Gender & Development

ISSN: 1355-2074 (Print) 1364-9221 (Online) Journal homepage: http://www.tandfonline.com/loi/cgde20

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Sophie Read-Hamilton & Mendy Marsh

To cite this article: Sophie Read-Hamilton & Mendy Marsh (2016) The Communities Care programme: changing social norms to end violence against women and girls in conflict-affected communities, Gender & Development, 24:2, 261-276, DOI: 10.1080/13552074.2016.1195579

To link to this article: http://dx.doi.org/10.1080/13552074.2016.1195579

GENDER & DEVELOPMENT, 2016
VOL. 24, NO. 2, 261–276
http://dx.doi.org/10.1080/13552074.2016.1195579

OXFAM
Routledge
Taylor & Francis Group

The Communities Care programme: changing social norms to end violence against women and girls in conflict-affected communities

Sophie Read-Hamilton and Mendy Marsh

ABSTRACT

While significant progress has been made in recent years in responding to violence against women and girls in humanitarian contexts, timely and quality care and support to survivors still remains a challenge. Little is known about effective prevention. Few interventions have targeted underlying drivers of violence against women and girls (VAWG), which include social norms. In response to the urgent need to increase access to services for survivors, as well as the imperative to develop and test effective strategies to actually prevent VAWG in conflict-affected communities, UNICEF has developed the Communities Care: Transforming Lives and Preventing Violence programme. An innovative and holistic initiative currently being piloted in internally displaced camps and communities in Somalia and South Sudan, the Communities Care programme is premised on the idea that while armed conflict causes horrendous suffering, the changes created to community structure, economic roles, and social dynamics offer an opportunity to promote social norms that uphold women and girls' equality, safety, and dignity. While the pilot phase is ongoing throughout 2016, indications to date are positive. The preliminary analyses of data suggest promising trends, with the intervention communities having significantly greater improvement than the control communities on some of the dimensions of social norms measured. Communities Care programme is also promoting community actions against violence in pilot sites. Evidence and lessons from Communities Care will contribute to the refinement of efforts to prevent and respond to VAWG in conflict-affected settings around the world.

Si bien en años recientes se han logrado avances significativos en la respuesta a la violencia contra mujeres y niñas en contextos humanitarios, sigue constituyendo un reto prestar cuidados y apoyo de calidad en forma oportuna. El conocimiento sobre la prevención efectiva es reducido. Las intervenciones que han abordado los motivos subyacentes a la VCMN son pocas; entre estos motivos se encuentran las normas sociales. Para responder a la urgente necesidad de incrementar el acceso a servicios para las sobrevivientes, así como al imperativo de crear y probar estrategias efectivas que eviten la violencia contra mujeres y niñas en comunidades afectadas por la violencia, UNICEF desarrolló el programa Comunidades que se Cuidan: Transformando Vidas y Evitando la Violencia. Se trata de una iniciativa innovadora e integral, sustentada en la idea de que si bien el conflicto armado causa

KEYWORDS
Violence against women and girls; sexual violence; armed conflict; social norms

CONTACT Sophie Read-Hamilton sophie_rh@hotmail.com

sufrimientos terribles, los cambios instrumentados en la estructura comunitaria, los roles económicos y las dinámicas sociales representan una oportunidad para promover normas sociales que defiendan la igualdad, la seguridad y la dignidad de mujeres y niñas. La fase piloto de esta iniciativa, que se extenderá durante 2016, se está desarrollando actualmente en campamentos de desplazados internos y en comunidades de Somalia y Sudán del Sur y, hasta la fecha, sus indicadores son positivos. Los primeros análisis de datos arrojan tendencias prometedoras, pues en términos de algunas dimensiones de las normas sociales medidas, las comunidades en que se realiza la intervención han logrado una mejoría significativamente mayor que aquellas de control. Además, en sitios piloto, dicho programa promueve varias acciones comunitarias contra la violencia. La evidencia y los aprendizajes surgidos de Comunidades que se Cuidan ayudarán a perfeccionar los esfuerzos encaminados a prevenir y a responder a la VCMN en zonas de conflicto a nivel mundial.

Si des progrès considérables ont été faits ces dernières années au moment de lutter contre la violence à l'égard des femmes et des filles dans les contextes humanitaires, les soins et le soutien de qualité et opportuns pour les survivantes continuent de constituer un défi. On n'en sait guère sur ce qui rend la prévention efficace. Rares sont les interventions qui ont ciblé les moteurs sous-jacents de la VEFF, y compris les normes sociales. Pour répondre au besoin urgent d'accroître l'accès aux services destinés aux survivantes, ainsi qu'à l'impératif d'élaborer et de tester des stratégies efficaces pour véritablement prévenir la violence à l'égard des femmes et des filles dans les communautés touchées par les conflits, l'UNICEF a mis au point le programme *Communities Care: Transforming Lives and Preventing Violence*. Le programme *Communities Care*, initiative innovante et holistique en cours de pilotage au sein de communautés et de camps de personnes déplacées à l'intérieur de leur propre pays en Somalie et au Soudan du Sud, est fondé sur l'idée selon laquelle, si les conflits armés entraînent d'horribles souffrances, les changements apportés à la structure communautaire, aux rôles économiques et à la dynamique sociale donnent l'occasion de promouvoir des normes sociales qui font valoir l'égalité, la sécurité et la dignité des femmes et des filles. La phase pilote se poursuit en 2016, mais les signes à ce jour sont positifs. Les analyses préliminaires des données indiquent des tendances prometteuses; les communautés ayant fait l'objet d'interventions assistent à des améliorations largement supérieures que les communautés témoins sur certaines des dimensions des normes sociales mesurées. Le programme Communities Care promeut par ailleurs des actions communautaires de lutte contre la violence sur les sites pilotes. Les données factuelles et les enseignements de *Communities Care* contribueront à l'amélioration des efforts en vue de prévenir et de répondre à la VEFF dans les contextes touchés par les conflits de par le monde.

Progress and gaps in responding to violence against women and girls (VAWG) in conflict settings

During armed conflict, women and girls are exposed to many forms of violence. Egregious sexual violence perpetrated by armed groups as a systematic tool of warfare is a well-cited example. Rwanda, Bosnia, Sierra Leone, and more recently, South Sudan, Syria, and Iraq

are some – but by no means isolated examples – of the deliberate use of multiple forms of sexual violence, including rape and sexual slavery, by armed groups to further military or political aims. In addition, women and girls in conflict-affected settings continue to be subjected to the 'everyday'[1] violence that occurs in families and communities globally, such as intimate partner violence, sexual assault, and child and forced marriage. These and other forms of violence often go unquestioned as a part of conventional gender relations in a community regardless of the presence of conflict. This is because of the existence of social norms surrounding gender roles and relations, constructions of masculinity and femininity, male entitlement, violence, sex and sexuality, which all contribute to VAWG.

Research shows there is a relationship between violence perpetrated by men and gender norms that dictate men's dominance, right to control or discipline women and girls, and that link male honour to female sexuality (World Health Organization 2009). Men's sense of entitlement to sex – the belief that they have the right to sex even without consent – is commonly associated with sexual violence, and is related to norms of being a man (Fulu *et al.* 2013). In addition to encouraging men to behave violently, social norms can foster tolerance and silence about sexual and other forms of violence in communities. This can contribute to stigma against survivors and prevent people from speaking out or taking action against violence (Flood and Pease 2006).

There is growing evidence that carefully designed interventions can catalyse change in violent behaviour (Neville 2015). Humanitarian and development organisations, including the United Nations Children's Fund (UNICEF), are learning from and building on emerging evidence and experience from a variety of programming aimed at changing collective beliefs and unspoken rules in communities that uphold harmful practices and behaviours. Leveraging social relationships to influence population-wide behaviour change is proving increasingly effective across a variety of health and social problems – from ending open defecation and improving sanitation, to eliminating female genital mutilation and cutting, and child marriage (UNICEF 2010).

Understanding how social norms – shared expectations or informal rules as to how people should behave – influence behaviour, as well as how existing positive values and aspirations can be leveraged to transform harmful collective beliefs and practices is an important development in violence prevention globally. Some social norms are commonly presented as 'culture' and 'tradition', and this implies that social norms are monolithic and unchanging. However, social norms can and do change in all societies (Marcus and Page 2014; Watson 2015).

Challenges and opportunities in addressing VAWG in the aftermath of war and displacement

VAWG, an ongoing concern for women and girls prior to war and displacement in all human societies, continues during and in the aftermath of war and displacement, sometimes at elevated levels (Stark and Ager 2011). Civilians who remain caught in the crossfire or who seek shelter in camps for the displaced may be subjected to physical,

psychological, and sexual abuse and exploitation at the hands of relatives or community members (Vu *et al.* 2014). Rape by strangers in refugee camps, transactional sex for survival, intimate partner violence, and child marriage have all been documented by human rights and humanitarian agencies working in conflict-affected settings around the world.

Historically, women have been classed as the spoils of war, as exemplified in the discourse of war as men 'looting, pillaging and raping' (Brownmiller 1975). Before the 1990s, VAWG in conflict-affected settings was largely ignored, and even viewed as an inevitable by-product of warfare (Mazurana and Procter 2013). In the last two decades, however, sexual and other forms of VAWG in situations of armed conflict have become increasingly visible and acknowledged as an unacceptable violation of human rights and human dignity. Conflict-related sexual violence in particular is now situated on the global political and policy agenda and there have been important achievements in the international normative and legal framework. Since the landmark Security Council Resolution 1325 on women, peace, and security adopted in 2000, the five United Nations (UN) Security Council Resolutions that explicitly address sexual violence, including against children (the 2005 Security Council Resolution 1612) have transformed the international normative and legal framework. A Special Representative to the Secretary-General of the UN on Conflict-related Sexual Violence now exists. Governments have held several high-level global meetings on conflict-related sexual violence in recent years, and many states continue to signal their commitment to greater action to protect women and children in conflict-affected settings.[2] Many important developments have taken place in humanitarian policy and practice pertaining to VAWG in humanitarian contexts, with UN and non-government agencies working together to produce interagency standards and guidelines, and creating dedicated technical and programme support roles.

While preventing and responding to VAWG is now a recognised component of humanitarian action, and this is a significant step forward, it is a relatively new and constantly evolving field of practice. The complexities and challenges of addressing VAWG are magnified in insecure, humanitarian situations, where resources are scarce (Holmes and Bhuvanendra 2014). On the ground, there has been progress in the establishment of multi-sectoral services for survivors of sexual violence, especially delivery of post-rape medical and psychosocial care. Nevertheless, good quality health, psychological, and other basic support services are still not universally available in all humanitarian contexts. In many settings, access to even basic post-rape medical treatment, let alone comprehensive treatment to address the chronic health consequences of sexual assault, remains woefully limited. Where they do exist, survivors often face multiple barriers to access, such as high levels of social stigma, victim-blaming attitudes, cost, and distance to services (Tanabe *et al.* 2013).

In addition to all of these concerns, attention has tended to focus on sexual violence, rape by armed groups in particular, rather than other forms of VAWG that are perpetrated by family and community members (Meger 2016), and the notion that these are all connected on a continuum which runs from peacetime through conflict and back to peacetime again has not informed approaches used in conflict and post-conflict situations. As a result, gender inequality and norms which underlie both conflict-related and 'everyday violence' against women and girls have not been challenged.

Moreover, there is little evidence for effective prevention of violence against women and girls in conflict-affected settings (Spangaro *et al.* 2013). To date, prevention efforts in humanitarian contexts have focused on raising awareness within affected communities of the health and human rights dimensions of VAWG, as well as implementing risk reduction initiatives to address situation-specific risk factors, for example by building safer camp environments, and promoting safer access to goods and services (Holmes and Bhuvanendra 2014).

In a sense, these are risk reduction efforts, in that they respond to the reality that the VAWG worsens in the aftermath of a humanitarian disaster. They are clearly essential mitigation strategies, and need to be a top priority, especially in the immediate aftermath of a crisis. Yet unless attention is paid to the underlying causes of VAWG which are present even in peaceful contexts, they do not lead to the sustained social transformation and behavioural change necessary for significant reductions in violence experienced by women and girls.

In contrast, a limited number of prevention interventions in humanitarian settings that focus on targeting the underlying drivers of VAWG – which include gender inequality and harmful social norms related to gender, violence, and sex – have been tested and evaluated (Hossain *et al.* 2014). Changes created by conflict to community structure, economic roles, and social dynamics offer an opportunity to do this. Conflict and its aftermath inevitably modify gendered economic and social roles. The potential of this for long-lasting and positive change for women and girls are often clear to policymakers and researchers. An example is the observation that,

> women and girls may gain from the changed gender relations that result from armed conflict. They sometimes acquire new status, skills and power that result from taking on new responsibilities when male heads of household are absent or deceased. (Mazurana 2012, 70)

Yet the similar potential for humanitarian programming to catalyse positive change by leveraging social forces that can bring about or consolidate social norms that reflect greater gender equality and reduce VAWG remains relatively unexplored and unremarked. The challenge is to explore the potential for catalysing lasting change in inequitable gender norms in fragile and fluid contexts.

The Communities Care programme

In response to the urgent need to increase access to quality care and support services for sexual violence survivors, as well as the imperative to develop and test effective strategies to actually prevent VAWG in conflict-affected communities, UNICEF developed the Communities Care: Transforming Lives and Preventing Violence programme.

Communities Care is premised on the idea that while armed conflict causes horrendous suffering for those affected, the disruption it wreaks may also present an opportunity for positive change in social norms that can contribute to gender equality, and decreases in discrimination and VAWG. The goal is to create healthier, safer, and more peaceful communities for women and girls by working with communities to improve access to care and

support for the survivors of VAWG, and to transform harmful social norms that uphold VAWG into norms that promote dignity, equality, and non-violence (UNICEF 2014).

The Communities Care programme has two overall objectives that are put into operation through separate but interrelated programme strategies. The first is to improve timely, co-ordinated, and compassionate care and support for survivors of sexual violence in conflict-affected settings by strengthening community-based response. The second is to reduce tolerance for VAWG within the community and catalyse community-led action to prevent it.

Influenced by a feminist-informed public health approach to violence prevention, Communities Care is part of a new generation of programming to address VAWG in humanitarian settings. A public health approach promotes the use of multi-level strategies to target the structural causes of violence against women and girls as well as risk factors at the individual, relationship, and community levels. A public health approach calls for theory-driven programming accompanied by rigorous research to examine efficacy.

Building on a public heath approach, Communities Care is also underpinned by a theory of change based on UNICEF research (UNICEF 2010) suggesting that for harmful practices to be abandoned in a community requires more than a shift in individual attitudes; it also requires a change in wider social expectations about behaviour. The programme's change theory links human rights education to local values, aspirations, and people's lives, using familiar language and images. Its logic is that communities are able to identify concrete concerns and deal critically with the reality surrounding them. It stipulates that once people collectively feel that change is in their best interest, and they have access to information from credible sources, as well as the possibility to reflect on its implications, they are more likely to collectively and individually feel that change is in their best interest, identify viable alternatives, and actively pursue them. The collective nature of the process provides energy and motivation that would be impossible for individuals on their own.

The programme's 'change pathway' first includes action to strengthen community-based care for survivors of VAWG. The process then concentrates on engaging community members in collective reflection and exploration on values, aspirations, and harmful norms that foster violence and discrimination, and then fosters exploration of alternatives to violence and discrimination. Community members are encouraged to take concrete action to promote greater gender-equitable relationships in their families and communities. Communicating a commitment to gender-equitable beliefs and behaviours to others, and building an environment that supports non-violent, healthy behaviour through the adoption of laws and policies, are also vital aspects of the Communities Care change process.

The theory of change implies a clear role for humanitarian and development interventions to help create new shared beliefs, which can in turn lead to changes about what behaviours are accepted and expected. Doing this requires creating safe social spaces for people to engage in collective dialogue, deliberation, reflection, and joint decision-making. New beliefs and expectations that emerge out of this collective process must be widely diffused in order to communicate new expectations and to show that change is happening.

To achieve its objectives, the Communities Care programme uses a 'facilitated dialogue' method – that is, a structured conversation led by trained community members using a curriculum – used over a period of 15 weeks. Through this, it aims to bring single- and mixed-sex groups of adults and adolescents together to build awareness and consciousness about shared values of respect for human dignity, fairness, and justice; to connect their experiences of violence and injustice to the experiences of others; and to analyse how gender norms contribute to violence and injustice. The goal is to empower participants to work together to find solutions to the problem of VAWG, and to support them to translate these solutions into concrete action within their lives and within their communities (Box 1).

Box 1: Summary of the discussions

The discussions aim to help participants to take collective action against VAWG in their communities by doing the following:

- Bringing the issue of VAWG into the public domain rather than allowing it to remain surrounded by shame and secrecy.
- Safely revealing what people actually think about VAWG but may be afraid to share because of social norms that create silence.
- Facilitating collective deliberation about shared values and social norms that foster gender inequality, discrimination, and violence.
- Helping communities identify gender-inequitable and violence-supportive norms that they want to change.
- Helping communities identify and promote gender-equitable and non-violent expectations and behaviours that are protective against violence.
- Building collective commitment and actions for VAWG.

The Communities Care programme is currently being piloted in conflict-affected communities in two districts in Somalia and two states in South Sudan in partnership with NGOs. These are two national NGOs, Voice for Change and The Organization for Children Harmony, in South Sudan, and with Italian NGO, Comitato Internazionale per Lo Sviluppo dei Popoli, in Somalia. Working in these communities presents many of the challenges common to other conflict-affected settings, such as insecurity, access to communities, and lack of basic infrastructure, and other capacity to deliver health and other social services. Further, while participatory approaches are a feature of community development work in non-conflict settings, participatory methods are not routinely applied in humanitarian programming, where emphasis is on delivering goods and services and getting things done quickly (Anderson *et al.* 2012).

Both countries are characterised by ongoing instability, violent conflict, and high levels of humanitarian need. In South Sudan, more than 2.3 million people – one in every five people – have been forced to flee their homes since the conflict began in 2013, including 1.66 million internally displaced people (UNOCHA 2015a). In Somalia, about 4.9 million people are in need of life-saving and livelihoods support and 1.1 million remain internally displaced (UNOCHA 2015b). In each country, Communities Care is being implemented in two intervention communities and two delayed control communities. The communities were chosen based on a number of criteria, including among others, access and security, the existing community relationships, presence and programming by partner

organisations, and an interest and willingness of local leadership and authorities to host the intervention and research component.

In South Sudan, the communities selected are in Yei County in Central Equatoria State and Gogorial West County in Warrap State. In both settings, people participating in the programme reside in their community of origin, both of which have remained relatively calm. In Somalia, the pilot communities live in camps for internally displaced people in two districts of Mogadishu, Yaqshid and Bondhere. Like South Sudan, Somalia's security situation is varied, and did deteriorate during the pilot phase.

In the next section we examine the objectives of the programme in more detail. In our discussion of these and the methods used in the programme, we are drawing on the following sources: the Communities Care Toolkit; personal communication with UNICEF country programme staff responsible for technical support, programme implementation, monitoring, and evaluation; information from the research component; and other written materials, such as monitoring reports and community action plans.

Programme objectives

The programme has two mutually reinforcing objectives: the first to strengthen care and support for survivors of sexual violence, the second to engage the community in collective action to prevent VAWG. Through these strategies, the Communities Care programme aims to address VAWG at individual, family, community, and social levels – a holistic approach supported by the current evidence base in the VAWG field.

Strengthening community-based care for survivors

The 'community-based care' component of the programme aims to create an enabling environment where survivors of sexual violence can receive compassionate, survivor-centred support. In addition to fostering healing and recovery of survivors, strengthening community-based care systems has another important benefit: it demonstrates to the community that VAWG is taken seriously, and that something is being done about it.

This component of the programme focuses on implementing a survivor-centred approach. This involves addressing gaps in services, identifying barriers to survivors being able to gain access to services to support them, and providing training and mentoring for service providers and other community-level actors on compassionate, survivor-centred care. Survivor-centred care aims to create a non-judgmental and supportive environment in which each survivor's rights are respected and in which she is treated with dignity and respect. Using a survivor-centred approach helps to promote the person's recovery and reinforce her own capacity, autonomy, and decision-making. Service providers who do not use such an approach can cause further harm to survivors, including secondary traumatisation, and can discourage others from coming forward for help.

Service providers include clinic-based and community health workers, psychosocial support workers, law enforcement personnel, and school staff. All these providers require training to respond appropriately to the needs of survivors in ways that are as positive and

empowering as possible, and gaps in the continuum of care services offered need identifying and filling. A critical aspect of the Communities Care programme is providing training and equipping community health workers to provide outreach-focused post-rape care services to women and girls located beyond the reach of clinics. The Community Health Worker component of the Communities Care programme builds on a model of training and equipping Community Health Workers to provide post-rape care first developed by the Women's Refugee Commission (WRC) and piloted on the Thai Burma border in 2009–2010.[3] The WRC worked with UNICEF to adapt it for the Communities Care programme and, if successful, it is hoped this model can be scaled up to reach survivors in other conflict-affected settings, where there is limited availability or access to health facilities (Tanabe *et al.* 2013). To date, over 600 service providers from health, education, social welfare, and law enforcement have been trained across all intervention sites.

The training and ongoing mentoring of service providers aims to build their beliefs, knowledge, skills, and behaviours to provide a basis for them to offer high-quality care for survivors. In many conflict-affected and low-resource settings, such as South Sudan and Somalia, infrastructure has been destroyed and there has been limited investment in building the capacity of health, social service, and law enforcement workforces to respond to sexual violence and other VAWG. Training and support for these and others who provide care, support, and protection for survivors of VAWG is therefore vital.

As service providers adopt new skills, beliefs, and modes of behaviour, and model and promote these in their workplaces and in the wider community, they contribute to building an environment that promotes the rights of survivors of VAWG, and challenges stigmatisation, shaming, and blaming of victims.

Catalysing community engagement and action to prevent violence

The community engagement and action component of the programme aims to establish or strengthen norms about gender, sex, and violence that serve to make VAWG unacceptable and unaccepted. As highlighted above, the process begins with a 15-week participatory guided discussion that brings together diverse groups of community members. Individuals of different ages, sexes, and levels of influence are invited to participate in initial and subsequent rounds of the discussions. Formal and informal leaders, women, men, and young people of different backgrounds, as well as others with an important role in shaping community norms, such as teachers and health workers, are all encouraged to attend. Beginning with sex- and age-segregated groups – e.g. older married women separated from adolescent girls, and young men separated from male elders – aims to create safe spaces in which age-based and gendered power relations are minimised and individuals can discuss sensitive issues without fear. To date, over 50 groups have completed the discussion curriculum, including over 1,000 adult and adolescent women and men across all intervention sites.

The method for the discussion process begins by establishing a culture of trust and open communication and building a shared vision for the future. The discussions are facilitated by volunteer community members who are interested and well-respected and trusted by

others in the community. The discussion leaders have a critical role as change agents, and need to have abilities and skills in establishing a safe environment in which participants in the groups can feel able to speak honestly and to listen respectfully to the views of others. A variety of participatory exercises is used in the first two weeks to build group trust and to help participants feel comfortable as a group. These activities include group exercises, small and large group discussion, music, drawing, and drama to generate collective visioning.

This initial phase sets the foundation for the second phase, which fosters dialogue about core human values of human dignity, fairness, and justice, and how these relate to people's common aspirations and to their own cultural and religious frameworks. At this stage, using a variety of activities, a deliberate effort is made to encourage the groups to examine and discuss these abstract concepts and relate them to their own lives, considering, among other things, the way in which gender shapes how people experience violence, inequality, and discrimination.

The third phase of the discussion process concentrates on creating in-depth understanding and dialogue about VAWG and social expectations that prevent or promote it. Different experiences, opinions, and perspectives on gender, power, inequality, and violence are explored, along with alternative beliefs and practices that promote non-violent, respectful relationships between men and women. The groups are then encouraged to identify concrete actions they can take together to prevent VAWG, and the process culminates in identifying concrete strategies for implementing these actions. The final phase thus begins the process of transforming new ideas and expectations into concrete change.

As noted, making change visible is an important aspect of the change theory underpinning the Communities Care programme. Public discussion of group members changed and new expectations about ways of behaving reinforced the idea that change is indeed happening and that people are doing things differently, creating new expectations about behaviour in the community. The programme assists group members to plan, implement, and publicise public activities to show their commitment to new behaviours that promote respectful, non-violent relationships. Community members harness a variety of communication methods to publicise actions they are taking. Examples of these in both countries include public declarations and meetings – some with hundreds of people in attendance, workshops with religious, traditional, and government leaders and members of civil society organisations, and radio programmes. In South Sudan, participants are also engaged in storytelling, drama, and creating songs to spread messages of change and the actions they are taking.

This serves to further diffuse, reinforce, and amplify messages of change. Opinion leaders and other influential community leaders, in particular, are encouraged to become 'champions for change', by using their position to speak out about the benefits of respectful and equitable relationships between men and women and about non-violence.

According to the programme theory, it is also essential to create an enabling environment that supports change. To do this, Communities Care programme staff support community members to advocate for the adoption of laws, policies, protocols, and other

mechanisms in support of respectful and non-violent practices and behaviours. For example, in South Sudan teachers, school principals, head teachers, student representatives, school management committee members, representatives from the parents and teachers' association, and representatives from the state Ministry of Education came together to develop action plans to prevent and respond to sexual violence in their schools. The plans included, among other things, establishing reporting and referral mechanisms for incidents of sexual violence, training teachers on the Code of Conduct, and implementing a 'zero tolerance policy' on sexual exploitation and abuse, starting a fundraising campaign to build latrines and changing rooms for girls at school, and dedicating safe spaces for girls in school where they can consult with a trained female staff member.

Having briefly described the programme methods, we will now turn to consider some of the implications of this experience which offer interesting insights for us, together with others who are considering similar work.

The challenges of measuring change

Interventions aimed at preventing VAWG, and especially interventions to challenge and change social norms, are relatively under-evaluated (Neville 2015). This is in part due to the fact that this work is relatively new and experimental. Another reason is that measuring social norms is also a relatively new field of inquiry and, while there is growing convergence, there are still varying theoretical and disciplinary perspectives and understandings of social norms: their nature, how they function, and how they relate to and differ from personal beliefs, opinions, attitudes, and modes of behaviour (Alexander-Scott *et al.* 2016). Stemming from this, many researchers or programmers who have attempted to measure gender norms have actually collected information on beliefs or attitudes (Heise and Manji 2016).

Measuring change in social norms necessitates first diagnosing their presence. To diagnose the presence and strength of a norm, it is necessary to first identify whether in fact a practice or mode of behaviour is held in place by social expectations. When it is, the group of people whose behaviour is shaped by the norm must be identified, and data gathered on personal beliefs towards the norm, beliefs about how others expect one to behave and beliefs about how others behave. Standard survey tools identify an individual's behaviour and her or his personal beliefs, for example, towards men's entitlement to use violence over their wives. As such, they capture one dimension of a social norm. However, what is also needed is information on what a person believes others think and do – the critical element for measuring social norms (Mackie *et al.* 2012).

Developing new and improved ways of measuring norms and norm change is a vital aspect of the Communities Care programme, which UNICEF has pursued in partnership with Johns Hopkins University. In addition to providing important insights regarding effectiveness of the Communities Care programme, the work being undertaken by Johns Hopkins University as part of the programme will contribute much-needed measurement tools and lessons to support future efforts to diagnose the presence and

strength of social norms and to assess the impact of interventions that aim to establish and consolidate positive social norms and related behaviours.

Initially, Johns Hopkins is developing and conducting a randomised control trial to evaluate the impact of the Communities Care programme in pilot sites. As part of this research, a survey was developed to identify social norms related to VAWG in intervention communities, and to assess the efficacy of the intervention in changing them. The final measure includes 18 items. Each item has three dimensions: the respondent's personal belief regarding the behaviour; the respondent's normative expectation, or belief about what is considered appropriate by others in relation to the behaviour; and the respondent's empirical expectation – or what she or he sees in the community in relation to the behaviour. As implementation is still ongoing, it is anticipated that findings from the research will be available in late 2016.

In addition to measuring change in social norms, other data collection activities are under way to help in both process and impact evaluation of the Communities Care programme. For example, data are being collected pre, mid and post each round of community discussions in order to assess changes in beliefs amongst participants. Client satisfaction data are also being collected to assess changes in service delivery, which will serve as a proxy indicator for norm change amongst service providers.

Preliminary results

While programme implementation and data collection are ongoing at the time of writing, and the results of the randomised control trial not available until late 2016, indications to date are positive. The preliminary analyses of midline data for the Somalia pilot sites indicate promising trends, with the intervention communities having significantly greater improvement than the control communities on some of the dimensions of social norms measured. In particular, community members in intervention communities report seeing fewer husbands using violence against their wives, and more community members who disagree that a husband has a right to use violence against a wife. Furthermore, more people in the intervention communities report they believe that it is wrong to blame girls who are raped and that girls should keep silent if they are raped to protect family honour.

Monitoring data from discussions among participants in Somalia are also promising. These show a positive shift in personal beliefs regarding norms which support VAWG. Participants were asked to give their personal beliefs about a number of scenarios related to VAWG before, during, and after participating in the discussion programme. In each case, there were positive changes in beliefs, as shown in the example below.

> Scenario: A 14-year-old is raped by a group of older boys on her way to school. She heard the boys telling each other they were real men now. She feels humiliated and believes that she has dishonored her family. She will not tell her parents because of the shame. She believes that if anyone finds out what happened to her, no man will love her and her future will be destroyed.

The percentage changes in attitudes to this scenario are shown in Table 1.

Table 1. Percentage changes in attitudes.

	Before the discussion group (n = 80)			After two months (n = 68)			After four months (n = 81)		
Statements	Agree	Not sure	Disagree	Agree	Not sure	Agree	Agree	Not sure	Disagree
The boys can't be blamed for behaving like this – boys do these things when they are together	15.0	0.0	85.0	5.2	3.9	90.9	2.5	6.2	91.4
The girl should not tell anyone to protect her honour	21.0	7.4	71.6	7.8	7.8	84.4	2.5	4.9	92.6
The girl should tell her parents and marry one of the boys	65.5	7.5	27.5	22.1	11.7	66.2	7.4	8.6	84.0

A female participant from Somalia's reflections on the discussion process highlight the individual impact of participation in the programme:

> I feel lucky to be part of this process; I enjoy the discussions. People bring out their ideas educating me in the process. Being part of this group has also changed me. In the beginning I was shy and would find it impossible to talk in front of a crowd. Now, I can comfortably speak my thoughts in front of a group … I have developed a different outlook on how we live. Listening to the others has exposed me to diverse views giving me a new understanding. Because the environment in the group is positive, I am now able to share things about my life without fear or embarrassment. My expectations about how people should treat me have also changed. When others share their experiences, it makes me more empathetic. This has taught me how I should treat other people. Through the discussions, I have been reminded of the values in our community that create an environment for all of us to live in harmony. I intend to highlight this to those around me, especially to my family so they can also become part of the process of creating a safer environment for all.

Programme monitoring data from South Sudan suggest that the Communities Care programme is promoting community actions against violence. UNICEF and partner staff in South Sudan have reported significant and promising changes in attitudes and behaviour in intervention communities. This includes community members asserting that even though marriage takes place in the context of bride-price, they no longer believe that husbands have the right to use violence against their spouse. In one intervention community in South Sudan, one participant from South Sudan has recently made a commitment to empower his wife at home. He now contributes to the workload around the house, a custom in South Sudan that is rarely heard of or considered appropriate in the community. In the family compound, he has taken on many jobs that would traditionally be his wife's duty. He fetches the water, sweeps the house, washes the clothes, attends to their two children, and even cooks:

> My commitment to work alongside my wife is very new … we all have human dignity. I have learned that, so this is how I've made my new plans … that we work together.

Another male participant from South Sudan now reports sending his daughters to school and making sure that the housework is divided between himself and his wife, and both his daughters and his sons. 'They share their work together', he said. 'When they return from school, I send one boy and one girl to collect the water … These things were not happening

before the meetings. Something has been changing since the community discussions.' This person reports that life has improved for both him and his wife since he and his children started helping with the daily household chores after completing the discussions and committing to a more respectful relationship with his wife.

> My wife was not happy before because she was the one doing all of the work. Now we work together and when she cooks, I help her to bring the water. She is a human being just as I am a human being.

While these early observations do not amount to conclusive evidence of sustained change in gender-inequitable or violence-supportive social norms, they represent a promising beginning. End-line data collection will include an emphasis on gathering additional qualitative information to help triangulate findings from the quantitative research and from on-going monitoring data that are being collected on the community dialogues and community action plans.

Conclusion

Preventing and responding to VAWG in conflict-affected communities is not only a life-saving measure, it is also essential for breaking the cycle of conflict, promoting gender equality, and creating non-violent communities. Understanding how social norms influence behaviour is an important development in the evolution of efforts to prevent VAWG. UNICEF's Communities Care programme draws on evidence and experience that indicate it is possible to use societal dynamics to create leverage to change social norms that hide, maintain, or actually encourage VAWG while simultaneously strengthening or consolidating social norms that uphold greater equality and non-violent relations. By further developing this area of work, the programme aims to generate greater results for women and girls and advance knowledge and practice in the primary prevention of and response to VAWG.

It also aims to show that in conflict-affected settings, humanitarian programming can offer an opportunity for promoting transformational change within communities and contribute to preventing VAWG. Whilst programming in unstable contexts can be extremely challenging, it is possible to use a participatory approach and to harness social dynamics following the intense social upheaval of conflict.

The research being undertaken in partnership with Johns Hopkins University will also contribute important learning regarding the measurement of social norms to the global violence prevention community and regarding evaluation of VAWG in humanitarian settings. These are important developments in both violence against women and humanitarian fields.

It is still too early to tell what will be the full impact of the Communities Care approach on changing collective beliefs and behaviours that contribute to VAWG. However, early indications are positive and very encouraging. Even if the learning to date is not complete, it can contribute to the refinement of efforts to prevent VAWG, so as to make a greater positive impact on the lives of women and girls around the world.

Notes

1. The term 'everyday' violence is used by feminists to convey how violence against women is a routine part of women's lives, an embedded component of the patriarchal social relations in which VAWG is socially sanctioned and normalised. See, for example, Westmarland (2015).
2. For more information on UN Security Council Resolutions on women, peace, and security, including those referencing sexual violence, see www.securitycouncilreport.org/un-documents/women-peace-and-security/ (last checked by the author 16 June 2016). For more information on the role of the Special Representative of the Secretary General for Sexual Violence in Conflict, see www.un.org/sexualviolenceinconflict/ (last checked by the author 16 June 2016), and for more information on co-ordinated UN efforts, see UN Action: www.stoprapenow.org/ (last checked by the author 16 June 2016).
3. For more information, see Tanabe *et al.* (2013).

Notes on contributors

Sophie Read-Hamilton is a Gender-Based Violence in Emergencies Consultant. Email: sophie_rh@hotmail.com

Mendy Marsh is the Gender-Based Violence in Emergencies Specialist at UNICEF. Postal address: UNICEF House, 3 United Nations Plaza, New York, NY 10017, USA. Email: mmarsh@unicef.org

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