Living Peace: From conflict to coping in Democratic Republic of Congo

Key messages

- In countries like Democratic Republic of Congo, which are recovering from conflict and struggle with high levels of sexual and gender based violence in the home, there is a need to implement programmes to tackle psychosocial distress and its relation to gender inequality.
- Living Peace uses a combination of group therapy led by trained facilitators (in the absence of formal psychological and psychiatric staff), campaigns, and engagement of powerful local stakeholders and institutions.
- Including a diversity of men (both those known to have used violence, as well as community role models) within groups reduces the intervention’s potential stigma and helps the process of defining positive behaviour.
- The programme is moving towards a model that is more inclusive of women in both single sex and mixed sex groups.
- Living Peace’s approach has led to positive changes such as improved and more peaceful partner relations (including more equitable use of household resources), reductions in men’s alcohol use, reduced sexual violence, improvements in men’s control of their frustration and better health.

Introduction

The Living Peace four year project is being implemented in Democratic Republic of Congo (DRC), a country where conflict has led to millions of deaths, mass displacement, and many victims and perpetrators of violence. In addition, DRC exhibits a prevalence of highly inequitable, violent partner relationships driven by childhood experiences of violence, gender inequitable beliefs, power inequalities, economic stress and insufficient coping mechanisms around post-conflict trauma. Men in DRC are strongly resistant to gender equality, and women often internalise these norms too (Slegh et al 2014).

The violent conflict in DRC has had devastating emotional and economic impacts on the lives of all those involved. Economic fragility means many men cannot support their families, and some report drinking or staying away from home when they can’t find work. Men’s reaction to trauma can drive cycles of violence, even long after the conflict is over, and may include the perpetration of violence against women and children. For example, men report using violence against their female partners who have been raped, due of a sense of shame, inadequacy, and helplessness. Women in DRC are more likely than men to cope with their trauma through silence or to turn to religion for solace. Aware of the coping strategies of men, women develop their own strategies to calm their partners and to protect themselves and their children.

This combination of post-conflict recovery and deep rooted gender inequitable norms and behaviours means that it is important to move beyond
conceptions of violence in conflict, perpetrated singularly by combatants. Instead a focus is needed on understanding and preventing both post-conflict and non-conflict sexual and gender based violence.

Living Peace provides psychosocial support through group therapy for men (and their partners) to reduce sexual and gender based violence, promote healing, restore relationships and rebuild communities in post-conflict settings. The aim of the work is to break the cycle whereby traumatised men inflict further violence on their partners and communities, and instead move towards more peaceful coping strategies and gender equality.

The preliminary findings of Living Peace’s pilot intervention are promising, and show how, in a context with few psychologists or psychiatrists, community owned, psychosocial interventions to change men’s attitudes around a variety of issues, including violence and gender equality, can be successful. The intervention has led to improved attitudes and behaviour towards women and children; evaluation of the pilot showed that almost all men and women participants reported significant, positive changes. These include improved and more peaceful partner relations, reductions in men’s alcohol use, reduced sexual violence, improvements in men’s control of their frustration and aggression, greater income sharing by men with their partners, happier children, and improved health outcomes.

From 2015-2019 Living Peace is scaling up its intervention. It will go from reaching 324 men and their partners to thousands (6,000 – 9,000 in group therapy, and 100,000 – 300,000 through campaigns), in North and South Kivu provinces in the eastern DRC.

How were men and boys engaged to successfully promote gender equality aims?

The Living Peace methodology combines psychological therapy with interventions to promote norms of positive masculinity and engage men in violence prevention. It enables participants to reflect on gender norms, rehearse new norms and behaviours in safe spaces, and internalise and apply these new behaviours. It aims to build responsibility and accountability for violence and its prevention.

The programme is implemented with groups of men from different backgrounds – former combatants, men affected and traumatised by conflict, police officers, military, men who were violent in their communities and in their families, and husbands of women who have been raped. Given the stigma and sense of shame that surrounds many men who are husbands of rape survivors, the groups are deliberately mixed. This mixture is key to keeping the groups from being seen as made up only of husbands of rape survivors or of “violent men.”

Living Peace groups were originally developed as a pilot programme in Burundi and DRC. A programme curriculum was developed which addressed the roots of sexual and gender based violence (power inequalities between men and women) and men’s specific coping mechanisms, rebuilt social connections and positive definitions of masculinity, and helped men heal from the experiences of trauma that can exacerbate their use of violence against partners and children.

In the current scale-up phase of the work, the focus of Living Peace has broadened, with the aim of achieving wider changes than at the individual and community level. The work now has the following five objectives:

• **Individual:** Participants heal from conflict and violence related trauma in ways that are specific to their gender identity and which take into account gendered coping mechanisms.

• **Relationship:** Reduce men’s use of violence against their partners and children and increase gender equality in the household, thus creating a safer environment for all members of the family.

• **Community:** Create or restore social support systems that provide support for victims of sexual and gender based violence, promote the reintegration of those affected by conflict into society, prevent violent behaviour and conflict (including inter-ethnic conflict) and engender cooperation between civilians and the security sector.

• **Civil society:** Build the capacity of Congolese civil society organisations to implement, sustain, and train others in the Living Peace methodology.

• **Public services:** Improve the quality of public services which support survivors of sexual and gender based violence, and access to those services.

What processes and strategies were used?

**Psychosocial support through group therapy to men (and their partners)**

Group therapy includes ten to 15 sessions which incorporate the following elements:

"I remember before when my kids would come to me to say they were hungry I would tell them, "I’m not your mother." Today when they say that, I go to the kitchen and cook for them without any problem‘.

DAWILI, A ‘MILITARY PARTICIPANT"
• Getting to know each other and identifying problems (establishing rules and concepts around equality and freedom, beginning to address experiences related to war, conflict and violence, discussing negative and positive coping mechanisms).

• Addressing problems and healing wounds (intimacy, sexuality and partner relationships, dynamics around sexual and gender based violence, learning to take responsibility for actions, including violence).

• Integrating insights and building new relationships (how to build trust and equality in partnerships and within a community, creating new rules at home to implement new skills and behaviours).

• Disseminating in the community (challenges and opportunities to take the group’s messages to the community, creating plans for action, discussing the programme’s impact and reflection).

Each session begins with participants sharing news and reflections, and ends with a homework assignment, for participants to rehearse their new skills and behaviours outside of the group space.

Currently, female partners attend one of the group sessions with their husbands. In the future, however, the groups will include the same number of sessions for female and male partners. Men and women will participate in the first sessions separately, and join together for the final four sessions.

Training of trainers

Although psychologists and psychiatrists are in great demand, and would be well suited to lead the intervention, these specialists are not readily available. Therefore, master trainers are recruited, who go on to train facilitators for the groups. Facilitators must be trained to manage more sensitive topics, and to become aware of referral systems. Since January 2015, 11 master trainers have been trained, who in turn train facilitators in in North and South Kivu, where Living Peace groups are held. The training focuses on providing theoretical framing around promoting gender equality and preventing sexual and gender based violence, skills for managing group dynamics and conducting group therapy, and knowledge of the Living Peace methodology.

Part of the process of implementation may also offer moments of transformation for the facilitators themselves, around their understanding or acceptance of gender equality or violence.

“"When I’m facilitating groups I realise that it helps me to change, through stories of participants and their experiences I learn a lot. After work I go back home to help my wife to wash dishes and play with my kids.”
SEM, “FACILITATOR ONE” 2015

Strategic campaigns

In North and South Kivu, work is ongoing to scale up the impact of the intervention, including focused campaigns to encourage wider dissemination of findings and embed learning within communities. It is hoped this will bring changes at the individual level, normalise non-violent behaviours, and create momentum for changing social norms.

Engagement of police, military, former combatants and religious leaders

Work is also ongoing in North and South Kivu to train police, military, former combatants and religious leaders. It is hoped that this work within institutions and with those in positions of power will promote buy-in for Living Peace’s approach, and improve access to justice and services for both women and men post-conflict (including both medical services and psychosocial support services).

Lessons learnt

The Living Peace initiative offers a range of lessons and innovations on restorative post-conflict programming, which could be adapted for other countries and regions. These lessons are broad ranging; covering context, theoretical approach, sustainability and institutionalisation, scaling up and directions for the future.

• In post-conflict settings there is a need to create safe spaces for men and women to discuss their traumas, in accessible locations within the community, ensuring confidentiality.

• Group therapy that critically questions and challenges harmful concepts of masculinities can help men understand their vulnerabilities and how these prompt violent masculine behaviours.
• The rebuilding of healthy coping mechanisms (not reliant on violence, alcohol or isolation) is crucial to the healing process.
• Recruiting facilitators from within communities means that they will have understanding of the cultural context and the daily issues men and women face as they seek to heal from trauma. This knowledge will then remain within the communities.
• To reduce stigma and increase exposure to positive behaviour, men who are known to have used violence as well as those who are considered to be community role models need to be involved in the intervention. This way it will not re-stigmatise “problem men”.
• Gender transformation is an interactive, long term process. Change must be lived and rehearsed over time rather than lectured or taught.
• It is essential to include information and training on sexual and reproductive health, family planning, consent and contraception. This is necessary to help participants re-envision non-violent intimate relationships.
• Conduct meetings with key stakeholders and decision makers, forming relationships with governments from the programme’s inception to ensure buy-in, accountability and sustainability.

Methodology
This Story of Change is based on the EMERGE case study:

The case study is informed by nine interviews with key informants which included two community participants, one military participant and two facilitators. The interviewees completed 15 sessions of the pilot curriculum. Living Peace project managers (in DRC and USA), as well as two key experts on psychosocial therapy or other therapeutic approaches were consulted to help provide recommendations, best practices and frameworks for similar interventions. The interviews conducted in DRC were completed in Swahili and translated to English for inclusion in the case study. Consent was obtained from participants in order to share their stories and opinions regarding Living Peace. A limitation of the study is that the scale up of the Living Peace intervention has not yet produced formal results, however information from the pilot phase of the project, and formative research, accompanied with qualitative interviews and expert perspectives provide a set of recommendations for future programmatic adaptation.