

## Policy brief

# The role of faith communities and organisations in prevention and response to sexual and gender-based violence: Implications for policy and practice

## 1. Executive summary

Sexual and gender-based violence (SGBV) is a public health, development, and human rights issue which requires a comprehensive multi-sectoral response in order to address its many facets, root causes and consequences. With 84% of the world's population affiliating themselves with a religion, the faith sector is a key partner in addressing SGBV (Hackett & Grim, 2012:9). Thus a DFID-funded scoping study<sup>1</sup> on the role of faith communities in SGBV prevention and response explored the existing evidence base for faith involvement in SGBV intervention. It found that evidence for the role, nature and impact of faith-based SGBV involvement is needed to facilitate inter-sector collaboration, but that such evidence is currently lacking. Research on and increased documentation of faith-based SGBV intervention programmes will not only contribute to the development of better and more impactful faith-based programming, but also contribute to a growing body of evidence that can facilitate inter-sector partnerships, which in turn hopes to contribute to the reduction of the prevalence and incidence of SGBV and the adequate and integrated response for survivors.

Six key focus areas have emerged as highly relevant for having the faith sector and its work contribute to building the body of evidence, and for strengthening faith-based response and developing inter-sector trust and collaboration, all with the goal of reducing SGBV and providing quality of care to SGBV survivors. These six areas are framed as a set of recommendations for three groups of actors, namely local faith communities and faith-based organisations (FBOs), donors and policy makers, and academics and researchers.

**Sexual and gender-based violence (SGBV)** is violence that targets women or men because of their sex and/or their socially constructed gender roles (Carpenter 2006). In practice, 'SGBV' is used fairly interchangeably in many policy documents with 'gender-based violence' and violence against women and girls (VAWG) (Oosterhoff et al. 2004, Russell 2007, Sivakumaran 2007, Dustin 2009). Even though there is no consensus on the terminology in the field, sexual violence is often linked to one's gender, and therefore there is arguably no need to emphasise this type of violence. However, in order to accommodate differences in opinion on the use of terminology, the broader term 'sexual and gender-based violence' will be used in this report. Nevertheless, take note that no false hierarchy in types of violence is proposed by using this term.

**'Evidence'** is understood as any form of documenting or reporting that studies SGBV response or prevention activities launched by a faith-based actor, or develops a systematic, structured model for such intervention. Therefore the study did not exclude texts based on the perceived quality of evidence, nor limit which methodologies can be employed in generating evidence.

The **'secular sector'** is understood to refer to any individual, organisation or network that officially operates independent of a religious belief and orientation. Unlike the secular sector, the motivation for **'faith sector'** activities is some form of religious orientation, and the faith sector is generally concerned not only with humanitarian issues (Ferris, 2005:316; Ebaugh, Saltzman, Pipes & Daniels, 2003:422-423), but also wants to address the spiritual needs of a community (Davies, Jagede, Leurs, Sunmola & Ukiwo, 2011: 32)

A **'faith community'** is a single group of regular congregants focused around a meeting place, a religious denomination, or a collective term for people who profess widely varying beliefs and practices but are linked by a common identification as believers (Karam, Clague, Marshall & Olivier. 2015:1). A **faith-based organisation (FBO)** is an organisation that has one or more of the following: "affiliation with a religious body; a mission statement with explicit reference to religious values; financial support from religious sources; and/or a governance structure where selection of board members or staff is based on religious beliefs or affiliation and/or decision-making processes based on religious values (Ferris, 2005:311)."

## 2. Enhancing inter-sector collaboration

Interviews (20 participants) and a survey (51 participants) with SGBV and faith experts, showed that currently the secular and faith sectors tend to work separately on SGBV prevention and response. While the relationship between

<sup>1</sup> Le Roux, E. 2015. A scoping study on the role of faith communities in prevention and response to sexual and gender-based violence: Implications for policy and practice.

the two sectors has improved during the last 20 years, faith actors continue to experience global policies and strategies as marginalising. The faith sector, however, also contribute to the inconsistent nature of the relationship, as some faith groups limit sharing of programmes and experiences to only those affiliated to their organisation or religion, and do not take advantage of what can be learnt from the broader group of activists and organisations working on SGBV prevention and response. Furthermore, some faith groups may find themselves excluded from global conversations because of a strict adherence to beliefs and practices that perpetuate gender inequality and SGBV.

The limitations outlined above contribute to the misunderstanding of what faith is, how faith groups function and are agents of change in society, and the nature of faith communities' involvement in SGBV. In order to improve understanding, and in the process promote inter-sector SGBV collaboration, faith-based interventions need to be strategic and impactful, and evidence should consistently be collected for the nature, role and impact of faith-based SGBV intervention. Faith actors should make a concerted effort to share their engagement in SGBV prevention and response with the broader community of men and women working towards the elimination of all forms of SGBV. At the same time, those leading the work of prevention and response outside of the faith sector should look to consistently include the work of faith actors in their advocacy and sharing of well-documented good practices.

### **3. Building the evidence base**

Mapping the available evidence for faith involvement in SGBV prevention and response shows that very little of what is done is being documented and even less of it evaluated. The current state of the evidence shows that faith actors need to prioritise research, both during programme development, but also when documenting and evaluating interventions. A lack of resources (including funding and skills) contributes to faith actors not implementing the needed research, analysis, monitoring and evaluation to document and measure the impact of their interventions. Thus they cannot build on lessons learnt in order to implement more of what works, nor are other sectors learning from their activities.

It is thus a priority for faith actors to document and build an evidence-based case for the role of faith communities in SGBV prevention and response. Aside from providing confirmation of the impact of faith-based intervention, such evidence can lead to better understanding of the faith sector, which can motivate non-faith actors to work with faith actors and thus enable better collective response to SGBV. Strengthening the evidence for faith involvement in addressing SGBV should be a priority, but doing so will require the assistance of faith actors, donors and policy makers, as well as academic and research partners. Finally, collecting data related to the impact of the interventions lead by faith communities and FBOs, and the impact these interventions have in changing norms, attitudes and behaviours that perpetuate SGBV, will allow faith communities and FBOs to replicate and scale effective interventions and modify or discard interventions that are not meeting their intended objectives.

### **4. Policy recommendations**

Six key focus areas have emerged as critical to ensuring impactful faith-based prevention and response, and for compiling evidence for these activities which can in turn promote inter- and intra-sector cooperation, all of which facilitates reduction in SGBV prevalence and incidence. Recommendations for three key groups – local faith communities and FBOs, donors and policy makers, and academics and researchers – are discussed in relation to these six themes.

#### **4.1. Document activities**

Evidence for faith involvement in SGBV prevention and response need to be strengthened by documenting, evaluating and disseminating information on faith groups' activities.

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| <p><b>Local faith communities and FBOs</b></p> <ul style="list-style-type: none"> <li>• Include research as part of core activities</li> <li>• Systematically document activities if comprehensive monitoring and evaluation is not possible</li> <li>• Implement methodologies for collecting evidence that are appropriate to context, need and audience</li> <li>• Use applicable standardised SGBV indicators</li> <li>• Plan and implement the dissemination of evidence</li> <li>• Study the long-term impact of programming</li> <li>• Partner with academic/research institutions to conduct needed research, and to develop research capacity within community/organisation</li> <li>• Where possible, have independent evaluations of programming done – this may be a result of partnering with academic institutions</li> </ul>  |
| <p><b>Donors and policy makers</b></p> <ul style="list-style-type: none"> <li>• Prioritise and fund various forms of research, especially longitudinal studies</li> <li>• Make programme-appropriate and (where possible) independent evaluative research, as well as dissemination, a requirement of programme funding</li> <li>• Promote and fund research within various geographical locations and within different faith groups</li> <li>• Explore the potential to invest in shared spaces / communities of learning</li> <li>• Create, fund and promote a joint global dissemination platform, for the dissemination of the evidence for faith-based SGBV prevention and response activities</li> </ul>   |
| <p><b>Academics and researchers</b></p> <ul style="list-style-type: none"> <li>• Develop long-term research partnerships with faith, interfaith and secular actors involved in SGBV prevention and response</li> <li>• Conduct independent evaluative research of faith-based SGBV programming</li> <li>• Employ various appropriate research designs, prioritising longitudinal studies</li> <li>• Understand and accept the nature of faith-based activities and work within these realities</li> <li>• Develop materials and training modules meant to build the programme, monitoring, research and evaluation capacity of faith groups and organisations</li> <li>• Assist in the selection of research designs that are implementable by faith communities</li> <li>• Assist faith communities in applying standardised SGBV indicators to their programming</li> <li>• Disseminate research not only through academic journals, but also more publically accessible channels</li> </ul> |

#### **4.2 Prioritise rigorous programme development**

Rigorous programme development should ensure that longer-term, context-appropriate interventions are developed.

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| <p><b>Local faith communities and FBOs</b></p> <ul style="list-style-type: none"> <li>• In developing programming, look at what worked in other context, but ensure that programming is appropriately adapted to local context</li> <li>• Involve local level leadership and target communities in programme development</li> <li>• Develop long-term programming, even if it means that roll-out is less extensive</li> <li>• Pilot test programmes</li> <li>• Incorporate lessons learned from evaluations done outside the faith-based community into existing programmes/ interventions in order to improve and strengthen them</li> </ul> |
| <p><b>Donors and policy makers</b></p> <ul style="list-style-type: none"> <li>• Encourage practitioners to do contextual and formative research in order to ensure that they are designing context-appropriate programming</li> <li>• Encourage faith groups to implement intervention activities that they are good at and are theologically and dogmatically comfortable with</li> <li>• Encourage faith actors to first pilot programmes on a small scale</li> <li>• Fund long-term programmes, even if only targeting small communities</li> </ul>   |
| <p><b>Academics and researchers</b></p> <ul style="list-style-type: none"> <li>• Develop research guidance tools, processes and language that are inclusive of the nature of faith expressions</li> <li>• Work with communities on documenting their adaptation of interventions that have been showed to be promising when delivered by secular actors</li> <li>• Provide technical guidance to ensure the implementation of evidence-based gender-transformative interventions</li> </ul>  |

### 4.3 Recognise faith leaders as key stakeholders

SGBV prevention and response should target faith leaders as important community gatekeepers, but also authoritative and influential opinion leaders.

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| <b>Local faith communities and FBOs</b>   |
| <ul style="list-style-type: none"> <li>• Target/ work with faith leaders, recognising their influence and potential to enable change and extend reach</li> <li>• Engage with holy scripture when working with faith leaders</li> <li>• Inform and connect faith leaders with the different referral pathways</li> <li>• Include faith leaders who are not of the clerical class, especially academics</li> <li>• In working with faith leaders, prioritise mentoring and support, and not only training, of faith leaders</li> <li>• Involve all levels of leadership within a faith group</li> </ul> |
| <b>Donors and policy makers</b>   |
| <ul style="list-style-type: none"> <li>• Acknowledge the authority and influence of faith leaders, by including them as key SGBV intervention partners</li> <li>• Fund training and long-term support and mentoring of faith leaders</li> </ul>   |
| <b>Academics and researchers</b>  |
| <ul style="list-style-type: none"> <li>• Develop and disseminate alternative, SGBV-sensitive interpretations of religious texts, and alternative, SGBV-sensitive religious practices</li> <li>• Engage in inter-disciplinary academic work, particularly through working with departments/schools/faculties of religion, thereby facilitating the development of SGBV-sensitive religious practices and textual interpretations</li> </ul>  |

### 4.4 Use multiple modalities, engaging multiple stakeholders, in intervention

Various well-integrated methods should be implemented during an intervention, in partnership with various stakeholders from different sectors.

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| <b>Local faith communities and FBOs</b>  |
| <ul style="list-style-type: none"> <li>• Use training as one component of an intervention. Training given should include mentoring/ support/follow-ups</li> <li>• Include multiple, well-integrated components in one intervention that engage multiple stakeholders throughout the community</li> <li>• Target and include various vulnerable groups</li> <li>• Leverage spirituality within care activities</li> <li>• Think creatively about prevention and response</li> <li>• Reflect on learning from the faith-based responses to other issues, such as HIV and AIDS</li> <li>• Integrate the work of SGBV prevention with other programmes that seek to impact other areas, such as income generations activities</li> </ul> |
| <b>Donors and policy makers</b>  |
| <ul style="list-style-type: none"> <li>• Fund training that includes mentoring/support/follow-up</li> <li>• Fund programming that includes multiple, integrated approaches and engages multiple stakeholders</li> </ul>  |
| <b>Academics and researchers</b>   |
| <ul style="list-style-type: none"> <li>• Assist in developing training curricula</li> <li>• Provide evidence on effective interventions</li> <li>• Provide technical assistance in the development of innovative interventions</li> </ul>  |

### 4.5 Actively seek out and develop networking and collaboration opportunities

Both faith and secular actors should actively attempt to network and collaborate on SGBV intervention. This includes networking and collaboration between different faith actors, but also between the faith and secular actors.

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| <b>Local faith communities and FBOs</b>  |
| <ul style="list-style-type: none"> <li>• Prioritise and support faith-sector networking and collaboration at all levels</li> <li>• Share successes, failures and lessons learnt with others active in SGBV prevention and response</li> <li>• Actively seek networking and collaboration opportunities with the secular sector</li> <li>• Educate the secular sector about the nature of religion, faith and faith actors</li> </ul>   |
| <b>Donors and policy makers</b>  |
| <ul style="list-style-type: none"> <li>• Actively promote networking and collaboration with faith actors, by creating spaces and opportunities for such interaction</li> <li>• Develop understanding of the nature of faith and faith involvement in SGBV</li> <li>• Support networking coalitions and activities</li> <li>• Consider working not only with global FBOs, but also local faith communities</li> <li>• Network and collaborate with and support various faith groups</li> <li>• Create timeframes that take faith actors into account</li> </ul> |
| <b>Academics and researchers</b>   |
| <ul style="list-style-type: none"> <li>• Create networking spaces within the academic sphere, where faith and secular actors can meet</li> <li>• Include faith communities and FBOs in existing networks aimed at SGBV prevention and response</li> <li>• Promote mutual understanding and collaboration by doing research and ensuring its dissemination</li> <li>• Develop inter-disciplinary academic partnerships and research projects</li> </ul>   |

#### **4.6 Develop inclusive global policies and strategies**

Donors and policy makers should include various faith actors in the development of policies and strategies that ascertain to SGBV.

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| <b>Local faith communities and FBOs</b>   |
| <ul style="list-style-type: none"> <li>• Continuously and actively lobby for faith representation in the development of key policies and strategies</li> <li>• Be willing to engage in dialogue about religious practices and beliefs that other actors indicate are perpetuating gender inequality and SGBV</li> </ul>   |
| <b>Donors and policy makers</b>   |
| <ul style="list-style-type: none"> <li>• Acknowledge and approach faith groups as partners in SGBV prevention and response</li> <li>• Include faith representation in policy and strategy development, and key meetings and summits relating to SGBV</li> <li>• Strive to include a wide range of faith leaders, by including them equally in deliberations and decision making</li> <li>• Investigate how faith groups can be included in the roll-out of policies and strategies, even if for religious reasons they cannot commit to some of it</li> </ul> |
| <b>Academics and researchers</b>  |
| <ul style="list-style-type: none"> <li>• Critically investigate how existing policies and strategies help or hinder faith inclusion, and how it can be addressed</li> </ul>   |

#### **Bibliography**

- Carpenter, R.C., 2006. Recognizing gender-based violence against civilian men and boys in conflict situations. *Security Dialogue*, 37(1): 83–103.
- Christian, M., Safari, O., Ramazani, P., Burnham, G. & Glass, N. 2011. Sexual and gender based violence against men in the Democratic Republic of Congo: effects on survivors, their families and the community. *Medicine, Conflict and Survival*, 27(4): 227-246.
- Davies, C., Jagede, A., Leurs, R., Sunmola, A. & Ukiwo, U. 2011. Comparing religious and secular NGOs in Nigeria: are faith-based organisations distinctive? Religions and development, Working paper 56, Birmingham.
- Dustin, L., 2009. Unrecognized victims: Sexual violence against men in conflict settings under international law. *Wisconsin International Law Journal*, 27(1):49.
- Ebaugh, H.R., Saltzman, J.S., Pipes, P.F. & Daniels, M. 2003. Faith-Based from Secular Social Service Agencies, *Journal for the Scientific Study of Religion* 42(3): 411–426.
- Ferris, E. 2005. Faith based and secular humanitarian organisations. *International review of the Red Cross*, 87(858): 311-325.
- Hackett, C. & Grim, B.J. 2012. The global religious landscape. A report on size and distribution of the world's major religious groups as of 2010. Pew Research Center's Forum on Religion & Public Life [Online]. Available: <http://www.pewforum.org/files/2014/01/global-religion-full.pdf> [2015, June 12].
- Karam, A., Clague, J., Marshall, K. & Oliver, J. 2015. The view from above: Faith and health. *The Lancet*. [Online] [http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736\(15\)61036-4.pdf](http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(15)61036-4.pdf) [2015, September, 22].
- Oosterhoff, P., et al., 2004. Sexual torture of men in Croatia and other conflict situations: An open secret. *Reproductive Health Matters*, 12(23): 68–77.
- Russell, W., 2007. Sexual violence against men and boys. *Forced Migration Review*, 27: 22–23.
- Sivakumaran, S., 2007. Sexual violence against men in armed conflict. *European Journal of International Law*, 18 (2): 253–276.