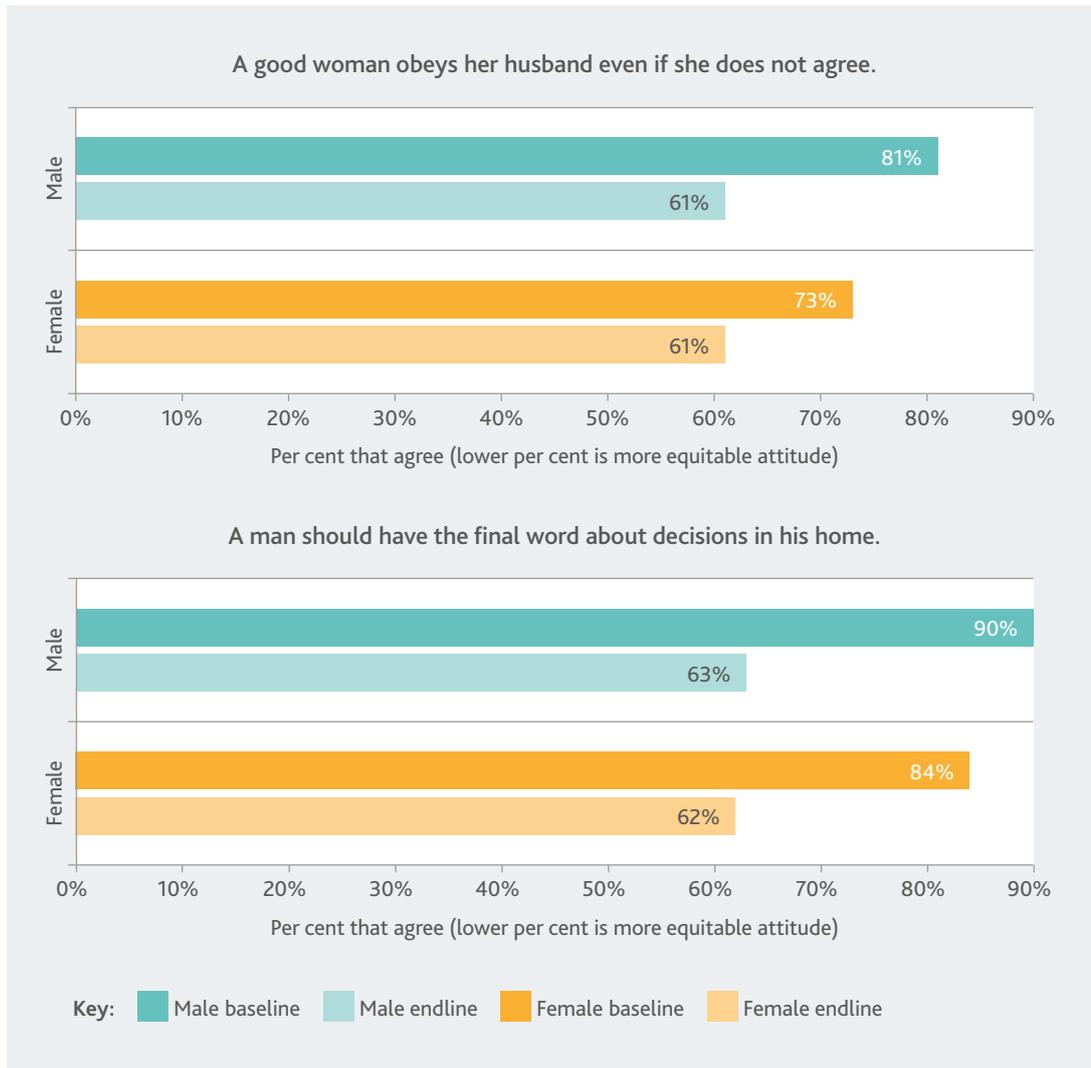
Respondents who were married, cohabiting or in a relationship were asked questions about their roles in contributing to household tasks. Although cleaning and cooking were still mainly carried out by women in the endline sample, there was an increase in men's participation. Although female respondents reported this increase more modestly than men did, men's participation in household tasks increased overall, as did the percentage of households reporting equally shared tasks (from 5 per cent to 20 per cent according to men, from 2 per cent to 10 per cent according to women). Faith leaders noted the change they saw in the relationship between husbands and wives, with new patterns of men's help emerging, as the quote below from a female faith leader notes:

'Before, we could see men could not help their wives. No matter how the latter are tired. But since we have started to teach and sensitise people, men have started to help their wives. Others are even going to look for water, for firewood and even carrying it from the field in order to help their wives. They help each other in order to cook fast. There are changes.'

Female faith leader

There were also considerable changes in attitudes towards power in marriage and intimate partner relationships, with fewer respondents at endline agreeing that a good woman obeys her husband even if she does not agree, or that a man should have the final word about decisions in his home. These changes were observed for both men and women, and for respondents with different levels of faith engagement.

Figure 5 Agreement with statements related to power in relationships, disaggregated by gender



4.5 What role does faith play?

Engaging faith leaders and communities through a faith-based approach to promote positive messages about gender equality and non-violence appears to have been effective in reducing VAWG in this context. At endline, over two-thirds of respondents had been reached by project activities (principally sessions in a place of worship). This highlights the influential role of faith leaders and their reach in the community in this remote, rural context. By endline, uptake of couples counselling had increased and the majority were being carried out by faith leaders who had been equipped to do so.

As findings in the baseline sample indicated that almost all people in the target communities identified as religious, the project's theory of change was based on supporting faith leaders to actively speak up to help change social norms (knowledge, attitudes and behaviours) related to VAWG within communities. Faith institutions had twice the membership of any other community group. Eighty-four per cent of baseline respondents described their faith as important or very important, increasing to 97 per cent by endline. Those

attending services or prayers regularly almost doubled by endline. Many who claimed to be disengaged still attended at times and this increased over the project duration. Slightly more men (39 per cent) than women (33 per cent) were disengaged, with more men involved in leadership (6 per cent) than women (3 per cent).

Baseline findings suggested that faith-engaged persons were overall slightly more gender progressive than those who were less or not engaged with faith. However, at baseline, those actively engaged with faith were more likely to agree that a woman should tolerate violence (for the sake of marriage/family): 66 per cent of respondents who took part in services compared with 49 per cent of those not religiously engaged and 44 per cent of those who attended services but who did not take part. By endline, this had reduced across all faith engagement categories, but especially the actively engaged group, among whom 34 per cent still agreed that women should tolerate violence, representing almost a 50 per cent reduction. Thus, while faith engagement can be linked to harmful attitudes, it can also offer a channel for changing such harmful attitudes when key actors are engaged and equipped to challenge them within their communities.

Similarly, those respondents more active in their faith groups at baseline were more likely to believe that there are times when a woman deserves to be beaten (53 per cent) than those with no religion (34 per cent). However, by the end of the project the opposite was true, with all groups disagreeing with wife-beating more strongly, but especially those engaged with religion (75 per cent). This endline reversal is an important finding, suggesting that these attitudes can be unlearned. It reinforces the value of engaging faith leaders to tackle existing religious underpinnings for toleration of violence in marriage that are often accepted by both husbands and wives. Findings also suggest that 'misinformed' views of scriptural teaching may exist among more passive congregants and can be corrected by faith leaders through the use of this particular approach.

Those more engaged with faith do not always support violence. Those actively taking part in faith services had the highest levels of disagreement with statements related to inequitable gender norms in a number of areas, for example the belief that a man is entitled to sex from his partner even if she does not feel like it, with more progressive views maintained at endline. Likewise, disagreement with a man's right to sex increased from 18 per cent to 44 per cent for those with no religion, from 21 per cent to 57 per cent for those attending services, and from 33 per cent to 65 per cent for those who took part more actively in services. At baseline, those with some faith engagement had more progressive views about various indicators related to power in relationships than those with no faith engagement. By endline, attitudes had changed across the board but especially for this faith-engaged group.

4.6 Exposure to intervention

Faith leaders have been effective disseminators and change agents in these remote communities, reaching the vast majority of the population. The connection of IPV to entrenched ideas about marriage and the roles of men and women in daily life make faith leaders ideally placed actors for change, as they usually play counselling roles at the community level.

A core premise of the theory of change was that faith leaders are key figures for the effective dissemination of messages to the wider community. By endline, 83 per cent of respondents (1,010 people) had attended some kind of public talk/meeting about VAWG, 69 per cent (834) had attended counselling and 80 per cent of those who attended a public talk or discussion also attended counselling. The profile of VAWG within religious institutions had increased during the project, with more respondents at endline reporting that their religious institution provided counselling and supported survivors.

Both baseline and endline surveys illustrate the high level of faith engagement by community members, and endline figures suggest that this dissemination model was effective also for community members that are not affiliated with a faith group. This is evident from the overall changes in attitudes and social norms, regardless

of faith engagement. The project monitoring data indicates that both men and women in the community experienced high levels of repeated exposure to project activities, irrespective of their level of engagement with religious organisations.

Endline findings suggest a direct relationship between intervention exposure and change in attitudes. Respondents who attended counselling or a public talk/discussion had more gender equitable attitudes overall and less agreement with rape stigma than those who did not attend. Views about women tolerating IPV and not discussing it outside the family were significantly more positive among those who attended talks/counselling.

Disagreement (Higher per cent shows more equitable attitudes)	Attended counselling?		Attended public talk or discussion?	
	Yes	No	Yes	No
A woman should tolerate violence to keep her family together	64%	57%	64%	53%
A man using violence against his wife is a private matter that should not be discussed outside the couple	68%	62%	70%	50%
If a man mistreats his wife, others outside the family should intervene	16%	13%	15%	15%
There are times when a woman deserves to be beaten	72%	65%	73%	55%
A man is entitled to sex from his partner even if she does not feel like it	60%	45%	60%	32%

Almost all attitudes were more positive among those who had attended counselling and/or a public talk or discussion. While rates of perpetration or experience of IPV cannot be directly linked to engagement with project activities, it is notable to see how much violent behaviours have reduced. This suggests that targeted faith-based engagement in this context can reshape wider community norms.

4.7 Areas for further exploration

At baseline, women tended to have more progressive attitudes than men on many indicators; however, at endline, smaller changes were often observed for women. This partially reflects the gender gap closure, with a bigger change for men bringing attitudes and beliefs to a similar level for men and women in the communities. At the same time, it shows that many women, even when holding influential positions, continue to internalise patterns of violent masculinity, patriarchal attitudes and the judgment of other women, perpetuating rape myths and survivor stigma. This is also reinforced in the qualitative findings, including with female faith leaders. This is an area that needs further exploration, especially in light of the relatively short timeframe of the intervention.

While significantly more survivors reported approaching faith leaders for support, it remains unclear how this increased their access to formal services and if it improved referral between faith leaders and other support services. It also raises questions about how sufficient quality of support can be ensured.

While many of the social norms explored are moving in the right direction, others still remain weighted towards harmful patterns and attitudes that are deeply entrenched in men and women and the relations between them. This project has made a promising start, particularly in influencing harmful behaviours, but has also highlighted various contradictions and even negative outcomes that need further understanding. For a critical mass to be built around violence prevention, continued work is required to sustainably transform both individual attitudes and social structures. This also highlights the need for longer-term interventions.

5 CONCLUSION

Various changes were observed across the 15 communities over the 24-month project time period. The data shows a considerable decline in all forms of IPV and NPSV, and more equitable gender attitudes and less tolerance for VAWG. Internal and external stigma for survivors has declined.

There was no comparison or control group and therefore we cannot be certain that the changes are solely attributable to the intervention. However, there are several reasons to be confident that the project has contributed to the positive outcomes observed. There were very high levels of repeated exposure to the intervention in the communities and improvements in attitudes were significantly more pronounced among those who had been involved in intervention activities. In the context of confined and relatively small communities, it is plausible that the impact of the intervention on those exposed to project activities had influenced the behaviour of those not directly exposed, where the normative environment has shifted, particularly around the acceptance of VAWG.

Minimal presence of other actors and institutions may have amplified the influence of faith in these settings and lends support to the value of engagement with faith actors in fragile and conflict-affected settings. The spaces of change, as defined in the theory of change, appear to be successful, reaching nearly two-thirds of the population, primarily in places of worship. When appropriately trained and equipped, faith leaders can be well placed to change attitudes, particularly towards IPV, due to faith discourses and institutions often playing a role in governing notions of marriage and family held at the community level.

One of the key aims of the project was to challenge harmful masculinities. By endline, substantial changes were observed in men's gendered attitudes, norms and practices. Changes in women's attitudes, however, particularly towards justification of violence and survivors' stigma, were less prominent and for some attitudes, no change was observed among women. Counterintuitively, women seem to hold on to harmful norms that perpetuate inequality and violence more than men. The intervention emphasis on harmful masculinities might have overlooked the role of women in contributing to change in patriarchal attitudes. A deeper understanding of how to deliberately target women's perpetuation of harmful norms remains important.



📷 A Gender Champion in training. Photo: Prabu Deepan/Tearfund

In some cases, we observed that changes in attitudes were more significant than corresponding changes in behaviour. For example, in relation to gendered roles in the household, there were larger changes in attitudes towards men's and women's equal participation in chores than changes in the practice of shared tasks. In other cases, the change in behaviour was greater or clearer than the underlying attitudes, such as violence perpetuation and its justification in particular scenarios. Some findings were contradictory, such as the increase in external intervention in IPV situations, but at the same time an increased belief that violence should be managed within the family. This highlights the complexity of the normative environment and the need to intentionally identify and target the specific norms to be addressed in similar normative interventions.

Survivors are receiving more support from project actors and family, and internal stigma has reduced; however, some worrying beliefs and myths related to sexual violence remain rooted. This raises questions about the ability of project actors to provide the required level and quality of support in such contexts. Finally, despite a focus internationally and in DRC on existing violence perpetrated by militia and armed actors, evidence shows that IPV is overwhelmingly the main form of VAWG reported in these conflict-affected communities. Survivors of sexual abuse almost always know the perpetrator and therefore community-based interventions combining response and prevention are vital in all contexts and particularly in those affected by crisis.

RECOMMENDATIONS

Based on the lessons learned from the intervention, the following recommendations are made:

- **Recognise that even in conflict-affected communities, IPV is the most common form of VAWG.** Where sexual violence occurs, it is typically perpetrated by known persons rather than soldiers or militia. VAWG prevention interventions should be designed to reflect this.
- **Engage faith leaders as active stakeholders in social norms approaches to address VAWG where faith is an important factor in society.** Working with faith leaders can help ensure that religious messaging challenges, rather than reinforces, entrenched harmful gender norms.
- **Develop and support norm change interventions of sufficient duration and intensity.** This project was able to achieve some normative change within 24 months, suggesting longer interventions are needed.
- **Invest in holistic, multi-sectoral responses for survivors.** VAWG prevention interventions can help to promote supportive and non-stigmatising attitudes towards survivors in communities, but comprehensive support services for survivors are also essential and remain a significant challenge in resource-limited fragile settings.
- **Engage whole communities, including men and boys as well as women and girls, and address harmful masculinities as part of VAWG prevention interventions.** This should include targeting young men whose attitudes are forming. Further research is needed on how to change women's internalised attitudes that justify violence and gender inequality.
- **Use evidence-based approaches** in the process of adapting interventions to ensure that they are context-specific and relevant.
- **Consider replicating, adapting and scaling up** this methodology in other settings where faith is influential in shaping attitudes, behaviours and gender norms.

NOTES

'Gender equality sends us straight to the Bible, because God created man and woman in His image and the two of them are therefore the same and are equal. If the husband deems himself higher than the woman, in that case, it is already violence. Because everyone is equal.'

MALE GENDER CHAMPION



learn.tearfund.org

100 Church Road, Teddington TW11 8QE, United Kingdom
T UK +44 (0) 20 3906 3906 E publications@tearfund.org

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