



## Living Peace Groups

# Implementation Manual and Final Project Report

**GBV Prevention and Social Restoration  
in the DRC and Burundi**  
Prepared by Promundo-US for LOGiCA

**SEPTEMBER 2014**





The International Bank for Reconstruction and Development / The World Bank  
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Washington, DC 20433  
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First published September 2014  
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## ACKNOWLEDGEMENTS

Development of this manual was generously funded by the World Bank's Learning on Gender and Conflict in Africa (LOGiCA) program, with support and direction from Pia Peeters and Verena Phipps. Henry Slegh, Joseph Vess, Augustin Kimonyo, and Benoit Ruratotoye of Promundo developed the training manuals and coordinated the implementation and evaluation in Burundi and the Democratic Republic of Congo.

We are grateful to many people at the three implementing organizations, especially the project coordinators: Jean Nimubona at CARE Burundi, Francine Nabintu at HEAL Africa, and Su Chuen Foo and Celestin Pataule at Women for Women International. We are also grateful to all of their many, many colleagues who contributed to the success of this project and who are too numerous to list completely, but who include Bena Musembi, Laurent Uwumuremyi, Gaston Karabaza and Elie Niyongabo (CARE Burundi); Desiree Lwambo, William Bonane and Pascale Mwisu (HEAL Africa); Benoit Ruratotoye, Theophile Ntezirizaza and Augustin Musafiri (Institut Supérieur du Lac, Goma); and Gertrude Mudekereza

and Patrick Njakani-Okoko (Women for Women International).

We would also like to thank the teachers and students of the Institut Supérieur du Lac, in Goma; the members of the Abatangamuco in Burundi; and the facilitators in Luvungi for their dedication in facilitating the Living Peace groups.

At Promundo-US, we would like to thank Gary Barker, Giovanna Laro, Alexa Hassink, Richard Boriskin, Terri Merz, Zena Wubneh, Michele Frome and Beth Kenyon for their support.

Finally, we extend our gratitude to all the women and men who participated in the program and the research, as well as to their families.





# I. OVERVIEW AND PURPOSE OF THE MANUAL

This manual provides the resources and tools for organizations and practitioners in post-conflict settings to sustainably engage men in gender-based violence prevention through Living Peace groups. The methodology is based on best practices with male social group-therapy programs and gender transformative group educational programs developed by Promundo, which have been assessed in numerous impact evaluation studies around the world.

This particular manual is based on formative research and baseline studies that Promundo conducted with local partners in Burundi and the Democratic Republic of Congo beginning in 2012. Three curricula were developed, implemented and tested in Goma, DRC (with HEAL Africa and the Institut Supérieur du Lac for Mental Health Professionals), in Burundi (with CARE Burundi) and in Luvungi, DRC (with Women for Women International). In total, 27 Living Peace groups were implemented over 10 to 15 weeks, with 324 men, and in some cases, their female partners.

This manual provides detailed information on why a male group-therapy model was developed and how to implement such a program, as well as the key activities that we believe form the core of a successful male, social group-therapy program. It also summarizes the results of the 2013 evaluation which, although pilot in nature, affirmed strong positive changes in men's attitudes, behaviors, and reduced use of sexual and gender-based violence. While developed in the specific context of Burundi and the DRC, the partners believe the activities and the approach are relevant for other settings and other SGBV prevention initiatives.



## II. INTRODUCTION

The Democratic Republic of Congo and Burundi occupy opposite ends of the discussion about sexual and gender-based violence. The prevalence of SGBV during and resulting from conflict in the eastern Democratic Republic of Congo is known and remarked upon around the world, by everyone from the UN Secretary-General and various presidents and prime ministers to celebrities and documentary filmmakers. It is called the “rape capital of the world” and the “most dangerous place on earth to be a woman.”

Burundi, immediately to the DRC’s east, suffers not from overexposure but rather the reverse. A 12-year civil war in which as many as 300,000 were killed<sup>1</sup> and many thousands were displaced ended in 2005, but violence has resurfaced as recently as 2008. NGOs and organizations that serve survivors of SGBV report that it is widespread, and though attention to the problem is increasing, there is still little data available on the prevalence of SGBV.

Sexual and gender-based violence is endemic in both conflict and non-conflict settings, in both the

Global South and the Global North. In post-conflict environments, it is magnified and exacerbated by the problems that conflict leaves in its wake: physical and psychological trauma, economic stress, displacement, social upheaval, and changes and disruptions to identities, norms and social roles. There are many programs that seek to prevent SGBV in non-conflict settings, far fewer in conflict or post-conflict ones.

In conflict and post-conflict settings, the suffering is shared, if not always equally distributed, among men and women. The stark reality of men’s and women’s multiple identities in post-conflict settings—as perpetrators of violence, and as victims and witnesses of violence—was reflected in the International Men and Gender Equality Survey (IMAGES) conducted by Promundo among more than 1400 men and women in North Kivu province in DRC in 2012 (Slegh et al, 2012).

The findings included histories of **Perpetrating Violence:**

- 43 percent of men and 18 percent of women had some form of direct involvement with armed groups or armed forces.

<sup>1</sup> <http://www.bbc.com/news/world-africa-13085064>  
and <http://www.genocidewatch.org/burundi.html>

- 58 percent of men reported carrying GBV (including physical or psychological violence) against an intimate partner, and 26 percent of men reported having carried out some form of sexual violence/

**Surviving violence** before and during conflict:

- 22.2 percent of women and 9.6 percent of men were raped as a result of the conflict.
- 65 percent of women reported experiencing GBV by a male partner.
- 29.7 percent of women and 35.4 percent of men experienced sexual violence at home during childhood.

**Witnessing violence due to conflict:**

- 27 percent of women and 16.5 percent of men were forced to witness rape.
- 66 percent of women and 50.3 percent of men had a family member killed.

And **experiencing negative psychological consequences** as a result of conflict:

- 77.2 percent of women and 75.5 percent of men never have enough means to sustain their families, and 76 percent of men are frequently stressed or depressed because they do not have work.
- Women who were raped reported rejection by their families and partners, and loss of reputation within their family.
- Men reported a sense of helplessness and “losing face” from not being able to defend their families and property.

*“The day my daughter was raped by someone in my village, I had no power to kill that man. I cannot stop thinking about this. How can I live with this?” (Man, IDP camp)*

These data are consistent with research conducted in other post-conflict settings around the world. The inescapable conclusion is that to conduct effective post-conflict SGBV prevention, programming must address the factors that lead to SGBV in non-conflict circumstances, as well as the additional issues created by conflict. Men’s varied experiences of conflict and post-conflict, as combatants, perpetrators, survivors and witnesses of violence, compounded by social and economic turmoil, must be considered carefully and addressed appropriately.

This becomes doubly important considering the evidence showing that men who have been exposed to multiple traumas tend to become violent more often against their partners and other members of their family. Acknowledging the reality of men and boys in post-conflict settings is essential to creating appropriate interventions that meet the diverse and fluctuating needs of the individual and the community.

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### III. OBJECTIVES OF THIS MANUAL

This manual is designed for use by practitioners in the engagement of men to end violence against women and children. Men are guided to change their violent conceptions of manhood to become men who act as agents of peace and gender equality, at home and in the community.

The approach described in the manual aims to help men to cope with their traumatic experiences and perceived loss of manhood in a constructive, non-violent and gender-transformative way. The methodology is based on two sub-objectives: (1) to heal men's trauma, and (2) to promote gender equality. The methodology includes group therapeutic and psycho-educational tools to address the disturbing effects of trauma on men and to assist them in coping differently. Group educational exercises provide men with alternative perspectives and experiences around equal and peaceful gender relations, manhood and sexuality.

The goal is to deconstruct violent versions of masculinity and the effects of crisis and trauma on manhood, and to reconstruct broken

relations within couples, families and communities.

The male therapy groups provide space for men to share and exchange their problems and to learn new strategies for dealing with individual stress and conflict with partners, family and community. The new coping strategies promote shared decision-making, respect between men and women, and conflict resolution, by developing individual, couple, family and community coping strategies that are constructive, gender-transformative and culturally appropriate.

Finally, this training manual was designed primarily for and tested in Burundi and the eastern DRC, and the background information as well as the research cited is from those countries. We have left the examples and activities as they were developed and tested—to be culturally relevant for those contexts. Nonetheless, many of the activities were developed in other regions and adapted for Burundi and the DRC, and we believe the activities and themes included here are relevant beyond those countries and the Great Lakes region.

A large, stylized number '4' is the central focus of the image. The number is filled with a complex, low-poly geometric pattern in shades of teal, green, and yellow. The pattern consists of numerous overlapping triangles and polygons, creating a textured, crystalline appearance. The number is set against a plain white background. The overall composition is clean and modern, with a strong emphasis on geometric shapes and color.

## IV. RESULTS OF FORMATIVE RESEARCH AND BASELINE

### Background

The objective of this project was to strengthen and support the men's engagement programs developed by Women for Women International, CARE Burundi and HEAL Africa. Promundo's role was to support their efforts to end SGBV with additional research, training, testing, and standardization of programs in order to make broadly-applicable, evidence-based approaches to the engagement of men in ending SGBV against women. The three partners brought their own expertise, experience and programs, as described below.

### The Partners and their Pilot Programs

**CARE Burundi: Abatangamuco** is a community-based program, a group of men who have changed their own violent behavior and attitudes to be more non-violent and gender-equitable. They are using theater, songs, presentations and personal testimonies to create awareness in communities about different forms of GBV used against women by men. They invite other men and their wives to stop SGBV and join their movement.

### Women for Women

**International: Men's Leadership Program** is a training program for men who occupy leadership positions in law enforcement, military, political, religious, academic and traditional spheres. The program includes a three-day training in basic concepts about SGBV, offered at two levels: Level 1 is for men in the highest leadership positions, and Level 2 is for men in lower-level leadership roles, often working under the Level 1 leaders.

**HEAL Africa:** An NGO in Goma, DRC, HEAL Africa primarily offers medical and health care services, especially to women who have been raped and need gynecological surgery, medication or other forms of medical care. In addition, they offer legal support, support for women's economic empowerment, and social support, including family mediation between couples in which the woman was raped. HEAL Africa had not yet developed an intervention that focused on men, but were eager to have such a program due to the growing insights that men were not only perpetrators of SGBV but also victims of

various forms of violence, and that, in many cases, that trauma was contributing to their use of violence against others.

## **THE FORMATIVE RESEARCH**

Between October 2012 and January 2013 Promundo conducted formative research with men and women who were beneficiaries of the men's engagement programs that were developed by the three partners: HEAL Africa, CARE Burundi and Women for Women International. The aim of the formative research was to assess the impact of the existing programs on men's behavior change, gender relations, and attitudes toward masculinity and gender equality. The project team also used the research to identify possible entry points for strengthening the programs.

### **Research findings**

The findings suggested that the existing programs had a clear impact on ending partner violence. Men in the Abatangamuco program gave their testimonies to community gatherings and collaborated with women to produce community theater pieces illustrating the importance of gender equality, non-violent partner relations, family planning and other topics. These presentations were a key tool in mobilizing and motivating men and women to change and are widely used by the Abatangamuco. WFW's Men's Leadership Program had clearly motivated men to change their attitude toward their wives and to respect women's rights. The men interviewed in the formative

research shared examples of how the changes they experienced through the program had affected them both personally and in their professional roles.

Although some change was evident, most couples, both the men and women, still espoused some gender-inequitable attitudes: women need to behave well to avoid violence; women need to respect the rights of men and give them sex whenever they want it; men make the final decisions in the household and in the community; and men need to be the providers and the boss in the home. However, there were clear changes in the men in that they had realized they had to stop using violence at home, stop abusing their wives, and not force other women to have sex.

Men and women alike perceived war, poverty and trauma to be the main causes of men's use of violence. Men tended to cope with traumatic loss and loss of their reputation as a man by abusing alcohol and using violence against their wives. The men said they found it difficult to stop their use of violence completely, even when they wanted to.

Based on these findings, Promundo and the three partners began developing more intensive, community-based men's programs that would focus on addressing men's trauma as a driver of violence in the home. The aim is to create a space for men to rethink their attitudes and behaviors, their problems, and their partner relations.

Building on that, the interventions will provide a deeper understanding of gender equality, as well as support for more equitable relationships.

The pilot program was built on group-therapeutic principles and group-educational methods that enable behavior change through a process of self-reflection, communication, and the exchange of personal experiences, as well as through learning to adopt new concepts about gender equality in personal life.

## THE BASELINE STUDY

### Methodology

The baseline study was carried out before the pilot programs began. The partner organizations each selected a sample of approximately 30 men and 20 women among those who would be participating in the pilot groups. Two Promundo researchers, a man and a woman, visited the field and conducted qualitative research in focus group discussions (FGD) and individual interviews. Male and female groups were interviewed separately.

## SAMPLES

Organization	Participants	Selection process
<b>CARE Burundi</b>	25 men 21 women	Men and women in the Kirundo District who had recently attended an Abatangamuco performance. CARE asked a community leader to select a group of men and women for the baseline.
<b>Women for Women Luvungi</b>	28 men 20 women	Women for Women staff invited men and women in the Luvungi community.
<b>HEAL Africa Goma</b>	28 men 18 women	Three groups of men were invited: <ul style="list-style-type: none"> <li>• Men whose wives sought medical treatment at HEAL Africa after being raped.</li> <li>• Men who were known in the local village or community (also in churches) as having severe problems with SGBV at home.</li> <li>• Men who were chosen at random.</li> </ul>

Several previous studies, including the International Men and Gender Equality Study (IMAGES) in the DRC, indicated the impact of personal trauma and victimization on men's perceptions of masculinity and use of partner violence. The aim of this baseline was to explore the factors that contribute to feelings of disempowerment in men, particularly as husbands and fathers and how those factors link to attitudes and practices of SGBV at home and in society. The insights gained from the study were subsequently integrated into the sessions in the manuals.

### **Baseline Study Findings**

The findings have been analyzed for all partners separately, however this report summarizes the findings for the three intervention sites.

### **The Research Questions:**

- What disempowered the men?
- How does this disempowerment affect partner relations?
- What do men and women consider to be SGBV?
- How do men and women cope with problems at home?
- Is change possible and what is needed to create peace at home?

### **1. Disempowerment of men Poverty**

With the different wars in DRC over the past 20 years, many men are without work and have been for some time. They have no money or means to support their families. In the FGD, men said they have

become "irresponsible" because they are unemployed and have nothing to do.

Men (and women) in DRC live a life of insecurity and absolute poverty. In Burundi, men describe a similar process by which they feel that poverty has made them powerless and unable to fulfill their traditional role as provider for the family. Many years of war, loss of land and changing climate (droughts) are mentioned as causes of their deep poverty and as reasons that they have lost the capacity to be a man and provider for the family.

### **Loss of authority**

The men in the DRC groups think that they no longer deserve to be called "a man" because they don't have work and cannot support their family. Most men say that their wife is financially supporting the family by conducting small business in the street and bringing home money. This is a very painful reality for men. They feel that the loss of financial autonomy is reducing their authority and sense of masculinity in their families.

The men think that they are no longer "head of the family" or responsible persons in their families. It is the women who are leading the families now, and women now have the power that traditionally belonged to men. One man in Goma said, "The hand that gives is the hand that leads." In Burundi, similar responses are described: women become income providers and men feel powerless, useless and disrespected.

## **Loss of respect**

Many men are frustrated because they have nothing to do and no money to support their families. Many think that they are less respected by women; one man in Luvungi (DRC) said, “A man without money (a poor man) becomes a dog of his wife.”

In Burundi, men perceive this situation as an attack on their self-esteem, pride and masculinity. Men and women both describe how this frustration leads to “bad behavior” by men and the use, at times, of very aggressive forms of violence against women. In Burundi, men and women spoke about the use of knives and machetes, and even two cases of homicide of women by their husbands in the previous month. In the DRC, various forms of violence against women were reported, and the most aggressive forms, like the use of knives and anal rape by a husband, were related to an “explosion” of the husband’s frustration and anger. Women and men also link the increase and use of the most aggressive forms of violence to war-related traumas: when men are not able to cope with the suffering, their tension and frustration explode toward women and children.

## **Trauma**

The war plays a major role in the lives of men and women. Most men were the victims of violence committed by rebels and the military in the DRC and Burundi: they were injured, psychologically and physically. Men in Burundi refer

more indirectly to the wars in the recent past: We have seen killings, we have the ability to kill, a wife will not be the first one that a man has killed. (Men in FGD)

In the DRC, many men spoke about torture, sexual abuse and the rape of their wives and children. Some men were forced to watch while their wife or daughter was raped. They have been extremely affected by these experiences. The war has profoundly damaged their life and family and most men feel very pessimistic about the possibility of any change in the future. Many men say they feel traumatized psychologically and describe severe symptoms of mental health problems, including insomnia, depression, malaise, and suicide ideation or attempts. Women in the DRC confirm that many husbands suffer from one or more mental health problems. Men in Burundi referred less to mental health problems but their stories revealed extremely aggressive behavior toward women and a high prevalence of alcohol abuse.

## **2. Partner relations Violence against women**

Almost all of the men reported partner conflict as a consequence of the extreme suffering. The conflicts include physical, psychological and economic violence. Men say they have to use violence when their wife is not obeying their orders or is refusing sex. Most men say that women provoke the violence by not sharing their money or by not respecting them. They

think that women should change and be taught how to be good wives.

The men added that using violence is a way to show a wife that, despite the fact that a man is not able to provide income and food, he is always the boss at home. Women relate the use of violence to men's frustration and loss of self-esteem and pride in being a man, but also feel that alcohol abuse contributes to violence against women. Another factor mentioned by both men and women is that women are more often the providers for the family, bringing funds and food into the household.

### **Changes in gender roles**

War and poverty have contributed, in a way, to the empowerment of women within partner relationships. Women are driven by their responsibility to feed their children and are more willing than men to accept work that is considered "too low" for men, including cultivating land for others, selling peanuts or other things in the street, or working as a transporter to the markets. The women earn some money while their husbands come home with nothing. This creates power struggles when a husband wants to control the money, or wants money for beer, and his wife is not willing to share. Men try to regain their "lost authority" with force and use violence to show that they are the boss in the house.

Clearly, some women feel stronger and empowered, and their stories

reveal that women sometimes allow their husband to feel weak and worthless. However, most women will try to keep him calm by giving him the feeling that he is still the boss, because he likes to think that. (FGD, DRC) Women who have been raped have less power; they accept their husbands' violations in silence because they fear rejection.

### **Gender equality**

In Burundi, the concept of gender equality is virtually unknown and is not even discussed by men or women. There is a clear lack of knowledge among the men in the baseline, probably in part because education levels in Burundi are significantly lower than in the DRC. For men, gender equality is an unacceptable idea and against the "plan of God".

In the DRC, because of public education campaigns, men and women are more aware of the concept, but the resistance among men is strong. As in Burundi, to most men in the DRC, gender equality is a culturally foreign concept. They cannot imagine men and women having equal power; they want their status back: as a man, as the provider, as the boss and responsible authority in the family. Women in both countries like to see the husband as the boss and provider, supporting the children and family, but they want men to stop using violence against them, to change their behavior and collaborate with women in income-generating activities.

### **3. Sexual and gender-based violence**

#### **Sexual violence in marriage**

Women in Burundi think that sexual relations with a husband always involve force. They were astonished to learn that forced sexual relations are a form of sexual violence: “If that means forced sex, then we are raped every night.” (FGD, Burundi) Men in Burundi know that forced sex is sexual violence, but they see this as a “normal” part of manhood: men have sexual needs, when they are drunk they cannot control them, and sex is a right for men in the context of marriage.

Men in the DRC also consider sex to be a man’s right, and believe that a wife cannot refuse sex. Therefore, they say, sexual violence within marriage is impossible. Some men state that forcing a wife to have sex gives men a feeling of power and superiority. Other men argue that negotiating sex is better, but if the wife refuses he will still have to take her by force.

#### **War-related rape**

Almost all of the men in FGD in the DRC think that sexual violence was imported from abroad during the war, by the Rwandans and the rebels. According to them, before 1997, there was no sexual violence, and when a girl or woman was raped, they said, she “was deflowered.” The men accuse rebels and the military of raping their women, and say that the women are not to blame for being raped, and that the raped women are victims.

However, although the men say this, many of them rejected their wives after they were raped and treated them very badly. The men think that a raped woman has no value and that she dishonors her husband. She is no longer “a woman to keep but a woman to reject”.

The majority of the men who rejected their wives took them back after mediation with pastors or family members and “pardoned” them. However, this has rarely led to peace and acceptance of the wife, and most of these couples’ relationships are violent and full of conflict. The reason these husbands “forgive” is based on financial interest: they have no money to provide for their children so they take their wives back to provide childcare and income.

Most men have no idea that rape causes women psychological trauma; they see it more as a physical problem. They just fear HIV/AIDS and pregnancy after the rape.

Men and women in Burundi say that rape happened during the crisis and conflict, but that it does not happen anymore.

#### **Rape against men**

SGBV against men in Burundi is unknown to participants. In the DRC, some men and women know cases of men raped by men, always in the context of war. All of the men and women think that rape is worse when it happens to a man.

#### **4. Coping with problems**

Most men prefer to resolve their problems alone, not talking to their wife. It is seen as shameful for a man to seek support from his wife, because a man is supposed to be strong and in charge of the family. Some men talk with friends or pastors. Most men prefer ways to escape: drinking and alcohol abuse, or leaving the house for a while, a few days or a few months at a time. Some try to find another wife who has more money.

Men whose wives were raped sometimes talk with friends. Despite advice and mediation strategies for a man to “pardon” his wife, most men and women in such situations said that their partner relationships have been very violent and difficult since the wife was raped. Women keep silent about the partner violence, and, if possible, also about the rape. They tend to focus on providing for their children, and suffer in silence.

Medical assistance is largely unavailable in the region of Luvungi, and many women suffer from serious gynecological problems, including STIs and probably HIV/AIDS infections. They prefer not to be tested as no medicines are available and they have no money for treatment in any case.

Men and women alike highlight the need for men’s trauma counseling, saying men need to learn to accept their problems and become supportive of women. Women think that men are less able to

cope with trauma: they drink, they blame their wives, they don’t talk and they cannot forget as long as they hang around, controlling their wives and thinking too much. Men acknowledge they need help and that they must learn to communicate about their problems, to prevent “their tears inside becoming sour and exploding into violence.”

#### **5. Motivations for change and cultural obstacles**

Men and women interviewed mentioned several cultural practices as obstacles to change. They see the prescribed superiority of men over women as a cultural fact that cannot be changed. This is also the reason that a man should reject his wife after she is raped. The culture says that a husband is the chief and his wife is his under-chief. References to the Bible also return to the idea that men and women have different powers, and men are seen as the natural leaders of the family.

Other traditions that encourage SGBV are the practices of levirate and sororate marriage. These are the practices in which, after a husband has died, his brother takes the wife; and when a wife has died, her sister is given to the husband. Some men think that these traditions should be changed because they fuel SGBV.

All of the men say that they are ready to change because they want to stop violence and create peace at home. Some of the men want to end the violence by changing their own behavior. Some

want to educate women to be less provocative. All of the men want some form of trauma counseling, to be able to control themselves and “empty the heart”. The men and women who participated in the FGDs were very happy with the group discussions, and several couples came back the next day to tell us that they had continued discussing their problems the previous evening. Some men apologized to their wives for their bad behavior, and some women disclosed their secret to their husbands: that they, too, had been raped, but never dared to tell him.

## CONCLUSIONS

### Male identity crisis

Men are extremely disempowered by the effects of war and poverty. Their domestic domain, their family and partner relationships, has become a battlefield where they try to regain male power and control over women, as well as their role as a respected man: all things that they have lost elsewhere in life. Traumatic loss, the rape of a wife, and many experiences with war-related violence have affected their self-esteem and their capacity to deal with frustration and despair.

### Trauma

Rape as a strategy of war, as a weapon of war, has achieved its goal. In a context where male identity is strongly connected to the perception that a man is “owner of the wife”, controller, protector and procreator for his

family, the rape of their wives has hit men in the heart of their male identity. It has damaged them and their families. The high prevalence of intimate-partner violence and the severe forms of the violence that men use against women are trauma related. Frustration, despair and an inability to adapt and cope are leading to violent behavior, and sometimes in very aggressive forms.

### Gender equality

Gender equality—the notion that power should be shared—is considered to be a culturally inappropriate and foreign concept, and empowerment of women is felt as a final attack on manhood. While women are trying to find means to support their children, men are losing even the role of main provider. This, added to the traumatic stress in the lives of both men and women, leads to high levels of violence. Resistance to gender equality is high, but the motivation to end violence and to create peace in both mind and home is evident.

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## V. THE MALE GROUP-THERAPY APPROACH

Promundo's research findings highlight that many men in the DRC, and some in Burundi, have already received education about women's rights and gender equality from a variety of sources, and that these have created a clear awareness among them that violence against women is bad. However, the formative research and baseline study also suggest a gap between these insights and men's daily reality, in which stress and frustration lead them to use violence against their partners and other women.

The disempowerment of men through the trauma of war and poverty has contributed to a male identity crisis. Men are asking themselves, *"How can I be called a man when I am not able to provide for or protect my family? When I am no longer seen as the respected head of my family?"*

A man's frustration and sense of powerlessness, the loss of respect from his former privileged position, often result in violent outbursts towards women, as well as rape, often under the influence of alcohol. Many men live an emotionally isolated life, hiding their shame

and lost reputation from the outside world in different ways: drinking, having sex with other women and dominating and abusing their wife. The IMAGES DRC study found that, in general, men in the Goma area "tend to cope with extreme stress and trauma using strategies that seek to avoid and reduce feelings of vulnerability, including alcohol and substance abuse, while women more frequently seek some form of help or turn to religion." (Slegh et al, 2012)

In order to address and counteract these self-destructive trends, men need to reconnect to their social groups and to their own state of mind. Rather than avoiding their problems, they need to reflect and question how they can live with and begin to heal from the traumatic losses they have suffered and the various problems at home. They need to learn healthier, constructive ways of coping with the challenges of life, and in doing so, improve the quality of life for themselves and for their families.

The group therapeutic approach aims to guide this process of change so that it comes from

within the participants themselves. The groups create space for men to share stories and experiences that have affected them, and to listen to other men and learn from each other positive and better ways of coping with stress. This approach provides a very promising opportunity for effective, sustainable change, especially when it is combined with new information about gender equality, and guidance to help participants apply this new information to their daily lives.

### **What is group therapy?**

Group therapy is a methodology for treatment of a variety of psychosocial and psychiatric disorders. Several clinical practitioners have indicated the therapeutic factors that contribute to the recovery and healing of people suffering from PTSD (post-traumatic stress disorder) (Yalom 1995; Courtois 1988; Mendelsohn, Zachary & Harvey 2007).

### **Therapeutic factors of group therapy for people suffering from trauma (Ford et al 2009):**

1. Group therapy provides a direct antidote to isolation and social disengagement. The group provides safety, respect and honesty: people listen to and are heard by others and recognize each other's problems.
2. In group therapy participants discover a supportive peer group. The group may help them reclaim memories and a

sense of self that was lost as a result of trauma.

3. Group therapy provides a forum for education. People learn about themselves (including skills such as regulation of emotion and expression of problems) and they also learn through others (including social cognitive skills like problem resolution, listening and communication). The group provides space to share new knowledge and information about topics such as the consequences of trauma, sexuality and gender equality.

The group-therapy model was developed and tested in Western countries and applied in clinical settings for psychosocial and psychiatric assistance. Several adaptations of group-therapy models have been implemented in non-Western countries and non-clinical settings, as well.

### **Adaptations of group therapy in African contexts**

In many African contexts, health and well-being are strongly connected with the well-being of the group, the family and the community. Being well connected and maintaining good social relations are key to preventing misfortune. However, war, crisis and conflicts in the last decades in the DRC, Burundi and Rwanda have destroyed many social relationships and people's ability to connect to others.

One form of group therapy, called sociotherapy, was developed and

implemented beginning in 2005 in Rwanda by the Diocese of the Anglican Church in Byumba, as a community-based psychosocial support intervention for psychosocial problems among the population, related to the genocide against Tutsis in 1994.

One of the main adaptations is that the model has been made applicable for non-professionals in psychotherapy. The groups are guided by facilitators who have a moderate level of education (such school teachers, pastors, nurses and social workers). The facilitators are trained in a short course on group facilitation.

Another important adaptation is that the group therapy is implemented in the community, with men and women who are each other's friends, neighbors or fellow churchgoers. The positive impact of the groups reaches the neighbors, churches and extended families of the participants.

Evidence has shown that adaptations of group therapy in communities can be very successful and have many advantages: The costs are low, the intervention is more culturally appropriate, and there is a positive impact on the entire community.

### **Male group therapy**

The male group-therapy model, in turn, adopted some of the best practices of community based sociotherapy, including:

1. The groups are guided by trained facilitators.

2. The groups are accessible and implemented in places close to where the people live.
3. The methodology has been adapted and simplified for use in non-clinical settings in the Great Lakes region.

*The male group-therapy model also added some new elements:*

1. Gender specific treatment of men. The module is focused on the specific problems that men encounter as men and being exposed to war, loss and the experience of emasculation.
2. Treatment and recovery models take a gender perspective, supporting and promoting principles of gender equality.
3. The manual sessions are structured by topic, goals and guiding questions. The order of topics is built on group dynamics and trauma treatment models. Each session starts with personal and group exploration of the topic, and new knowledge is added by the facilitators.
4. The group-therapy model is applicable in communities, but also in health centers, hospitals and centers with services for victims and perpetrators of SGBV.

### **Meetings**

The group-therapy meetings take place weekly for 10-15 weeks. Participants are supposed to attend every week, and each session lasts about three hours. Sessions are held close to where the par-

ticipants live, such as in churches, schools and even the houses of participants.

## **Participants**

The Living Peace groups consist of 10 to 15 men each. The men agree to participate in the groups in order to discuss with other men the problems they face in their lives at home due to conflict and its aftermath, and poverty. The effects of these problems at home, with their partners and families, are the main topics of discussion.

In general, men are asked to share their problems related to their desire to be a good man, husband, father and partner, and the struggles they face in doing so. Among these struggles are their experiences of trauma and loss, such as of a wife after she was raped, as happened to the wives of many participants in Goma. Some men continue to live with their wives who were raped, but others reject-ed their wives.

## **Facilitators**

Two facilitators guided each Living Peace group after receiving a five-day training. In the intervention with HEAL Africa in Goma, three groups were facilitated by two male facilitators and three groups by one male and one female fa-cilitator. The facilitators in Goma also received a two-day training in recruitment methodology prior to their five-day curriculum training. Both were conducted by senior trainers in group sociotherapy,

gender-specific group education and psychosocial support. The fa-cilitators had moderate education levels combined with additional experience and training in coun-seling techniques, such as through secondary school, teacher educa-tion, nursing, counseling, social work or as pastors. Facilitators were supervised during the inter-vention by a trained supervisor and a senior psychologist, and after six weeks they received additional supervision and training to refresh their skills. Facilitators are strongly encouraged to prepare for each session by reading through the cur-riculum at least a few days before the scheduled meeting time, and, if possible, to discuss it with their co-facilitator.

## **Group Education Principles**

Living Peace groups are the first intervention engaging men to stop SGBV which focuses on men and trauma and addressing men's spe-cific psychosocial needs. However, in addition to the male group ther-apy approach, Living Peace groups also incorporate elements of Pro-mundo's group education program-ming which has been implemented and evaluated in countries around the world.

The model shown below illustrates Promundo's "theory of change." The overall goal is for men and women to (1) learn through ques-tioning and critical reflection about gender norms, (2) rehearse equita-ble and non-violent attitudes and behaviors in a comfortable space, and (3) internalize these new gen-

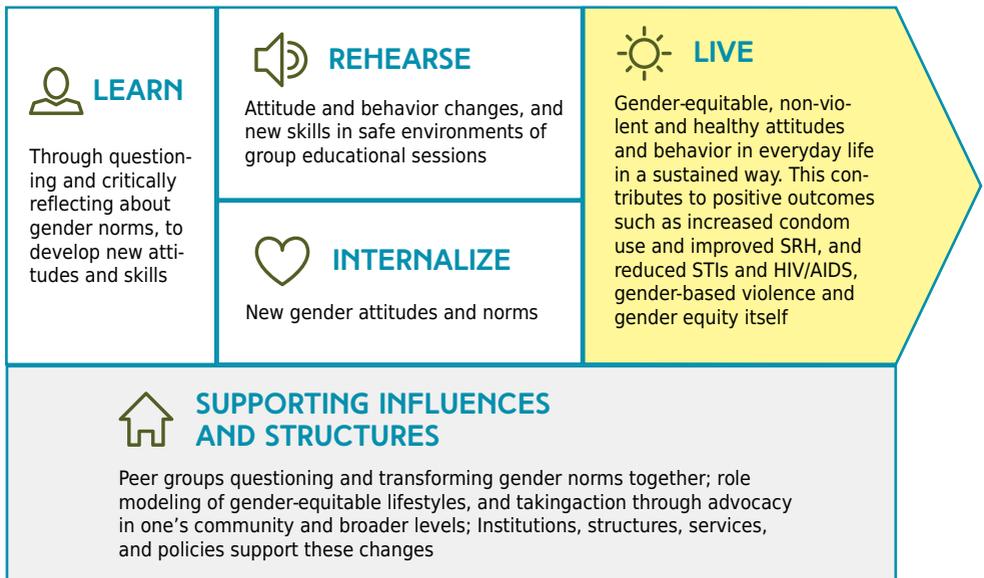
der attitudes and norms, applying them in their own relationships and lives. Supporting institutions and structures, when accompanying this integral group education process, encourage individuals and organizations to develop and use the tools to become agents of change for gender justice and social justice.

Ultimately, this process contributes to achieving two sets of objectives:

- gender equity, by which we mean fairness and justice in the distribution of opportunities, responsibilities, and benefits available to men and women, and the strategies and processes used to achieve gender equality (Greene and Levack, 2009); and
- attitude and behavior changes at the individual and community level that lead toward

transformed gender norms within specific objectives.

In Living Peace groups, this process is combined with the male group therapy approach to create an intervention which heals trauma, contributes to restoration of social relations and bonds, and supports gender-equitable attitude and behavior changes. The groups also incorporate elements of and build off learning from other Promundo programming in the Great Lakes region and beyond including Journeys of Transformation (a program piloted in Rwanda to engage men in supporting women’s economic empowerment activities) and Men-Care (a global campaign promoting men’s involvement as equitable, non-violent fathers and caregivers in order to achieve family well-being and gender equality).



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## VI. THE LIVING PEACE CURRICULUM

### **Curriculum development**

Three curriculum manuals for Living Peace groups were developed in collaboration with the three partners. The core of each curriculum is the same: addressing men's traumas and making concepts of gender equality applicable at home. Each partner included different elements to make the curriculum more appropriate for their context. Each curriculum includes homework exercises that encourage men to experiment with new behaviors at home and to continue discussion about the topics with their spouse as well as with friends and other family members.

Each curriculum was developed with the following core assumptions, defined by the formative research:

- Some of the problems men face are related to their coping responses to traumatic events.
- Coping responses are usually gender-specific and linked to perceptions about masculinity or femininity.
- Violence against women originates in deeply-rooted perceptions of power inequality

between men and women in a changing society.

- Traumatic events, war and loss have devastated many men's sense of self, family connections and social relations in the community, as well as his ability to cope in a non-violent and positive way.

### **CARE Burundi curriculum:**

10 sessions, with couples. In some sessions, the men and women engaged in activities and discussions together, and in other sessions they were divided into separate groups. All sessions incorporated activities and discussion, and some also featured a presentation by an expert on a particular topic related to gender equality.

### **Women for Women curriculum:**

11 sessions, only men. Partners were invited to participate in two of the sessions. All sessions incorporated activities and discussion, and some also featured a presentation by an expert on a particular topic related to gender equality.

## **HEAL Africa curriculum:**

15 sessions, only men. Partners were invited to participate in two of the sessions. The focus was on the group therapeutic process, and information about gender equality was integrated into all of the sessions, as well.

### **Structure of the sessions**

The curriculum is divided into four main topics:

1. Getting to Know Each Other and Identify Your Problems
2. Addressing the Problems and Healing the Wounds
3. Integration of New Insights and Building New Relationships
4. Consolidation and Dissemination in the Community

Each session begins with participants sharing one by one any news about their life or other information. They are particularly asked to speak about their feelings, both good and bad, and to discuss the results and experiences from the homework and any conversations they had with their wife or others about group topics.

The sessions described in the manual focus on a therapeutic process of change through exchange and discussion among the groups members. The facilitators guide the sessions in a way that enables the participants to share, feel safe and respect the rules. The facilitators do not stand and lecture to the participants, but instead sit among them in the circle, as equals.

The group discussions are the core of the methodology. Where appropriate, facilitators provide additional information and resources on different themes, such as sexual and reproductive health and rights, gender equality, the consequences of violence, and other topics. In instances where the group has a question that the facilitator is unable to answer, the group can decide to invite an expert on a specific topic to speak to a group session.

The times indicated in the curriculum should be considered estimates and do not need to be followed exactly. The “knowledge” sections are meant for the facilitator, to provide sufficient additional information about certain subjects. If more time is needed for certain topics, the facilitator, in collaboration with the group, can decide to skip individual exercises. The overall sequence of the sessions should be followed but the way the topics are addressed should be flexible. Sometimes men prefer to share more with the group through their stories instead of through structured exercises.

Each session concludes with homework, exercises or assignments they will apply at home during the week. The aim of the homework is to encourage men to share what they learned with their partner or other family and friends, and to practice new skills or behaviors.

## Note on open sessions

The curricula include one or two “open” sessions where no exercises or topics of discussion are scheduled. The goal of these sessions is to provide time for participants to talk about their reflections and experiences based on the curriculum so far. The topics of conversation are determined by the particular concerns and desires of the group members. They can share personal problems, ask for advice from others or discuss new topics.

## Curriculum activities

The key exercises presented below are core Living Peace curriculum activities specifically related to the therapeutic approach. Most of these activities were present in all of the curricula used by the different partners, however, this structure is most similar to the curriculum implemented by HEAL Africa. Following these exercises you will also find three additional activities, which were used in the other interventions.

## I. Getting to Know Each Other and Identify Your Problems

### Session 1: Who Are You and What Brings You Here?

The purpose of the session is to lay the foundation for a successful intervention. It begins with introductions of the facilitators and participants, but the key content is discussion and establishment of rules and a group structure that en-

able participants to participate fully and to feel safe. A number of ideas are introduced, including new concepts about equality, freedom and democracy that will help to create a safe place for each participant, irrespective of age, sex and ethnicity. The male group-therapy environment is presented as a place where participants can exchange opinions and experiences and experiment with new behavior within the structure of the given rules and agreements. This session could also include training exercises on gender differences and gender roles at home. In the homework, participants are asked to discuss the new rules at home with their partner, and discuss how rules and agreements may be used at home to increase safety and trust.

**Key Exercise:** “Making the Rules”  
– Setting Ground Rules

**Time:** 30 minutes

**Materials:** Markers and flip-chart

### Steps:

- At the beginning of the first session the facilitator takes some time to explain to the participants the importance of respect and confidentiality (please refer to the “Setting the Rules” section below.)
- The facilitator asks the group what agreements and rules are needed to create a safe and productive group environment.
  - What rules would you like to create/have in the

training to help provide a good learning environment?

- What agreements can we make together that are important to participants in order to protect their safety and trust?

**NOTE:** After participants provide rules, the facilitator checks that all important agreements have been mentioned, and if some topics were not mentioned the facilitator may then add them.

### **Setting the Rules:**

It is important to create ground rules within which the group agrees to work. Ensure that rules are established, explained, and implemented regarding respect, listening, confidentiality and participation. The most basic condition is the creation of a learning environment where participants feel safe and trust each other. The role of the facilitator is crucial in ensuring safety, confidentiality, and sensitivity in the group. Therefore, the group sessions start with setting rules.

At the beginning of the first session, the facilitators must take some time to explain the importance of respect and confidentiality to the participants. People need to feel safe in a group before sharing personal information. It is crucial to create an environment in which participants feel they can share their experiences and opinions without fear of backlash or ridicule. Among other things, these rules should address:

- **Privacy:** The personal experiences that group participants share should be handled with respect and care by all group members, including facilitators. The privacy of personal experiences must be secured. That is why participants are asked not to talk outside the group about the personal information they hear during the training sessions (for example, they are not to share what they have heard from other group members with neighbors, friends, family members, coworkers, etc.). Participants are encouraged to talk outside the group about their own personal experiences in the group, but they should not talk about things they hear from others.
- **Trust:** The facilitator should ask group members to contribute to the rules that will govern the group, basing their input on what they feel is important in order to feel safe and trusting. The facilitator writes down three to five rules based on group input.

**The facilitator thanks the participants for their input and finalizes this part by setting seven principles, core values that will be applied during the course. These principles should be considered pillars of the training that function in addition to the rules to create a safe space where all voices have a place.**

The principles have two main goals:

1. To let you know what we expect of you in terms of participation in this group.
2. To provide you with a model that shows how to create an environment where people can learn and feel free and safe.

**Facilitator’s Note:**

During each session, you can

connect the principles to dynamics that may occur in the group, or with certain members. Make sure that you use them in positive ways, such as in these examples:

- If a participant hardly speaks in the group, ask him: *“I am interested in your opinion, would you like to share it?”*
- If there is a conflict between group members based on past experiences (whether from

**Principles and pillars that help to guarantee a safe learning environment:**

Principle	Meaning and examples
<b>Interest</b>	Being interested in the other person helps us reduce the distance between people and improve relations. E.g. How are you?, What happened to you?, Why did it happen?
<b>Equality</b>	All members are equal, irrespective of age, gender, ethnic background or position in society. E.g. Sitting in a circle and giving all people space to talk and participate in the group.
<b>Freedom</b>	All members have the right to express, share and contribute voluntarily in the group, the exercises and the debates. Nobody is obliged or forced to do anything against his will.
<b>Responsibility</b>	All members are accountable and responsible for their own acts and behavior. Every member accepts his responsibility to contribute in a positive and accountable way to the group.
<b>Participation</b>	Every group member actively participates in the sessions and contributes to creating a positive learning environment.
<b>Here and Now</b>	The focus of learning will be in the present. We will reflect on what happened in the past, but we approach the memories in the here and now, in order to enable each other to change and develop new behaviors that support the future.
<b>Learning by Doing</b>	Practice is the best way to learn. All members will be asked to practice and experiment in the group and in their lives outside.

(Adapted from Sociotherapy Rwanda)

years before or the previous week), you can say: *“As we work with the principles to remain present in the here and now, I invite you both to think together to find a solution for your problems in this group, with the advice and support of the other group members.”*

- If a man is always arriving late, you can ask: *“What is affecting your responsibility for arriving on time so that we can all start together?”*

The facilitator presents the pillars on a flip-chart (prepared before the session). Present them in an interactive way by asking the group members what they think the meaning is of each principle, before you explain the meaning and how it is manifested in the group as written in the box. Ask if all members understand and can agree upon the pillars.



## **Session 2. How Do You Feel and What Have You Experienced?**

In this session, participants begin to address the particular problems related to war, conflict and violence that have affected them (as men, as partners and as fathers) and their family members. Space is given to talk about problems, trauma and wounds. An aim is to make the participants aware of the connection between personal trauma and conflicts at home. The importance of men and women supporting and caring for each other is discussed and emphasized. The session could also include training on power and gender inequality as root causes of violence against women.

**Key Exercise:** How Conflict Affects You As a Man, a Father, and a Husband, and How It Affects Your Family

**Time:** 1 hour and 45 minutes

**Part 1:** Facilitator asks participants: “How has conflict affected you as a man, a father, and a husband?”

**Time:** 60 minutes

### **Facilitator’s Note:**

Take care that all men who want to share will have time to. There will be no judgments, please highlight confidentiality, and encourage participation by showing support and care, by asking more questions to encourage participants, and by sharing what you recognize from them.

In the last ten minutes of the discussion, ask them the following questions:

- “What can help and support you?”
- “What do men need in order to manage their problems and experiences?”

### **Part 2:** The Perfect Chair

**Time:** 15 minutes

### **Facilitator’s Note:**

In this activity one man plays the central role. Ask for a volunteer, or select a participant, and ask him to imagine the perfect chair and think about what kind of support he would like, as if he were sitting in that chair; have him explain it to the group. The group members will then follow those instructions to provide the kind of support he is requesting.

For instance, if he says “I like support for my back”, then others in the group sit behind him and support him in the back. If he wants his arms supported, others form, with their bodies, an armchair, so he can rest his arms on them. If he would like support for his head, others support his head with their hands, etc. This exercise leads directly into the following questions.

### **Part 3:** Reflections on Support

**Time:** 30 minutes

### **Questions for discussion:**

- *What is perceived as support?*
- *Do men need support?*
- *How difficult is it for men to ask for emotional or moral support?*
- *How difficult is it for men to tell others when they feel ill or weak?*

### **Session 3: How Do You Deal with the Consequences of Disempowerment?**

Participants in this session explore how to cope with their problems and the effects of trauma, and especially the strong emotions these can create, which sometimes lead men to use violence against others. They discuss some of the harmful and destructive coping mechanisms that men use, as well as the effects of those coping mechanisms, so that they recognize the negative patterns in the way they deal with problems. After this, participants focus on learning alternative ways of controlling and managing negative emotions and developing positive, constructive and healing coping mechanisms. Facilitators can also add a training exercise on different forms and causes of gender-based violence.

**Key Exercise:** Dealing with Powerlessness, Anger, Shame/Guilt

**Time:** 60 minutes

**Materials:** Three boxes of different colors and many small papers, also in different colors

**Facilitator introduces the topic by asking:**

- Do you sometimes feel powerlessness, shame or guilt?
- What makes you feel like that? How do you deal with those feelings?

Start to explore in the group (for 15 minutes) these questions:

- What do you do when you feel powerless?
- What do you do when you feel anger, hate or aggression?
- What do you do when you feel injured, shame or guilt?

When all seem to understand, and the discussion of the questions above is finished, name and show them three boxes:

1. Powerless Box
2. Anger Box
3. Fear and Guilt Box

**Facilitator's Note:**

The men can take as many colored papers they want. On each one they should write one word answering the questions above. If they cannot write, they can put a sign or drawing on the paper. They put each paper in the appropriate box.

**Alternative:** Men are divided into groups of two and complete the activity together.

After 15 minutes or when everyone has finished, the facilitator stops the exercise and asks the following questions:

- How are you doing? What were your thoughts and feelings while doing this exercise?
- Was it easy or difficult to find examples?

Ask for volunteers to share an example.

**Group Discussion:** How to cope with problems in our lives

**Time:** 60 minutes

“Now we will continue with our earlier exercise. Nobody can avoid having problems during life. The main challenge is how to deal with the problems we do have, and you can do that in different ways. All of us have developed strategies to survive and to deal, as well as we can, with the problems in our lives. “However, sometimes people develop negative strategies, strategies that create new problems. We will now look at all papers and examples given by you and decide if it is negative and why, or if it is positive and why.”

**Facilitator’s Note:**

Explore their examples by taking the papers out of the box and discussing. The following strategies can be mentioned, and you can ask if they recognize these.

**Session 4: Open Session: What the Men Would Like to Share**

As noted above, group members will decide what to discuss in this session.

**Strategies for Coping: (Explore)**

Positive	Negative
Praying	Drinking alcohol to forget
Sport, physical exercise	Driving too fast in a car, taking risks
Watching football and cheering for your favorite team	Forcing others to have sex
Singing in a choir	Aggression, fighting with others
Working in the field, or physical and mental rest	Taking drugs
Reading books	Negative thoughts; or thinking too much about sad things
Walking or running	Beating your wife
Talking with friends	Seeking out conflicts with others
Playing with your children	Beating your children to relieve your tension
Seeking help (such as from a doctor or nurse, a traditional healer, or a pastor)	Isolation, avoiding people

## ***II. Addressing the Problems and Healing the Wounds***

### **Session 5: What Do Sexuality and Intimacy Mean to You?**

The core of the session is talk about perceptions of and problems with intimacy, sexuality and partner relations. The focus is on sharing opinions about the meaning of sexuality, breaking taboos in communication about sex, and discussing the negotiation of sex between men and women. The facilitator (and an invited expert in sexual health, where possible) shares information and resources about family planning methods and sexual health. A training exercise could be added with additional information and fuller discussions about consent, rape and sexual and gender-based violence.

**Key Exercise:** Talking about Sexuality

**Time:** Up to 1 hour

**Materials:** Chart, markers

**Note:** The men and women are split into two subgroups here: men only and women only.

#### **Objectives:**

- To discuss and share perceptions, beliefs, and practices about sexuality.
- To identify and exchange ideas about the different meanings of sexuality for men and women, about the different cultural

norms surrounding sexuality, and about male sexual problems, in order to establish new ways of approaching sexuality and sexual problems between partners.

**Part 1:** Group warm-up discussion

**Time:** 15 minutes

- The facilitator asks the following questions to spark the discussion<sup>2</sup>:
  - Is sex important for “being a man”?
  - What is the purpose of sex: reproduction or pleasure?
  - What is the meaning of sex for women? Is it different from the meaning for men?

**Part 2:** Stay in separate groups and discuss the subject of sexuality

**Time:** 30 minutes

- The facilitator continues with the following questions for discussion<sup>3</sup>:
  - What are the cultural norms surrounding sexuality that define the roles of men and women (for instance, “women are not allowed to initiate sex”)?
  - What do you consider important in your sexual relationship and what contributes to more pleasurable sex with your partner? Is what men get from sex different from what women get from sex?

<sup>2</sup> As facilitator, you should feel free to either use the suggested questions, or formulate your own in order to warm up the group for this session’s discussion.

<sup>3</sup> Please use the suggested questions.

- What are the most common problems in sexual relations between partners? (Probing by facilitator: What about problems that have cultural explanations?)

**Part 3:** At the end of this exercise, the men and women come together again for 15 minutes to share their conclusions. The facilitator makes notes on a flip-chart. He/she should encourage group members to come up with possible solutions to the sexual problems they've identified.

### **Session 6: Family Violence and Ending Cycles of Violence.**

The core of the session is education and discussion about the dynamics of sexual and gender-based violence and the cycle of violence between partners. Men are encouraged to examine the kind of violence they may be using and to explore what steps they could take to stop their violent behavior by addressing root causes. The session combines discussion and exchanging experiences and opinions with information for participants about SGBV laws and women's rights.

### **Session 7: What Does Responsibility Mean for a Man?**

The focus of this session is men's acceptance of responsibility for their own behavior and for acts of

violence they have perpetrated. Participants learn to take responsibility for their acts and build on the previous session, developing more skills to regulate their feelings of aggression and to control emotions that could lead to violence. They learn that blame for their behavior cannot be placed on the other person, that women in general and their wives specifically do not deserve to be abused or subjected to violence for any reason, and that problems can be resolved through non-violent communication.

**Key Exercise:** Being a Responsible Partner/Father/Man

### **Group Discussion**

**Time:** 30 minutes

Ask participants the following questions and let the group discuss different answers:

- How would you describe a positive and responsible person, man, husband, or father?
- What hinders or has hindered you in the past from taking responsibility in a positive way?

### **Facilitator's Note:**

You should explore with the group how perceptions about responsibility can fuel family violence. You can use the following statements about perceptions of responsibility that fuel violence and conflict, and then explore alternative perceptions in the group. Ask the men to respond and suggest alternatives:

Perceptions that fuel violence	Perceptions that create peace
<p>Responsibility is a right for men. Men's responsibility justifies all actions that enable him to control others.</p>	<p>Responsibility is an achievement that men or women earn because of their positive actions and contributions.</p>
<p>A responsible man has the final say and ultimate power in his family. It is his right to dominate his wife.</p>	<p>A responsible man actively contributes in his family by sharing his opinions and listening to the opinions of others. Decisions are the result of negotiations.</p>
<p>A responsible man needs to control his wife. It is his right to do whatever is needed to control her.</p>	<p>A responsible man will focus on being in control of himself and he will help to create trust and a positive relationship with his partner.</p>
<p>A responsible man needs to be respected by his wife. She has to accept anything he wants from her.</p>	<p>A responsible man shows respect to his wife and considers her equal to himself.</p>
<p>A responsible man has the right to punish his wife when she is not behaving the way he thinks she should.</p>	<p>A responsible man is never abusive and never uses any form of violence against anyone. He will communicate with his wife respectfully if he is not happy.</p>
<p>A responsible man must abandon his wife if she was raped.</p>	<p>A responsible man loves and cares for his wife no matter what. He will give her support and comfort to overcome the traumatic event that happened to her. He will never blame her for what happened.</p>
<p>A responsible man will reproduce and have many children to create a huge family.</p>	<p>A responsible man will make a family plan together with his wife. Both will have an equal voice in when they have sex and how many children they will have.</p>
<p>A responsible man sees his wife as his property and will treat her as property.</p>	<p>A responsible man respects the equality and freedom of any human being, including his wife. He knows that love, care and mutual respect will keep them together.</p>

**Role-play:** Scenarios and debate

**Time:** 60 minutes

**Facilitator’s Note:**

Divide participants into three groups, and have each create two role-plays based on the perceptions above. They should choose one positive and one negative version of responsibility and prepare one role-play showing the negative consequences of the perceptions that fuel violence, and, in the other scenario, show the positive consequences. After each role-play, discuss with the group what they saw and their thoughts.

### ***III. Integration of New Insights and Building New Relationships***

#### **Session 8: Basic Elements of Non-violent Relationships between Men and Women**

Participants in this session begin to redesign and rebuild their relationships so they are based on trust, care and equality. The core of the session is learning how to build trust and confidence and practice equality with their partner as well as with others in the community. Participants discuss and experiment with non-violent communication and conflict resolution, including listening to each other, so that they can begin practicing these new skills with their partner, children, and others.

**Key Exercise:** “Trust Me”

**Objective:** To explore trust, care and responsibility as well as power.  
Time: 45 minutes

**Steps:**

Divide participants in pairs.

- One person leads another, whose eyes are closed, around the room. The leading partner asks the follower how he likes to be guided and supported: hand in hand, arms around the shoulders, standing behind, etc. The follower is also invited to indicate what he needs in order to feel supported and guided, what builds his trust.
- The leader should ensure that the other person both is safe and feels safe (no jokes, no clashes with others). After a few minutes roles change.
- To make the exercise more challenging, the facilitator can place some obstacles around the room. The leaders have to guide their partners around these obstacles, guide them to sit, to step over, etc.
- Pairs discuss their impressions between themselves.

Back in the large group, ask participants<sup>4</sup>:

- How did it feel to be led? How did it feel to lead? (Explore the sense of responsibility as the guide, and the trust and sense of safety the guided person experienced.)
- How did you take responsibility in this exercise? What

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<sup>4</sup> These are the suggested discussion questions, however facilitators are encouraged to formulate their own related to the discussed subject, considering any particular group dynamic, unforeseen circumstances, or other situational components specific to this particular group.

is the feedback of the “blind” person?

- How did it feel to be guided? What is important to you when another person is guiding you? What makes you feel more safe, trusting and confident in the other person?

**Facilitator’s Note:**

Write down the key words from above that contributed to trust and feelings of safety.

Then draw the following table on a flip-chart and fill it in (or draw a cartoon showing this chain of actions).

**Discussion:**

Divide the group back into pairs. Read and explain the chart to participants and ask them to explore how safety, support and trust are obtained in their families with the following questions:

- Who gives you the feeling of being important, welcome and cared for?
- Who supports and shows you that you are not alone?
- Who protects you?
- What do you do to make your wife and children feel welcome and cared for?
- What do you do to show her/ them that they are supported and not alone?
- What do you do to provide protection and safety?

Basic needs for safety and trust	Message of the provider	Results for the receiver
<b>PLACE and CARE</b>	You are welcome, you have the right to be here, you are important.	I am a worthwhile person. I feel respected and loved.
<b>SUPPORT</b>	I help you, I support you in overcoming problems.	I am not alone, I am supported.
<b>PROTECTION</b>	I protect you.	I feel safe, I have protection against dangers that may come.

### **Session 9: New Rules at Home and Tackling Challenges**

Participants continue to explore how to apply their new knowledge, skills and behaviors at home, based on principles of gender equality and non-violence. These include new ways of relating to their children and creating a household environment that is caring, supportive and structured. Men are strongly encouraged to share and communicate with their wife about these ideas and new practices and to discuss with her how to implement them equitably and effectively.

### **Session 10: Family Sharing: How Does Your Partner Respond to Your Change?**

For this session the men should invite their wife or another female family member to attend the group. The aim is to ensure that changes at home are well implemented and to identify any challenges or negative side effects of the male group-therapy program that may be appearing at home. Both the men and women will have a chance to share and reflect in the group setting on the positive changes resulting from the men's participation in the group, as well as the challenges they still face.

## **IV. Consolidation and Dissemination in the Community.**

### **Session 11: Obstacles and Opportunities for Change in the Community**

The aim of the session is to ensure that men feel encouraged and supported to apply their new coping mechanisms and gender-equitable behaviors in the broader community as well as in the home. Participants discuss possible challenges and cultural obstacles and how to overcome them, as well as opportunities to engage other men and create more peaceful communities.

**Key Exercise:** Obstacles and Opportunities in the Community

**Time:** 60 minutes

#### **Facilitator's Note:**

- Lead a discussion with participants using the following questions:
- How do other people in the community react to your participation in the group?
- What opportunities and needs do you see in your community to address the dynamics that create inequality and violence against women, children and others?
- What obstacles do you see in the community?
- What is stigma and how does it fuel violence?
- How could other men become involved to stop violence?

Ask participants follow-up questions and ask them to elaborate on

their answers. In particular, explore the following topics: rejection of women who have been raped, rape and sexual violence, family violence, and illegal marriages (those which were not legally registered, and in which the wife has no legal rights if the husband leaves).

**Key Exercise:** Cultural Traditions

**Time:** 60 minutes

Ask participants to identify and list traditions that are important in your community regarding marriage and gender.

Examples may include dowry, arranged marriages, mourning ceremonies, rejecting a raped wife, etc. Make a list and divide the group into two subgroups, each discussing half of the traditions that are on the list. The main points and questions of discussion in each group should be:

- Do any of these traditions contribute to violence against

women? If so, how do they contribute?

- How could some of these negative traditions be adapted or turned into more positive traditions?

At the end, the subgroups should present the results of their discussion and their thoughts and get feedback from the large group.

**Session 12: Safety Networks and Neighbor Groups**

This session continues the process of connecting group learning with the community. Men are encouraged to actively engage others in ending violence against women and all forms of SGBV. A viable method that was tested in Mozambique is explained, in which neighbors intervene and provide assistance when someone is using violence. Men then discuss and develop plans for community safety networks for the prevention of violence, for protection from men

Basic Needs	Individual /victim	Community members	Public services
<b>Place</b>	A place to go	Interest and concern from others	Medical treatment
<b>Support</b>	Help and advice, moral support	To be connected, not alone, and to receive help and advice	Social services, schools, churches
<b>Protection</b>	To be sheltered against abuse and rejection	Safety networks and neighborhood networks	Police and justice system

who use violence, and for support for women who are victimized.

**Key Exercise:** Developing an Action Plan

**Time:** 30 minutes

Draw the following table on a flip-chart and discuss the ideas with the group, filling in each box as appropriate. Include the answers in the boxes below if the group does not suggest them.

**Ask participants:**

- What can community members do or provide?
- What services are in place to give specialized help?

The facilitator presents a plan for safety networks at community levels:

The intervention creates networks that will help protect the person in danger and support community solidarity. For example:

- The woman comes to her neighbor's house after her husband threatens her.
- The neighbors go to the woman's house if they hear or see anything that indicates problems and violence.
- The neighbors do not resolve the problems, but they will provide a safe place, support and protection to women, men and children who are threatened or isolated.
- Friends and neighbors call for help for others who are in need, or refer the person to a public service that is in place and can help.

**Ask participants:**

- Could this be a model in your community?
- Could you make an action plan for your community?

**Key Exercise:** Making Action Plans

**Time:** 60 minutes

**Action teams:** Teams of 4 men

Each team should create a plan for community interventions and safety networks to protect individuals and families from family violence and to create a safe environment where people help each other.

### **Session 13: Open Session: What Else Would We Like to Share?**

As in the first open session, group members will decide what to discuss based on their interests and concerns at the time. The second part of the session is set aside to prepare a presentation for session 15, the celebration in the community.

### **Session 14: What Have We Learned?**

This session is used to evaluate the results of the process of change for each participant in the group. Each participant has 15 minutes to share his own process of change and his challenges and successes, and the rest of the group gives him constructive feedback and support.

## **Session 15: Celebration and Ceremony with Family and the Community**

The final session is different from the others, consisting of a celebration and ceremony, organized by group participants. The men are all asked to invite their partners, family members, neighbors and friends, as well as community representatives, to attend this meeting. The aim is that the men and their partners publically share their process of change so that they can motivate and serve as positive examples and role models to others to change and participate in Living Peace groups.



In addition to the group-therapy sessions, there were also sessions in the CARE Burundi and Women for Women curricula addressing topics such as supporting survivors of SGBV and challenging stigma against them; safely intervening with other men to prevent their use of violence; men's participation in care-giving and household chores; and other topics. Three of those activities are included below.

**Key Exercise:** Ending Rejection of SGBV Victims

**Time:** 60 minutes

Before beginning the activity, ask participants to discuss the following questions in groups of 3 or 4 people:

**Time:** 15 minutes

- Are the consequences for men who are victims of SGBV different from those for women who are victims?
- If so, why? What are the differences? Please give examples.
- What are the consequences of GBV (such as rape) against women? And against men?
- What are the consequences of stigmatization and social isolation and rejection?

**Facilitator's Note:** Below are descriptions of two scenes. First read one to the participants and go through the role-play. Then read the second and go through the role-play. After both role-plays have been completed, ask questions and discuss in detail.

### **Scene 1:**

"A married woman, the mother of three children, was raped on her way to the market. She was raped by a group of men. The youngest child was on her back and saw everything. When she comes back to the village, she is in tears. She meets several people before she reaches her house."

### **Role-play Activity:**

Ask one participant to take the role of the person who was raped. He walks around and one participant after another, playing the roles listed below, comes into the activity and gives their reaction, according to how the participant thinks that person would react in reality.

How do you think the following

people are most likely to react?:

1. The victim's mother
2. The victim's husband
3. The victim's father-in-law
4. The traditional leader (guardien de coutume)
5. The neighbor
6. The priest
7. The police
8. The health worker

**Observe:**

- Who supports the victim?
- Who rejects, isolates or discriminates against the victim?
- Who did not reject the victim, and why not?

Facilitator's Note: If no positive response was shown, ask a participant to invent one and play that scene again.

**Scene 2:**

"A young man was raped by rebels. A group of them held him down and penetrated him, and they tortured him with a gun. They said, 'We will make you feel less than a woman.' It happened in the village and other people saw it."

After reading scene 2, return to the above instructions for the second role-play.

**Discussion Questions:**

- Ask each participant: Why did the person you were portraying respond that way? What were their reasons for doing so?
- How have you responded in real life when you were in such a situation, encountering a victim of rape? How have you seen others in the community respond to survivors of violence? What would a positive

response look like from some of those people?

- Do you think stigma against survivors is good or bad for the victim? Why?
- Are women survivors stigmatized differently from men survivors? How did the two scenarios differ based on the gender of the victim? Why?
- What are some of the ways stigmatizing a victim might be harmful to him or her, or might be harmful for others in the community and cause social conflict?

**Facilitator's Note:**

Possible answers to this last question include:

- It may prevent the victim from getting the help she needs because she does not want to be rejected.
- It may prevent the victim from doing activities outside the house such as farming or going to the market.
- It may send a message to other men and women that if something like this happens to them they should not tell anyone or seek help because they will be rejected as well.
- It may cause the victim to feel shame and embarrassment, even though what was done to her was not her fault.
- Though it is cultural habit to reject, can you imagine the positive impact when you support instead of isolate a victim?



## Key Exercise: Panel of Judges

**Time:** 60 minutes

The objective of this exercise is to explore and exchange opinions on what force and consent are in sexual relations.

Divide the participants into two groups of five men. Set the scene with the following details:

Dispute groups in Bazra  
We have a selected a group of five wise men who will handle the cases before the Bazra. The other five men will observe, and at the end give their opinion, whether they agree or disagree with the decision of the Bazra. The facilitator will read the following cases to the group. The wise men will debate them, and discuss in each case if and how any form of sexual abuse, rape, consent or sexual violence was involved.

### The Cases:

1. A woman, Helena, complains that her husband is too demanding about sex. Sometimes he even comes to the field during the day because he wants to have sex. She is not happy with this; she does not want to have sex all the time. The husband says that it is his right to have sex whenever he wants because he paid the dowry.
  - How is power involved?
2. A man, Jean, was forced by rebels to have sex with the daughter of a neighbor. The rebels watched and made fun of him. Jean did it because he had no choice, as they threatened to kill him if he did not. Now the relatives of the daughter have condemned Jean for having raped the daughter.
  - How is power involved?
  - Is this consent/sexual violence/sexual exploitation/rape?
3. A girl, Maria, is 17 years old and became pregnant after she had sex with a boy who is 18 years old. They were lovers and they liked each other. The parents of the girl accuse the boy of sexual abuse.
  - How is power involved?
  - Is this consent/sexual violence/sexual exploitation/rape?
4. A male secondary school teacher who is 30 years old asked a girl, Olivia, who is 16 years old, to stay longer at the school after the lessons finished. He promised her good marks if she would have sex with him. The girl wants to continue her studies and she is afraid that the teacher will punish her or give her bad marks if she does not agree. She does not want to have sex

with him, but she feels that she has no choice, so she lets him do what he wants.

- How is power involved?
- Is this consent/sexual violence/sexual exploitation/rape?

5. A mother with three small children lost her husband in the war. She is very poor and has no food for the children to eat. One of the neighbors comes to her house and says he will give her food and clothes if she agrees to have sex with him. She feels she has no choice, so she accepts. She feels bad and sad every time he is there.

- How is power involved?
- Is this consent/sexual violence/sexual exploitation/rape?

6. A husband comes home in the middle of the night after he has been drinking in the bar with friends. His wife is sleeping but he orders her to wake up and have sex with him. She is tired and does not want to, but he becomes very angry and she feels she has to obey.

- How is power involved?
- Is this consent/sexual violence/sexual exploitation/rape?

7. A soldier was far away from his family, defending his country. He wanted sex and he forced a girl who was washing clothes in the river. He defends and justifies his act by saying that it is his right

to have sex and that he could not have sex with his wife because he was at war.

- How is power involved?
- Is this consent/sexual violence/sexual exploitation/rape?

Each case will be discussed for five minutes. After each case, the group of five men switches roles between the men of the Bazra and the men who are observers.

### **Wrap up:**

**Time:** 15 minutes

Ask the participants, "What did these cases have in common?" (The answer is abuse of power and sex, or sexual violence.)

The facilitators conclude with the following points:

- Consensual sex: Sex based on mutual agreement, without force or coercion.
- Sexual violence: This includes all sex-related acts (such as touching, being touched, penetration, sexual intercourse) that are committed without consent, using power and force. Force can be physical, psychological, economic or emotional.
- Sexual exploitation: One or more persons using their power and position to trade in sex. This includes recruiting and using children/women/girls/boys for sex work.
- Rape: Forcing someone to have sex, or any sexual intercourse or penetration with other objects that occurs without consent.



**Key Exercise:** How Do You Challenge a Person Who Is Violent?

**Time:** 60 minutes

**Part 1:**

**Time:** 15 minutes

Ask participants the following question and encourage them to think about the answers as they prepare the next exercise.

- “When you have done something wrong or made a mistake, how do you prefer that people let you know?” (Possible answers include the following. If some of these are not mentioned, feel free to bring them up for discussion.)
  - “I would prefer that someone takes me aside after it happens and speaks to me privately instead of embarrassing me in front of the whole community.”
  - “I would prefer constructive criticism telling me what I can do better, rather than just attacking me for what I did wrong.”
  - “I think it is more effective when the criticism is focused on the behavior, and is not a personal attack on my character.”
  - “I like it when someone explains why the behavior is wrong so I understand it, rather than just saying it is wrong.”

**Part 2:** Stop a Violent Man

**Time:** 45 minutes

**Facilitator’s Note:**

Divide participants into two groups and ask each to prepare a scene featuring a couple with a violent husband and demonstrating successful interventions to stop the violence. Groups can play scenes multiple times so different interventions can be tested.

**Roles:**

- A violent husband, screaming and threatening his wife
- His wife
- A neighbor
- A community peace activist
- A police officer
- A health worker

Give the groups about 5 minutes to develop their performance, and ask one group to present first. After each performance, discuss with that group why they chose the intervention they did and why they thought it would be effective. As participants perform their skits, keep a list of the ways they intervened and the strategies that seem most effective. Include the four examples from Part 1 on the list.

Other possible strategies include:

- Show understanding: Talk with the man who is being violent, share your own experiences and explain why you changed and how it benefited you and your family.
- Ask the violent person to explain his actions and why he is engaging in the negative behavior.
- Suggest alternative actions that can accomplish the same

goal but that will provide better outcomes.

- Speak from a perspective of friendship and begin with your concern for the person. For instance, say that you do not want him to get in trouble with the police, or that you would like to see him have a better relationship with his wife.
- If you do not know the person well, if you think he may respond with violence or hostility, or if you think he will not be convinced by just one person, recruit other Living Peace group members or others from the community to speak with him. Perhaps include someone whose opinion the man values, such as a friend, relative, elder or community leader.
- Compliment or highlight something the person has done well or that you admire before bringing up what he has done wrong.

### **THINGS NOT TO DO:**

- Never react with violence or too much force or with screaming and anger. This fuels the anger and creates a more dangerous situation.
- If you fear that the attacker will use physical violence against you, as well, then do not intervene alone but immediately alert the police or ask others in the community to help also.
- Your first concern is the health and safety of the person who has been attacked. If it is necessary in order to keep the victim safe, then let the man escape and leave the scene.

After each group presents their role-play, discuss the interventions.

Keep a list of all of the different ways to stop a man who is using violence. By the end you should have a list of several ways to challenge violent behavior. Highlight for the group that, no matter what the situation, there are ALWAYS many ways one might intervene.





## VII. IMPLEMENTATION CASE STUDIES

	CARE Burundi	HEAL Africa (DRC)	Women for Women International (DRC)
<b>Location</b>	Four provinces in northern Burundi: Kirundo, Muyinga, Ngozi and Kayanza	Neighborhoods in Goma, North Kivu, and one on a military base in North Kivu	Luvungi, South Kivu
<b>Number of participants</b>	120 in 10 groups of 12	84 in 7 groups	120 in 10 groups of 12
<b>Participant gender</b>	Half men and half women	All men; their wives were invited to attend two sessions	All men; their wives were invited to attend three sessions
<b>Facilitators</b>	2 per group; one man and one woman	2 per group; 4 groups were both men, 3 were one man and one woman	2 per group, both men
<b>Duration</b>	10 sessions	15 sessions	11 sessions
<b>Curriculum</b>	Combination of group therapy and group education	Group therapy with group education elements	Combination of group therapy and group education

**Implementer: CARE Burundi**

is a national organization that is part of CARE International. CARE Burundi supports civil society and women in particular in taking a more active role in moving Burundi towards peace and economic security. This project was implemented as part of CARE's partnership with Abatangamuco, a national grass-roots network in Burundi of men and women working to end gender-based violence and promote women's empowerment through personal change, testimonies and community education and outreach activities.

**Participants:** Some of the participants were men and women who had expressed an interest in joining the Abatangamuco, and many had seen some of the Abatangamuco's community outreach presentations but were not yet members of the group. Other participants were invited by facilitators or Abatangamuco members who thought that they would benefit from participation based on known violence or conflict in their households. Sessions were all conducted in Kirundi, the native language of the participants and facilitators.

**Facilitators and supervisors:**

Each group had two facilitators, one man and one woman, selected by CARE Burundi. These men and women included CARE Burundi staff and staff from four other partner organizations in Burundi. The criteria were completion of secondary school as the minimum level of education, and experience

in training or group facilitation groups. Six substitute facilitators were also selected in case one of the original facilitators left, and all received five days of training from Promundo staff. Programmatic and logistical supervision was provided by CARE Burundi national and regional staff, who also participated in the training.

**Challenges:** Overall, there was consistent participation and very few challenges. There was one couple who stopped participating after the second training session in Kirundo, and another case of a man in Muyinga who left and swore he would not return. His wife continued to participate, however, and he returned for the fifth session following a visit from other members of the group; however, the facilitators reported that he was not very active for the remainder of the intervention.



**Implementer: HEAL Africa** is an NGO running a hospital and community development organization based in Goma, North Kivu province, in the Democratic Republic of the Congo. HEAL Africa supports 31 safe houses throughout the provinces of North Kivu and Maniema, and partners with more than 90 remote clinics and hospitals. Its programs address gender-based violence, public health and health education, law and justice training, community development and rebuilding, spiritual development, and personal finance through

micro-loans. The main implementation partner was the Institut Supérieur du Lac (Institute for Higher Education in Mental Health, ISL), a higher learning institution in Goma that offers five-year bachelor's degree programs in clinical psychology, counseling and psychiatrics for students throughout the Great Lakes region.

**Participants:** Participants were selected in one of three ways:

1) Women who received medical treatment in HEAL Africa's hospital were asked if the facilitators could visit their husband and offer him the chance to participate; 2) local community leaders and NGOs were asked for referrals of families where SGBV was present; 3) men chosen at random from the community were asked to participate. Sessions were conducted in Swahili, the language that the largest number of participants were most comfortable speaking. The second part of the intervention consisted of one group of 10 soldiers, and participants were selected at random. This group was also conducted in Swahili.

**Facilitators and supervisors:**

Each group had two facilitators; four of the groups, including the military group, had two male facilitators, and the other three groups had one male and one female facilitator. Of 15 facilitators (including three substitutes), eight were selected by ISL and seven by HEAL Africa. The facilitators and two supervisors, selected by HEAL Africa, ISL and Promundo, received

two trainings: the first covered the participants' identification and selection process, and the second training was on the curriculum itself, conducted by Promundo and ISL. The criteria for facilitators were completion of a bachelors/license level in education, and experience training or group facilitation. Programmatic and logistical supervision was provided by the Promundo and ISL staff who conducted the training.

**Challenges:** The most serious challenge that the intervention in North Kivu faced was from the M23 rebel movement. The project was interrupted twice, once during the curriculum implementation, by armed conflict. This forced postponement of some of the sessions for a week or two, however they were completed later and some of the groups continued to meet informally even during the conflict. The interruption also prevented the supervisors from visiting all of the groups during the implementation, and forced the supervision meeting to be postponed until almost the end of the intervention. One additional challenge for the military group was that many of the participants were more comfortable using Lingala rather than Swahili, and they requested printed materials in Lingala, which were not available.

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**Implementer:** **Women for Women** International was the implementing organization in South Kivu province in the DRC. WFW

works with socially excluded women in eight countries where war and conflict have devastated lives and communities. Women enroll in a one-year program where they learn job skills and receive business training so they can earn a living. They also receive education to better understand their rights and how to fight for those rights in their homes, their communities and their nations. The project was implemented in the context of WFW's Men's Leadership Program (MLP), which educates male community leaders about crucial women's rights issues and prepares them to leverage their community influence on behalf of women. The MLP is currently implemented in the DRC, Afghanistan, Iraq and Nigeria.

**Participants:** In each group, 10 men were husbands of women who had experienced sexual violence and who were at that time participating in WFW's core programming. The other two men in each group were selected by community leaders.

**Facilitators and supervisors:** WFW selected 20 facilitators from among the more than 500 community leaders who had received prior Men's Leadership Program training from WFW. The chosen facilitators were men who had completed at least secondary school; had displayed high levels of interest and participation during the prior workshops; and who belonged to one of the five pre-determined influential sectors: public administration, civil society, security, traditional chief-

taincy or religious leadership. The facilitators included school principals, teachers, a representative of the mwami (local chieftaincy), and pastors from a Protestant church. Programmatic and logistical supervision was provided by WFW staff, who also attended the five-day facilitator training in Uvira, South Kivu. Sessions were conducted in Swahili, the language that the largest number of participants were most comfortable speaking.

**Challenges:** Insecurity due to activity by armed groups was a recurring concern in Luvungi and forced WFW to move the facilitator training from Luvungi to Uvira, resulting in slight training delays and increased costs. Further insecurity and communication difficulties in Luvungi resulted in a suspension of the groups during part of August and September 2013, formally resuming in October. Some of the groups did continue to meet informally during that time, however.



## VIII. ENDLINE RESULTS AND LESSONS LEARNED

### Methodology: Sampling for endline

Fifty percent of the couples who participated in the intervention were selected for the endline evaluation. Based on reports of the group facilitators, half of those selected were couples in whom the facilitators had observed very

positive change during the implementation, and the other half were those who experienced only some or no change.

Not all of the men and women interviewed in the baseline were also interviewed in the endline evaluation. The samples of the baseline in

**Table 1.**

Reported Change in the Following Domains :			
Areas of Change	% Reporting Positive Change		
	BURUNDI	GOMA	LUVUNGI
Understanding the problems men experience	99.0%	100.0%	99.0%
Coping with problems	100.0%	100.0%	96.0%
Fewer problems and conflicts at home	100.0%	100.0%	97.0%
Relationship with partner	100.0%	98.2%	99.0%
Sexual relations with partner	100.0%	98.2%	89.9%
Controlling my aggression and frustration	100.0%	100.0%	87.9%
Equality between men and women	99.0%	100.0%	88.9%
Relationships with my children	98.9%	96.4%	97.0%
Social relations with other men and women	99.0%	98.2%	98.0%
Sexual violence at home	94.8%	98.2%	97.0%

**Table 2.**

Activities and Topics that Contributed to Change			
Activities and Topics	% Reporting Positive Change		
	BURUNDI	GOMA	LUVUNGI
Learning knew information from the facilitators	100.0%	100.0%	99.0%
Sharing with other men in the group	100.0%	96.4%	97.0%
Practical exercises to do at home	95.8%	100.0%	96.0%
Respecting the six core principles of the group	100.0%	100.0%	94.9%
Engaging other men in the process of change	100.0%	100.0%	97.0%
Activities to help know myself better	100.0%	98.2%	93.9%
Techniques of effective stress management	100.0%	98.2%	92.9%
Learning about the consequences of SGBV	100.0%	100.0%	98.0%
Becoming aware of the consequences of my behavior on others	100.0%	100.0%	97.0%
Learning techniques to take responsibility to end violence against women	92.7%	98.2%	98.0%

Luvungi and Burundi were taken at random at the time of the baseline, before the implementing partners had fully identified the participants. However, the samples of the baseline are representative for the prevailing attitudes and problems of men and women in the different intervention sites.

### Research methodology

The findings were determined through two types of data collection:

1. Qualitative research from focus group discussions (FGD) and individual interviews (IDI).
2. Evaluation forms completed after each session, which measured participants' com-

prehension of and reactions to the topics of each session and the changes that they and the facilitators observed.

The qualitative data were manually analyzed, and the quantitative data were analyzed with SPSS.

### Results of the quantitative data

At the end of the 10 sessions in Burundi and Luvungi and 15 sessions in Goma, men were asked to complete a form asking them whether they had experienced positive or negative change in any of the indicated domains (see Table 1). They were also asked about which activities and topics contributed to their change, as shown in Table 2.

Implementation Sites	Research	Women	Men
Burundi Ngozi, Kayanza,	6 FGD 4 IDI couples	18 4	18 4
Kirundo	6 FGD 4 IDI couples	18 4	18 4
North Kivu, DRC Goma	4 FGD 3 IDI	21 3	23 3
South Kivu, DRC Luvungi	3 FGD 4 IDI	29	25

### Qualitative research

The qualitative research was based around the following five questions:

- What did you like or dislike in this program?
- What did you appreciate about the methodology?
- Have you observed changes in yourself, your family and your community due to the program?
- What made you change? What obstacles to change still remain?
- What are your suggestions for the future?

### Impact of the male therapeutic groups

All of the men and women interviewed reported positive change, though some men and women said that the change was not yet complete. Among the men and women who said they did not yet see enough change, the following factors were mentioned as significant obstacles:

- The wife of the man is not will-

ing to collaborate and she also needs to change.

- It is difficult to change old habits.
- Poverty creates stress and conflict.
- Alcohol abuse.

### Topics seen as most helpful

Respondents in the FGD and IDI said that the topics they appreciated most were those related to the causes and dynamics of violence at home. The discussions helped them understand what they could do to avoid using violence, and also opened their eyes that some acts they thought were normal and not harmful are in fact violence.

Men said that they learned how to take responsibility in a non-violent and non-abusive way, and that they learned how to control their own emotions and avoid escalations of violence. Communication about sexuality was also a very

important new topic; the men felt it helped them to improve their relationships with their partner.

There were slight differences among the suggestions for additional sessions between the three implementation sites:

**Goma:** The participants requested more open sessions to discuss and resolve their individual problems in the group setting.

**Luvungi:** The men asked for more information about the dynamics of the cycle of violence. They also wanted more sessions about sexuality and more open sessions.

**Burundi:** The participants wanted more information about the laws protecting women's rights.

## **Factors that contributed to change**

### **1. Working in Process-oriented Groups**

Exchange of experiences in the group were considered important because it helped men restore social relations that were destroyed by conflict, war and crisis. The following quotes show what men learned through working in a process-oriented group:

#### **Solidarity and social connectedness**

"The spirit of the group, knowing you are not alone, respect, love and care for each other helped me to change." (FGD, Goma)

"Now we use our phones when we have problems." (FGD, Burundi)

"To exchange among us is very easy and it is this simplicity that has a magic power that made us change." (FGD, Luvungi,)

#### **Equality in the group**

"We have no difference in background, age, or social positions. Now I made friends even in other parts of Goma. The approach is neutral, no political or religious differences: it brought reconciliation among us." (Goma and Luvungi)

#### **Value of cultural appropriateness**

Many men said they felt at home in the group and noted that solving problems together is part of their culture.

"It reminds us of our Bazra, traditional groups in our villages that encourage solidarity, social cohesion and social justice." (Goma and Luvungi)

### **2. Knowing Yourself through Others**

#### **Self-reflection and accountability**

"The other men helped me to discover the errors I made at home in making my wife a slave. It opened my eyes." (Burundi)

"We Congolese men suffer from a chronic disease and this program helped us start to reconstruct our internal life." (Goma)

"I was a difficult man, I drank too much and used a lot of sexual violence. I stopped it all." (Luvungi)

### 3. Homework and Practical Exercises at Home

Men and women learned by doing. The homework created opportunities to actually communicate with their partners, to experiment with new insights, and to discuss the challenges in the next session with the other men. Men and women reported “miracles of change” and some compared the process to traditional medicines. The new information and new experiences connected to participants’ personal lives and encouraged change from within.

*“These trainings were touching our hearts.”*

“The training touched my heart and I realized that I need to give up drinking.” (Goma)

“I regret all the years I was like a lion, drinking and beating my wife and not taking care of our family.” (Luvungi)

“Clearing the heart that was full of bad things.” (Burundi)

#### Why the changes ended the violence at home

According to participants, the changes in the household that contributed to a reduction in violence included:

- Better management of problems and conflicts
- Communication and dialogues with wife instead of fights.
- Reduced alcohol abuse and drinking
- Many men reported that they

stopped drinking, which was confirmed by women in FGD.

- Improved control of frustration and aggression
- Many men said they are now able to manage and control their anger, and they communicate instead of fight. This was also confirmed by women.
- Greater sharing of income with wife and family
- Almost all of the couples adopted income and money management techniques; now the men share their income with their wife and the couple makes decisions together.
- More peace at home and happier children
- Men now spend more time with their wife and children, and several children were able to return to school, or go for the first time, because there was now enough money to pay for school fees.
- Improved health

Many men and women reported that they gained weight and feel better mentally and physically.

#### The impacts of change on daily life

##### Economic improvement and increased trust

Through the intervention, men realized the costs of GBV. They reported doing better economically since they began to share income and make decisions jointly with their wife, and also because they stopped drinking.

“I have made mud bricks and bought iron sheets for roofing, and I am currently preparing the ground for me to build a new house. This would not happen if the intervention was not there.” (Man in Burundi)

“I think that I would have ten cows now if I had stopped drinking long ago.” (Man in Burundi)

The increased trust and improved social cohesion also had a positive impact on men’s economic activities. Some groups of men started income generation activities together.

### **Peace at home: Improved partner relations and reconciliation between partners**

All of the respondents (women and men alike) said that violence has ended and that the children and women are happier. Several men and women reported that many men had gone back to their wives and ceased conducting extramarital relationships. Others said that communication between spouses had resulted in a stop to partner violence and a better sexual relationship.

“My husband used to jump on me like a cow on a female cow, but now he talks nicely to me.” (Woman in Burundi)

“In my house there is peace now, actually the amount of peace in my house can fill ten baskets.” (Man in Burundi)

### **Gender relations and sexuality**

Even though, because men are seen as the natural head of the family, gender equality was still considered “culturally inappropriate” by most men, most of them reported changes that included more gender-equal attitudes. They shared income with their partner because they saw the benefits, they communicated with her as a more equal partner, and they reported less conflict. There were additional positive side effects: children responded very positively to the more peaceful home environments, and all family members reported better health. Improved sexual relationships were often mentioned as positive changes as well.

Most women also reported improvements in sexual relationships, respect and equality:

“I was raped by the M23 and my husband rejected me. We lived in separated rooms. After the fourth session, on a Saturday, he came to my room and asked me to come back to him. We are a couple again and I felt like the day of my marriage.” (Woman in Goma)

“My husband made me pregnant every year (eight children). I delivered babies yearly like an animal. Now he completely changed: he works in the field with me, he is nice and we are like lovers, like when we were young, and he is accepting of doing family planning.” (Woman in Luvungi)

“My husband can negotiate sex three times a week, but the other days he still does what he wants so he needs more change.” (Woman in Burundi)

### **Obstacles to change**

Women and men alike feared that, when the groups ended, the men would fall back into their old bad habits. Men and women also wanted women to be included in the process of change; some men reported that their wife can be an obstacle to change when she doesn't understand the lessons learned. Poverty and lack of means to sustain a family remained major concerns for men and women.

Full acceptance of gender equality was most difficult in Burundi. Men felt that women cannot be equal to men, and should not have inheritance rights. Some women felt they could say no to sex, but many felt they could not.

### **Additional positive side effects:**

- Children profit from the positive changes in partner relations. There were several accounts of children saying that they are so happy with having a father who is better now, and with having peace at home.
- Children—including girls—get better access to school when their father is willing to pay the school fees.
- A small number of men began income-generation activities with other men in the groups based on increased trust and

the development of social networks that resulted from the groups. Many participants reported increased collaboration between husband and wife on economic activity which resulted in increased family income.

- Many participants reported improved health conditions, including better access to food and reductions in men's alcohol use.



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## IX. FINAL RECOMMENDATIONS AND LESSONS LEARNED REPORT

### A. Lessons Learned and Promising Practices—DRC and Burundi

#### At the individual level: Understanding violence and trauma

- Violence against women is strongly linked to men's traumatic experiences and limited coping strategies. This phenomenon has been observed to a limited degree in other programs in post-conflict settings but came through very strongly in the formative research and baseline application in the development of the Living Peace groups. The extent to which men's trauma and often destructive coping strategies are driving men's use of violence against their partners and children is unexpected; these findings provided the background necessary to comprehensively address the roots of men's violence through the intervention.
- Men's traumatic experiences in conflict must be understood as inclusive of secondary and vicarious trauma as well as trauma from unexpected sources. Men's reports of witnessing (or being forced to commit) violence against family members during conflict are widespread as are reports of displacement and poverty, and the effects on men are significant. These experiences build on each other and all contribute to men's sense of loss as they have been (and are often still) unable to fill their socially-prescribed masculine roles as protectors of and providers for their families.
- Beyond understanding men's experiences of trauma, interventions must also better understand how men respond to trauma. Rather than speaking with friends or praying and going to church, as women often do, many men respond to trauma with silence and withdrawal, alcohol abuse, and use of violence against their partners and children. These harmful actions, however, may be masked by seemingly positive behaviors. For instance, during early research for this project, Promundo learned that while many men whose wives had been raped in con-

flict responded by rejecting them and ending their relationships, a large number had allowed their wives to return home, which initially seemed very positive. However, upon further exploration, many of those men were regularly perpetrating violence against their wives, or had invited their wives back solely to work and provide income; because the men needed someone to care for their children and their households; or because they simply had no money to remarry.

### **Motivation and New Skills**

- Participants in the groups were very motivated to end their use of violence and to learn new, more positive behaviors. By and large the men were not using violence because they felt it was healthy and effective, but because of a perceived lack of alternatives or understanding of the consequences. When consequences were discussed and positive coping mechanisms were presented, the men were overwhelmingly eager to embrace them. Even the most basic anger and emotional management tools were new and beneficial to participants, and in many cases, the impact of applying these was felt very quickly.
- Among the new coping mechanisms and behaviors, positive and open communication was particularly important. Men were encouraged first to be honest with themselves in acknowledging their problems and struggles; then to openly discuss them with other men in the group, in a non-judgmental and supportive environment; and finally to begin to talk more openly with their partners. These new communication skills were developed gradually but were seen as very beneficial, and practicing communication in the group (including in the sessions where the participants' partners were present) was linked to improved communication at home. The participants began to see it as necessary and desirable, and as one participant said, "the lack of communication is enemy number one in married life."
- Information about sexual and reproductive health and rights, including about consent, contraception and family planning was essential in the interventions. For almost all participants, knowledge on these topics was extremely low, and reimagining their sexual interactions in healthier, non-violent ways was not possible without them being much better informed.
- The concept of "positive masculinity" resonated very strongly with many participants. Reframing positive, non-violent behavior and coping mechanisms as part of a different, healthier form of masculinity and of being a man, seemed to make those concepts both more accessible

and more socially acceptable, and thus easier to embrace. The term required very little explanation, participants often connected to it quickly, and they were able to speak about it in contrast to “negative masculinity” which was how they had behaved in the past.

- As part of the intervention many men also changed their relationships with their children. This topic was addressed much less in the groups than partner relations were, but it was something that many men were proud of and embraced.
- Many of the couples said the experience of participating in the Living Peace groups led to improvements in their economic situations. This seemed to be through a combination of men no longer using money for purposes that did not benefit the family (such as alcohol abuse or prostitution) and the couple collaboratively making household budgeting decisions.

### **At the intervention group level:**

#### **Adaptation and Flexibility of the Group**

- The intervention proved successful in a few different models: both as men-only groups and as an intervention for couples, in which women and men sometimes worked separately but were together for part of each session. The intervention

also worked well both with two men as facilitators, and with a man and a woman facilitating together. The flexibility of this intervention opens many new avenues for adaptation.

- The success of the intervention was also consistent across the different types of content. The model can be used for an almost exclusively therapeutic group, with a focus on problem solving for the men, or as a training group with greater emphasis on education and behavior change. Further research is needed to determine the differences in impact and sustainability in the long-term for each focus area.
- The inclusion of open sessions in which men were given space to discuss issues on their mind without structured activities planned proved very popular with participants and in the evaluation many requested more of them as part of the intervention.
- The group-oriented and process-oriented nature of the approach is essential for supporting and encouraging change in men’s lives. The participants were encouraged to control the process and to tailor it to their specific needs with the support of the facilitators. As a result, their change was ultimately based on intrinsic motivations linked to personal and family needs rather than on external prompts. In Promundo’s experience the changes resulting from this kind of process are

more sustainable and comprehensive than those resulting from other motivations.

### Content and Activities

- Many activities and exercises focused on supporting men's problem-solving abilities and encouraging them to take responsibility for their actions. The groups are structured so that members hold each other accountable, supporting positive steps and offering constructive criticism when appropriate. The participants are encouraged to try and replicate this dynamic with their partners, family members and friends who are not part of the group. In this way, the approach is both expanded and sustained outside of the group and does not rely on the group, the facilitator or others.
- Women are included, either directly or indirectly, in the entire intervention. Husbands and wives attend all sessions in the CARE Burundi groups, and two or three in the other groups (Women for Women International and HEAL Africa), but participants are strongly encouraged to discuss each session and their thoughts and reflections about it with their partners every week. There is often specific homework that provides additional structure for this, but participants are also encouraged to have informal discussions. The goal of this is synchronized transformation, so that both partners are growing and learning new skills together, which allows the new skills to be modified appropriately by the couple and increases the chances of success and sustainability.
- Practicing and applying dialogue and better communication skills in the group, at



home and in the community was also a goal of the intervention and is facilitated by exercises in every session. These new skills were strongly valued by participants and their positive impact was recognized.

- One unintended but positive effect of the intervention was that some facilitators reported experiencing the same kinds of positive change and personal growth that the participants did. “The project helped me very much,” said one facilitator in Goma, “I used to use many of the kinds of violence we discussed in the group. I was a dictator in my house, but thanks to the discussions in the group I have changed in positive ways.”

### **At the community level: Implementing the project locally is the best approach.**

- Participants, and ideally facilitators, should be drawn from the community and meet in a location that is easily accessible to all. This keeps costs low, makes participation easier, and connects the individual process of change to the community.

### **Connecting the Living Peace groups to the community through planned activities also proved quite successful.**

- Each group conducted a ceremony and celebration of change in the community

as their closing activity to: share the positive impacts of the program, build trust and restore relationships between community members, encourage community members to support men in their change, and hold them accountable. Women for Women also conducted education campaigns before and concurrent with the groups to reinforce the messages and connect to more people.

### **Engagement of existing power structures was a key part of Women for Women’s intervention (the facilitators were men identified as community leaders), and was also part of HEAL Africa’s through their Living Peace group conducted with soldiers in the Congolese army.**

- The specific impact of engaging leaders was not evaluated in this study, however it warrants further research and experiences from these interventions are promising. The leaders were able to communicate intervention messages from a perspective of authority and as role models, helping others to see the benefits of new behaviors.
- Some of the men built on the Living Peace groups in new or unexpected ways, or connected them to existing positive structures. In Burundi, the participants were directly linked into the national Abatangamuco network, which provided reinforcement for the messag-

es and a conduit for sustainability for the participants. In Goma, some men in the HEAL Africa groups continued to meet and hold discussions after the intervention ended and the facilitators left, and others decided based on their new bonds to pursue income generating projects together. And in Luvungi, some participants in the Women for Women groups created a theater group to prepare and present small theater pieces supporting positive masculinity, non-violent relations between partners and the other themes of the curriculum.

- Some of the community groups served broader peacebuilding goals as well. Some of the Women for Women groups in particular noted that in a place like Luvungi, where conflicts between communities remain common, the relationship building between men helped to create more peaceful relationships as well as build new channels for peaceful conflict prevention and resolution.

## **B. Recommendations—DRC and Burundi**

### **Promundo's recommendations for Living Peace groups are organized according to three desired outcomes:**

1. At the individual level, men become more equitable and responsible partners, fa-

thers and caregivers who are non-violent, support women's economic empowerment, do not abuse alcohol, are equitably involved in family planning, and are involved and nonviolent caregivers for their children.

2. At the community level, community norms change to enable greater prevention of and positive responses to SGBV and greater acceptance of and support for gender equality.
3. At the societal level, communities heal, restore and create social bonds, and engage in gender equitable peacebuilding.

### **1. Recommendations to support men becoming more equitable, non-violent and responsible partners, fathers and caregivers who support women's economic empowerment, do not abuse alcohol, are equitably involved in family planning, and are involved and non-violent caregivers for their children.**

- One of the strongest recommendations is to effectively connect the approaches and tools of Living Peace groups to economic empowerment programs so that men and women are equitably engaged. Through their participation in the Living Peace groups, men began collaborating more with their wives on income generating activities, and some also began working with other men. However there is much more that can be done

actively and in more sustainable ways to encourage this change. Integrating Living Peace groups into microcredit, microloan, conditional cash transfer, village savings and loan association, job skills training or other programs is a particularly promising strategy based on the successes of Promundo's Journeys of Transformation program in Rwanda.

- Future implementations should include even greater education and discussion about sexuality and sexual and reproductive health and rights. In all interventions this need was either observed by the Promundo team and facilitators or identified by the participants themselves. Levels of education about technical elements of family planning techniques and contraception are very low, and discussions about consent and what constitutes healthy and pleasurable sexual relationships are very rare. Greater awareness and understanding of how to apply this knowledge would be extremely beneficial.
- Participants, especially men, should be supported and given assistance in determining how to sustain the relationships and structures established in the Living Peace groups. The Abatangamuco network in Burundi is a very good model, as are the solidarity groups that they have established. Initial guidance for sustainability, in the context of the groups, would likely be very helpful,

and if implementing organizations are able to provide long term support without inducing financial reliance that would be ideal.

- Implementing organizations and facilitators must be patient and take a long-term approach to the intervention. Although many participants embrace the opportunity to learn and change in positive ways, others resist. It is important to allow the participants time to change at their own pace and through their own volition rather than attempting to force the issue, or expelling members who do not change quickly enough.
- Engaging men as fathers as an entry point for violence prevention, among other gender equality goals, is proving to be an extremely effective strategy in countries around the world including in the Great Lakes region. Living Peace groups will be implemented soon in Rwanda as part of the MenCare+ campaign and warrant exploration as an integrated intervention in other settings as well.

## **2. Recommendations to support community norms change to enable greater prevention of and positive responses to SGBV and greater acceptance of and support for gender equality.**

- Scale up Living Peace groups. This intervention reached only 324 men and women and, while the effects of this

on their lives and the lives of their families were profound, they are a tiny fraction of the number of people who need this kind of support. The groups should be scaled up and expanded widely as well as adapted for local ownership.

- As noted earlier, one unexpected benefit of the intervention was that some facilitators experienced the same personal change as the participants. Future interventions should plan for and incorporate measures to support this learning process for group facilitators including more extensive training, regular support and supervision through the process, and a process to monitor and evaluate the changes the facilitators experience. Furthermore, implementing organizations should think pro-actively about how to keep facilitators involved in their activities in the long-term, including by facilitating additional groups in the future or building on their expertise and applying it to other areas of the organization's work.
- Community campaign resources should be developed and integrated into future Living Peace group interventions, and where possible integrated into larger structures such as the Abatangamuco network. This encourages wide dissemination of the messages, and opportunities for participants to apply their learnings with other men, the development

of community accountability structures, and enables recruiting for new Living Peace group participants.

- As much as possible, involve authority figures and other stakeholders in the group processes and associated campaigns. If developing positive coping mechanisms for trauma and being non-violent toward one's partner and children are seen as behaviors for the poor or those without social status, interventions will not be fully successful. What is necessary is an understanding that both the problems and the solutions are applicable to all men in society, and it is also important to have prominent men model positive behaviors to set an example for others.

### **3. Recommendations to support communities healing, restore and create social bonds, and engage in gender equitable peacebuilding.**

- Principles of **conflict prevention and resolution and peacebuilding should be incorporated more deeply into the groups and associated campaigns.** There are many ways this could happen including adding sessions, partnering with other organizations, and incorporating Living Peace groups into programs that focus more on peacebuilding such as Search for Common Ground. The foundation to support this type of collabo-

ration is already part of the Living Peace groups methodology, and more developed links between the two types of approaches will likely make both of them stronger. The benefits of this could include building networks that can be used to de-escalate and anticipate violence between groups and communities, holding authority figures and leaders accountable for violence they are responsible for, working to prevent men from joining armed groups, and supporting men who have left armed groups to peacefully transition back into society.

- **Learnings and experiences from the groups should be shared as much as possible** within communities to keep the knowledge local and to continue building support for community healing and social restoration. These can be shared through formal or informal meetings; community presentations including testimonies and theater; sharing of community campaign materials and resources; and peer-to-peer trainings, among other techniques. Sharing the skills and experiences locally, among men and women with similar backgrounds and problems, is likely to be the most accessible and sustainable strategy to retain the program's benefits.
- Implementing organizations should continue to explore how to best **incorporate women's participation into Living Peace groups and community campaigns**, ensuring a gender synchronized approach. The three pilot interventions offer three different models, but there are likely to be additional models for inclusion. Women's involvement in some form is essential to the program. One possibility suggested by HEAL Africa is to have a parallel but adapted curriculum for women, addressing some of the same issues as men, while also incorporating joint sessions and activities for both women and men.
- Many post-conflict societies are not really post-conflict, and instead experience occasional moments of violence and conflict of varying duration and intensity. There should be plans and strategies in place to not only **continue Living Peace groups during moments of conflict, but also to mobilize them, where possible and appropriate, to help end conflict.**
- Many promising or successful SGBV prevention interventions have arisen, and some have lasted many years and been replicated in numerous settings. One key element supporting their success is the **creation of a linked learning mechanism among the partners implementing this approach.** A network that enables organizations to share new information, advances

and adaptation, best practices and more, will support growth, sustainability, and improvement of the intervention.

- **Further impact evaluations of factors that create change** are necessary for the intervention's continued growth and success. Evaluations must ask questions such as, 'Why is the intervention so successful? Is it sustainable?' among others, and must be conducted in other settings to ensure consistency.
- **Support is needed to ensure long-term sustainability**, including continuation of the pilot programs and future expansion. Funding is a necessary element, but also important is developing and implementing a structure that allows for the organic continuation and expansion of programs.
- The pilot Living Peace groups were implemented by organizations but for further expansion in communities future models should **explore how to differentiate the model**. In addition to community-based implementations, how could Living Peace groups be a part of health centers? Of one-stop violence centers? Of schools or churches? There are many options which can be explored.
- **State and civil society organizations must be engaged more broadly** to support interventions like these which engage men in SGBV pre-

vention. Within governments there are numerous entry points including ministries of health, gender, education, justice and defense, as well as country-specific entities such as, for example Burundi's Ministry of National Solidarity. Within civil society, churches and religious communities are promising potential partners and, in Rwanda, some of these organizations have already done similar work. Medical services and development and women's economic empowerment NGOs are also natural partners for expanding such interventions.

- Living Peace groups have so far only been implemented with adult men and women, but in the future they must **connect with young men and women**. There are many possibilities for this through community campaigns and other programs which already exist, however youth would greatly benefit from the therapeutic approach as well. Adaptation of Living Peace groups and other programs which would provide the same benefits to youth in conflict-affected areas would ensure a more comprehensive intervention.







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