



ACCESS PROJECT

Appropriate Community-Based Care and Empowering Support
Services for Migrants Affected by Gender Based Violence

31 December 2020

FACILITATORS MANUAL FOR TRAINING COMMUNITY
ADVOCATES & PEER EDUCATORS

GENDER BASED VIOLENCE IN THE CONTEXT OF MIGRATION



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INTRODUCTION

BACKGROUND

The Council of Europe's Convention on Preventing and Combating Violence against Women and Domestic Violence, also known as the Istanbul Convention aspires to create a Europe free from violence against women and girls. It specifies that "the implementation of the provisions of this Convention by the Parties, in particular measures to protect the rights of victims, shall be secured without discrimination on any ground such as migrant or refugee status". Migration is not a new phenomenon in Europe, but many female migrants and refugees' living in Europe are vulnerable to many forms of gender-based violence, including human trafficking, exploitation, discrimination and abuse that affects their health and rights.

This is because migrant women living in Europe often suffer from a social invisibility, insensitive policies and barriers that fail to protect their rights adversely impacts on their wellbeing. Gendered power relations are reproduced and exacerbated during migration, which leaves women even more susceptible to different forms of gender-based violence. Additionally, many migrant women also experience gender-based violence, including forms of violence such as female genital mutilation (FGM) and forced marriage. Many are reluctant to report gender violence and no data on violence is collected by many member states.

Migrant women may be unaware of legal protections to which they are entitled. But cultural barriers and stigma may also prevent them from accessing these services. Poor training of key professionals on migrant women's needs in relation to gender violence creates further barriers to accessing services. Because of difficulties in reporting gender-based violence and accessing protective and legal services, as well as due to fears of deportation, many migrant women suffer in silence, resulting in illhealth, isolation, mental health trauma and vicious cycle of poverty and poor health. This is especially so for younger women and those who have language barriers and are undocumented migrants.

The project Appropriate Community-Based Care and Empowering Support Services (ACCESS) for Migrants Affected by Gender Based Violence project adopts a community-based approach that aims to empower affected migrant women and girls to take action against gender-based violence. It tackles multiple forms of gender violence which are often neglected in current provisioning of existing services which focuses predominantly on domestic violence. This approach involves proactive community engagement model by training and supporting migrant community

members including those with lived experience to equip them with skills and build their confidence to deliver community services, to conduct awareness raising, outreach and campaign activities within their own communities.

This training manual shares the training resources and approach the project partners used to train the community peer educators and advocates in the three project countries, UK, Belgium and Spain. This resource is aimed to support others who want to work with migrant women to tackle prevention and support and empower women to access services.

ABOUT THE ACCESS PROJECT

This manual has been developed as part of the Appropriate Community-Based Care and Empowering Support Services (ACCESS) for Migrants Affected by Gender Based Violence project, funded by the European Union (EU). The objective of the ACCESS Project is to improve the prevention, protection and provision of support services for migrant women and girls affected and at risk of multiple forms of gender-based violence in Belgium, UK and Spain. The three project partners who worked on this ACCESS Project included the following GAMS Belgium (Lead Partner), FORWARD UK (led the development of this manual) and Medicos del Mundo from Spain.

The objectives of the ACCESS Project are as follows:

- To train male and female GBV peer counsellors and advocates from the community;
- To train key professionals to understand multiple forms of GBV in a multicultural context;
- To raise awareness through development of digital tools;
- To facilitate access to appropriate support and protection services;
- To provide online support services in key ethnic minority languages;
- To disseminate and sustain the results of the project at national and EU levels.

ABOUT THIS TRAINING MANUAL

This training manual was designed for NGOs, governments and other relevant stakeholders in Europe who are interested in setting up a training programme for GBV advocates from migrant communities.

The purpose of the manual is to develop strong GBV advocates and to enable them to conduct trainings that promote behaviour change towards the elimination of Gender Based Violence (GBV) in communities across the EU.

The manual is aimed at trained facilitators who are experienced in providing training to immigrant communities. It is a tool to help facilitators strengthen their

understanding of GBV and to provide activities they can deliver to community advocates or peer educators to increase awareness, prevention and provision of adequate response to GBV.

The content of the manual is based on the experience of the ACCESS partner organisations. It includes experiences, lessons learned and best practices from trainings from community interventions.

A NOTE TO FACILITATORS

The facilitators who will be delivering this training to community counsellors and advocates are an integral part of the ACCESS programme. As leaders they will support and steer each workshop and its various activities. Throughout the program, facilitators are also responsible for the mental and emotional wellbeing of participants. It is important that facilitators pay close attention and tailor each workshop and activity to meet the needs, capabilities and general understanding of their participants. This manual serves as a guide to enable you to tailor the training to your own national and local context, bearing in mind, language issues and terminologies used etc.

Some important things to bear in mind in planning and preparing the training are as follows:

1. Principles for effective training

- A minimum of 2 facilitators per session;
- Facilitators should read through and prepare their activities and resources ahead of time, ensuring that they have a clear understanding of the topics;
- Facilitators should aim to stay within the time frame of their activities, while being reasonably flexible and open to spontaneous discussions among their participants;
- Where group work is being done, ensure that groups should be no more than 6 and no less than 3. Depending on numbers, facilitators should adapt their activities to accommodate the needs of their overall group size;
- Aim to use PowerPoint presentations as these can be useful visual aids for participants.

2. Trigger warnings

Trigger warning alerts participants to the possibility that the information they are about to encounter or receive might instigate unwanted or unprepared emotional responses which can cause trauma or discomfort. This should form part of your “Do No Harm” principle in training, with the protection and support of participants who have

experienced abuse being a priority. These triggers could include but are not limited to the following:

- Depictions or discussions of war or violence in general;
- Graphic descriptions or extensive discussions of abuse, including sexual abuse, torture or psychological abuse;
- Depictions or discussions around consensual sexual activity (e.g. heterosexual encounters, homosexual encounters, BDSM, pornography etc.);
- Depictions or discussions of any form of discrimination including sexism, racism etc.;
- Graphic descriptions of or extensive discussions of self-harming behaviour such as suicide, self-inflicted injuries or eating disorders or even body shaming;
- Depictions, especially lengthy or psychologically realistic ones, of the mental state of someone suffering abuse or engaging in self-harming behaviour.

Although trigger warnings are not posted throughout the manual, it is assumed that, due to the nature of sexual and gender-based violence, certain material may be triggering to certain participants. Before each module and activity, facilitators should warn participants of any possible triggers.

Should a participant feel unwell, either emotionally, mentally or physically, or should they respond in a way that suggests they are experiencing any discomfort, facilitators should gently encourage them to take time out of the session. One of the two facilitators should accompany the participant and provide any necessary support e.g., sitting quietly with them, talking with them, or should the need arise, referring them onto a specialist (e.g. medical support, counselling, social services, police, etc.).

3. Safe space policy

Adopting a safe space policy for the training is necessary to enable those who take part in the training to have a welcoming and safe environment that will enable them to feel confident without facing stereotyping or discrimination. Working with migrant women with lived experiences of migration, refugee or asylum processes and gender violence, it is important they should feel comfortable participating in the training space and be able to engage and participate effectively without being exposed to discrimination or physical or emotional harm.

It is essential that facilitators remember that these workshops are a safe space for participants to both learn, share and engage in a range of challenging and often very personal experiences.

Due to the sensitive nature of the program it is important that facilitators bear in mind the following:

- Offensive or discriminatory language is prohibited;
- Facilitators are not to judge, challenge or undermine the lived experiences of their participants. Rather they should provide an environment where participants can question, reflect and challenge themselves;
- Facilitators should not belittle, or mock participants;
- Participant disclosures should be kept confidential;
- The safety and comfort of the participants should take precedence over any external visitors etc. who may be involved in a workshop or who may need to enter the space of the workshop;
- Facilitators should bear in mind their own privilege, the power that may give them and be sensitive and thoughtful to the role as leaders and supporters (this could be in terms of the complexion of their skin, their aesthetic features, their qualifications, their sexual orientation, how able-bodied they are, their nationality, faith, or cultural background etc.);
- Facilitators should try and maintain a healthy safe space among the participants, and intervene where, or if discrimination takes place.

It is important that a debrief session is done at the end of each module and space is given for participants to think through and respond to what they have learnt, while being aware of the fact that some participants may be difficult, controversial **or** confrontational.

4. Dealing with conflict

All trainers need to understand how to manage difficult or challenging participants. Difficult participants come in many different forms. They can be extremely opinionated, aggressive or argumentative, while others may be very quiet, shy or not engaged with the training. As a trainer you will need to be observant and get to know these different personalities in your training and find ways to handle these behaviours to ensure that all participants are able to benefit from the training. This article will discuss how to handle each of these seven difficult and disruptive behaviours in turn.

5. Tips for addressing a conflict between participants

- **Don't ignore a conflict** between participants if one arises as such a situation will not disappear on its own. Invite participants to respectfully share and explore each point of view to ensure they are heard. Note that when you come across someone with

challenging behaviour, you will need to be able to first take a step back to assess the situation and then attempt to understand what the root cause of this challenging behaviour might be. Remember to focus on the behaviour and not the person.

- **Recognize and acknowledge how the conflict is affecting others** in the group. Invite group members to share emotions, thoughts, and solutions.
- **Encourage each member of the group to allow others to be heard** in the group. For those who tend to be very quiet and non-responsive during the training, it is important to provide opportunities for them to do so in small group activities. Ask them to lead activities or ask their views on issues that you raise. Often it might be helpful to talk to them outside the training in relation to other issues that might be affecting this participant.
- **Create a work environment in which healthy conflict is encouraged.** Conflicts can enhance discussion by spurring productive discussions and engaging participants emotionally. Include these issues within the group agreements or rules for working well at the beginning of the training.
- **Set clear expectations** by letting the group agree on how they will comport themselves as participants and how they would approach sensitive topics.
- Create a group norm that states that **personal attacks are not tolerated**.
- **Reward, recognize, and thank** people who are willing to take a stand and support their position.

6. How to use the manual

This training is based on three weekends of residential training and includes 3 core modules. The manual provides an outline of the training programme for the 3 residential trainings and key activities. These can be adapted to suit different training settings.

The residential training aims to provide an opportunity for the Community Advocates to gain the necessary skills and knowledge to be able to effectively operate as advocates in their communities. It is important to have residential training, as a way to build a stronger team dynamic but also to enable participants to be more focused on the training and have a break from home.

The training is participatory, requires active engagement of all participants and is experiential learning.

CHECKLIST FOR PLANNING THE TRAINING

Planning the workshop	Tick
Develop clear objectives for the residential training workshop	
Ensure participants have been recruited and confirmed their participation	
Ensure facilitators have gone through the training of trainers programme	
Check that venue has been secured and confirmed for all the residential trainings	
Ensure agenda & timetable are developed together with participants welcome pack	
Check that welcome packs for participants are printed and ready for distribution	
Develop a brief on the background of all participants and different needs	
Arrange transportation for all participants or reimbursement process	
Ensure that an adequate budget for the whole period is secured	
Check participants and facilitators contact list including emails and phone numbers	
Workshop logistics	
Adequate size of room	
Check for visual obstructions and ensure adequate ventilation	
Plan seating arrangements for interaction- horse shoe where possible	
Check noise level, heating adjustment, air conditioning	
Equipment needs – sound system, audio-visual	
Ensure toilets are sign-posted clearly	
Refreshments and meals are planned and take account of dietary needs of all participants as much as possible- including those who eat halal meat	
Handouts should be developed and printed	
Relevant information on handout: check if large print is required	
Materials for workshop activities	
Sufficient copies for participants and spare copies	
Facilitator's Notes – to help facilitator manage the time	

Materials/equipment	
PA system	
Laptop, projector screening	
Flipcharts and easel	
Markers or chalk	
Notebooks and folders	
Pens and pencils	
Masking tape, Blue\ white Tack	
A pair of Scissors	

MODULE 1: INTRODUCTION TO GENDER BASED VIOLENCE

MODULE OVERVIEW

This module consists of the following four units:

UNIT 1.1. Getting to know you and the ACCESS Project

This unit focusses on breaking the ice and comprises of a number of activities to enable the facilitators and participants to get to know each other and find common ground to ensure a safe and comfortable learning environment. In addition, it lays the groundwork for further development of the project objectives.

UNIT 1.2. Understanding Gender, Human Rights and Sexual & Reproductive Rights

This unit will explore the origin, definition and principles of human rights, Violence against Women and Girls (VAWG), gender and the importance of sexual and reproductive rights.

UNIT 1.3. Reflections on Power, Vulnerability and Who I Am

This unit will discuss the concept of power and privilege. Vulnerability will be examined in relation to Gender based violence and other intersecting issues such as mental health.

Unit 1.4. Understanding basics of VAWG and its Impact on Health and Wellbeing

This unit will look at the basics of VAWG or Gender Based Violence (GBV), the impact of GBV on mental health, the drivers of GBV, and self-care and emotional well-being. The objectives of this model are to:

- Build a common knowledge base amongst participants on the concepts of gender, human rights, sexual and reproductive rights, power, and violence against women;
- Encourage participants to reflect on gender and their perception of gender, relative to their background and community.

BACKGROUND INFORMATION ON CONCEPTS AND TERMS

This section provides some basic information, definitions and concepts that the facilitator might need to refer to when planning carrying the activities in this training. These resources are not exhaustive, so the facilitator may have to refer to additional

resources on specific subjects. Each training unit also provides specific notes to guide the facilitator.

1. Gender

- Gender roles about what a man or woman should do can result in specific challenges and pressures from these prescribed roles.
- Additionally, gender norms about what are good or expected behaviours or qualities of men and women are based on social values of what specific communities expect.
- Sex refers to the male and female organs that we were born with, but gender refers to the social roles that we learn which affect all aspects of our lives.
- Gender norms and privileges affect our wellbeing, our potential and how we exercise or enjoy our human rights.
- Remember also that the pressures and challenges that men and women face in the UK and back in our home countries continue to change, so gender roles **CAN** change.

2. Human Rights Sexual and reproductive rights

The area of sexual and reproductive rights is influenced by contextual cultural and social norms, socioeconomic factors and existing laws and regulations. The social-structural climate may affect both the access to and quality of sexual and reproductive health care and interventions.

Sexual and Reproductive Health Rights or SRHR is the concept of human rights applied to sexuality and reproduction. It is a combination of four fields that in some contexts are more or less distinct from each other, but less so, or not at all in other contexts. These four fields are sexual health, sexual rights, reproductive health and reproductive rights. In the concept of SRHR, these four fields are treated as separate, but inherently intertwined. Sexual health and reproductive health are sometimes treated as synonymous to each other, as are sexual rights and reproductive rights. In some cases, sexual rights are included in the term sexual health, or vice versa.

The Platform for Action from the 1995 Beijing Conference on Women established that human rights include the right of women to live freely and without coercion, violence or discrimination and to have control over and make decisions concerning their own sexuality, including their own sexual and reproductive health.

Sexual Health is dependent on one's human rights being respected, protected and fulfilled. They relate to the behaviours and attitude that make sexual relationships healthy and enjoyable. It is a subset of Human Rights and includes the right of all

persons to have access to health information, sexual education, bodily integrity, freedom to choose your own partner, to be sexually active or not, to have consensual sexual relations and a safe and pleasurable sexual life free from coercion, discrimination and violence.

Reproductive rights are the rights of all couples and individuals to decide freely (free of Discrimination, coercion and violence) and responsibly on sexual reproduction and the spacing and timing of their children.

3. Power, Privilege and vulnerability

- **Power** is the capacity of an individual to influence the conduct (behaviour) of others. The term "authority" is often used for power that is perceived as legitimate by the social structure. ... The use of power need not involve force, or the threat of force (coercion). However, there are many different types of power. Personal power is the ability to control the environment around you. This can be accomplished through the five different types of power: reward power, coercive power, legitimate power, expert power, and referent power. Everyone has power. There is power over = control; power with = ability to work with others – the collective. Power from within = strength inside the individual; power to act = Potential ability to shape your life and world. Very often women lack power. While others enjoy privilege.
- **Privilege** is a right or exemption from liability or duty granted as a special benefit or advantage. Oppression is the result of the use of institutional privilege and power, wherein one person or group benefits at the expense of another. In some school of thought the capacity to impose your will on others is power. Many feminists see this use of power in society as male domination.
- **Vulnerability** - To be vulnerable is in reference to someone with diminished capacity that prevents them from coping, being resilient or unable to take action, either physically or emotionally. Vulnerability can be dynamic and could be linked to many factors and for many migrant women, this could be due to policies, their context, being isolated, discrimination, insecurity or experience of multiple challenges.

4. GBV and VAWG

Gender-based violence (GBV) is the general term used to capture violence that occurs as a result of the normative role expectations associated with each gender, along with the unequal power relationships between the two genders, within the context of a specific society." (Bloom 2008, p.14)

Indicate that while women, girls, men and boys can be victims of GBV, the main focus of this resource package is on violence against women and girls (VAWG).

This is not to say that gender-based violence against men does not exist. For instance, men can become targets of physical or verbal attacks for transgressing predominant concepts of masculinity, for example because they have sex with men. Men can also become victims of violence in the family – by partners or children. (Bloom 2008, p14).

However, it has been widely acknowledged that the majority of persons affected by gender-based violence are women and girls, as a result of unequal distribution of power in society between women and men. Further, women and girl victims of violence suffer specific consequences as a result of gender discrimination. *They also suffer (...) consequences [on their sexual and reproductive health], including forced and unwanted pregnancies, unsafe abortions and resulting deaths, traumatic fistula, and higher risks of sexually transmitted infections (STIs) and HIV."* (UNFPA Strategy and Framework for Action to Addressing GBV, 2008-2011)

For a long time, international human rights law has been silent on the issue of GBV/VAWG. However, GBV is defined as *"violence that is directed against a woman because she is a woman or that affects women disproportionately"*, thereby underlining that violence against women is not something occurring to women randomly, but rather an issue affecting them because of their gender. Further, GBV is defined as including *"acts that inflict physical, mental or sexual harm or suffering, threats of such acts, coercion and other deprivations of liberty."* GR 19 also specifies that GBV may constitute a violation of women's human rights, such as the right to life, the right to equal protection under the law; the right to equality in the family; or the right to the highest standard attainable of physical and mental health. (Source: CEDAW General Recommendation No. 19 on VAWG).

The **UN Declaration on the Elimination of Violence against Women (DEVAW)** adopted by the UN General Assembly in 1993 has been influenced by CEDAW General Recommendation No. 19. It defines VAW as: "Any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivations of liberty, whether occurring in public or in private life." (Article 1) The declaration encompasses all forms of gender-based violence against women (physical, sexual and psychological), no matter in which context or setting they occur. Further, DEVAW specifies that violence against women is a manifestation of unequal power relationships between the sexes.

5. Domestic violence

Article 3 of the Istanbul Convention of the Council of Europe defines domestic violence as “all acts of physical, sexual, psychological or economic violence that occur within the family or domestic unit or between former or current spouses or partners, whether or not the perpetrator shares or has shared the same residence with the victim.” The legal definition of domestic violence may vary in many European Countries. Domestic violence is also termed as intimate partner abuse or domestic abuse in some contexts. It can consist of a variety of abusive acts, occurring in multiple episodes over the course of the relationship. Some episodes consist of a sustained attack with one tactic repeated many times (e.g., punching), combined with a variety of other tactics (such as name calling, threats, or attacks against property). Other episodes consist of a single act (e.g., a slap, a “certain look”). One tactic (e.g., physical assault) may be used infrequently, while other types of abuse (such as name calling or intimidating gestures) may be used daily.

6. Physical violence

Physical abuse may include spitting, scratching, biting, grabbing, shaking, shoving, pushing, restraining, throwing, twisting, slapping (with open or closed hand), punching, choking, burning, and/or use of weapons (e.g., household objects, knives, guns) against the survivor. The physical assaults may or may not cause injuries.

7. Sexual violence

Sexual violence can take many forms and take place under very different circumstances. A person can be sexually violated by one individual or several people (e.g. gang-rapes); the incident may be planned or a surprise attack. Although sexual violence occurs most commonly in the survivor's home (or in the perpetrator's home), it also takes place in many other settings, such as the workplace, at school, in prisons, cars, the streets or open spaces:

- Sexual violence may also include sexual slavery;
- Sexual harassment (including demands for sex in exchange for a job promotion or advancement or higher school marks or grades);
- Trafficking for the purpose of sexual exploitation;
- Forced exposure to pornography;
- Forced pregnancy;
- Forced sterilization;
- Female genital mutilation;
- Forced marriage.

8. Psychological violence

There are different types of psychological violence. This may include the following:

Threats of violence and harm

The perpetrator's threats of violence or harm may be directed against the survivor or others important to the survivor or they may be suicide threats. Sometimes the threat includes killing the victim and others and then committing suicide. The threats may be made directly with words (e.g., "I'm going to kill you," "No one is going to have you," "Your mother is going to pay," "I cannot live without you") or with actions (e.g., stalking, displaying weapons, hostage taking, suicide attempts).

Emotional violence

Emotional abuse is a tactic of control that consists of a wide variety of verbal attacks and humiliations, including repeated verbal attacks against the survivor's worth as an individual or role as a parent, family member, friend, co-worker, or community member. In domestic violence, verbal attacks and other tactics of control are intertwined with the threat of harm in order to maintain the perpetrator's dominance through fear. While repeated verbal abuse is damaging to partners and relationships over time, it alone does not establish the same climate of fear as verbal abuse combined with the use or threat of physical harm. The presence of emotionally abusive acts may indicate undisclosed use of physical force or it may indicate possible future domestic violence.

Emotional abuse may also include humiliating the victim in front of family, friends or strangers. Perpetrators may repeatedly claim that survivors are crazy, incompetent, and unable "to do anything right." Not all verbal insults between partners are acts of violence. In order for verbal abuse to be considered domestic violence, it must be part of a pattern of coercive behaviours in which the perpetrator uses or threatens to use physical force.

Isolation

Perpetrators often try to control survivors' time, activities and contact with others. They gain control over them through a combination of isolating and disinformation tactics. Isolating tactics may become more overtly abusive over time. Through incremental isolation, some perpetrators increase their psychological control to the point where they determine reality for the survivors. Perpetrators' use of disinformation tactics such as distorting what is real through lying, providing contradictory information, or withholding information is compounded by the forced isolation of the survivors. For example, perpetrators may lie to survivors about their legal rights or the outcomes of medical interventions. While many survivors are able to maintain their independent

thoughts and actions, others believe what the perpetrators say because they are isolated from contrary information. Through the survivor's isolation, the perpetrator prevents discovery of the abuse and avoids being held responsible for it.

Use of children to control women

Some abusive acts are directed against or involve children in order to control or punish the adult victim (e.g., physical attacks against a child, sexual use of children, forcing children to watch the abuse of the survivor, engaging children in the abuse of the survivor). A perpetrator may use children to maintain control over his partner by not paying child support, requiring the children to spy, requiring that at least one child always be in the company of the survivor, threatening to take children away from her, involving her in long legal fights over custody, or kidnapping or taking the children hostage as a way to force the survivor's compliance. Children are also drawn into the assaults and are sometimes injured simply because they are present (e.g., the victim is holding an infant when pushed against the wall) or because the child attempts to intervene in the fight.

Economic Violence

Perpetrators control survivors by controlling their access to all of the family resources: time, transportation, food, clothing, shelter, insurance, and money. It does not matter who the primary provider is.

9. Peer educators/ community champions

This manual adopts interchangeably the term peer educators, community champions or community advocates to refer to community participants who are the main target audience for this training. These terms are used differently in different countries, for example in the UK the Community Champions and Advocates are commonly used, in Belgium and Spain the common term is Peer Educator. This term refers to volunteers who are recruited from key communities to work with the ACCESS project outreach and community support services. These services will include providing awareness raising, conducting research, sign posting, interpreting services and befriending.

Peer educators or community champions are a central part of the ACCESS Project community-based support service and are recruited and trained and given ongoing support and tools to deliver their outreach activities.

We know from national and local evidence that using a community engagement approach is most effective in reaching migrant community women especially as these champions are viewed as having similar lived experiences as them. The advantages of engaging trained community changes include the following:

- They utilise their lived experience and knowledge, including language skills to enable them to communicate better with other migrant community members, leading to more appropriate support at the local level;
- Empowers people by giving them opportunities to co-produce services and share insights to improve the provision of services;
- Increases confidence, self-esteem and self-efficacy and gives people an increased sense of control over decisions affecting their lives;
- Most importantly it provides them work experience and creates local experts who are better placed to engage with key professionals and build bridges with community members.

Preparations & resource materials

- Flip chart and paper
- Marker pens
- Papers
- Stop clock
- Pre-evaluation questionnaires
- Laptop
- Projector
- List of participants
- Facilitator's Notes



UNIT 1.1. GETTING TO KNOW YOU AND THE ACCESS PROJECT

1. Unit objectives

- Provide an opportunity for participants to get to know each other.
- Create a learning environment that is safe and enables everyone to work together and understand the individual and collective role of working as a team.

2. Activities

2.1. Getting to know each other

Materials and Time

None, 20 minutes.

Instructions for facilitator

- Ask community champions/ Peer Educators to stand up and move to the centre of the room and ensure that they have room space to move about.
- The Facilitator leads the group moving about the room encouraging the group to move by shouting out- **mingle! mingle! mingle!**
- Call out a series of instructions and gives 2- 4 minutes for the conversations. You can adjust the instructions to suit your situation. This exercise is a great way for everyone to get to know each other. After the instructions, ask for two or three people to feedback to the group. The instructions are as follows:
 - In groups of twos, talk about *"who you are, your name, the meaning of your name and where you come from"*. After 5 minutes, then ask groups to stop talking and ask a few participants to report;
 - In groups of three, first introduce yourselves and then talk about your family and why family is important;
 - In groups of fours, talk about *"who relies on you and why do they rely on you?"*
 - Back to groups of twos, talk about *"who is your role model and why?"*;
- At the end of the instructions, ask participants to go back to their seats and ask three people to reflect on this introductory exercise.
- Conclude the session by letting them know that this is very helpful in getting people to get to know each other within a very short time.

Notes for facilitator

As the facilitator, you could explain to participants that throughout the training they will often be referred to as 'community champions or Peer Educators as a collective term for their role in the project. Remind them that they are free to call themselves by other names too! Encourage participants to share with the group how they would like

to be referred to. This maybe the first time that the participants will have met each other so these introductory activities are aimed for them to get them to feel relaxed and to get to know each other as they will be working together on the project.

2.2. Setting Ground Rules

Materials and Time

Flip chart papers, pens, 20 minutes.

Instructions for facilitator

- Introduce the exercise by informing the group that you want them all to work very well over the training duration and that rules help everyone to work effectively.
- Have the group call out what they consider to be rules for working.
- If they call out the rule, ask them to explain this rule. Start by giving them an example of a rule... write the rules on a flip chart paper and paste them on the wall when they have given an exhaustive list.
- Conclude the session by letting participants know where they can go for emotional and social support - identify a trainer who will provide this support throughout the training.

Notes for facilitator

It is important to get participants to discuss and agree on how they want to work together during the training. It means that everyone should respect the opinions of others and that we all have given an exhaustive list. Some examples of rules include the following:

- **Respect:** Respect the opinions of others and understand that while we all have views on issues, we need to be sensitive to one another even when we don't agree;
- **Openness:** Be as open about your own experiences relating to the issues discussed as you feel comfortable doing;
- **Speak clearly:** Try to project your voice when speaking so that others can hear;
- **Keep to time:** Ensure that the timetable is followed, so arrive early for sessions;
- **Listen to each other:** Be considerate of what people say but ask for clarification when needed;
- **Confidentiality:** Don't share personal information discussed in the training when outside the training;
- **Put mobile phones on silent:** To avoid external interruptions;

- **Try to use “I”** statements to represent your own views or experiences;
- **There are no stupid questions:** Everyone should feel free to speak their views;
- **Have Fun:** The training should have some space for relaxation and release tension.

The notes below can provide examples of the things to discuss in setting the ground rules:

- **Gives** (what participants can give to the workshop)
- **Gains** (what they hope to gain from the workshop)
- **Ghastlies** (what they hope does not happen in the workshop, e.g. too simple, too advanced, not relevant, etc.).
- **Ground rules** (what rules can the group agree on? E.g. one person to talk at a time, no single person to dominate discussion, etc.).

2.3. Getting to know about the ACCESS Project

This activity provides an opportunity to discuss what the whole programme is about and to get the participants to verbalise their expectations of the training and the programme. It is important to give all participants opportunity to share their thoughts and expectations.

Materials and Time

Flip chart papers, pens, 20 minutes.

Instructions for facilitator

- First, ask all participants to share their views on the following and put down key issues raised on the flip chart. You will need to refer to this at the end of the training.
 - Why they decided to respond to the advert to become Community Advocates
 - What are their expectations from this training?
 - What do they bring to the training?
 - What do you see as potential challenges during this training?
- Provide a short 15-minute presentation about the ACCESS Project to participants. This can be done as a Power Point Presentation and should also include a summary project flyer that will be shared with participants.

The following issues should be addressed in your presentation and should also be included in the project flyer which will be shared with the participants:

- Background of the project;
- What are the aims and objectives of the project;

- Duration of the project;
- Project partners and countries involved in the project;
- What is the role of Community Champions in this project.

Notes for facilitator

This session provides an opportunity to share insights on the key areas of the project including the expectations for the project, understand the project pillars and targets expected and will differ between the different partners in the project. Provide time for the community champions/ peer educators to ask questions and to get buy in for the project.

2.4. Team Building Exercises

Silent Line Up

This is an exercise that requires participants to stand up. This provides participants with a break from the sitting session and acts as a good energizer.

Materials and Time

None, 5 minutes.

Instructions for facilitator

Ask participants to all get up and line up according to their birthdays, starting from January to December without talking. They can use sign language, but they will need to communicate effectively to get this activity completed.

Notes for facilitator

Try and identify alternative exercises and energizers which can be done throughout the training to get participants to feel relaxed but also to get to know each other and help them to feel they are a team. Aim to do a few team building exercises during the training. This should not be a one off. These can include energisers which include the wider group.

Pre-Training Assessment and Wrap up

Wrap up the Unit and thank all participants. This is the time to ask them to do some reflection and complete the participant's pre-training assessment before moving on to the training. Aim to prepare the pre-training assessment questionnaire before the training starts to help in capturing the change in knowledge from the training. The pre-training questionnaire should capture all elements of the training. A post-training assessment will also be administered after the training and will have similar questions as the pre- training assessment questionnaire.

UNIT 1.2. UNDERSTANDING GENDER, HUMAN RIGHTS, SEXUAL & REPRODUCTIVE RIGHTS

1. Unit Objectives

- Explore the concept of gender in different communities;
- Understand gender as it is perceived currently within the international community;
- Develop an understanding of key issues relating to myself, my values, gender and human rights shaping lives of men, women and girls.

2. Activities

2.1. Developing a Community Gender Map

Materials and Time

Flipchart paper and pens, 40 minutes.

Instructions for facilitator

- Tell participants that they will be discussing gender in smaller groups, with an opportunity to share their collective views at the end for wider discussion.
- Ask participants to go into 3- 4 groups of no more than 5.
- Ask one participant to take notes of the discussions which will need to be reported to the wider plenary group.
- All groups will have to respond to each of the questions below. Groups have 20 minutes for the group discussions.

Outline what are the key problems, challenges or social pressures that men and boys face in your community and families? Are they different from your home country?

Outline the key problems and pressures that girls and women face in your community and your families in your country of residence. Are they different from your home country?

Plenary reflections

- Ask groups to feedback using the flipcharts and add on any issues that have been left out to get a comprehensive list. Then ask the following questions during the open discussions.
- During the open discussions, ask 2 participants, one male and one female to share their thoughts on what they observe about the list and how they feel about this list.
- You may want to ask the following probing questions to spark discussion (you may ask any other questions that are relevant):



- Conclude the discussion by asking all participants to come into a circle and finish off the above sentences. Let participants also know that some people who are not able to fit into these categories of a good man or a good woman due to their sexuality will often face more barriers. After everyone has had a go, wrap up on the 'Understanding Gender' Unit.
- To wrap up, reflect on the following issues:
 - Discuss the ideal qualities and characteristics that men and women share and ask if there are any differences.
 - Ask 2- 3 participants to highlight what qualities can contribute to a healthy and positive relationship between men and women? What qualities result in an unequal relationship between men and women?

Notes for facilitator

The gender mapping exercise has shown challenges that men, boys, women and girls face due to their social upbringing and the fact that we are all born into families and societies where we learn to become boys or girls or men and women from a very early age.

In this exercise it may be preferable to divide participants by sex - males and female separately, as it can help participants to work within same sex groups.

The Gender Square Game is an alternative exercise that can be used in understanding Gender Issues. This game can be done in a group of 5 people: see annexe for instructions on the Gender Square Game.

2.2. Understanding Human Rights

This exercise provides an opportunity to have better insights on participants understanding of human rights and their values in relation to human right.

Materials and time

Written statement containing the instructions.

Three sheets of paper with Agree, Disagree and Don't Know and Blu tac.

1 hour.

Instructions for facilitator

- Tell participants that in order to determine their understanding of the concept, they have to take part in this task:

Agree / Disagree / Don't Know exercise on where do you stand on Human Rights?¹

- Introduce the exercise by saying that you are going to read 7 statements on human rights issues and will want participants to respond by moving to the topic that expresses their view. Agree, disagree or don't know!

The 7 Human Rights statements

1. Human Rights are ideals. They are not practical;
2. Children don't need to hear about Human Rights;
3. In Europe, women have more rights than men;
4. You can't enjoy your Human Rights unless you have enough to eat;
5. Human Rights to go against cultural and religious rights should not be respected;
6. I don't need to promote your Human Rights. That is the job of the organisation and not individuals;
7. Women's Human Rights are not important in the home.

- Ask participants to stand up for this exercise which might require moving about. Inform the participants that they can choose to change their minds about where they stand. If they are not sure, they should stand in the middle 'Don't Know'.

¹ This exercise has been adapted from The European Convention on Human Rights: Starting Points for Teachers by Council of Europe, Strasbourg, 2004. © Council of Europe

- Read each statement and ask people to choose their stand. Ask about 2-3 participants to share their views about the stand they have taken and note their responses. Find out if people want to change their minds after the explanations.
- Follow on Discussions:
 - What did the group feel about this exercise?
 - What did they observe about this exercise?
 - Which statements were easy to agree or disagree on and why was this so?
 - Which statements were difficult to agree on and which groups found it difficult?
 - What can people do to promote the respect of rights of all peoples?
- Conclude the exercise with a short Power Point Presentation on human rights, principles of human rights, the role of duty bearers and rights holders, the role to respect, protect, fulfil what are our sources for human rights and issues pertaining to women's human rights.

Notes for facilitator

Remind participants that women's human rights are often problematic and neglected because of social norms that prevent women from exercising their human rights. In Europe the Council of Europe' Istanbul Convention is aimed specifically to address gender- based violence which affects more women. Point out that in many countries in Europe, the human rights of migrants are also not adequately respected, and some laws also discriminate against migrants who do not have valid immigration papers.

In the exercise try to probe participants to discuss their reasons and supplement their ideas and views through the PowerPoint presentation. The presentation should outline key human rights standards at global, Europe level as well as national level and outline human rights pertaining to migrants, gender- based violence and outline duties of governments to respect, protect and fulfil human rights.

Encourage the participants to discuss barriers to migrants exercising their human rights and what they can do to protect their human rights.

See the links below to access more information on the Council of Europe Convention on Gender Based Violence: <https://www.coe.int/en/web/conventions/full-list/-/conventions/rms/090000168008482e>

Materials and Time

Flip chart papers, pens, 30 minutes.

Instructions for facilitator

- Tell participants that the area of sexual and reproductive rights is influenced by contextual cultural and social norms, socioeconomic factors and existing laws and regulations. The social-structural climate may affect both the access to and quality of sexual and reproductive health care and interventions. Given this backdrop, ask participants to say how women are viewed in their communities.
- List this on flip chart for all to see.
- Ask participants to discuss some questions (see below) in their groups to get them to reflect on the topic before you share the power point presentation.



- Ask participants to feedback to the larger group.
- Follow the presentation with a general discussion.
- Now that participants are all tuned in to the topic, to wrap up do a power point presentation which covers all aspects of the topic.

Notes for facilitator

Remind participants that sexual and reproductive health rights are intrinsically tied to the fulfilment of the human rights of women and essential for combatting sexual and gender-based violence. Point out that many migrant women experience barriers in exercising their sexual and reproductive health and rights due to community social norms in relation to marriage, religion and gender roles and expectations of women.

UNIT 1.3. REFLECTIONS ON POWER, VULNERABILITY AND WHO I AM

1. Unit Objectives

- Participants understand the concepts of power, vulnerability and privilege
- Identify experiences where power, vulnerability & privilege intersect
- Identify the different needs required to maintain emotional wellbeing.

2. Activities

2.1. Understanding Power, Privilege and Vulnerability and Who I am

Materials and Time

Flip chart paper, pens, 60 minutes.

Instructions for facilitator

- Introduce the topic and ask participants to think about what power means to them. Accept all answers and encourage participants to give reasons for their views. You may write this on a flip chart.
- Talk about other aspects of power (as in your power point which should include details on power, privilege and vulnerability). Aim to make your presentation participatory, inviting comments from participants so there is lots of sharing of experiences.
- Wrap up by sharing the Wheel with participants and invite their thoughts and comments as you conclude this session.
- Explain that participants will have to work on their own as this is a personal activity. This would be followed by a general presentation by those willing to share their activity.
- Share the questions and encourage participants and respond to all of them.
- Ask participants to reflect on their reactions to this exercise.
- Wrap up by going through the power point and underscoring the importance of self-awareness.

Notes for facilitator

The exercise on Who I AM presents an opportunity for participants to reflect on their power, their strengths and weaknesses and opportunities. You can adapt the questions below:

- What am I like at my best;
- What am I like at my worst;
- List 3 accomplishments to date;
- What talents and skills do I have;
- What skills would I like to cultivate to become a Peer Educator;

- What are my hopes;
- What are my fears.

2.2. Self-Care and Emotional Well-being

Materials and Time

PowerPoint presentation, 30 minutes.

Instructions for facilitator

- Ask participants to define self-care and why self-care is important and encourage them to give examples of self-care.
- Use the Power Presentation to provide tips for self-care. Aim to generate a discussion and a sharing of experiences.
- Conclude the session by encouraging participants to write down three things that they could do, regularly as part of their self-care.

Notes of facilitator

This session is to encourage participants to start to explore the need to prioritize taking care of their bodies and minds and the dangers of burn out from exhaustion. Remind participants that working at the community level, they may be exposed to vicarious trauma - through empathetic engagement and having to take on the trauma of the person they are trying to help. This is why self-care is an essential part of working as a peer educator.

Remind them that self-care doesn't have to be expensive or time consuming, but it should be regular.

Physical self-care involves activities that improve your physical health, including diet and exercise. Moving your body is important, whether it is through structured sport or exercise or through entertainment like dancing or going for a bike ride:

- Develop a regular sleep routine;
- Aim for a healthy diet;
- Take lunch breaks;
- Get some exercise before/after work regularly e.g. go for a walk 3 times a week.

The following section offers guidance on the processes individuals and organisations should take to manage VT in the workplace. Where a **staff member** believes they are experiencing VT, they should:

- Undertake personal strategies to minimise the effects (as suggested below);
- Raise the issue with their line manager and discuss strategies to deal with their concerns;

- Develop work-related strategies in consultation with team members to minimise the effects of vicarious trauma;
- Seek peer support and internal debriefing;
- Record and report the incident using the organisation's incident.

Provide the following definition of self-care:

Self-care is any activity that we do deliberately in order to take care of our mental, emotional and physical health.

Describe what some of the basics of self-care are and emphasise their importance.

Discuss the benefits of self-care are how it improves productivity; improves resistance and immunity; enhances self-esteem and raises self-awareness. Describe how we get impacted when we don't self-care. Brain storm what happens to us.

In small groups, discuss how you take care of yourselves now and how you cope. Look at ways that you can start to take care of yourself in the future, brainstorm.

Discuss why it is important to signpost and put boundaries. Remind participants that they need to know their limits and learn to recognize the signs that a community member might need more professional support. These may include: [when they are expressing uncontrollable sadness, anger or hopelessness; withdrawing; having experienced something traumatic; self-harming or feeling suicidal. If they identify any of these signs, encourage the community member to seek advice and follow up with them.

Provide them with suggestions of what they can do. This might include: encourage person to seek support with a health professional; go to A&E; remember that your role is not to fix this; know how to manage your expectations and others; remember to self-care, which includes not taking on more than you are able to.

UNIT 1.4. UNDERSTANDING BASICS OF GENDER BASED VIOLENCE AND ITS IMPACT ON HEALTH AND WELLBEING

1. Unit Objectives

- Gain understanding of Gender based violence (GBV), its impact and the social norms that drive GBV and the consequences of GBV.
- Identify legal and human rights issues in relation to GBV and the barriers to tackling GBV.

2. Activities

2.1. What is GBV

Materials and Time

None, 30 minutes.

Instructions for facilitator

- To introduce the topic, ask participants to say what comes to mind when they hear the words gender based violence.
- Allow a minute or two for reflection, then ask them to briefly share their thoughts with everyone. Follow up by providing a definition of gender -based violence.
- Continue the discussions by asking participants to work in pairs and list what they understand by gender- based violence, giving examples of GBV.
- Ask each pair to feedback to the group. Participants would need to identify settings* where the examples of violence might take place.
- Indicate that while women, girls, men and boys can be victims of GBV, the main focus of this training is on violence against women and girls (VAWG) - see *Background information* section for more information on GBV against men and boys.
- Conclude the session by reflecting on how gender and social norms provides the justification for gender- based violence.

Notes for facilitator

Example of Settings:

- In the family (such as physical abuse, marital rape; sexual abuse of female children; dowry-related violence; female genital mutilation/cutting and other traditional practices harmful to women);
- In the general community (such as rape, sexual harassment and intimidation at work, in school and elsewhere; trafficking in women; and forced prostitution);

- Violence perpetrated or condoned by the state, wherever it occurs.

Examples of how gender and social norms provide justification for GBV may include:

- Physical violence is an acceptable way to resolve conflict in a relationship;
- Divorce is shameful for women and being unmarried is shameful for women;
- Sex is a man's right in marriage.

2.2. Exploring types of GBV and impact

Materials and Time

Flip chart paper, pens, 45 minutes.

Instructions for facilitator

- With suggestions from participants, make a list of the different types of violence (see background information).
- Make the list on Flip chart paper and display.
- Arrange the participants into small groups and ask one person from each group to report back.
- Discuss 'What type of violence may occur in the life cycle of a woman and outline what is the impact on health and wellbeing?

Notes for facilitator

Examples of GBV within the life cycle of a female and the impact:

Life stage	Type of Violence	Health & social Impact
Pre-birth	Sex-selective abortion Effects of battering during pregnancy on birth	Infanticide – missing girls Miscarriage
Infancy	Female infanticide; physical, sexual and psychological abuse	Infanticide- missing girls Mental health, poor health
Childhood	Child marriage; female genital mutilation; physical, sexual and psychological abuse; incest; child prostitution and pornography	Early pregnancy, multiple births Maternal & sexual problems Mental health, Early pregnancy, infections- low self esteem
Adolescence	Child marriage; female genital mutilation;	Early pregnancy, multiple births

	physical, sexual and psychological abuse; incest; child prostitution and pornography Dating violence	Maternal, emotional and sexual problems Confidence and self esteem issues,
Young Adult/ Adulthood	Dating and courtship violence (e.g. acid throwing and date rape); Coerced sex (e.g. sex with "sugar daddies" and sex for grades); Incest; rape, sexual harassment Sexual abuse in the workplace; Forced prostitution and pornography; trafficking Partner violence; marital rape; Dowry abuse and murders; partner homicide; psychological abuse; abuse of women with disabilities	Early pregnancy, multiple births Maternal, emotional and sexual problems Confidence and self-esteem issues, Death Mental and emotional issues
Elderly	Forced "suicide" or homicide of widows for economic reasons; sexual violence, Accused of witchcraft	Death, Poor health, mental health Loss of family and resources

Adapted from World Health Organisation - 2010

2.3. Understand the drivers of violence against women and girls

Materials and Time

PowerPoint presentation, 40 minutes.

Instructions for facilitator

- Facilitator explains that the task would involve moving around. This means placing yourself by the statement you support. Participants would then have to explain the rationale for their actions.
- Read out the statements for this exercise and ask participants to stand in the corners of the room that they feel describes their views, agree with the statement, disagree with the statement or don't know.
- Ask 4-5 participants to explain why they have chosen the particular view and to give their reasons. Ask each of the groups and then, clarify whether this is a myth, true or false and what the implications for women and men are.

- Ask participants to also identify other myths that are from their community in relation to gender based violence and ask them to share the implications.

Statements on gender-based violence

1. GBV is caused primarily by alcohol;
2. Women like to be beaten by their partners and many women see this as love;
3. Men are the only perpetrators of gender-based violence;
4. Women sometimes provoke men to become violent;
5. Civil unrest and wars cause abuse and violence against women and girls.

- Conclude the session by explaining that all of these statements reveal myths about gender-based violence that are often used as facts. It seeks to explain violence as outside the control of men or women and puts the burden on women to behave in particular ways in order to avoid violence.

Notes for facilitator

This exercise will require that participants are able to move about easily so ensure you have a room for participants to move about. Prepare three sheets with Agree, Disagree and Don't Know and put them up in separate parts of the room.

ANNEX FOR MODULE 1

Annex 1.1. Sample Programme for a weekend training – Module 1

Training schedule/ modules	Training units	Time allocation
First residential training Introductory Module 1	FRIDAY EVENING Unit 1.1: Getting to know you and the ACCESS Project	2 hours
	SATURDAY- AM Unit 1.2: Understanding Gender, Human Rights and Sexual and Reproductive Rights	4 hours
	SATURDAY- PM Unit 1.3: Reflections on Power, Vulnerability and Who I am	3 hours
	SUNDAY MORNING Unit 1. 4: Understanding basics of VAWG and its impact on Health and Wellbeing Evaluation of the first weekend	3.5 hours

Annex 1.2. The Gender Square Game “GENDER SQUARES” – VIOLENCES

Objective

This tool aims to propose a time for reflexion and analysis on gender-based violence.

Time

At least 30 minutes

Preparation

Cut out the “Gender squares”.

Proceedings

- Display the “Different ways to control” on a board or make copies
- Constitute groups of 3 or 5 persons
- Each participant mentally chooses a square and presents it to the others by answering the following question: “Do you think that this sentence is said by a man or a woman?”

- Each participant gives a short explanation on the context in which the sentence is said.
- Participants link their sentence to "different ways to control".
- The debate starts.

Use

To start a training session on gender-based violence

For Facilitators

Make sure that everyone gets a time to talk, avoid judgements, prefer open questions.

Methodological sheet for further study and action

www.mondefemmes.org > Nos productions > Outils pédagogiques

Different ways to control

Gender violence is an instrument of control keeping women and men in their expected role as defined by society.

Deny, minimise

Refusing to admit mistreatment, not feeling responsible for violent behaviour

Isolate, lock up

Monitoring what the victim is doing, who she/he is talking to, who she/he sees, limiting her/him outside activities, prohibiting her/him from going out.

Justification by the obvious, the custom...

Covering up the gravity and its consequences. For example: "Men are like that", "It's typically feminine", "It's always been so", "This is normal back home".

Guilt, blame, humiliate

Saying that it is the victim's fault, devaluing them so they lose confidence in themselves, blackmailing them

Harass, threaten, hit

Scaring the victim with looks, words, gestures, assaults (verbal and physical), blows, sexual violence...

Prostitution, pornography, hypersexualisation

Considering the body as an object, conveying the image of "powerful man", using sexuality and physical appearance to valorise, give too much visibility to sexual behaviours

70s feminist movements gave visibility to the extent of violence against women. In different power spheres, women set up individual and collective actions to fight domination mechanisms. These empowerment strategies translate into shelters for abused women, an egalitarian approach in education, men questioning prevailing masculinity, the fight against sexual violence (including prostitution and human trafficking), the analysis of the impact of customs, beliefs and religions, as well as the fight against impunity and (inter)national policies combating violence against women.

Excuse me for slapping you; I did not know what I was doing, I was drunk.	I think that prostitution reduces rape occurrences.
Why did you "like" her/his picture on Facebook?	Men and women must be virgins when getting married.
When a girl says no, it often means yes.	I don't pay child support because my ex uses it to go out.
Some men also get beaten by their partner	I don't want you to work, you must stay home.
In my couple, sex must happen almost every day.	Oh, she asked for it!
It was a joke, you're exaggerating.	Where are you?
I think that rape does not exist with one's partner.	Shut up, now is not the time.

When we are alone, my boss tries to kiss me.	Boys don't cry.
Why are you going to this activity, it's not for you.	A girl who has had several boyfriends is a whore.
It's a compliment when someone whistles at you in the street.	Women like when we do "it". I saw it on the internet.
I find that jealousy is a proof of love.	I did not hurt her/him that much.
Since we separated, I'm afraid to meet my ex.	

MODULE 2: EXPLORING TYPES OF GBV

MODULE OVERVIEW

This module consists of the following five units:

UNIT 2.1. Introduction to Female Genital Mutilation (FGM)

This unit introduces FGM, covering the definition and types, social and cultural contexts in which it occurs and the prevalence across the world. The unit then outlines the physical and mental health consequences of FGM, the legal frameworks surrounding it, as well as how to identify women and girls at risk of FGM and how to respond.

UNIT 2.2. Introduction to Forced Marriage

This unit discusses forced marriage, covering the definition, the social and cultural context in which it occurs and prevalence of forced marriage across the world. It then covers the physical and mental health consequences of forced marriage, the legal frameworks surrounding it, as well as how to identify women and girls at risk of forced marriage and how to respond.

UNIT 2.3. Introduction to Sexual Violence and Abuse

This unit introduces sexual violence and abuse, covering the definition and types, the social and cultural context in which it occurs and prevalence. It then covers the physical and mental health consequences of sexual violence and abuse, the legal frameworks surrounding it, as well as how to identify women and girls at risk and how to respond.

UNIT 2.4. Introduction to Domestic Violence (Intimate Partner Abuse)

This unit addresses domestic violence, covering the definition and types, the social and cultural context in which it occurs and prevalence. It then covers the physical and mental health consequences of domestic violence, the legal frameworks surrounding it, as well as how to identify women and girls at risk and how to respond.

Unit 2.5. Understanding Barriers to Tackling VAWG & Basic Counselling

The final unit explores the barriers that women and girls face when seeking support with VAWG. It introduces counselling, the skills required for effective VAWG counselling, and training to the importance of understanding boundaries.

BACKGROUND INFORMATION ON CONCEPTS AND TERMINOLOGY

1. Definition of FGM

World Health Organisation (WHO) 2008, defines FGM as any act that alters the female genitalia for non-medical reasons. Provide a diagram that shows the different types of FGM (WHO classification):

- **Type one:** Excision of the prepuce and part or all of the visible clitoris.
- **Type two:** Excision of the prepuce and clitoris together with partial or total excision of the labia minora.
- **Type three:** Infibulation - excision of part or all of the external genitalia and narrowing the vaginal opening.
- **Type four:** Pricking, piercing, incision, stretching, scraping or other forms of harmful procedures to the clitoris and/or labia.

2. Consequences of FGM

The Istanbul Convention- 'A tool to end female genital mutilation' (2014) outlines the primary health consequences of FGM. Immediate consequences of FGM include:

- Severe pain;
- Excessive bleeding and septic shock;
- Difficulty in passing urine;
- Infections;
- Death.

Long-term consequences:

- Chronic pain;
- Chronic pelvic infections;
- Development of cysts, abscesses, and genital ulcers;
- Excessive scar tissue formation;
- Infection of the reproductive system;
- Decreased sexual enjoyment and painful intercourse.

Although the scientific research addressing the psychological consequences of FGM is limited, documented psychological consequences include fear of sexual intercourse, post-traumatic stress disorder, anxiety, depression, and memory loss.

3. Forced marriage

Forced marriage can be described as "a marriage concluded without the consent of one or both partners, and therefore against the will of at least one of them. It is a serious violation of human rights" (EU, 2014)

Warning signs of forced marriage should include the following:

- Extended absence from school or poor performance of a child at school;
- A young person running away/going missing;
- Evidence of self-harm or attended suicide;
- Social isolation;
- Experience of controlling behaviour from their partner;
- Confiscation of mobile phones.

Forced marriage is against the law and in many countries and there are safeguarding policies to protect those at risk. However, forced marriage is often not seen as an issue within African communities in Europe and often only viewed as an Asian issue. This is false as African communities also practice forced marriage. Forced marriages are different from arranged marriages. If at least one person in an arranged marriage does not consent to the marriage, an arranged marriage becomes a forced marriage. (EU, 2014). In the context of arranged marriages, one or both partners might experience cultural pressures, which may result in limiting the free will to contract marriage. (EU, 2014). So, although arranged marriage maybe viewed as consensual this may not always be the case.

Forced marriage necessarily includes child marriage. International law obliges states to specify in their legislation a minimum age for marriage recommending that this be set at 18 for both boys and girls. (EU, 2014). It is important to be aware that forced marriage disproportionately impacts women and girls and is therefore recognised as a form of violence against women and girl (VAWG). It is a human rights violation.

The context of forced marriage in the UK -social and legal context

Forced marriage is frequently portrayed as an issue which only affects South Asian women and girls, however, this is not correct. Forced marriage affects a wide range of communities living in the UK, including: Turkish, Roma, Afghan, South Asian, Kurdish, Iranian, Arab and African communities. There are no religions which support or advocate the practice of forced marriage. Forced marriage can happen to anyone from any background, regardless of social class, financial status and sexuality; which include people who identify as lesbian, bi-sexual, gay and transgender, or are perceived as such.

- The UK law on Forced Marriage:

In the UK there is the Forced Marriage Unit and The Forced Marriage Protection Orders (FMPO). Disobeying the FMPO order can result in up to five years' imprisonment. Actions that are punishable include: aiding, abetting, and assisting another person to force or attempt to force a person to marry.

- The law makes it a criminal offence to:
 - Take someone overseas to force them to marry (whether or not the forced marriage takes place);
 - Marry someone who lacks the mental capacity to consent to the marriage (whether they are pressured to or not).

Forced marriage social and legal context in Belgium

For French language information on forced marriage in the Belgian context, please see:

- “Forced marriage and asylum” on the website www.gbv-asylum-hub.be
- See the website: www.mariagemigration.org
- Belgian law:
 - Art. 146 - There is no marriage when there is no consent.
 - Art. 146ter - There is no marriage either when it is contracted without the free consent of both spouses and the consent of at least one of the spouses has been given under violence or threat.
 - Art. 391 sexies - Any person who, by violence or threats, has forced someone to contract a marriage will be punished by imprisonment for one month to two years or a fine of one hundred to five hundred euros. The attempt is punishable by imprisonment from fifteen days to one year or a fine from fifty to two hundred and fifty euros.
 - A specific circular 'COL 06/2017' of the Minister of Justice and Home Affairs College of Attorneys General is designed to facilitate the detection and prosecution of forced marriages and cohabitations (and other forced forms of honour-related violence). Reference police officers have been trained on this issue.

4. Sexual Violence and Abuse:

See further information on sexual violence and types of sexual violence from the section on Background information on definitions and Concepts of sexual violence and types of sexual violence from Page 18.

Legal context on sexual violence and abuse in the UK

- In the UK, The Crown Prosecution Services' (CPS) approach to VAWG crimes follow United Nations conventions which the UK government has ratified, and which inform the cross-government VAWG framework. Sexual offences are prosecuted as part of the Crown Prosecution Services (CPS) Violence Against Women and Girls (VAWG) Strategy. This is an overarching framework to address

crimes that have been identified as being committed primarily, but not exclusively, by men against women.

- There are a range of crimes that are considered as sexual offences, including non-consensual crimes such as rape or sexual assault, crimes against children including child sexual abuse or grooming, and crimes that exploit others for a sexual purpose, whether in person or online.

Legal context of sexual violence and abuse in Belgium

Rape and indecent assault are sexual offences, categorised as sexual abuse or assault. They are offences mentioned in chapter 5 of the Penal Code (art. 372 to 378bis):

- **Rape** is punished by the Belgian law (also between partners since 1989)
 - "Any act of sexual penetration, whatever its nature, committed on another person without their consent, constitutes rape as a crime... Anyone guilty of the crime of rape is to be punished with 5 to 10 years in prison" (art. 375 of the Penal Code).
 - Any sexual intercourse with someone younger than 14 y.o. is considered as a rape. Consent is not discussed.
 - Any sexual intercourse with someone older than 14 y.o. is considered as a rape if it happened without consent.
- For someone aged between 14 and 16 who gave their consent to the sexual intercourse, this intercourse is considered "indecent assault" (sexual majority in Belgium is legally reached at 16 y.o.)
- **Indecent assault:** The notion, translated from the French "attentat à la pudeur" (art. 372 of the Penal Code) designates any act of sexual nature that could prejudice someone's sexual integrity and without their consent. This doesn't include penetration. Strictly speaking, there is no legal definition, which means that it is subject to interpretation. But definitions exist in the Belgian legal literature. For instance, this one: "An act contrary to morals and of some severity committed intentionally on someone or with someone without valid consent on their part." (O. Bastyns, V° Attentat à la pudeur in Droit pénal et procédure pénale, Malines, Kluwer, f. mob., 28 février 2003, p. 11)
- **Sexual harassment:** Any gesture or behaviour that despises, severely and publicly, someone because of their sex, can lead to personal appearance in front of the correctional court since 2014 (law against sexism). This legislation applies to all types of sexual harassment: verbal or physical. The victim has the right to file a complaint to the police. If the judge recognises the severity of the act, they could impose a prison sentence going from 1 month to 1 year and/or impose an administrative fine from €50 to €1000.

5. Intimate Partner Violence:

Characteristics	
Physical abuse	Threatening or physically assaults, including punching, choking, hitting, pushing and shoving, throwing objects, smashing objects, damaging property, assaulting children and injuring pets
Sexual abuse	Any unwanted sexual contact, including rape
Psychological abuse	Emotional and verbal abuse such as humiliation, threats, insults, swearing, harassment or constant criticism and put downs
Social abuse	Isolating partner from friends and/or family, denying partner access to the telephone, controlling and restricting partner's movements when going out
Economic abuse	Exerting control over household or family income by preventing the other person's access to finances and financial independence
Spiritual abuse	Denying or manipulating religious beliefs or practices to force victims into subordinate roles or to justify other forms of abuse

Prevalence data: It will be important to identify data on intimate partner abuse at national level and to also identify if the data is disaggregated in relation to data on migrant women. In many countries this data is not disaggregated.

Tools for understanding IPV

See the tool "Violentomètre" to measure if there is violence and lack of consent in a relationship and if the woman needs to seek for protection: <https://www.centre-hubertine-auclert.fr/article/outil-de-prevention-des-violences-le-violentometre>

See the file "[Violences entre partenaires et asile](#)" on the website GBV Asylum.

European level legislation on Gender based violence: The Istanbul Convention

The Council of Europe Convention on preventing and combating violence against women and domestic violence (Istanbul Convention). This European Convention came into force in August 2014 and provides comprehensive framework for States to tackle multiple forms of gender- based violence. The Convention has been signed by 45 European Countries outlines four pillars of the Istanbul Convention focus on prevention, protection and support, prosecution and integrated and coordinated policies.

The Convention highlights the needs of vulnerable groups particularly migrant women, with or without immigration documents, and women asylum seekers are at high risk of gender- based violence. The Istanbul Convention ensures that its provisions are implemented without discrimination on the grounds of migrant status, refugee status or other status (Article 4, paragraph 3). The Convention also states that gender-based violence against women should be recognised as a form of persecution and ground for granting asylum in Europe. Additionally, states must ensure a gender sensitive interpretation of the Convention relating to the Status of Refugees.

For additional information on the Istanbul Convention refer to the links below:

<https://www.coe.int/en/web/istanbul-convention/text-of-the-convention>

UNIT 2.1. INTRODUCTION TO FEMALE GENITAL MUTILATION (FGM)

1. Unit Objectives

- Develop a better understanding of the basics of FGM
- Develop an understanding of the socio-cultural context of FGM
- Understand the health consequences of FGM
- Understanding legal and safeguarding laws and duties

2. Activities

2.1. Understanding the basics of FGM – definition, types and social cultural context

Materials and time

PowerPoint presentation with the image of the female genitalia (see Annex 2.1), post it notes, Video “Our Daughters” to be shown on projector or laptop (for link see Annex 2), 30 minutes.

Instructions for facilitator

- Explain the objectives for the unit, share the agenda for the day and remind participants they can step out for a bit if feeling concerned about issues discussed.
- Firstly, introduce the topic by asking participants to discuss the statements below for 5 minutes in small groups:

1. Globally, over 200 million women and girls have undergone FGM.
2. A girl who is not circumcised will be unable to control her sexual desires so FGM is done to protect a woman against temptation, immoral behaviour, and loss of honour.
3. FGM is a religious obligation.

- Ask participants to share key points from their discussions with the group.
- Provide a definition of FGM- FGM is defined as any act that alters the female genitalia for non-medical reasons (WHO, 2008) and it is form of violence against women and girls and a violation of girls’ and women’s fundamental rights.
- Using your PowerPoint presentation show the picture of female genitalia with the name labels covered at first, so that participants can’t see the names.
- Do a quiz on the names of the different parts. Solicit answers, label and discuss the importance of each part.

- Using the printout of the picture of Female genitalia, explain to participants the different types of FGM (see Background Information for explanation of different types of FGM).



- After the discussions continue the session by screening the video “Our daughters” from the Royal College of Midwives (use an appropriate video where necessary). See Annex 2. For links to the film.
- Ask participants to brainstorm their responses to the video using the guide questions below. Allow 5-10 minutes for this.

Questions to ask after watching the video

- Having watched the video, what did you observe in these videos?
 - What did you observe to be the different perspectives of older women and younger women on the views on FGM?
- Conclude the discussions with a brief 10-minute discussion on the different reasons for FGM and the variety of words used to describe FGM culturally.

Notes for facilitator

The responses to the statements on FGM are as follows:

1. Globally over 200 million women and girls have undergone FGM- Data from UNICEF estimates that over 200 million girls and women have undergone FGM mainly in Africa and some Middle Eastern countries. This information does not include data from Asia and Europe.
2. A girl who is not circumcised will be unable to control her sexual desires so FGM is done to protect a woman against temptation, immoral behaviour, and loss of honour. This is A MYTH. However, these are some of the reasons that communities give to justify the practice of FGM. These reasons differ from

country to country. Be aware that throughout this exercise myths surrounding FGM may arise. Ensure you address these head on and correct any misunderstandings around FGM expressed by participants.

3. FGM is not a religion obligation. Although FGM is not a religious obligation, many communities continue to justify FGM as a religious obligation. FGM is not a requirement in either the Bible or the Koran.

Prepare a PowerPoint presentation on the basics of FGM detailing types, definition, prevalence- Include the picture of the vagina which will be used for the quiz and prompt participants to name the different parts of the female organs.

2.2. Health consequences of FGM

Materials and Time

Flip chart papers, pens, 20 minutes.

Instructions for facilitator

- Ask participants to reflect on the video they watched in Unit 2.1 – “*Our Daughters*”, and to recall what they identified as the health concerns associated with FGM.
- Encourage participants to share their experiences or share what they know about how FGM impacts on the health of girls and women.
- Make a list on the flip chart of the answers they share. Ask participants to also mention whether these health problems have long term and short-term consequences.
- Example of consequences of FGM can include (see *Background Information* for full list of health consequences of FGM):
 - **Short term:** infections, bleeding, urinary retention, or even death.
 - **Long term:** may be psychological such nightmares, depression, self-harm. Psychosexual may include pain during sex, lack of arousal, chronic vaginal infections and difficulties with menstruation. Participants may bring up some more.
- Ask participants to identify any perceived benefits of FGM and to discuss why.
- Conclude the session with a reflection on different types of health challenges and remind participants that not all women experience similar complications and many women will not link their health problems with their experience of FGM.

Notes for facilitator

- Note the comments from the discussions and provide additional information on their gaps in information. Refer to the information from the background information.
- Point out to participants that some women may not associate any health problems they have with their experience of FGM so it is important for women to be able to know whether they have undergone FGM and whether their health problems are linked to FGM.

2.3. Legal and safeguarding policies on FGM

Materials and Time

None, 20 minutes.

Instructions for facilitator

- Explain to participants that FGM is a form of child abuse in many countries in Europe. Refer to some of these consequences as identified in the previous unit.
- Explain that existing national laws or legal and policy frameworks on FGM are based on international instruments to which states are signatories, and this obligates them to domesticate the international laws and put measures in place to implement them.
- Give examples of these international instruments.
- Facilitate a discussion on national laws and safeguarding prevailing nationally. Point out the consequences for breaking them.
- In many countries there are safeguarding measures for children as well as adults. These policies outline the duties of professionals in relation to recording, reporting and procedures to use in relation to those at risk and those affected by FGM.
- Discuss the challenges of implementation of laws and policies and bring the session to an end.

Notes for facilitator

Various international conventions have been ratified by numerous other countries:

- **CEDAW** – The International Convention on the Elimination of all forms of Discrimination against Women (January 13th 1984);
- The African Charter on Human and Peoples' Rights (October 21st 1986) to which has been adhered to by more than fifty African States;
- **CRC** – The International Convention of Children's Rights (1990);

- The Maputo Protocol (adopted in July 2003): this protocol comes as a supplement to The African Charter to promote the fundamental rights of women in Africa and to ensure the protection of these rights;
- The Istanbul Convention: convention on the prevention and fight against violence against women and domestic violence (ratified by Belgium in 2016).

- **Belgian law on FGM**

Since the month of July 2014, all incentive to practice FGM is equally punished with a term of imprisonment (of 8 days to 1 year). The fact that the victim is a minor constitutes an aggravating circumstance, as well as the importance of the aftereffects, profit, and in a general manner where dependency and vulnerability (when the author has authority over the victim, either a parent, doctor...). According to the circumstances the punishment can rise as high as 15 years imprisonment.

The statutory limitation is 5 years. 10 years in case of aggravating circumstances and 15 years if the victim is a minor at the time of the events. In this case, the statutory limitation does not begin until the victim has reached 18 years of age. Furthermore, any person who has participated in, encouraged or facilitated FGM on a minor, including abroad, can be pursued in Belgium on the condition that the author is on Belgian territory (Principal of extraterritoriality).

- **UK law on FGM**

This UK introduced the Serious Crimes Act in 2015 on FGM in response to the gaps in the existing FGM law and to improve the safeguarding and protection elements. It extended "extraterritoriality to protect UK nationals and 'habitual residents". This introduced 4 new laws in respect of improving safeguarding, reporting and prosecution. They include:

- Offence of failing to protect girl from risk of FGM;
- 'Life-long anonymity for identification of victims in publications';
- New 'female genital mutilation protection orders';
- A 'duty to notify the police of cases of female genital mutilation on girls under 18 within one month'.

Key elements of the Serious Crimes Act included the FGM Protection Orders (covering FGM and Forced Marriages) and the Mandatory Reporting Duty (covering FGM). Check that they also know about and understand the Domestic Abuse Bill 2019.

- Provide list of relevant International Instruments and safeguarding policies and FGM laws.

2.4. How to respond to FGM

Materials and Time

None, 15 minutes.

Instructions for facilitator

- Start the activity by clarifying to participants that responding to FGM often takes a number of strategies and there is not a one size fits all.
- The focus of this presentation will be on looking at the legal and policy situation, as well as some of the community-based initiatives and provision of services.
- Divide participants into small groups for this exercise.
- Ask participants to share their knowledge of any laws and policies on FGM and Safeguarding that they know, as well as their experience of the law. Ask them to discuss the advantages and disadvantages of having a law to address FGM.
- Ask one person from each group to share what they discussed.
- Next, using the exercise on the values listed below, ask participants to go into the same small groups and think through some of the issues listed in the exercise.
- Ask them to list those that are necessary for supporting women and girls affected by FGM and those that focus on prevention of FGM.

Ranking values exercise
1. Engaging with the community to prevent FGM.
2. Doing prevention work with young people.
3. Listening empathetically to clients who have undergone FGM.
4. Creating good interpersonal relationship with clients with FGM.
5. Becoming emotionally involved with clients who have FGM complications.
6. Teaching community about the need to eliminate FGM.
7. Being honest in answering clients' questions.
8. Seeing that community acts on professionals advise.
9. Helping to reduce a client's anxiety in relation to FGM complications.
10. Making sure that community is involved in decision- making regarding FGM.
11. Following legal mandates regarding the practice of FGM.

- Conclude the session by recapping on the key areas in relation to understanding FGM and responding to the practice of FGM

Notes for facilitator

Tackling FGM requires an enabling legal framework which criminalises the practice, together with provision of health services to respond to the health impact of FGM.

However, because FGM is primarily enforced by strong community social norms, prevention should form a major part of any response to FGM. Community engagement and education, which is non-judgemental and builds trust and engages community influencers including men and religious leaders is critical to tackling the social norms. A social norms approach recognises that the practice is upheld by all community members and as such individuals are often not able to make the change alone and will require collective involvement to break the social norms that uphold the practice.

The law enables the criminal justice sector to tackle FGM and hold to account those who inflict life changing harm on vulnerable women and girls and provides an opportunity for family members who reject FGM as a practice to resist it on the basis that FGM is illegal and a punishable offence.

In Europe, there is widespread ignorance as to what is FGM and the impact it has on the health and wellbeing of affected women and girls. Tackling attitudes, prejudices, gender, roles and stereotypes that fuel FGM should be an integral part of ending the practice. The Istanbul Convention calls for specific measures with affected communities. This should include awareness raising campaigns on FGM, providing educational materials in schools and informal settings, and encouraging men and boys to contribute actively to its prevention. In this regard community peer educators form a crucial part of the work in tackling FGM within affected communities in Europe and they require training and support to undertake this work.

UNIT 2.2. INTRODUCTION TO FORCED MARRIAGE

1. Unit Objectives

- Understand the definition, types and the cultural and social context of forced marriage.
- Awareness of the impact of forced marriage on a victim's sexual and reproductive health.
- Increased knowledge of the law and policy issues on forced marriage.

2. Activities

2.1. Understanding the basics of forced marriage

Materials and Time

None, 20 minutes.

Instructions for facilitator

- Start by explaining to participants that they would have to do a number of exercises that would require them to reflect on issues, discuss and draw from their experiences.
- Ask participants to say what they understand by forced marriage.
- Provide a definition of forced marriage (see *Background Information*). Discuss the difference between "arranged marriage" and "forced marriage". Ask participants to discuss the difference and the implications of these two types.
- Ask participants to discuss some key characteristics of forced marriage. You could prompt them with questions such as:
 - Who are the perpetrators of forced marriage?
 - Who does force marriage impact most and why?
 - How does age impact on forced marriage?
- Conclude the unit by firming up on the discussions and the differences between forced and arranged marriage.

Notes for facilitator

- Perpetrators of forced marriages are often parents or family members
- Forced marriage disproportionately impacts on women and girls, especially young women.
- Arranged marriage is often viewed as being more consensual but there may also be an element of social norms which require young women to accept arranged marriage as consensual and not forced marriage.

Materials and Time

None, 30 minutes.

Instructions for facilitator

- Start the session with the objectives of the session which will explore the social and cultural context of forced marriage.
- Put participants into groups and allocate each group one task from the table below.
- Give participants 10 minutes in the groups, then ask them to feedback in the plenary.

Group Task
Define child marriage, forced marriage and arranged marriage/marriage of convenience. Discuss the difference between these forms of marriage.
Is forced marriage an issue in the African community in your country? What are some of the strategies that are used to force girls into marriage within your communities?
Girls may not always know that they are going to be taken home and forced into marriage. Discuss some of the signs that indicate that a girl may be at risk of forced marriage.
Discuss some of the reasons that families use for forcing their daughters into marriage and the impact of forced marriage on girls and women?

- After ten minutes, ask participants to present their responses to the group and have a discussion.
- Conclude the session by summarising the discussions related to the social and cultural context of forced marriage - how families use different strategies to force their children into marriage.

Notes for facilitator

Top tip! Strengthen discussions by sharing definitions on the key issues - child marriage, forced marriage and arranged marriage/marriage of convenience. In some families, duress is used to force girls into marriage and this can include physical, psychological, financial, sexual and emotional pressure from parents.

Forced marriage can equally happen to males although in majority of cases females are more at risk of being forced into marriage. The risk of being forced into marriage can come from the extended families and families back home and not only parents. Highlight the links between forced marriage and gender norms on control of women's bodies by males and women being tasked with carrying the 'honour' of their fathers, their husbands and their sons. The social and cultural context of forced marriage will differ based on the community.

2.3. Impact of Forced Marriage

Materials and Time

Flip-chart papers, pens, 15 minutes.

Instructions for facilitator

- Ask participants what they think are the consequences of forced marriage.
- Ask participants to take a pen and write any consequences which they think of on the flip chart board at the front of the room.
- Discuss the consequences listed on the board and encourage participants to share their views.
- Now, on a different sheet of flip-chart papers, ask participants now to list some of the warning signs of forced marriage (see Background Information).
- Discuss these with the group.

Notes for facilitator

Reminder! Consequences of forced marriage might include: eating disorders, unwanted pregnancy, depression, isolation, emotional abuse, controlling behaviour etc. One serious consequence of forced marriage is the increased likelihood of domestic violence and abuse and sexual abuse. This is because someone who is forced into marriage may not consent to a sexual relationship or might not be old enough to consent.

2.4. Forced Marriage – Understanding the Legal Context

Materials and Time

flip chart paper, pens.

Instructions for facilitator

- In this session, we will explore the role of policy and legal framework in helping to respond to forced marriage.

- On the flip chart paper- draw three columns- labelled 'illegal', 'legal' and 'not sure'.
- Ask participants 'in your country of origin, do you think forced marriage is illegal'? Ask them to come up and write the name of the country they're from under the column which they think it fits.
- Next, ask participants to think of any international legal instruments which might prohibit forced marriage. If they haven't already spoken about it- mention the Universal Declaration on Human Rights and the Istanbul Convention.
- Emphasise that forced marriage is a violation of Human Rights as per the Article 16 (2) of the Universal Declaration on Human Rights (UDHR) "Marriage should be entered into only with the free and full consent of the intending spouses". Mention other International Human Rights instruments such as the ECHR which prohibit torture, inhuman or degrading treatment.
- Using the Background Information section, provide participants with a summary of the laws in the European country they live in (UK, Belgium, Spain)
- Bring the session to an end by suggesting to participants that they look up the laws in their home country when they get home and bring it to share the next day.

Notes for facilitator

None.

2.5. How to respond to Forced Marriage

Materials and Time

Sample case studies (below), 45 minutes.

Instructions for facilitator

- For this activity, the case studies will form the main tool for exploring how to respond to forced marriage. Where possible, use case studies that you have come across from your own work and you can even adapt these case studies to your context.
- Explain that this activity explores different ways in which young women and girls can be forced into forced marriage and makes us think about the different options available for providing support. This support could be for someone who is at risk of being forced into marriage or someone who has already been forced into marriage.

- Ask participants to get into small group of 3-5 people. Give each group a case study. Explain that each group will be required to review the case study and discuss what options are possible to support this person who is at risk.
- Ask participants to:
 - Identify who the key people/agencies or support services are that this person can easily reach out to for help.
 - Think about those who might be at high risk to the girl and why you think they might be at risk.
 - Discuss what the barriers are that they may face in reaching out for help.
- After group tasks, ask participants to share and reflect on their work. How easy can one seek support for such cases?
- Wrap up the session and summarise the issues raised in the exercise. Remind participants that there may also be challenges that they may face in their work with communities.

Sample case studies

Case study 1

Salma was born in Somalia and moved to London with her father when she was 5 years. Her father has remarried and she does not get on well with her step mother. When she turned 14 years her father mentioned that he wanted her to go back to Somalia to visit her mother. She was very worried because she remembered what happened to her just before she came to the UK. She misses her mother very badly and wants to meet her older sister who was sent home to Somalia because she had joined a gang but was now married. Her stepmother does not allow her to meet her friends and she has mentioned her concerns about going back to Somalia.

Case study 2

Angela is from Nigeria. She has just turned 17 years old. Angela was born in the UK and has only visited Nigeria twice. She comes from a very religious family who are also very concerned that Angela who is very popular with her friends in school might get pregnant before she gets married. Two of her friends have already dropped out of school due to teenage pregnancy. Angela's parents have mentioned to her that would like her to marry someone from Nigeria to ensure that she is more grounded in her traditions. They have already identified a suitable man who comes from her father's hometown and very well educated. Angela is keen to go to university and

not get married now. Her parents have informed her that they will be going on holiday with her this summer.

Case study 3

Amani is a young doctor from Sudan. Her parents have mentioned to her that they have found a very nice Sudanese doctor who is living in Europe who is looking for a wife. She agrees to marry the man after many conversations with her mother. She is worried as she has not met the man before and speaks very limited English. The traditional marriage is done and Amani moves to Europe to join her husband. In the very first month she realises that she is extremely unhappy within her marriage, she is not allowed to work, she is not allowed to go out and she constantly lives in fear of her husband. She has just found out that she is pregnant and had her first visit to the doctor.

Notes for facilitator

Try and identify case studies which represent migrant communities that you work with. These case studies represent different scenarios and highlights multiple ways to respond to the different issues that are associated with forced marriage.

The Istanbul Convention outlines measures to tackle forced marriage. They include "Ensure that victims receive adequate and timely information on available support services and legal measures in a language they understand (article 19); ensure that victims have access to services facilitating their recovery from violence. These measures should include, when necessary, services such as legal and psychological counselling, financial assistance, housing, education, training and assistance in finding employment. ensure that victims have access to health care and social services and that services are adequately resourced, and professionals are trained to assist victims and refer them to the appropriate service" (article 20).

Note that forced marriage is not limited to any one culture or religion. Identifying those at risk maybe challenging due to different tactics that families will adopt due to legal measures. It is important to understand the barriers that those at risk may face in seeking support. So bear this in mind and keep an open mind and assess these barriers. Confidentiality and identifying 'safe' routes of help are of utmost importance in these cases. It is important to clarify the routes to reporting and seeking support and how to refer those at risk.

UNIT 2.3. INTRODUCTION TO SEXUAL VIOLENCE AND ABUSE

1. Unit Objectives

- Increased understanding of the definition, types, and social, cultural, and legal context around sexual violence.
- Increased knowledge of the consequences of sexual violence.
- Understand how to respond and support those affected by sexual violence.

2. Activities

2.1. Definition and types of sexual violence and abuse

Materials and Time

Flip-chart papers, pens, 30 minutes.

Instructions for facilitator

- Introduce the objectives of the session. Ensure you explain to participants that we will be discussing sexual violence, and that they might find this distressing or triggering. Remind participants to leave the room if they feel uncomfortable or are affected.
- Ask participants to brainstorm on different forms of sexual violence. Refer them to the previous words that were shared in the Introductory Module, for example: incest, rape, sex trafficking, fondling and so on.
- Write these words on the flipchart papers, ensure that as many forms of sexual violence have been identified.
- Develop a comprehensive list and ask for a definition of each type.
- Explain that sexual violence is the general term we use to describe any kind of unwanted sexual act or activity, including sex trafficking, prostitution, incest, and rape, sexual harassment, fondling, grabbing someone sexually, stalking, date rape, grooming.
- The key element is that this refers to any sexual act which is done without consent. In cases of children or minors, consent cannot be obtained, due to the age, or in cases where the person is vulnerable, due to some form of disability.

Notes for facilitator

Sexual violence continues to be one of the most endemic forms of VAWG which continues to have the most stigma and is often related to religious and traditional notions of piety and control over women's bodies. You will need to recognise that some participants may have experienced some of these forms of GBV so start with a warning and remind participants to step out of the session if they need to. Always have a facilitator at hand to provide this pastoral support.

2.2. Social and Cultural context

Materials and Time

Video link (Annex 2.4), projector or laptop, 30 minutes.

Instructions for facilitator

- Introduce the topic by asking participants to share their views on how society views sexual abuse. Encourage participants to draw from their different cultural backgrounds.
- Screen the video 'Tea Consent' (see Annex 2.4)
- Ask participants go get into groups and discuss:
 - The issues raised and the importance of full consent when it comes to sexual matters;
 - The potential settings of sexual violence – the family, community, state, schools, cultural and social drivers;
 - Prevalence of sexual violence in their locality or community. What types does this include;
 - Indicate that sexual violence is very prevalent, but not mentioned publicly. Attempt to discuss the question 'why', with reference to settings previously mentioned. Sometimes name calling is an indication of how girls are treated.

Notes for facilitator

- Sexual violence can be committed by someone the victim knows. That includes members of their family, or an acquaintance. It can also be committed by strangers or someone you are in a relationship with.
- Whether sexual violence occurs in the context of an intimate partnership, within the larger family or community structure, or during times of conflict, it is a deeply violating and painful experience for the survivor.

2.3. Physical and Mental Health consequences

Materials and Time

Laptops (or large paper and pens if laptops are not available), 45 minutes.

Instructions for facilitator

- Ask participants to get into small groups of 3-4 people.

- Explain that the impact of sexual violence and abuse can be both visible and invisible. There are immediate effects, as well long-term effects. Ask participants to share examples of the different forms and put them up on a flip chart.
- Explain that some common reactions and impact on survivors of sexual violence may be humiliation, shame, blame and denial, fear of people, depression, anger and even risk of suicide.
- Next, groups will have to pick a topic (a. or b. below) and have 15 minutes to prepare a presentation, and 20 minutes to present. The discussion will address the issues in relation to the question and outline the impact on physical and mental health challenges in relation to this form of sexual violence.
- Facilitators will act as the judges in this case. One person from each group will be required to record the issues raised, which will then be discussed.

Examples of topics that can be used in this group discussion can include the following:

- Rape in marriage;
 - Sexual harassment in higher institutions;
 - Incest is an invisible timebomb.
- Conclude the session by sharing further information to firm up what has been discussed.

Notes for facilitator

- **Incest or child sexual abuse** by family members is a hidden form of sexual violence that is prevalent in many communities. Incest is often associated with particularly severe psychological symptoms and physical injuries throughout their lives. For example, survivors are more likely to report feeling depressed, damaged and psychologically injured compared to survivors of other forms of child abuse. Additionally, they are more likely to be estranged from their parents as often when children report abuse they are not believed. This can result in confidence issues, low self-esteem, self-loathing, low self-efficacy, challenges in interpersonal difficulties and feelings of worthlessness, shame and helplessness.
- **Sexual harassment and violence** in higher education institutions is an endemic abuse that is normalized as a part of student life. Sexual harassment and abuse can cause psychological, emotional and physical harm and adversely impacts on the education, health and wellbeing of young women. This is at a time when they are preparing for future careers and choosing life partners. Mental health impacts include emotional distress, self-blame, anxiety, and paranoia. Sadly,

some young women are forced to drop out of university and carry the trauma throughout their lives. There is limited data on the extent and impact of sexual harassment in universities and existing data fails to disaggregate the impact in relation to the impact of migrant communities in Europe.

- **Rape in marriage** is not recognised as legal in many communities who see marriage as a right for husbands to demand sex without the consent of the wife, sex within marriage is viewed as a duty and as such many women continue to feel unable to make decisions on their bodies even within marriage. This can result in inability to make decisions as to the number of children you want as you are not able to negotiate when to have sex within a marriage. This situation maybe more prominent within migrant communities where social norms on marriage reinforce male rights within marriage.

2.4. Legal context - National and International - EU Level

Materials and Time

Flip chart papers, pens, 45 minutes.

Instructions for facilitator

- Ask participant if they are aware of United Nations Instruments that prohibit sexual violence. List some of the relevant instruments on the flip chart paper.
- Mention these landmark international instruments, such as:
 - The Convention on the Elimination of All Forms of Discrimination against Women (CEDAW);
 - The Declaration on the Elimination of Violence against Women;
 - The Beijing Conference on Women;
 - The Istanbul Convention of the Council of Europe;
 - There are also regional instruments, such as the African Union Maputo 2003 covenant on women- (also known as the Maputo Protocol). Remind participants that the Maputo Protocol has influenced the Istanbul Convention.
- Point out that states who are signatories and also ratify these conventions or instruments, are obligated to domesticate them, making them part of their laws.
- To demonstrate examples of this, discuss UK\ Belgium\ Spain Initiatives using the information provided in Background Information.
- Bring the session to an end by summarising details on your flipchart paper, indicating how to report a crime If you are in immediate danger to call the national or local emergency enquiries.

Notes for facilitator

- The Istanbul Convention which entered into force on 1 August 2014, recognizes gender-based violence against women as a violation of human rights and a form of discrimination. It also outlines legal obligations for State Parties to this Convention to put in place a number of measures to tackle all forms of GBV based on the prevention, protection, prosecution and integrated policies. Note that for many migrant communities who face multiple barriers in accessing support, girls and young women experience social stigma in reporting abuse.
- Note that boys and men can also be affected by abuse and may face similar cultural barriers to reporting. This may include gay men, transgender men or men that do not conform to what society considers to be appropriate behaviour. The Convention also provides clear guidance on women migrants and asylum-seekers facing gender-based violence.
- **Prevention** focuses on awareness-raising campaigns, training key professionals in close contact with victims to include gender equality and non-violent conflict resolution in interpersonal relationships, work with perpetrators, NGOs, and involve the media and the private sector in eliminating gender stereotypes and promoting mutual respect.
- **Protection and support:** safeguarding vulnerable people, running free state-wide 24/7 telephone helplines, and setting up easily accessible rape crisis or sexual violence referral centres. This includes specialist services, access to health care and information.
- **Prosecution;** States to criminalize abuse and ensure that culture, tradition or so-called “honour” are not regarded as a justification for any abuse. This requires law enforcement agencies and the judiciary to respect rights of victims at all stages of the proceedings and that avoid secondary victimisation.
- **Development of integrated policies-**a multi-agency policy approach is needed to ensure a comprehensive and coordinated focus **in addressing the diverse aspects of GBV.**
- The Convention sends a clear message to the whole of society, that violence is never the right way to solve difficulties and cannot lead to a state of peace – either in private or public life. It reinforces the importance of understanding that violence against women is not acceptable and will not be tolerated. Additionally, the Convention recognizes vulnerable groups such as unaccompanied women who are often exposed to and affected by sexual harassment and sexual exploitation and violence. To tackle the special needs of vulnerable women asylum seekers, the Istanbul Convention establishes the

obligation for governments to introduce gender-sensitive procedures, guidelines and support services in all asylum and refugee processes (Article 60, paragraph 3). This includes adopting a gender perspective into procedures that will ensure that gender differences between women and men should be considered in asylum processes.

- For additional information on the Convention see the links below:
 - <https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&ved=2ahUKEwjF-oCMvpvwAhXTgVwKHTZnDoMQFjAAegQIBBAD&url=https%3A%2F%2Frm.coe.int%2Fmigrant-women-and-istanbul-convention%2F1680925865&usg=AOvVaw3SAuNNcaZU5saZgcGCKFpL>
 - <https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&ved=2ahUKEwjF-oCMvpvwAhXTgVwKHTZnDoMQFjAAegQIBBAD&url=https%3A%2F%2Frm.coe.int%2Fmigrant-women-and-istanbul-convention%2F1680925865&usg=AOvVaw3SAuNNcaZU5saZgcGCKFpL>

2.5. How to identify women and girls affected and at risk

Materials and Time

None, 30 minutes.

Instructions for facilitator

- Explain that the issue of gender is relevant to understanding the nature of risks faced by women and girls, and to understanding how they respond to those risks and the ways in which they are then viewed and treated by others.
- Explain that these three gendered factors may make females susceptible to abuse:
 - Social inequalities;
 - The impact of negative life experiences (in particular violence and abuse);
 - And gender expectations in all these circumstances.
- Write these on the flipchart paper and ask participants think of examples of risk factors which could cause women to be susceptible to abuse. Encourage participants to identify other risk factors linked to their communities. They can either share these or write them on flipchart paper.
- Provide them probes if needed, such as:

- *Does working outside the home influence risk factors?* Many women are poorly paid if they work. Migrant women who work as domestic helpers work long hours, and this makes them vulnerable to sexual abuse;
- *Does language influence risk factors?* In the UK, women who cannot speak English may be less able to communicate their experience of sexual violence to officials. They should always be accompanied to the clinic or the hospital;
- Girls and young women who experience incest will fear reporting their abusers.

Notes for facilitator

Migrant women especially refugees and those escaping from conflict are more vulnerable to sexual violence and exploitation and must be protected from further harm as part of adopting a Do No Harm response. Additionally, social norms in many migrant communities on honour, virginity and sexuality may become a major barrier in disclosing sexual violence and seeking support. This may be more of an issue for younger women who may fear having to disclose their abusers.

There are huge challenges in identifying girls and women at risk of sexual violence. It is important to create a non-judgemental environment for women to disclose abuse and address barriers including language. Community awareness on stigma and improve access to information on rights and routes to support services is critical for women and girls to disclose abuse and seek support. Girls may experience associated health issues which can be used as proxy to ask questions about abuse, including pregnancy, mental health and in some cases. Cultural competency training of key professionals is important to enable them to be able to work more sensitively with migrant women and girls affected by sexual violence to be identified and supported adequately.

UNIT 2.4. INTRODUCTION TO INTIMATE PARTNER VIOLENCE (DOMESTIC ABUSE)

1. Unit Objectives

- Understanding of definition, types, and social, cultural, and legal context around intimate partner violence (IPV)
- Knowledge of the legal and policy issues around IPV
- Understand how to respond and support those affected by IPV

2. Activities

2.1. Understanding the basics of Domestic Abuse

Materials and Time

Flipchart paper, pens, 45 minutes.

Instructions for facilitator

- Introduce the topic and call attention to the title "*Intimate Partner Abuse/Domestic Abuse*". Let participants know that they would work in pairs or groups to discuss the topic and encourage all to participate. Inform them that if anyone feels upset they are free to leave room for fresh air or a drink.
- Participants discuss the topic in pairs, then feed back to the whole group what they consider as intimate partner abuse (IPA), or domestic abuse. Write suggestions on the chart.
- Explain the definition: **Intimate Partner Abuse** can be classified as physical, verbal, emotional, economic and sexual abuse. This may also include controlling or coercive behaviour, threatening degrading acts sexual violence.
- Discuss the different acts suggested and determine who the perpetrators might be and in what circumstances. Establish that very often this abuse takes place within a relationship or marriage.
- Explain that intimate partner abuse occurs in all societies and in all social classes where the use of violence is a socially accepted norm. Ask participants to comment on this, drawing from their backgrounds and explain why.
- Now ask participants to discuss what are the drivers that might influence, or lead to the use of violence in a community?
- Answers could include – family background, factors related to childhood violence, violence between parents, and influence of school, family peer group and community in general.
- Explain that violence against women is a phenomenon that takes place in all countries. It is a big problem, both socially and in terms of human rights.

However, documenting the magnitude of the violence and producing reliable data to guide policy has been a huge challenge.

- Discuss some of the challenges in collecting reliable data. Mention some of the international initiatives. The 2013 United Nations Commission on the Status of Women focused on prevention and elimination of all forms of violence against women and the 2013 United Nations Commission looked at of all available global prevalence data from studies representative at national or sub-national levels. The UN estimates that more than 600 million women live in countries where domestic violence is not considered a crime
- End the session with a brief summary of the key issues discussed.

Notes for facilitator

See *Background Information* for types of IPV.

2.2. Physical and Mental Health Consequences

Materials and Time

None, 20 minutes.

Instructions for facilitator

- Introduce the topic. Allow participants time to reflect and note down possible consequences.
- Organise participants in groups and ask them to list the consequences of some types of abuse earlier identified e.g., psychological, financial and physical.
- Group leaders present their reports to the whole group.
- Have an open discussion on the issue. As facilitator, emphasise the following as you sum up: Intimate partner violence has long-term negative health consequences for survivors, even after the abuse has ended. Intimate partner violence is one of the most common causes of injury in women. In several cases, these problems linger on and can be physical as well as traumatic, resulting in flashbacks, or even suicide.

Notes for facilitator

Domestic abuse adverse impacts the health and well-being of women and that of their children. The health consequences of violence can be immediate and acute, long-lasting and chronic, and sometimes also be fatal depending on the type of abuse. Domestic abuse can result in immediate physical consequences such as injuries, bruises, cuts, broken bones and bleeding. Some forms of abuse can result in pregnancy

related problems, miscarriage, stillbirth and other complications and in some cases result in death.

Studies have also found that women with a history of abuse are more likely than other women to report a range of chronic health problems such as headaches, chronic pelvic pain, back pain, abdominal pain, irritable bowel syndrome, and gastrointestinal disorders. (World Health Organisation, 2012). Domestic violence can also result in long-term health and mental health problems. This can include chronic health problems, affect how including asthma, epilepsy, digestive problems, migraine, hypertension, and skin disorders. Domestic abuse can also have an enormous effect on your mental and emotional health, appearance depression and may lead to increased use of alcohol, drugs and other substances that can affect wellbeing of women and their children.

2.3. Legal Context – Intimate Partner Violence (National and EU level)

Materials and Time

None, 15 minutes.

Instructions for facilitator

- Explain that given the high prevalence of IPV in all regions of the world, the UN estimates that more than 600 million women live in countries where domestic violence is not considered a crime.
- Consequently, laws are important both to symbolize the unacceptability of IPV, as well as to provide a potential mechanism of legal recourse for affected women.
- Ask participants to mention some international laws to develop the discussion. You may list some of the international human rights covenants mentioned which influence national or regional laws.
- Emphasise also that at the national level, there is a need also to promote equal economic rights and entitlements for women—including equal access to formal employment, equal participation in education, and access to secondary education in some states—and to address potentially discriminatory family law that may limit women's ability to divorce or maintain custody of their children.
- Discuss the challenges of reporting this crime- It is much hidden.
- Refer to specific legal documents e.g. the UK Domestic Abuse Bill, and other recent initiatives. Refer to local laws and initiatives.

Notes for facilitator

See Background Information for notes on the UK, Belgium, and Spanish laws on IPV.

Identify data from national statistics on prevalence in your country to site in the training.

The Istanbul Convention defines domestic violence as “all acts of physical, sexual, psychological or economic violence that occur within the family or domestic unit or between former or current spouses or partners, whether or not the perpetrator shares or has shared the same residence with the victim”. It calls for disaggregated data and adopting the 4 pillars for tackling domestic abuse based on prevention, protection and support, prosecution and integrated policies.

The implementation of the provisions of the Istanbul Convention by states should aim to “protect the rights of victims, shall be secured without discrimination on any ground such as sex, gender, race, colour, language, religion, political or other opinion, national or social origin, association with a national minority, property, birth, sexual orientation, gender identity, age, state of health, disability, marital status, migrant or refugee status, or other status”. In addition, states should aim to include a gender sensitive perspective in the implementation of the Convention and to promote policies that focus on equality between women and men and to empower women.

2.4. Understanding the cycle of abuse

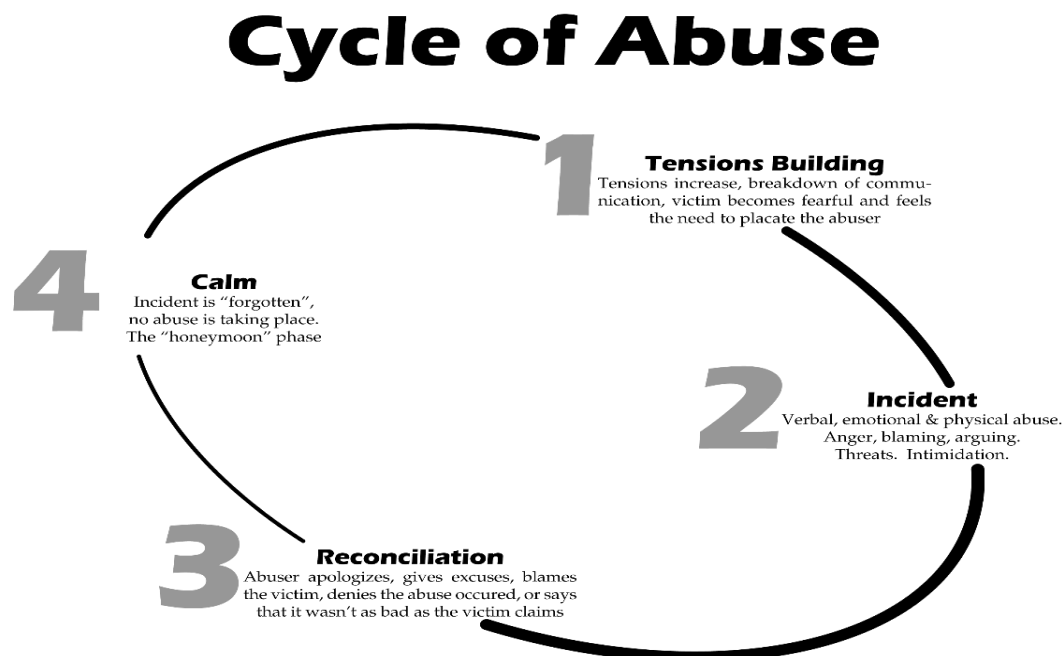
Materials and Time

Flip chart paper, pens, 45 minutes.

Instructions for facilitator

- Encourage participants to brainstorm on how they can identify affected women and girls. This task should be done in groups and written on flip chart paper.
- Allow groups to feedback, then have a general discussion on the presentations.
- The facilitator points out that:
 - The intertwined relations of abuse and physical and mental-health outcomes should be of interest to health-care practitioners who should also be able to identify them.
 - Abuse leads to many health problems and is a risk factor for many health-care problems. It contributes to factors such as smoking, poor nutrition, substance abuse, and stress. Therefore, interventions in these problems will not succeed without addressing intimate partner violence.
 - In developing countries, it must be done after establishing interventions that result in improvement. It is important that we also recognise the resourcefulness and many strengths of battered women.

- Next, introduce participants to the cycle of violence, as a way of understanding IPV.
 - Violence between partners is characterised by the control of the perpetrator. The **cycle of abuse** allows to explain and understand this process of control and domination. The cycle consists of four phases: climate of tension, the crisis, justification and the honeymoon. The author's aim is to maintain his control and power on his partner.



- Discuss the cycle of abuse with participants.
- Point out the difference between conflict and abuse:
 - Most couples have occasional disputes. Between members of a family/couple, one can may become angry, without negative consequences. It is important to distinguish the conflict from the violence in a couple.
 - Violence between partners is different thing to an argument. It is a process of power over, control, domination and isolation. It breaks the other one, frightens her/him and forces her/him to submit. When violence is exercised, respect for others and equality disappear. In a couple conflict, there is a form of co-responsibility; in the violence between partners, responsibility is the sole responsibility of the author.
- End the session by emphasising the importance of sensitivity, compassion and confidentiality.

Notes for facilitator

The session should seek to link with the discussions on power, control and social norms on women and women's agency.

The Duluth Power and Control Wheel (see <https://www.theduluthmodel.org/wheels/>) is based on the lived experience of women affected by intimate partner abuse and provides a visual explanation of the tactics men use to batter women. It shows that domestic abuse involves a wide range of behaviours (identified by the spokes of the wheel) which are reinforced by actual or threatened physical/sexual violence (shown on the rim of the wheel), with the main purpose of exercising control over the women. It demonstrates a pattern of behaviour which makes it difficult for women to leave such relationships. The Wheel helps to explain alternatives for a more equitable and non-controlling relationship.

Many migrant women who experience domestic abuse tend to face additional barriers based on their immigration status, dependency on their partners, pressure from family back home as well as social and cultural norms which makes it difficult for women to leave abusive relationships.

UNIT 2.5. UNDERSTANDING BARRIERS TO TACKLING VAWG AND BASIC COUNSELLING

1. Unit Objectives

- Awareness what may prevent women from seeking help
- Understanding counselling and interpersonal skills.
Understanding of what self-care involves and its importance.

2. Activities

2.1. Understanding barriers to tackling VAWG

Materials and Time

Flipchart paper, pens, 15 minutes.

Instructions for facilitator

- Welcome participants and do a quick activity to recap the previous day's discussions.
- Explain to participants that they would briefly discuss what may be barriers to tackling VAWG as this would helpful knowledge in the process of responding to VAWG.
- Ask participants to brainstorm and come up with a list of possible barriers. List these barriers on the Flip chart as they are mentioned and have a discussion on why they are barriers and what can be done to address these barriers.
- Example of barriers may be:
 - Language;
 - Immigration Status;
 - Racism;
 - Lack of knowledge or inability to access support services;
 - The list can go on.
- Discuss some of the points briefly and bring the session to an end. You will point out that awareness of some of barriers will be helpful in responding and offering support.

Notes for facilitator

This session seeks to break the hard discussions on gender -based violence and provides an opportunity to start to reflect on how to respond to GBV. This session can also form part of Module 3 on Responding to GBV. It is important that participants who are affected by some of these barriers can be sign posted for support – provide a trigger warning here to ensure that those who need support can speak up.

Materials and Time

Video link of Bob Newhart's "Stop It" (see Annex 2.5 for the link), 60 minutes.

Instructions for facilitator

- Introduce the session by telling participants that they will be looking at basic counselling. Start with definitions of counselling;
 - Counselling is often described as 'talking therapy'. The British Association for Counsellors and Psychotherapists (BACP) defines counselling and psychotherapy as umbrella terms that cover a range of psychotherapies. They are delivered by trained practitioners who work with people over a short or long term to help them change or improve their wellbeing (BACP);
 - What Counselling is not: giving advice; being judgemental; getting involved emotionally.
- Play the short video-clip of Bob Newhart's "Stop It". After the video, encourage discussion on what went wrong in the video, and ask participants to name them.
- Remind participants that counselling and talking with someone is intimate and should be done in an adequate setting. Provide a description of what is a suitable setting and what is not.
- Follow up the discussion with the second part of this session on interpersonal skills
- Explain that Interpersonal skills are the skills we use every day when we interact and communicate with others. When providing counselling support to our communities, we need to develop good, interpersonal skills, so as to be able to start building a trusting relationship.
- Ask participants, 'What are the common interpersonal skills we need?' Then discuss the most common interpersonal skills used in counselling: active listening, verbal communication and non-verbal communication.
 - **Active listening**
Explain that active listening is about making a conscious effort to hear not only the words that another person is saying but, more importantly, the whole message being communicated.
Discuss why active listening is such an important interpersonal skill and what could distract us from being able to listen effectively? Provide a comparison of good listening and bad listening. When someone is not

listening well, how might that impact the dynamics? Encourage participants to split into pairs and practice listening actively to each other.

- **Verbal communication**

Explain that verbal communication is written and spoken language, and examples includes -reflection; paraphrasing; summarising and asking questions.

Ask participants to split into pairs and to take turns to talk about something that has distressed them, with the partner practicing some verbal communication.

- **Non-verbal communication**

Explain that nonverbal communication is communication that occurs through means other than words, such as-gestures; facial expressions; body language/posture; tone of voice. Actively describe the different types of body communications, as an example what are the different facial expressions that a person can show. You could maybe invite a volunteer from the participants to show the group.

- Discuss what the different body messages might convey to the community member we might be communicating with. Explain to participants the SOLERF method in bodily communication i.e.:
 - Squarely face each other or pair participants in Zoom breakout rooms;
 - Open posture vs crossed arms and legs;
 - Leaning towards the person vs sitting laid back and rested;
 - Eye contact vs staring above the ceiling;
 - Relaxing and keeping it natural vs tense and uncomfortable;
 - Friendly looking vs neutral or scowling.
- In pairs, ask participants to practise the different styles of body speech with their partner and give feedback. Summarise, and end the session.

Notes for facilitator

For many participants this session may be the first time they have had the chance to discuss counselling. For many migrant communities, counselling is not viewed positively due to negative perceptions about counselling. Encourage participants to discuss their concerns about counselling and explore with the group the role of counselling as a support service for women who have experienced GBV and need specialist support to heal.

This session provides the end of module 2 and depending on how the training is run, this will be an appropriate time to do a reflection on the training and assess participants experiences of the training. This can be done by asking participants and to share their thoughts on how they feel, and any take away words or thoughts they have from the training. Annex 2.3 provides a sample training agenda for a weekend training. This can be adjusted based on the context of the training.

ANNEX FOR MODULE 2

Annex 2.1. Female genitalia



Annex 2.2. Video link required to Activity 1.2

Our daughters, Part 2 of 5, link found here: <http://www.maykindredboothby.co.uk/end-fgm---our-daughters.html>BOOTHBY

Annex 2.3. Sample Programme for a weekend training

Friday evening		
Second residential training - Module 2 Exploring types of VAGW	Setting the scene	2 hours
	<ul style="list-style-type: none"> Reflections on previous module and setting the scene for Module 2. Screen a suitable film on violence against women that focuses on different forms of GBV 	
	Reflections and Group Discussions on Domestic Violence	
	Saturday	
		2 hours
	UNIT 2.2. Introduction to Forced Marriage	2 hours
	2.2.1. Understanding basics of Forced Marriage	
	2.2.2. Social cultural context of Forced Marriage	

	2.2.3. Impact of Forced Marriage 2.2.4. Forced Marriage- Understanding the legal framework 2.2.5. How to respond	
	UNIT 2.3. Introduction to Sexual Violence and Abuse 2.3.1. Definition and types of Sexual Violence and Abuse 2.3.2. Social and cultural context 2.3.3. Physical and mental health consequences 2.3.4. Legal Context-National and EU level 2.3.5 How to identify women and girls affected and at risk	2 hours
	UNIT 2.4. Introduction to Domestic Violence (Intimate Partner Abuse) 2.4.1. Understanding the Basics of Domestic Violence 2.4.2. Physical and Mental Health Consequences 2.4.3. Legal context (National and EU level) 2.4.4. Understanding the Cycle of Abuse	2 hours
	Sunday	
	Unit 2.5. Understanding Barriers to Tackling VAWG & Basic Counselling 2.5.1. Barriers to seeking help for women and girls 2.5.2. Understanding basic counselling and Interpersonal skills	
	Evaluation of the second module	

Annex 2.4. Video link for 'Tea Consent' for Activity 2.3.2.

Link found here: <https://www.youtube.com/watch?v=oQbei5JGiT8>

Annex 2.5. Video link of Bob Newhart's "Stop It for Activity 2.5.2.

Link found here: <https://www.youtube.com/watch?v=soNxvuqXL7U>

MODULE 3: RESPONDING TO GBV

MODULE OVERVIEW

This module provides participants with skills, tools and strategies that can be used in their work at the community level to respond to GBV. It provides opportunities to share experiences on community engagement standards, how to mobilise communities, facilitation skills and how to communicate effectively to resolve conflict. There is a lot of focus on experiential learning and practicing core skills. The module consists of five units starting with Unit 6.

Unit 3.1. The Role of Peer Educators

It explores the roles of community advocates and peer educators and outlines key leadership qualities needed to lead community support and prevention action.

Unit 3.2. Communication, facilitation and ICT skills

It provides communication and facilitation skills and strategies for the delivery of outreach. It provides skills for working as a Community Advocate and the opportunity to be effective in communicating a message, as well as in facilitating community work.

Unit 3.3. Understanding social change

It explores social change and what is needed to advocate for sustained change in cultural norms and practices, as well as tactics required for working with others to influence change. The unit also explores the added value of strategic alliances and networks, in addition to developing critical friends for advocating for stronger social change.

Unit 3.4. Community mobilisation and outreach support

It outlines ideas for community mobilisation, the provision of community support services, and what will be needed to roll out the ACCESS programme at the community level. A Community Mobilisation Strategy provides direction on how enabling communities to engage and own the process of improving their wellbeing and understanding of GBV.

Unit 3.5. Module reflections and final evaluation

It is the end of the training module and provides an opportunity for trainees' reflections on the training programme and a final evaluation of the whole training.

Facilitators notes

This final module should run over the weekend period starting Friday night and ending on Sunday afternoon. This module should also build on the previous two modules as they provide the content for responding to VAWG.

As the aim of this module is to enable participants to practise, it is important to allow people sufficient time to reflect and discuss. You should try to incorporate unstructured time into the workshops for this purpose and allow participants to reflect and discuss. Note that a lot of the learning and skills building takes place in the safe and secure space of people being able to talk with others and practise.

Encourage participants to refer to handouts provided, as these can also serve as a resource for the group at a later stage.

Remember that the training should always be co-delivered, so there is a trainer to stand by to do pastoral duties if needed.

Remember to use energisers and ice breakers in between units to enable participants to relax and refresh their energies.

Preparations & resource materials

- Flip chart and paper
- Marker pens
- Power Point presentation
- Stop clock
- Pre-evaluation questionnaires
- Laptop
- Projector
- Film clips
- Facilitator's Notes



BACKGROUND INFORMATION

This section provides some basic information, definitions and concepts that the facilitator might need to refer to when planning carrying the activities in this training. These resources are not exhaustive, so the facilitator may have to refer to additional resources on specific subjects. Each training unit also provides specific notes to guide the facilitator.

1. Peer Educators or Community Advocates

- Peer education is an approach to [health promotion](#), in which community members are supported to promote health-enhancing change among their peers. Peer education is the teaching or sharing of health information, values and behavior in educating others who may share similar social backgrounds or life experiences.
- Peer Educators are a group of people or individuals who are committed or motivated to making change happen within their communities through peer education. Often this motivation could be the result of a number of factors:
 - People who have experienced the effects of the problem on themselves or their loved ones and want to be involved in finding solutions to tackling the problem.
 - People who are resolved to making a change and could be termed 'positive deviants' and are prepared to show that they are different and can be encouraged to share their experiences with others.
 - People who, by the nature of their exposure and personal inclination, believe in social change to empower women and children.
- Peer education typically involves the use of members of a given group to affect change among other members. A peer education role consists of three, core areas called 'the three Ps':
 - **People:** refers to individuals that you are connected to as a peer - those who are in your social networks. This connection may be based on age, background, shared vision or goal. As a peer educator or advocate you will interact with people at differing levels. The ability to interact is critical and your role serves to build bridges.
 - **Process:** outlines the 'how' of a peer educator. What is the medium or tools that you use to interact with your peers? This may be by sharing experiences, encouraging others, listening, having dialogue and supporting them to resolve their situation or problem.
 - **Product:** This would be the final outcome or result of the process, change in attitude in the community, access to information or services, or increased awareness.
- Examples of the roles and responsibilities of a peer educator:
 - Client advocate;
 - Educator;
 - Active Listener;

- Help find resources such as employment, social services, mental health & medical services;
- Care about peer;
- Model self-care;
- Make themselves available to peers they serve;
- Know that everyone has a different experience;
- Encourage peers to ask questions;
- Bridge gaps with providers and case managers;
- Act direct, clear and assertive.
- Sample definitions of what leadership entails:
 - A process of taking people from one destination to another, and makes decisions on their behalf;
 - Someone who influences and guides others or a group toward the attaining a goal or vision.

2. Do No Harm Concept

- The concept comes from medical practice and traces its origins to the Hippocratic Oath. Doctors are required to swear this oath to Do No Harm.
- Harmful effects are often unforeseen and unintended: well-meaning individuals or organisations can easily make mistakes and 'get it wrong'.
- Harm can be avoided through careful consideration of the complexity and sensitivities of the issue.
- Do No Harm Principles support you in the development of communication messages and activities.
- You can use to Do No Harm principle to guide your work. For example, by providing supervision support, practising ongoing self-care and seeking support from other advocates.
- One example of implementing the Do no Harm principle is by avoiding showing shocking images. Shocking images can be traumatic and will need to be avoided, as those affected can be adversely affected.
- Addressing the principle of "Do no Harm" in community engagement involves:
 - Recognising the potential negative effects of interventions or process;
 - Taking into consideration effect on beneficiaries, but also the wider environment;
 - Taking a step back and reflect on the impact of the intervention;
 - Exploring the quality of relationships with beneficiaries.

3. Communication

- Communication is giving, receiving, or exchanging ideas, data, information, signals or messages through appropriate media, enabling individuals or groups to persuade, to seek information, to give information or to express emotions.
- Communication is a continuous and dynamic process involving more than one person. It is a cyclic process denoting continuous flow of information. It essentially involves sender, message and recipient. The sender conceives ideas and encodes them into suitable medium (facts, figures, pictures), then sends them through an appropriate channel (email, phone, speech) to the recipient. The recipient decodes the message, understands it and encodes feedback and sends it to the sender. The process continues.
- Barriers to communication:
 - Talking down to people;
 - Group size and status;
 - Inability to listen;
 - Personality difference (introvert / extrovert, not allowing feedback).
- Interpersonal communication is not just about what is actually said - the language used - but how it is said, and the non-verbal messages sent through tone of voice, facial expressions, gestures and body language.

4. Defining the role of a facilitator

The role of a facilitator is to make the learning experience inviting, engaging, safe and beneficial to all who participate. Facilitation involves enabling people discover things on their own by leading discussions, guiding meetings and/or learning sessions; not giving instruction. The facilitator works with the group to empower them to identify problems and develop solutions through discussion rather than doing it for them. This is because the participants are experts on the issues that affect their lives.

There are different styles of facilitation - they include:

- *Guidance and direction*: providing information and guidance on how to do things, this includes providing templates and tools.
- *Exploratory*: asking questions, encouraging people to share their experiences and ideas. Use of the ORID Method to explore and debrief:
 - **O**bservation - what did you see?
 - **R**reaction - how did you feel?
 - **I**nsights - what did you learn from this event or experience?
 - **D**ecisions - what will you do about this?

- *Delegating*: assigning tasks, roles and processes to participants. This might include planning a facilitation training session with a group, assigning rapporteurs, chairing group discussions and leading sessions.
- *Participative*: encouraging active engagement in the training or event, sharing your personal experiences and encouraging others to contribute their views and ideas, as well as experiences.

A facilitator needs to be²

- *A model*: Show by your words and your body language that you like and respect the group and want to hear everyone's views
- *A leader*: Set the agenda, keep the group focused on the agenda while following the ground rules, challenge views positively. Be honest about your own limitations and weaknesses and be able to laugh at yourself.
- *A referee*: make the group follow the rules, keep to the agenda, allow equal speaking time, bring out the quiet participants and help create boundaries for those who talk too much.
- *A peace builder*: Encourage the group to work well together by accepting, understanding, and supporting each other, especially through the hard times; make it safe to speak and share and hear the differing viewpoints, calm conflicts, look for solutions, change direction.
- *A cheer leader*: create team spirit, give support, encourage the group to achieve goals.
- *A prophet*: inspire and challenge the group's visions for a better future.

How to be an effective facilitator

- Be patient;
- Listen to others and show that their opinions are valued;
- Be open to learning from their experiences, so information flows in both directions;
- Encourage the group to discover solutions for themselves and take responsibility for their own learning process;
- Trust in other people and their abilities;
- Keep the group and the agenda moving forward;
- Able to create an enabling environment;
- Involve everyone;
- Decisions are made democratically;

² Adapted from Women in Peacebuilding - Resource & Training Manual

- Creative and innovative thinker;
- Need to be flexible and adapt to situations.

Skills for effective facilitation

- Good planning skills;
- Keep participants involved;
- Good communication;
- Resolve conflicts.

Strategies for Managing Conflict

- Appreciate and acknowledge the view of others;
- Use neutral language and tones if addressing a situation;
- Focus on addressing the interests of both sides of the conflict;
- Negotiation is a give-and- take decision making process;
- Always ensure you end communication on a positive note.

5. Community Engagement

The 10 core standards of Community Engagement

- *Assessment and planning*

Aim to understand the context of the community you are working with. Find out more about the social norms which underlie the practice of GBV; the decision-making processes, the power relations and the addressees' knowledge and stage of readiness to deal with GBV. It is important to identify existing resources and capacities within the community, together with the barriers and challenges for different groups within the community. Use a range of methods including participatory tools and secondary data from local sources. Gather evidence of community needs and agree on the aims, scope and timescale of the intervention and the actions to be taken. Information sources include focus group discussions, consultations and local governments.

- *Methods of Engagement*

Effective community engagement requires methods that are fit for the purpose. They should be acceptable to participants, suitable for their needs and circumstances, and appropriate for the purposes of the engagement. Methods used should also aim to identify, involve and support excluded groups such as affected women and girls, men and marginalised ethnic communities. Common methods used to engage communities include workshops, the use of peer educators, community champions or ambassadors, outreach, and events. The form of community engagement and the methods to be used will depend on the context of the community and the initial

assessment. This should focus on integrating a holistic approach. Methods of engagement should also utilise experiential learning, which is based on lived experience and knowledge of community members.

- *Participation and representation*

Acknowledge the diverse needs, interests and roles of community stakeholders and ensure representation from essential groups. You should also ensure that the community is well informed and consulted and that the voices of different groups are reflected throughout the different stages of assessment, design, implementation, monitoring and evaluation. Think about the processes used for recruitment – what are they?

- *Barriers to access*

In many community engagement activities, access becomes a major barrier to participation. It is important to identify and address barriers that affect effective engagement of communities and plan to ensure that these barriers are addressed as much as possible. Common access issues include: lack of transport, inaccessible venues, failure to provide childcare or reimburse costs, timing of meetings that do not take account of women's gender roles and childcare responsibilities and language barriers. As much as possible it is best to organise events closer to the communities instead of calling community members to come out to meet you.

- *Communication tools*

Identify the best means to communicate messages, information and ideas. Ensure that the medium is effective by planning this at the beginning of the engagement; think about the content and audience, e.g. outreach; visuals, posters, fliers and word-of-mouth. Because GBV remains a sensitive area, visuals - if not chosen with care, can sensationalise and potentially alienate communities.

- *Empowerment and leadership development*

Aim to facilitate or create an enabling environment to support women's empowerment and leadership development. It is important to motivate communities to lead change at both the individual and community levels through capacity building and skills development. Create spaces for reflection and discussion, knowledge creation and networking with other women. Ensure protection for those who speak out to establish a safe environment for community engagement.

- *Do No Harm approach*

This focuses on ethical issues that may arise during community engagement which can potentially harm or further re-victimise affected women and girls. It is therefore

important to know what support services are available in the local area and be able to provide support, signposting or referrals for those who need them. Because GBV is a sensitive matter and communities may be affected in diverse ways, tact and training are required when listening to concerns, needs and experiences of women and girls. It is also possible that discussion sessions may trigger flashbacks or recall in some women and young girls of their own experience of GBV. Moreover, girls or women who have chosen to work on GBV may experience fear and insecurity resulting from community backlash.

It is important to inform participants of this risk and discuss ways in which people could be protected and supported. In addition, many women who conduct outreach work on GBV have found it to be emotionally draining and will need exercises or activities to bring emotional closure to the issues that have been raised through the session.

- *Accountability and transparency*

To remain accountable and responsive to the community and to ensure that community concerns and aspirations are understood and considered, peer educators should always be transparent with regard to their work and the project's mission and standards. Despite the fact that most community work is under-funded and/or projects are only funded over a short period, transparency and accountability should remain a top priority in community work. Be mindful that community members may have expectations about the engagement process that cannot be met. Organisations need to be clear on their legal, ethical and safeguarding obligations in relation to information given, consent and confidentiality standards, etc.

- *Partnerships and collaboration*

Aim to develop cooperation and effective partnerships with the community and other organisations and actors to ensure that the engagement is integrated and collaborative. Providing a comprehensive approach also requires addressing support and related needs of community women and girls. This can only be achieved through collaboration, linking and partnerships with other stakeholders and services. As much as possible, work through community-based organisations, local and national authorities, specialist health services, police and statutory agencies to build bridges.

- *Monitoring and evaluation*

This should form a key part of the programme and helps to assess the methods used, the processes, challenges and opportunities to gather feedback. Aim to use participatory methods where possible and include community members for monitoring and evaluation of the community engagement activities.

6. Community Support Services

Migrant women can be affected by multiple forms of GBV and as such experience multiple trauma so access to community support services should acknowledge these experiences and seek to tackle these multiple forms. This may require providing access to different therapies and support services.

Increasing women's agency and mobilising women to come together to know and claim their rights is critical in combating violence. This includes providing women-only safe spaces, supporting women to become financially independent, providing training on rights and supporting women to take leadership positions.

It is local and national women's rights organisations that are best placed to lead and deliver effective community support services.

Signposting takes place before an organisation has started in-depth work with a client about a query. When signposting, an adviser has relatively little information about the case. If an adviser has seen the client for a second or third time about the same issue, but can no longer deal with the client's queries, it is good practice to refer him or her, as some work has already begun with client. It normally takes place when the client first visits an organisation with a new problem. It describes the process of giving a client the details of other organisations that would be able to help them.

Referral describes the process of contacting an alternative organisation to work with the client when an adviser has reached the limit of their competence in a particular area of advice. A client is referred on to an advice provider that can take the case forward, for example, a solicitor or other specialist, such as an advice service that can deal with an appeal tribunal. With a referral, it is good practice for the adviser to make contact with the alternative organisation and make any necessary arrangements with them in order to ensure that the case is continued smoothly, this normally includes arranging an appointment. As referral is a more detailed process than signposting it is good practice to complete a referral form. The form should include key details about your organisation and the referral organisation. A copy should be given to the client and one kept for your records.

Do's and Don'ts for Effective Referral

Do's	Don't
<ul style="list-style-type: none">• Create a safe space and record carefully	<ul style="list-style-type: none">• Make decisions for the client
<ul style="list-style-type: none">• Use a trusted interpreter if necessary	<ul style="list-style-type: none">• Ask them what caused the violence

<ul style="list-style-type: none"> • Take the client seriously 	<ul style="list-style-type: none"> • Pressure the client to make a decision
<ul style="list-style-type: none"> • Reassure when required 	<ul style="list-style-type: none"> • Ignore client's beliefs/fears of threat
<ul style="list-style-type: none"> • Prioritise immediate safety 	<ul style="list-style-type: none"> • Give out clients' personal information
<ul style="list-style-type: none"> • Listen to what they want 	<ul style="list-style-type: none"> • Make assumptions about other service providers
<ul style="list-style-type: none"> • Respect individuals 	<ul style="list-style-type: none"> • Use mediation
<ul style="list-style-type: none"> • Create a safety plan 	<ul style="list-style-type: none"> • Make decisions for the client
<ul style="list-style-type: none"> • Don't be judgemental 	
<ul style="list-style-type: none"> • Liaise with other community organisations and refer when necessary 	
<ul style="list-style-type: none"> • Always follow up 	

For additional guidance see this position statement from the End FGM European Network which outlines the critical role of community engagement in tackling female genital mutilation (FGM) within Europe. This statement applies to tackling GBV within migrant communities. The statement provides guidance to key stakeholders on effective strategies for working with communities.

- <https://www.endfgm.eu/resources/end-fgm-network/community-engagement-position-paper-strategies-for-effective-community-engagement/?page=&writer=&document=&topic=cilitator>

UNIT 3.1. THE ROLE OF PEER EDUCATORS

1. Unit Objectives

- To understand the role of Peer Educators and clarify expectations about the work to be done at a community level.
- To reflect on the qualities and characteristics of a good leader and its significance to the role of Peer Educator or Community Advocate.
- Explore issues that can potentially cause harm to themselves or their peers and develop strategies that can be used to mitigate or minimise harm.

2. Activities

2.1. Understanding the Role of Peer Educators

Materials and Time

Flip chart papers, pens, 1 hour.

Instructions for facilitator

- Give a brief introduction to the unit by sharing the objectives of the unit.
- Start the session by asking participants to turn to their neighbour and discuss what they understand as the role of a Peer Educator and what makes a good Peer Educator. Give 5 minutes for this task.
- Ask 3-4 participants to share their discussions and have a short discussion on their understanding of the role and their experiences of working as Peer Educator.
- Point out that there are other terms used for 'Peer Educator' such as term 'Change Agent', 'Community Mediator, and 'Community advocate'. These terms are often used interchangeably. In some countries they prefer a particular term. In general, the role is to engage others in meaningful discussions by listening and sharing experiences with the goal of supporting and making a difference, or making a change relating to an issue affecting a community.
- Provide the definition of a Peer Educator/ Community Advocate and explain the 3 P's that are key to peer education (see *Background Information*).
- Write the three p's on the flipchart paper so that everyone can see.
- Ask participants to work in groups for 15 minutes and come up with a job description detailing their responsibilities as Peer Educators/Community advocates for the ACCESS Project. Include the following:
 - What tasks will be required in the role?
 - What knowledge is required?
 - What skills are needed?

- What qualities are required?
- Ask the groups to report their work and agree on a job description which incorporates all the key ideas that have been outlined.
- Ask participants to use creative ways to present their ideas to the group.
- Ask participants to reflect on their work and have a general discussion on how they see their role in the ACCESS Project. Emphasise how these skills apply to their upcoming outreach work.
- Wrap up the session and conclude with a brief discussion on boundaries and strategies for developing professional boundaries in their work as peer educators.

Notes for facilitator

Remind participants that boundaries enable us to develop effective ways for working to make us safe and healthy, by agreeing limits on how we work. It is also important to be clear at the start of the role as to what the limits are, and to stick to this and not feel guilty about it. Conclude that boundaries will be further explored in the session on 'Do No Harm'.

2.2 Developing Leadership Skills

Materials and Time

Flip chart paper, 20 minutes.

Instructions for facilitator

- Ask a few participants to name "a leader" they know and share why they consider that person a leader. Write down some of the key issues that are raised on flipchart paper.
- Ask participants to define what a leader is.
- Write down the definitions given and then agree a common definition of leadership. Remind participants that leaders can be formal or informal.
- Put up examples of quotes from a range of leaders and ask participants to reflect on these quotes and the implications of these quotes for their role. Ask participants to choose a quote that they like and share what they like about the quote. Here are some examples - identify quotes from your context where possible.

Examples of quotes

"It's the little things citizens do. That's what will make the difference. My little thing is planting trees." - Wangari Maathai, Kenya Nobel Peace Laureate

"If you think you're too small to be effective, you've never been in bed with a mosquito." - Wendy Lesko, President Youth Activism Project

"When spider webs unite, they can tie up a lion." - Ethiopian proverb

"Never doubt that a small group of thoughtful committed people can change the world. Indeed, it is the only thing that ever has." - Margaret Mead, cultural anthropologist

"If your actions inspire others to dream more, learn more, do more, and become more, you are a leader." - John Quincy Adams

- Ask participants to brainstorm 'What are the qualities of effective leaders?'. Write responses on a whiteboard or flip chart. Prompt participants where possible to think about leaders they admire and the qualities that those leaders have that make them effective.
- Discuss the qualities that participants think are most important for a leader to have, then compare these qualities to those that were outlined in the previous unit on developing qualities for a peer educator.
- Remind participants that Modules 1 and 2 have provided opportunities to increase knowledge on the issues and this module will enable participants to acquire new skills, enhance existing skills and practice skills needed to perform the role of community advocate.

Notes for facilitator

See the background notes for additional information for the session.

Examples of effective qualities of a leader include: open-minded, non-judgmental, flexible, patience, compassionate, connecting with others, truthful, supportive, positive attitude, encouraging, focused, sincere, respectful, warm, good listener, assertive, empowers others.

2.3. Understanding Do No Harm Principles

Materials and Time

None, 30 minutes.

Instructions for facilitator

- Explain the background of the "*Do No Harm*" concept. Stress that the "*Do No Harm*" focus is to help prevent harm to the peer educator and to the community, and it is important to ensure that whatever is done in the provision of community-based services, will not cause harm or damage.
- Ask participants to share their thinking on what is "*Do No Harm*".
- Develop an agreed understanding of "*Do No Harm*" concept.
- Split participants into small groups and ask them to discuss the following points:
 - How might key actors potentially perceive the ACCESS programme?
 - Who might be harmed by the programme? (Including emotional harm)
 - What boundaries can be put in place to support your work as peer educators?
 - What risk mitigation strategies do we need to put in place? How/why?
- Ask participants to do this exercise in groups for 15 minutes to discuss how their work as Peer Educators could potentially create harm and how they could mitigate these issues.
- Identify key risks in the provision of community-based services as advocates and what could be done to mitigate these risks.
- Ask participants to share their discussions and follow up with a group discussion.
- Conclude the unit by stressing the important role of "*Do No Harm*" in the work of Peer Educators.

Notes for facilitator

It is important to recognise the range of issues that they might encounter in working with communities. This could be in the form of backlash from gate keepers, fear of change and losing power. Changing GBV is a challenge and as such there is need to plan, assess risk and prepare. There should also be ample opportunities during the training to do self-care as a way of demonstrating the need to do self-care as a habit which should form part of their daily routines as peer advocates and community champions.

UNIT 3.2. COMMUNICATION, FACILITATION AND ICT SKILLS

1. Unit Objectives

- Understand effective communication and community outreach techniques and tools, including tools for handling difficult conversations.
- Explore qualities and skills that are needed to become an effective facilitator.
- Develop strategies for addressing conflict and difficult people when facilitating.

2. Activities

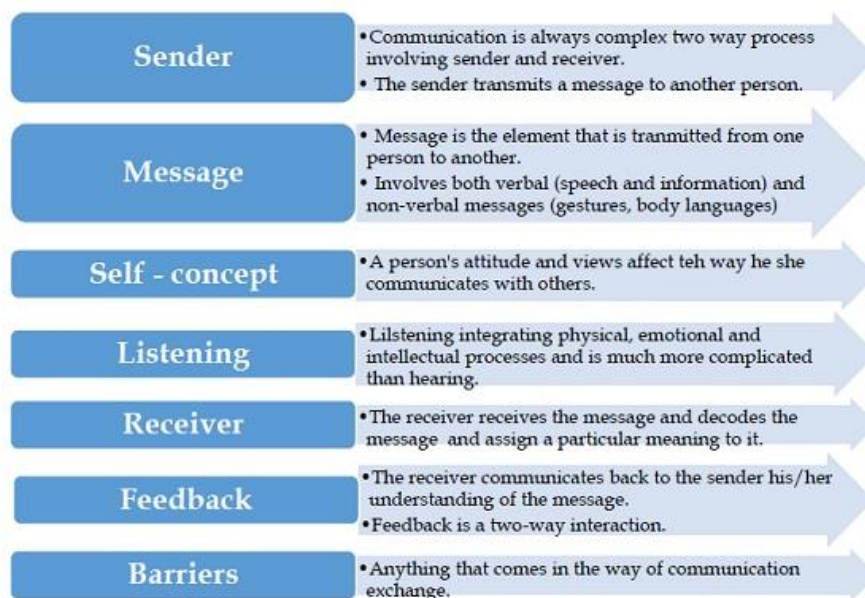
2.1. Understanding Communication Skills

Materials and Time

Flipchart papers, post-it notes, pens, 30 minutes.

Instructions for facilitator

- Explain the objectives of the unit and indicate that being able to communicate effectively is a crucial part of the role of Community Advocates. Briefly link the session to the previous module session which touched on elements of counselling.
- Ask two or three participants to define what communication is and the importance of communication in the work of Peer Educators/Community Advocates.
- Write these on a flipchart. A possible definition of communication is provided in *Background Information*.
- Point out to participants that communication is usually a two-way process. It is not just giving information or signalling someone, it involves understanding the information or signals by the receiver.
- Show participants the image below (either on a projector, laptop or printed), and ask them to get into groups to discuss and list essential elements of good or effective communication, then give feedback on the responses.



- Next, ask participants to discuss in groups the characteristics of an effective message and write them down on post it notes. After 10 minutes, ask them to feedback to the group.
- Examples of characteristics of an effective message should include the following:
 - Clear and concise
 - Compelling
 - Contrasting
 - Connected
 - Consistently delivered
 - Truthful and credible
 - Uses clear language
 - Speaks to the heart
 - Targeted
 - Repeated
- Post the information on the wall and go round to review what has been developed and discuss what these characteristics mean for developing messages for outreach work and prevention activities.
- Wrap up the session by summarising the key issues raised.

Notes for facilitator

- Remind participants that communication is central to delivering the work of peer educators and community advocates. However, there are also many barriers to effective communication, so it is important to recognise these barriers and address them. Conclude that we all need to learn to communicate better to enable our message to be heard. We should understand our style of communication and continuously practice our communication.

Materials and Time

None, 30 minutes.

Instructions for facilitator

- Tell participants that the aim of the session is to enable participants to reflect on appropriate communication tools required in outreach activities. We will identify a range of tools and explore their suitability for our different interventions.
- Ask participants to discuss with their neighbour their favourite communication tools and channels that they use and explain why they prefer this communication channel. Write on the flip chart the ones that have been named and ask them to brainstorm other forms of communication channels that they know of.

Possible answers include	
• Door-to-door canvassing	• Internet
• Newsletter or other mailings	• Text messaging
• Campaign posters	• Phone calls
• Public forums	• Podcast
• Emails	• Twitter
• Newspaper columns	• Instagram
• Radio programs	• Face to face meeting
• Individual meetings	• Press release
• Television	• WhatsApp
• Letters	• Reports

- Next, ask participants to sit in four groups, develop a list of tools for their outreach work and discuss in what circumstances these might be used. They should also identify the advantages and disadvantages of these tools.
- Feedback to the group and discuss tools which they all agree will work for them in their outreach activities. The choice of what communication channel to use will have a bearing on how effective the communication is, given the context.
- Conclude the session with a summary of the role and benefits of social media in community engagement and outreach.

Notes for facilitator

Some benefits of social media include:

- It allows us to expand our **reach**, foster **engagement**, and increase access to **credible messages**;
- Engage with the (wider) **public**;
- Engage with **specific targeted** audience;
- Disseminate information in a **timelier** manner;
- Increase the potential **impact** of important messages;
- Create different (more personalised) messages to reach **diverse/particular audiences**.

An alternative activity will be to use the *Great Debate activity*.

- Introduce the session by outlining that it explores the important role of building alliances and networks for social change. It also provides an opportunity for participants to explore practical ways of reflecting on these strategies;
- The session will use the *Great Debate* Format. Great leaders are often required to be good at debating the issues they stand for;
- Divide participants into two groups. Group 1 will argue for the motion and Group 2 will argue against the motion;

Group 1: Building networks and alliances for ending GBV is the only way to build a critical mass for real social change.

Group 2: Ending GBV should focus on prevention and working with the individuals, as change should be from within. Working through networks and alliances is very problematic and challenging.

- Everybody in the group must contribute to this task and will be required to support the preparations. Each group will have 3 speakers with the following rules:
 - **Chairperson:** Introduces the team, the topic and gives a brief overview of the arguments (2mins)
 - **Main Speaker:** Argues the point (5mins)
 - **Concluding Speaker:** Thank the main speaker and chairperson and gives a final summary of the argument (2mins)
- Once each team has argued, the opposing team can ask 3 questions to either the 3 speakers, or for any other member of the group;

- The facilitator should watch the time and cut off speakers once they reach their time-limit;
- After the debate, invite the floor (those participants who did not speak) to contribute to the discussion;
- After the contribution from the floor, ask participants to vote based on how convincing the arguments have been;
- Close the session with a discussion on their experiences in doing the debate.

2.3. Understanding Facilitation skills

Materials and Time

Flipchart paper, 30 minutes.

Instructions for facilitator

- Write the quote below on the flipchart. Ask participants to comment on the quote and give their views in relation to the meaning of facilitation.

"Facilitation is the art, not of putting ideas into people's heads, but of drawing ideas out." – Anonymous

- Agree upon definition of a facilitator, refer to the Background Information section. Write this on the flipchart paper. Introduce participants to the ORID Method:



Sometimes, this can also be described as the "*Analysis Framework*":

- What did you see / hear?
 - How did you feel?
 - What do you think?
 - What will you do?
- Divide participants into 3 groups and allocate questions 1-3 to each group. All groups will be required to also work on question 4.
 1. Discuss the difference between teaching and facilitation and what the advantages are between the two.
 2. Discuss characteristics and skills of an effective facilitator.

3. Discuss common challenges you can encounter during facilitation and how you will address these challenges. WHAT IF...
 4. Discuss practical issues that you will need to do when planning to facilitate a meeting or a workshop at community level.
- Groups present their responses, followed by general discussion on the exercise and call on one or two participants to share their insights on why it is important for Peer Educators to use facilitation in their community engagement work instead of teaching.

Notes for facilitator

Potential responses in the exercise could include the following	
Teaching	Facilitation
Presents their own knowledge	Based on knowledge of participants
Information flow is from teacher to student	Information involves exchange of experiences
Based on a formal rigid relationship	Based on equal relationship and collaboration
Students have to give the right response	Information is drawn from experiences and therefore not focused on wrong or right
Presentation of information is rigid and formal	Use of practical and participatory methods

Facilitation must always aim to have a purpose, a plan on what to do and a method for achieving the purpose. Some practical issues that a peer educator will need to think through before they embark on facilitating either a training, meeting or event will include the following:

- Be clear about who will be your target audience, will they be from the same community, what are their needs and what do you know about them
- Clarity your purpose and what you want to achieve with the activity.
- Plan what you want to do. Ask critical questions about what approach you want to use; what methods will work; how much time you have; what resources do you have; what materials or tools will you need etc. Who will you co-facilitate

with. Include your co-facilitator in all stages of the planning. It is always best to have two people to co facilitate as this helps share ideas and support each other.

- Have a Plan B for any unexpected events. This will ensure that you will be prepared for any eventualities.

UNIT 3.3. UNDERSTANDING SOCIAL CHANGE

1. Unit Objectives

- To understand social change and advocacy and explore practical steps for making change happen.
- To explore challenges and barriers in advocating for social change.
- Understand the importance and value strategic alliances and networks

2. Activities

2.1. Advocacy and social change strategies

Materials and Time

Old newspapers, a box, flipchart papers, pens, 45 minutes.

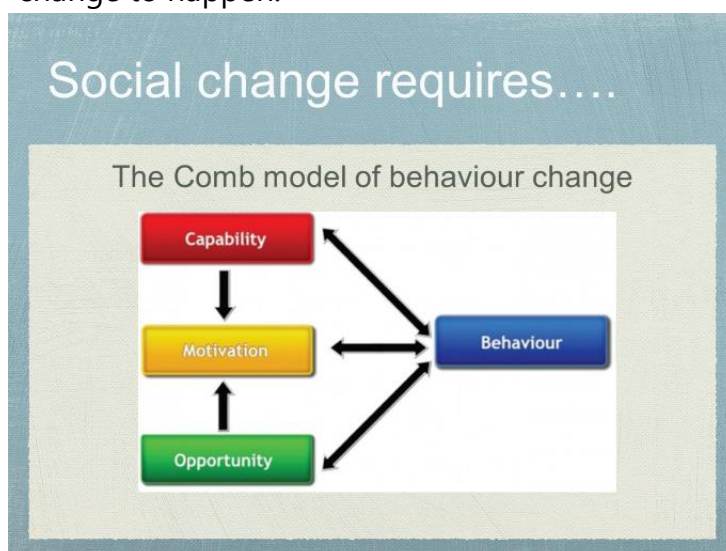
Instructions for facilitator

- Start the session by introducing the training objectives and the role of Peer Educators level. Mention that there will be challenges in tackling complex situations such as VAWG and to introduce this, do the following exercise, called 'Drowning Babies'.
- Prepare ahead of time some old newspapers. Roll the papers into small balls the size of a golf ball or table tennis ball and put all the paper balls into a small container or box.
- The paper balls in this exercise represent babies. The rationale is to throw out the balls and for participants to save as many of the balls as possible.
- Place a chair in the centre of the room and ask participants to come around the chair. The trainer should stand on the chair holding the box or container and read out the instructions to the group:

"In the training village, babies are often being thrown into the river in the town and Peer Educators are all very concerned about this huge social problem. Your role is to make sure that you save as many babies from drowning in the river below. The aim is to save as many babies as possible to help change this huge social challenge."

- The trainer should start to throw the balls slowly in different directions and then increase the number of balls being thrown around. When all the balls have been thrown, ask the participants to show how many babies they were able to save then return the balls back into the container/box.

- Ask participants to use the **ORID Method** to reflect on the exercise on drowning babies. Ask participants to divide into four groups and each group to do the task.
 - **Observation:** What did you observe in the exercise including how participants responded? What was happening with the group?
 - **Reaction:** How did you feel trying to do this activity and what did you feel about saving the babies? What was the reason for this?
 - **Insights:** What did you learn from this experience about strategies for taking action to address a problem and bring about change?
 - **Decisions:** What could you do about this problem and what other strategies could have been used to solve this problem and make lasting change?
- Conclude the discussion on the drowning babies by asking participants to discuss in their groups two questions: What is social change? What is advocacy? Ask each group to share the agreed definition from the group and write them on the flip chart.
- Reinforce the meaning of these concepts:
 - **Advocacy action** refers to taking action including speaking up and out with the aim of influencing others to make social change.
 - **Social change** refers to any shift, transformation, or change over time in social and cultural norms which results in **social** consequences. Social change focuses changes at the community or societal level. Social change goes through a number of phases and requires understanding the context of people.
 - **Social change requires three critical elements:** capability, information and skills, motivation to change and creating opportunities for the change to happen.



<https://www.laterlifetraining.co.uk/com-b-behaviour-change-model-mitchie-et-al-2011/>

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- Remind participants that often people see the strategies for advocacy action and social change as similar.
- Divide participants into groups and give each group 3 of the cut-out words. Cut out the words ahead of the session using the strategies provided below. Ask each group to choose one of the three strategies and discuss in groups what the strategy involves, outlining the advantages and disadvantages of using these strategies in tackling different forms of VAWG. Share experiences from the group on how these strategies have been used. Allow 15 minutes for this exercise and feedback discussions to the bigger group. Summarise the key issues.

Examples of advocacy strategies

- Awareness raising
- Community dialogue
- Education and information
- Empowerment
- Media engagement
- Campaign
- Research
- Social change communication

Notes for facilitator

Tackling GBV requires a process of changing social norm that reinforce and fuel abuse. Change is not straight forward and can happen over time. Individuals have the power to make change and collective power can be harnessed by peer educators working together at the local level to tackle abuse.

UNIT 3.4. COMMUNITY MOBILISATION AND OUTREACH SUPPORT

1. Unit Objectives

- To familiarise participants with community mobilisation and its practices and approaches.
- To introduce a step-by-step approach for activities within the community from assessment and planning to building partnerships and evaluation.
- To present standards and a code of conduct for community engagement.

2. Activities

2.1. Strategies for community mobilisation and community empowerment

Materials and Time

Flip chart paper, pens, blue tack, 1 hour 30 minutes.

Instructions for facilitator

- Explain the objectives of the unit and indicate that this section of the training addresses the practices and principles of community mobilisation.
- Write the following words on a flip chart: Community - Mobilisation
- Explain that looking at the words individually will help them understand and explore the true meaning of community mobilisation.
- Ask for volunteers to share their thoughts on, or define the word "community"
- Do the same for the word "mobilisation"
- Remind participants that there can be many interpretations of either word. Let them know that the purpose of this session is to establish a common understanding of the term community mobilisation based on these.
- Using the definitions provided. Write a summarised and accurate definition of community mobilisation on the flip chart.

Suggestion

"Community mobilisation is the bringing together of members of the community to become aware of an issue of importance to them to enable them to plan and take action."

- Ensure that all participants understand and are comfortable with the definition.
- Stick the definition on a wall that can easily be seen by all participants.
- Now explain to participants that having defined community mobilisation, they are going to brainstorm on why communities need to be mobilised.
- Divide participants into small groups. Give each group a flip chart and markers.

- Ask them to think about the benefits of community mobilisation, and why communities need to be mobilised based on the agreed definition.
- Allow 15 min for this exercise.
- As groups, they should summarise their points on the flip chart.
- Ask each group to select someone to present their group's discussion.
- Once each group has presented, summarise by reinforcing the key points raised by the groups, ensuring that all the following are included:

Why Community Mobilisation?

- Giving information to the community and gathering information from a community helps avoid ignorance.
- Working together as a community to solve problems means more can be achieved.
- Involving the community means individuals receive more support; no one gets left alone with a problem.
- The community learns how a problem such as GBV affects everyone directly. They begin to take responsibility for it.
- Mobilisation helps people learn to help themselves and think for themselves, so they can do things without waiting for charity or outside help.

- Explain that as people working at the community level, they may have implemented their own community mobilisation strategies as they performed their roles.
- Explain that in their groups they are each going to share the approaches that they have been using to mobilise communities. Ask them to identify the steps that they took and if there was a particular order of activities that they followed.
- In their groups they should listen to each other and identify the common approaches taken.
- Ask participants to write down a combined list of activities/steps that they feel are the right approach, based on their discussions of the various group member submissions.
- Allow 40 mins for this group activity
- Once groups have concluded their discussions, call on them to select a group member to present their work.
- As groups complete their presentations, stick the flip charts next to each other on a wall where all participants can easily see them.

- Now that participants have shared their approaches, explain the importance of community dynamics. Not all communities are alike. They vary in their beliefs, informal leadership structures etc. Ask participants how communities differ.
- Still in their previous group, now conduct a brainstorming session during which participants can share their experiences of communities that they have worked with and how their dynamics changed their approach to working with them.
- Explain that bearing in mind a community's dynamics, the following steps generally guide the process of community mobilisation.
- Write each of the key words below on a flip chart as you go through the steps i.e:
 - Meet
 - Start
 - Assess
 - Plan
 - Act
 - Evaluate
- As you explain each step, refer to their lists and see whether or not this was captured. If not, ask if they think the step was indeed an important one to have included.

What are the steps in community mobilisation?

- **Meet** - Begin by meeting community leaders. You need to understand who the opinion leaders are in this community. Explain your role and why you want to talk to the people. Keeping them informed will help you get their support and help.
- **Start** - Decide on what you want to tell the community about and who will be the key speaker at the community talk. Mobilising is about getting people to come to your meetings. This can be difficult, so you need to do plenty of advertising, for example by making announcements in churches, mosques or schools. Make posters and notices to hang up where everyone will see them and you speak to people directly, to encourage them to come.
- **Assess** - Collect information about the topic from several different groups of people.
- **Plan** - Decide on the date and place for the talk, who will be involved and who will do what.

- **Act** - Carry out the talk. Remember to gather as much information as you can during the talk. Keep a record of the questions asked and who needs to be followed up or referred.
- **Evaluate** - After the talk, review what happened, lessons learned and what can be done better next time you hold a similar talk.

- Explain to participants that it is important to clarify the concept of “empowerment” and its relationship to community participation. As with participation, there are many different ways of defining empowerment. In order to discuss how to foster empowerment in communities we must develop and clarify a common understanding of community empowerment.
- **Community empowerment** is the giving of confidence, skills, and power to communities to shape and influence what public bodies do for, or with them. It is essential for achieving excellent public services, strong and cohesive communities and a thriving democracy.
- In small groups, ask participants to discuss their own experience of working with communities. Have they ever worked with a community they felt was truly empowered? How did they know the community was empowered?
- Based on their experiences with communities and their group's discussion, ask each of the groups to write a case story describing an empowered community. The case may be derived from a single experience or may be a composite of all of the group members’ experiences. Give 20 minutes for this.
- Discuss with the plenary what they feel are the key characteristics of an empowered community. Note it on a flipchart
- Based on the characteristics that the group identified, ask participants to develop a definition of community empowerment. Encourage the participants to continue discussing the definition of community empowerment until all participants are satisfied with the definition.

Notes for facilitator

Examples of Characteristics of an Empowered Community

- All sectors or groups must have a voice in decision-making
- Concern for the common good prevails over personal ambition
- The community recognises and prioritises needs of all members.
- Community can take action locally to solve problems, change behaviours, or access services.
- Community is able to plan, implement, and evaluate activities or projects on their own.

The information provided in this session is based on *A Manual for Development Agents, Participation for Empowerment*, by Shannon Mason, MPH; Judiann McNulty, DrPH, and Judi Aubel, PhD, MPH

2.2. Standards for Community Engagement

Materials and Time

Printed version of '*10-core standards community engagement*', flipchart paper, pens, video link in *Annex 3.1.*, projector or laptop to show video, 1 hour.

Instructions for facilitator

- Introduce the topic. Emphasise that whenever a peer educator engages a community about GBV they should be aware of certain standards and act according to the "*Do No Harm*" principle in order to prevent re-traumatising women affected by GBV. Moreover, when implementing behaviour change activities, it is also important to be mindful of the well-being and safety of peer educators themselves.
- Explain to participants that good community engagement can help create individuals that are active and engaged and who are resourceful, gifted and creative. Likewise, good community engagement can help peer educators to be seen by their community as readily and enthusiastically responding to their local communities' desire for involvement and collaboration.
- Show participants to the short video on "*What is community Engagement?*" (link in *Annex 3.1.*). After watching the film, participants should work in small groups and discuss the various benefits of community. One person should then give feedback from each team. (20 minutes)

- Explain to participants that there the following different levels of community engagement:

Inform	One-way communication, providing balanced and objective information to assist understanding about something that is going to happen or has happened. It is used to let people know what is happening in situations where decisions have already been made or no choices are available.
Consult	Two- way communications designed to obtain public feedback about ideas on rationale, alternatives and proposals to inform decision-making. It goes beyond information giving by actively seeking, listening to and taking account of people's views before making decisions or setting priorities.
Involve	Participatory process designed to help identify issues and views to ensure that concerns and aspirations are understood and considered prior to decision-making
Collaborate	Working together to develop understanding of all issues and interests to work out alternatives and identify preferred solutions that are most beneficial to the interests of the communities. It is all about ensuring that the community is seen as a partner in the engagement process whose voice, resources and opinions form part of all stages of engagement and eventually work with their local resources to make sure that the interventions address their peculiar initiatives. In this way, they see themselves as owner of the intervention or project and will make every effort to sustain the practice.
Empower	Providing opportunities and resources for communities to contribute to solutions by valuing local talents and skills and acknowledging their capacity to be decision makers in their own lives. This will help them to take the lead in installing any initiatives and practices that can enhance the quality of their health and livelihood.

- Ask participants to think of examples of these levels of community engagement. Encourage them to use examples from their own experience of community work, or something they've seen in the media. Write these on flipchart paper. Feedback to the group.

- Next, split participants into 10 small groups of pairs. Hand each group or pair one of the *10-core standards community engagement* (find these in *Background Information* to this module) and explain that the standards set out key principles, behaviours and practical measures that underpin effective engagement. Ask them to discuss the core standard they've been given for 5 minutes.
- They should discuss:
 - Their core standard- do they understand it? Are there any questions?
 - Examples of this core standard from their experience;
 - Issues that may arise using this core standard.
- Feedback to the group, so that everyone learns about all 10 core standards.
- Next, split participants into the same small teams. Ask each group to come up with a fictive community to which they should apply their newly learned standards. The designing of the fictive group is left to the imagination and experiences of the facilitator and peer educators. However, here are some example if participants are stuck:
 - Participants own home community;
 - A community they have read about;
 - A community they have always wanted to go.
- For example, they might have Core Standard One: Assessment and Planning and chose South London as their community. Discuss:
 - How would you go about carrying this out this activity in the community?
 - What barriers might you face?
- Groups should present these to the rest of the participants in 3 minutes using flipchart paper.
- Close the session with a summary of ideas covered.

Notes for facilitator

Emphasise that the focus on enabling communities to become central to actions to safeguard girls from GBV and improve the health and wellbeing of affected women and girls.

2.3. Providing Community Support Services

Materials and Time

Video "*Family and Community Support Services Program (FCSS)*" link in *Annex 3.2*, projector or laptop to screen the clip, 45 minutes.

Instructions for facilitator

- Ask participants to reflect on what support services for VAWG may entail. This may include: telephone helpline, outreach, one-to-one and so on.
- The facilitator then explains that services should be survivor centred and may involve government, civil society and/or various agencies including the local authority. What is needed is a multi-sectoral approach.
- Ask participants to work in groups and come up with suggestions on how they could provide support in their community, then give feedback after 15 minutes.
- The facilitator should then explain that in order to ensure community support services target those most in need, the aim should be to improve the quality of services delivered. There should be consistency in the outcomes for clients, and the strategy should guide the work during the two-year ACCESS project period. It is important to ensure:
 - An increasing proportion of clients from target groups access our support services;
 - Everyone receives a service which is tailored to their needs and increases their resilience;
 - Clients receive timely and effective support and/or advice at all stages of the advice process;
 - Clients receive effective advice in line with their needs from well-trained, empathic peer educators;
 - Clients are able to access, or are sign-posted to, services complementary to support/advice they require to enable them to address their issues;
 - Existing and emerging technologies are effectively used to meet client need.
- There are several international human rights agreements which require states to prevent and respond to violence against women. Legislation alone is not enough, it must be promoted and enforced. Support services must be available to women escaping violence, including access to shelters. Ultimately the key to ending violence against women and girls is in transforming traditional gender roles and power relations, changing the attitudes and beliefs which allow violence to continue.
- The facilitator should explain that the most effective interventions to end violence against women and girls:
 - Are community-based;
 - Challenge attitudes, norms and behaviours;
 - Include men and women;

- Empower women and girls;
 - Promote self-led change;
 - Make a long-term commitment to communities;
 - Gain support of traditional and religious leadership;
 - Increase awareness and understanding of the issue among government officials;
 - Support women's access to comprehensive services.
- Participants should form small groups of 4 or 5, read and work through the case study, then come up with suggestions on how Yuka could sort the issues (allow 15 minutes).

Case Study

Yuka's organisational meetings for volunteers at the local battered women's hotline were thorough, but they tended to run long. Yuka believed it was important to cover every agenda item on the monthly meeting, and all volunteers were required to attend. More and more volunteers were dropping out, and Yuka didn't know why.

One day at the grocery store, Yuka ran into a volunteer who had quit. They chatted politely for a while, and then Yuka decided to just ask what had made the former volunteer leave. *"Well," said the former volunteer, "I just couldn't go to the meetings anymore. I never knew when the meeting would be over, and I just couldn't afford to have a babysitter for more than a couple of hours. And since you can't be a volunteer if you don't go to the meetings, I had to give it up."*

Answer for Facilitator

The facilitator should utilise the answers provided by participants and explain that Yuka realised that many of the volunteers were young mothers, and many were single and/or living on fixed incomes. She changed the meetings, honing her facilitation skills and setting a strict time limit to ensure meetings ended at the agreed time, no matter what--and volunteers were now allowed to miss one meeting every six months. She also arranged child care during the meetings. Yuka soon saw a big increase in the number of mothers who were able to become volunteers.

- Next, show the video: *Family and Community Support Services Program (FCSS)* (In Annex 3.2, 6 minutes). You can use a projector or a laptop. After the video ask participants to discuss the themes that emerged.
- Still in their groups, participants should answer the following questions:
 - What is referral and what is signposting? What are the differences between them? (see Background information)
 - What are the reasons to refer a client?
 - What are the barriers to seeking services and support?

Notes for facilitator

Reasons to Refer a woman for services:

- **Requires specialist support:** No one can be expected to know everything. As peer educators offer advice and information on GBV but are not able to provide specialist services. Where client present with an issue that cannot be handled by a peer educator, it will be best to direct them to someone who has expertise or signpost them to another organisation.
- **The client falls outside your target group:** Having a clear target group helps to define who you can best help. As peer educators, you have specific targets. If a client falls outside your target group it is important to assist them to access appropriate help, and this will often be by signposting them to another service.
- **Heavy workload:** you have reached your maximum capacity and cannot take on any more clients. It is best to know your limit and to be willing to refer for specialist services.
- **Interpreting:** Your client may require interpreting services. It is important that this issue is understood at a policy level and by funders. For example, black and minority ethnic and refugee organisations, whose clients may speak little or no English, may need an interpreter to ensure the success of the referral. Funders should recognise the need to fund interpreting services and also recognise the value of community organisations supporting clients to access mainstream specialist level advice services. One of the ways of dealing with this is to have peer educators who speak required local language and therefore are able to understand the language and/or interpret for others.

UNIT 3.5. MODULE REFLECTIONS AND FINAL EVALUATION

1. Unit Objective

- To conclude the training and provide space for oral reflection and completion of evaluation form

2. Activity

Materials and Time

None, 30 mins.

Instructions for facilitator

- This Unit brings the training to an end. Participants are allowed to verbally comment on how the training has impacted them. They may comment on what went well and what they may like to do differently and share some actions they can take as a result of the training. It also provides an opportunity to generally identify the highs and lows and set their intentions on how they may implement the learning, generally agree on conclusions and say thanks.

Activity for reflections

- Put participants in groups and ask them to quickly reflect on the knowledge or learning acquired: their best topics
- Finally agree on Learning and the Action it would motivate them to take as Peer Educators.
- Groups note comments on flip chart and share with the rest of the group highlighting the common reflections. Allow all groups to share their reflections.

Now move on to personal evaluation (**10 mins**)

- Distribute the written evaluation form and ask participants to complete it as honestly as they could.
- Facilitator collects the written evaluation
- Facilitator closes the training by thanking participants for their active participation in the training and share certificates of attendance. It is also important to celebrate the end of the training with a closing ceremony to involve managers from the project to share the successful end of the training and first stage of the ACCESS Project.

Note to Facilitator

In the final session of the training, it is important to evaluate the whole training. This will help to assess the effectiveness of the training, the learning that has taken place and also to gain insights on how to improve future training. Post-training surveys are a useful tool to use after the training. Any post-training survey questions should be developed before the training ends and should aim to assess all aspects of the training, the facilitation, the content, training materials the venue and food.

ANNEX FOR MODULE 3

Annex 3.1. for Activity 3.4.2. "What is Community Engagement?"

Click here for link: <https://www.youtube.com/watch?v=bxkmMX3z0yw>

Annex 3.2. for Activity 3.4.3 "Family and Community Support Services Program (FCSS)".

Click here for link: https://www.youtube.com/watch?v=KBT4t_soA7U

Annex 3.3. Sample Programme for a weekend training - Module 3

Third residential training - Module 3 Responding to gbv	Friday evening	
	UNIT 3.1. The Role of Peer Educators/ Change Agents/ Community Advocates 3.1.1. Understanding the role of Peer Educators/ Advocates 3.1.2. Developing leadership skills 3.1.3. Understanding Do No Harm Principles	2 hours 30mins
	Saturday	
	Saturday AM	
	UNIT 3.2. Communication, Facilitation and ICT Skills 3.2.1. Understanding communication skills 3.2.2. Tools for communication- Engaging with Social Media 3.2.3. Understanding Facilitation skills	3 hours 30mins
	Saturday PM	
	UNIT 3.3. Understanding Social Change 3.3.1. Advocacy and social change strategies 3.3.2. Building networks and alliances for Social Change	2 hours
	Saturday evening	
	Cultural programme	

Sunday		
	UNIT 3.4. Community Mobilization and Outreach Support 3.4.1. Strategies for community mobilisation and community empowerment 3.4.2. Standards for community engagement 3.4.3. Providing community support services	3 hours
	UNIT 3.5. Module Reflections and Final Evaluation	30 mins