

Living Peace: From Conflict to Coping in Democratic Republic of Congo

EMERGE Case Study 7

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Engendering Men
Evidence on Routes to Gender Equality

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Abbreviations

DDR	Disarmament, demobilisation and reintegration
DRC	Democratic Republic of Congo
LPI	Living Peace Institute
ISL	Institut Superieur du Lac
NGO	Non governmental organisation
SGBV	Sexual and gender based violence
SRHR	Sexual and reproductive health and rights
UN	United Nations
USAID	United States Agency for International Development

Abstract

Conflict in Democratic Republic of Congo (DRC) has caused millions of people to lose their lives, suffer displacement or become the victims or perpetrators of violence. Although there has been a spotlight on sexual violence as a weapon of war, much less attention has been given to the psychological impact of conflict on both men and women, in particular, the dramatic changes that gender roles and masculinities undergo as a result of conflict, which can perpetuate violence. This case study outlines the approach, pilot, scale up and lessons learned of the Living Peace methodology in DRC, which provides psychosocial support through group therapy for men (and their partners). Living Peace's successes and challenges can inform the design and implementation of psychosocial support models for men and women who have experienced trauma, to reduce gender based violence (GBV), promote healing, restore relationships and rebuild communities in post-conflict settings.

1 Introduction

Democratic Republic of Congo (DRC) has been ridden with a series of conflicts since 1993, seeing millions of people lose their lives, suffer displacement or become the victims or perpetrators of war crimes (Slegh, Barker, Ruratotoye and Shand 2014). Although there has been a spotlight in recent years on sexual violence as a weapon of war, much less attention has been given to the life-altering psychological impact of conflict on both men and women, in particular, the dramatic changes that gender roles and masculinities undergo as the result of conflict (Vess, Barker, Naraghi-Anderlini and Hassink 2013). Aside from injury and death, violent conflict can have devastating emotional and economic impacts on the lives of all of those involved. While experiences of trauma are not unique to men or women, they face death and displacement, violence, as well as economic and health crises in distinctly gendered ways.

The UN Security Council, amongst other bodies, has recognised the extent of sexual and gender based violence (SGBV) in conflict, and the need for it to be eradicated. International efforts and resolutions have been enacted to outlaw it (UN 2014; USAID 2015). In 2006, DRC adopted two laws to reduce SGBV, and in 2009 the Minister of Gender adopted a National GBV Strategy (Slegh, Barker, Ruratotoye and Shand 2014). However, sexual and gender based violence remain pervasive in the country: 27 per cent of women reported experiencing physical violence, and 16 per cent reported experiencing sexual violence in the year preceding the 2013–14 Demographic Health Survey (MPSMRM, MSP and ICF 2014). As DRC transitioned from active conflict to post-conflict and peace building, efforts such as disarmament, demobilisation and reintegration (DDR) programmes, humanitarian assistance, and health services helped to rebuild and restore the nation, communities and families. However, longer term strategies must also be employed to address the psychological impact of conflict on men and women and to prevent future SGBV.

This case study outlines the approach, pilot phase, scale up and lessons learned of the Living Peace methodology in Democratic Republic of Congo. The foundation of Living Peace lies in providing psychosocial support through group therapy to men (and their partners) in the post-conflict context. The study of Living Peace comes at an interesting moment – from 2015 to 2019, it is being scaled up from reaching just 324 men and partners to thousands (6,000 to 9,000 in group therapy, and 100,000 to 300,000 through campaigns), in North and South Kivu provinces in eastern DRC. This case study provides an opportunity to explore the approach in more depth, and investigate the addition of new programme elements. These elements, built on top of the group therapy approach, include strategic campaign implementation, training of police, military, health sector workers, and religious leaders, and the establishment of the Living Peace Institute (LPI) at the Institut Supérieur du Lac (ISL) in DRC.

Living Peace's successes and challenges can inform the effective design and implementation of psychosocial support models for men who have experienced trauma, to reduce SGBV, promote healing, restore relationships and rebuild communities in post-conflict settings, both within and outside of the region. Key lessons of this case study are outlined below. They span across context specific learning, Living Peace's theoretical approach, its sustainability, evaluation and scale up, as well as future directions, are outlined below and explored in more depth throughout the case study.

Key findings and recommendations

Context

- Create security guidelines and contingency plans to maximise the safety and security of facilitators and participants in post-conflict settings, specifically those lacking infrastructure and/or resources.
- Create safe spaces for men and women to discuss their traumas, in accessible locations within the community, ensuring confidentiality.
- Create a system and approach to adequately train facilitators and mental health professionals in the case where psychologists and psychiatrists are not readily available.

Theoretical approach

- Approach gender transformation as an interactive, long term process that allows men and women to learn new behaviours through action.
- Use a gender synchronised approach when possible, addressing both men's and women's needs.
- Use a group therapeutic approach that critically questions and challenges harmful concepts of masculinities, using culturally appropriate framing.
- Identify current coping mechanisms, strengthen positive ones (not reliant on violence, alcohol or isolation), and reshape negative ones.
- Approach men as diverse and complex actors – not only recognising them as perpetrators, but also as victims, witnesses of violence, agents of change, etc. each with their own distinct roles and motivations.
- To reduce stigma and increase exposure to positive behaviour, engage a wide range of men in programming, including men who are known to have used violence, and those who are considered to be positive role models, as well as those of all social statuses and income levels.
- When conducting programming to end SGBV, include information and training on sexual and reproductive health, family planning, consent and contraception.

Sustainability and institutionalisation

- Use an ecological model to support individual level change with community and structural support, encouraging the healing of trauma and the restoration of the individual to the family and to the community.
- Encourage a locally owned and driven approach by building capacity within local organisations, as well as by training trainers and facilitators from within the community.

Evaluation and scale up

- Design appropriate evaluation mechanisms to measure long term, sustainable change.
- Scale up approaches when possible, reaching greater numbers of beneficiaries.

Future directions for programming

- Address militarised masculinities, inter-ethnic tensions, and harmful traditional masculine norms as part of conflict prevention more broadly.
- Create networks to share and disseminate best practices on psychosocial therapeutic approaches.
- Combine the Living Peace approach with economic empowerment programming.
- Adapt the Living Peace approach to work with youth, young fathers, women and girls.

2 Democratic Republic of Congo: A country in need of healing

If the roots of the violence lie in gender inequality, the subordination of women, the effects of trauma caused by violence and in harmful definitions of manhood, then the solutions lie in the end to such practices.

(Kaufman 2012).

In DRC, much attention has been focused on rape as a weapon of war, and on sexual violence in conflict, perpetrated by combatants. Much less attention has focused on the factors that perpetuate this violence at home, or how to heal psychological wounds and move towards healthy coping strategies. Research from the International Men and Gender Equality Survey (IMAGES) in eastern DRC finds that while 22 per cent of women were forced to have sex or raped as a part of the conflict, more than 50 per cent report experiencing sexual violence from a husband or partner (Slegh, Barker, Ruratotoye and Shand 2014). The prevalence of highly inequitable, violent partner relationships points to the need to move beyond conceptions of violence in conflict, perpetrated singularly by combatants, in order to understand and prevent post-conflict, and non-conflict sexual and gender based violence. This violence is driven by childhood experiences, gender inequitable beliefs, power inequalities, economic stress, and insufficient coping mechanisms, amongst other factors outlined below.

Childhood experiences

According to IMAGES data, approximately 40 per cent of men and women in eastern DRC witnessed their fathers or another man using physical violence against their mothers when they were growing up (Slegh, Barker, Ruratotoye and Shand 2014). Men's and women's own experiences of violence as children is also quite high. Approximately 60 per cent of respondents report being spanked or slapped themselves, around a third (35 per cent of men and 30 per cent of women) report experiencing sexual violence at home, and over half (61 per cent of men and 66 per cent of women) report having experienced physical violence from a teacher. This high prevalence of childhood experiences of violence can have dramatic effects: men who witness and experience violence as children are approximately two and a half times more likely to use violence against an intimate partner later in life (Levtov *et al* 2015).

Gender inequitable beliefs

IMAGES research confirms that men in DRC are highly resistant to gender equality, and that women have often internalised these norms as well. A vast majority of men and women agreed that women should be the primary caregivers, but that the man should have the final word on decisions in the home (Slegh, Barker, Ruratotoye and Shand 2014). These inequitable norms point to a power imbalance, which is further illustrated by the nearly two thirds of men (65 per cent) and even more women (78 per cent) who agree that a woman should tolerate violence to keep the family together, normalising and perpetuating the acceptance of violence at home.

Women who experience sexual violence are frequently rejected from their homes and perceived as less valuable (Slegh, Barker, and Ruratotoye 2013). Even when male partners do not reject female partners who have been raped, many increase their use of or began to use physical violence against them. One husband of a rape survivor said, 'I tried to live with my wife, but she lost all value as a wife. It destroyed our relationship and family life. I beat her a lot.' Many men report a sense of lost manhood and shame if their wives have been raped, and that their rejection or subsequent use of violence against them was rooted in this trauma.

Economic stress

For men, the experiences of conflict and poverty have a particularly shattering impact on their sense of identity. Many of the perceived pre-requisites for 'real manhood' in DRC – including non-violent leadership and the capacity to produce, provide, and protect – are stripped away during conflict and the ensuing period of extreme economic insecurity. This loss of identity can result in a crisis for men due to humiliation and a loss of personal value (Lwambo 2011). Conflict caused a sharp spike in the proportion of men who report not having enough means to support the needs of their families: in the North Kivu province of DRC, 73 per cent of men report feeling ashamed to face their own families because they are not able to fulfil their financial needs, and 44 per cent of men (as opposed to 35 per cent of women), report sometimes drinking or staying away from home when they can't find work (Slegh, Barker, Ruratotoye and Shand 2014). Extreme financial stress and an inability to perform perceived duties can lead men, particularly, to cope by avoiding feelings of vulnerability through substance and alcohol abuse, a lack of productivity, and use of violence against, or abandonment of, one's families or peers.

Sexual and reproductive health

A lack of knowledge and communication around sexual and reproductive health (including consent and contraception) may further reflect and exacerbate inequalities. Nearly three-quarters of men (74 per cent) and even more women (85 per cent) agree that men don't talk about sex, they just do it (Slegh, Barker, Ruratotoye and Shand 2014). Sexual consent may be a particularly troubling area, in which inequitable attitudes lead to sexual violence: nearly half of men (48 per cent) and over half of women (62 per cent) agreed that a man has a right to sex, even when the woman refuses (Slegh, Barker, Ruratotoye and Shand 2014). Women's ability to negotiate contraception is also very limited, and their attempts to do so may be perceived as disrespectful, provoking further violence: two thirds of men (66 per cent) agree that they would be outraged if their spouses asked them to use a condom (Slegh, Barker, Ruratotoye and Shand 2014).

Post-conflict trauma and insufficient coping mechanisms

70 per cent of men and 80 per cent of women report experiencing at least one conflict related traumatic event, including displacement or death of a family member. Men's coping strategies may drive cycles of violence: Congolese soldiers themselves explained that the frustration and anger related to poor living conditions (and the sense of abandonment and betrayal by the military hierarchy) finds its outlet in violence, including sexual violence (Vess, Barker, Naraghi-Anderlini and Hassink 2013; Baaz and Stern 2010). Women, in contrast, are more likely than men to bear their trauma through silence or turn to religion for solace. Aware of the coping strategies of men (which include further violence), women from DRC develop their own strategies to calm their partners and to protect themselves and their children (Slegh, Barker, Ruratotoye and Shand 2014). Coping strategies in a post-conflict setting are uniquely gendered and require interventions that are designed accordingly.

It is clear that men's responses to conflict have a significant impact on their own well being and on the well being of women and children, even long after the conflict is over. The connection between men's experiences of violence, and use of violence points to a troubling cycle that must be broken. Factors – in both conflict and non-conflict times – that lead to increased SGBV must be addressed.

2.1 Why was Living Peace necessary?

The violence, stress and trauma experienced by both men and women in DRC is clear. However, evidence on promising approaches to improve men's and women's mental health and coping mechanisms, and prevent SGBV in these settings is not yet sufficient. The United Nations advises that states should adopt laws and policies to 'prevent, punish and eradicate gender-based violence' in conflict and post-conflict situations (United Nations 2014).

While laws and policies criminalising sexual violence are necessary, they should be combined with other mechanisms that encourage attitude and behavioural change to effectively prevent violence.

The previous decades of programming in low-income countries demonstrated the very limited impact of gender equality policies that mainly focused on legal responses (defending women's rights) in public services and NGOs. The laws are not well implemented and in fact not taken seriously, in this way the policies promote the opposite: if you go to report your case, you will be abused and the perpetrator will take revenge (this happens a lot in DRC).
(Interview with Henny Slegh 2015).

These laws must be supported by individual, community, and institutional programming that addresses root causes of violence, including unequal power relations between men and women. The previous section highlights the complex, overlapping issues that men and women face in DRC, and in post-conflict settings more broadly, which include facing shifting gender norms, internalised violent identities acquired in conflict, potential health issues, economic stress, experiences of victimisation and more (USAID 2015). And, while DDR may provide short term solutions, longer term programmatic efforts are necessary to prevent SGBV and promote gender equality. These include interventions that critically question and challenge harmful concepts of masculinities, particularly those informed and exacerbated by conflict related violence, displacement, poverty, loss and the inability to fulfil masculine expectations (Promundo-US 2014).

There are organisations (both international and local NGOs) working to prevent sexual and gender based violence, including those with a focus on engaging men in eastern DRC.¹ Living Peace and its coordinators collaborate with many of these local organisations, to ensure a culturally relevant, community-owned approach. A review by USAID in 2015 on the area of 'Conflict, post-conflict and humanitarian assistance' highlights group education methodologies (including psychosocial group work) focused on positive masculinities, as a promising approach to engage men and boys to prevent violence against women and girls (USAID 2015). However, it also acknowledges the need to further develop this field and to build its evidence base. Notably, the review highlights just two interventions (including Living Peace), which have evaluated models.²

Living Peace, a psychosocial therapeutic approach, was designed in light of this lack of evaluated programming to support men and women who have been affected by violence, trauma, and displacement in post-conflict and high violence settings. It was designed to break cycles of violence: to prevent men from using further violence as coping mechanisms from conflict related trauma, and to build on the finding that husbands of rape survivors often re-victimise their wives due to unaddressed trauma and deep sense of helplessness when their wives were raped. It was designed to combine two aspects, 'first psychological therapy and secondly positive masculinity to engage men effectively in gender violence prevention' (Interview with Mahwa, project director, 2015).

¹ Other programmes have been implemented in the region and in DRC, which include: the Community Education Project (Uganda) by Alert; International Alert (DRC); Mental Health & Psychosocial Wellbeing (Uganda) by the Refugee Law Project; Peace Hut Alliance for Conflict Transformation (Liberia) by Earth Treasure Vase Global Healing Project; Security and Justice Programming (DRC) by Cordaid; Health and gender justice services (DRC) by HEAL Africa; and work by Vivo International (DRC and Burundi).

² The other methodology cited is the Community Education Project, implemented by Alert in Uganda between 2008 and 2010.

2.2 How is this study exploring men's and women's healing in post-conflict settings?

This case study explores the Living Peace approach to addressing men's trauma, post-conflict, with the aim of improving relationships within couples and preventing SGBV at the individual and relational level, while working with communities and key institutions such as the military, police, and health sector to reinforce change at the institutional and national levels. It details the design of the initial pilot framework, the scale up of the approach, and lessons learned from both, which can be adapted to future interventions both within and outside of DRC.

Specifically, this case study highlights nine interviews. Community and military participants, and facilitators were interviewed to better understand the nuanced impacts of this initiative as well as their perspectives on the process of their own change within the program's structure. All interviewed participants and facilitators completed 15 sessions of the pilot curriculum (as the scale up has now only been implemented for two to three sessions in the first six months of the project). The facilitators are also now leading groups within the scale up phase of the project. Living Peace project managers (in DRC and USA), as well as experts on psychosocial therapy and other therapeutic approaches were also interviewed.

Notably, this case study intends to explore the following questions:

- Are psychosocial therapy approaches sufficient for transforming gender norms and reducing violence? If not, what additional factors and programmatic elements may strengthen this approach?
- How does men's participation in psychosocial therapy programs post-conflict, contribute to their gender equitable attitudes and behaviours?
- What are the implications and potential obstacles in scaling up a psychosocial intervention and therapy program?
- How do the implicated institutions, including law enforcement, perceive their role within the larger scale intervention?
- What complementary approaches might provide additional framing and guidance for the field moving forward?

The interviews conducted in DRC were completed in Swahili, based on the recommendations of the Living Peace programme managers in DRC, and translated to English for inclusion in this case study. Consent was obtained from participants in order to share their stories and opinions regarding Living Peace. A limitation of this study is that the scale up of the Living Peace intervention has not yet produced formal results, however information from the pilot phase of the project, and formative research, accompanied with qualitative interviews and expert perspectives, provide a set of recommendations for future programmatic adaptation.

This case study was authored by an employee of Promundo-US. However, an effort to provide challenges and shortfalls of the approach has been made, and peer and expert reviews have been conducted to ensure the findings have been presented with due objectivity.

3 Findings

This section focuses on (1) the development and pilot phase of Living Peace and its key findings (2) the scale up of the intervention and (3) lessons learned and best practices in implementing gender transformative psychosocial interventions with men and their partners in post-conflict settings.

3.1 How was Living Peace developed to address men's traumas and contribute to gender equality?

Trauma healing and social norm change is a process and not a lesson that can be taught.

(Interview with Henny Slegh 2015).

Living Peace groups were originally developed as a pilot programme in Burundi and DRC to assist participants in healing from their experiences of trauma by restoring social and partner relationships, and strengthening positive coping strategies that exclude all forms of violence. The groups were designed to use a combination of psychosocial support and group education to help men and their partners in post-conflict settings address the personal effects of trauma (Promundo-US 2014).

Promundo,³ supported by the World Bank's LOGiCA Trust Fund, worked with local partners in Burundi and Democratic Republic of the Congo (DRC) – including CARE Burundi, HEAL Africa and Women for Women International – on the development of Living Peace groups in 2012. Formative research was conducted with local partners to inform the development of the curricula. Key findings included the need to: (1) address the roots of SGBV (deeply rooted power inequalities between men and women) in non-conflict circumstances as well as to address how they are exacerbated in conflict (2) rebuild social connection, and a sense of self, and a positive definition of masculinity (3) address men's gendered specific coping mechanisms (including violence, alcohol use and withdrawal) (4) help men heal from experiences of trauma, which exacerbates their use of violence against partners and children (Promundo-US 2014).

Based on formative research, three curricula were developed (including a methodology of psychosocial support and group education). They were based on a theory of change model in which participants: (1) critically question and challenge harmful gender norms (2) rehearse new norms and behaviours in a safe space (3) internalise and apply these new behaviours to their own relationships and communities (Promundo-US 2014). Through this process, participants are intended to build a sense of responsibility and accountability for violence and its prevention.

³ Founded in Rio de Janeiro, Brazil in 1997, Promundo's mission is to promote gender equality and create a world free from violence by engaging men and boys in partnership with women and girls. Promundo's independently registered organisations in the United States (Promundo-US), Brazil (Instituto Promundo), Portugal (Promundo-Europe), and Rwanda (Promundo-Great Lakes), collaborate to achieve this mission by conducting applied research to build the knowledge base on masculinities and gender equality, developing, evaluating and scaling up gender transformative interventions and programs, and carrying out national and international advocacy to achieve gender equality and social justice.

Although pilot curricula differed across implementation sites (incorporating between ten and 15 sessions), each followed four main modules:

1. **Getting to know each other and identifying problems:** introduce facilitators and the group; establish rules and concepts around equality and freedom; begin to address experiences related to war, conflict and violence; discuss negative and positive coping mechanisms.
2. **Addressing problems and healing wounds:** talk about intimacy, sexuality and intimate partner relationships; discuss dynamics around sexual and gender based violence; learn to take responsibility for actions, including violence.
3. **Integrating insights and building new relationships:** understand how to build trust and equality in partnerships and within a community; create new rules at home to implement new skills and behaviours; partners join session to identify successes and challenges of the programme.
4. **Disseminating in the community:** discuss challenges and opportunities to take the group's messages in to the community; create plans for action; discuss the programme's impact and reflect.

Each session begins with participants sharing news and reflections, and ends with a homework assignment, for participants to rehearse their new skills and behaviours outside of the group space. The core of the approach is in the group discussion and therapeutic exchange amongst participants, which is guided by the facilitator, who sits amongst the group (Promundo-US 2014).

These curricula were implemented with 324 men (including survivors of sexual violence, husbands of conflict-related rape survivors, and with witnesses of other forms of conflict-related violence) as well as some female partners. This pilot phase was evaluated in Goma and Luvungi, DRC, and in northern Burundi.

Results from the endline evaluation⁴ of Living Peace pilot phase confirmed that almost all men and women participants reported significant, positive changes, including improved and more peaceful partner relations, reductions in men's alcohol abuse and drinking, improvements in men's control of their frustration and aggression, greater income sharing by men with their wives, happier children, and improved health outcomes. Change happens slowly, and in the course of ten to 15 sessions, it may not be apparent until the sixth or seventh meeting (Interview with Ruratotoye, psychologist, 2015; Interview with Amani, community participant two, 2015).

Many participants reported that the change was not yet complete at the end of their sessions. Gender transformation is an interactive, long term process, and some men and women were more open to change than others (Promundo-US 2014). Participants cited the need for wives to change alongside their husbands, the difficulty of breaking old habits, persistent stress and conflict due to poverty, and alcohol abuse as remaining issues (Promundo-US 2014).

⁴ This evaluation included both qualitative (focus group discussions and interviews) and quantitative (evaluation forms) evaluation.

3.2 Scale up: from individuals to institutionalisation

Based on recommendations outlined in the pilot phase, the program was re-envisioned as a scale up from January 2015 to December 2018 in DRC with support from the Dutch Foreign Ministry. Promundo designed this next phase of Living Peace with partners Institut Supérieur du Lac (ISL),⁵ Benefance,⁶ and HEAL Africa⁷ to strengthen the approach, reaching a wider audience and institutionalising it for long term sustainability and local ownership. Although the individual change proved powerful in the pilot phase, using an ecological model (addressing individuals, relationships, communities, and societal factors) can support individual change with community and structural support (Edström and Shahrokh 2015).

To further adapt the Living Peace curriculum, Living Peace master trainers conducted additional formative research⁸ to further understand psychological problems and needs that Congolese men face, motivations for men to change and end violence against their partners, men's coping strategies, and root causes of SGBV in Congolese society. The findings confirmed that for both men and women, the concept of gender equality is largely perceived as negative, and nearly impossible to achieve in the cultural context. For example, although about one third (35 per cent) of respondents reported that gender equality was a positive concept, nearly two thirds (65 per cent) disagreed. Even those who were in favour noted that it would be almost impossible to achieve due to cultural obstacles. Of the nearly two thirds of respondents who did not favour gender equality, many cited its role in destroying African culture, or its opposition to religious principles (which indicate that men should dominate their wives). These results point to the need to ensure that DRC's cultural and religious context is addressed in the intervention, exploring entry points and framing such as improving 'peace and harmony' rather than expressly addressing 'gender equality,' and working with multiple stakeholders (individuals, communities and institutions) to create systemic change (Living Peace Institute 2015).

As a result of the formative research, and recommendations from the pilot phase, the scale up phase of implementation took a broader aim than individual and community change. In combination with local and regional NGOs, Congolese government officials, and security forces, it aimed to (1) prevent sexual and gender based violence (2) encourage reconciliation and healing from conflict and (3) promote sustainable, gender equitable peace in eastern DRC (Interview with Gereš, programme manager).

Specifically, the programme scale up defined five objectives:

1. **Individual:** participants heal from conflict and violence related trauma in ways that are specific to their gender identity and which take into account gendered coping mechanisms.
2. **Relationship:** to reduce men's use of violence against their partners and children and to increase gender equality in the household, thus creating a safer environment for all members of the family.

⁵ The Institut Supérieur du Lac in Goma is a private education institute for clinical psychology, professional counseling and mental health nurses and is registered with the Ministry of Education in Kinshasa. ISL has the largest role of the partners, which includes training and some supervisory responsibilities.

⁶ Benefance will be involved in design and implementation of the Living Peace community campaigns, including aiding in selection, training and supervision of Living Peace Mediators in the communities, and ensuring that campaign activities complement existing community stabilisation and security efforts.

⁷ HEAL Africa provides medical and some psychosocial support for women survivors of sexual violence, as well as access to legal services, which seek to hold accountable men who have perpetrated violence. HEAL Africa will also be involved in the Living Peace groups for women by identifying potential participants and recommending staff to be trained as group facilitators.

⁸ The formative research included focus group discussions and in depth, semi-structured interviews at three sites – Katindo military camp in Goma, Sake, and Kitchanga in Masisi territory in North Kivu, and South Kivu police camps. 20 individual interviews were conducted and 24 focus groups (12 focus groups with women and 12 focus group with men), composed of ten people per group.

3. **Community:** to create or restore social support systems that provide support for victims of SGBV; promote the reintegration of those affected by conflict into society; prevent violent behaviour and conflict (including inter-ethnic conflict); and engender cooperation between civilians and the security sector.
4. **Civil society:** to build the capacity of Congolese civil society organisations to implement, sustain, and train others in the Living Peace methodology.
5. **Public services:** to improve the quality of public services which support SGBV survivors, and access to those services.

The scale up in North and South Kivu includes: (1) the addition of focused campaign implementation, in particular using radio (2) training of police, military, health sector workers, and religious leaders and (3) the establishment of the Living Peace Centre for Training and Research, which aims to become, at the end of the four years, a stand alone training and research centre, and Living Peace programme coordinator, at ISL in DRC.

3.3 Implementing the scale up

Essential to the planning and implementation of the scale up was the buy in of key stakeholders and decision makers, and forming relationships with the government from the programme's inception. Living Peace was presented to several partners in Goma and Kinshasa, including the Congolese government, 'this opened the doors for cooperation with the police and the military, who are crucial agents in this project, and also assured the cooperation of the authorities at the local level' (Interview with Mahwa "project director" 2015).

The Living Peace scale-up was officially launched on January 19, 2015, with more than 150 guests from over 50 organizations, including Congolese officials, and governmental representatives from the Netherlands. The launch aimed to inform the public and various organization partners about the Living Peace approach, methodology, and implementation plan in North and South Kivu (Interview with Mahwa, project director, 2015).

To accomplish the goals outlined in the previous section, since January 2015, the implementing partners Benenfanse, Heal Africa, and Institut Supérieur du Lac (ISL) have focused on several activities: (1) establishing the Living Peace Institute (2) training Living Peace trainers and facilitators to implement the intervention and (3) implementing the first rounds of group sessions with men in North and South Kivu.

3.3.1 Establishing the Living Peace Institute

According to Aloys Mahwa, the project director in DRC, the most successful part of Living Peace is 'Promundo's initiative to give these projects to local organisations, so even if Promundo or other donors are not around we are sure that the project will continue locally' (Interview with Mahwa, project director, 2015). In July 2015, the Living Peace Institute (LPI) was registered as a non governmental organisation in Kinshasa, DRC (with an office in Goma). Registered with organisational, financial and administrative support from Promundo-US, the institute is being established to lead the programme and ensure local ownership, beginning in 2016 (Interview with Gereš, programme manager).

With support and training from the Institut Supérieur du Lac in Goma and other project partners, LPI is intended to have the capacity to implement the Living Peace methodology, certify master trainers and group facilitators, and coordinate ongoing Living Peace programming in DRC. It will aim to support public services that provide assistance to individuals and communities who have experienced SGBV. The capacity transfer from Promundo-US to the Living Peace Institute (including management, accountability, and finance) is considered essential for Living Peace's long term sustainability (Interview with Gereš, programme manager).

3.3.2 Training Living Peace trainers and facilitators to implement the intervention

A second aspect of the programme's scale up is building local capacity of master trainers, and subsequently facilitators on the Living Peace methodology. Although psychologists and psychiatrists are in great demand, and would be well suited to lead the intervention, these specialists are not readily available. Therefore, facilitators must be trained to manage more sensitive topics, and to become aware of referral systems.

We don't have the psychologists or professionals. What can we do? For the sustainability for the community, we need to create a community based approach. It's done in the neighbourhoods... where they can talk about their daily problems in their own language, in their own culture.

(Interview with Ruratotoye, psychologist, 2015).

This approach of peer educators, does impose limitations, given their lack of formal training, but also has distinct advantages given their familiarity with the cultural context, and relevant issues that group members face. It may also be the only viable solution, in an environment that lacks formally trained mental health professions.

Since January 2015, ISL has trained 11 master trainers (HEAL Africa and partner staff, military, and police staff), who in turn train facilitators in in North and South Kivu, where Living Peace groups are held. ISL and LPI staff held two trainings for master trainers, with a focus on ensuring successful transfer of capacity between these individuals and group facilitators. The trainings focused on providing: (1) theoretical framing around promoting gender equality and preventing SGBV (2) skills for managing group dynamics and conducting group therapy and (3) training on the Living Peace methodology (including the use and adaptation of Living Peace modules and sessions).

Master trainers then trained Living Peace facilitators in April and May 2015. The selection of facilitators has been identified as a key factor in the success or failure of the project. These facilitators are identified as members of the community, in order to ensure sustainability of the project, but also having full understanding of the cultural context.

There are many phases in our program and the most important one is identifying facilitators. If we identify the facilitators wrongly, it ruins the entire project... Facilitators will also help with continuity of the project because they are from the community, they live in the community everyday so even though Promundo is not there we are sure these facilitators, due to the training they acquired from Living Peace, will continue helping with changing the mentality of their respective societies.

(Interview with Mahwa, project director, 2015)

Across two sessions, facilitators are trained to: (1) select participants (including in military and police camps) and (2) implement the Living Peace methodology. Facilitators gain a variety of skills in these trainings, including on facilitation and managing group dynamics. One facilitator commented that the most useful skill was 'how to listen to people, how to make them comfortable so they can be open to talk about their problems' (Interview with Semu, facilitator one, 2015). Another facilitator cited the ability to manage conflicts in groups: 'if we don't know how to manage conflicts we can't finish even one session' (Interview with Gerlad, facilitator two, 2015).

Part of the process of implementation may also offer moments of transformation for the facilitators themselves, changing their assumptions around gender equality or violence. This process should be encouraged and supported, as it strengthens the facilitators' skills and the intervention itself. One facilitator commented that he has begun washing dishes and playing with his children as a result of facilitating Living Peace groups (Interview with Semu, facilitator one, 2015). Another changed his view of women: 'before being a facilitator, I personally viewed women as weak, after trainings of Living Peace I now understand that they

are also human beings, a woman can work like a man and can be even more active than a man'. (Interview with Gerlad, facilitator two, 2015).

Due to the intense psychological experiences of facilitators, LPI with ISL coordinated training on clinical supervision. This was intended to help facilitators to 'unload emotionally' and to empower them 'with techniques of clinical supervision for individual and group sessions' (Interview with Ruratotoye, psychologist, 2015). Because they 'are exposed to men who have had a lot of painful experiences and are called to listen and support them in the process of healing and change' it is important they receive support themselves. The training provides a space for facilitators to share their experiences, address vicarious trauma, and discuss their experiences working in the field with the beneficiaries. It also aims to strengthen their professional capacities.

3.3.3 Implementing group therapy with men in North and South Kivu

Living Peace's group therapy was designed to provide participants with a safe space to heal from conflict and violence related trauma in ways that are specific to their gender identity and which take into account gendered coping mechanisms. In addition, the intervention is designed to acknowledge men's personal experiences, their diversity and complexity, looking at men not only as the source of the problem but also as agents of change (Interview with Mahwa, project director, 2015). Between 1 January and 31 June 2015, the Living Peace scale up has directly reached 495 men, through 33 groups (including both community members and men in the military and police).

Groups are held in central locations in the communities, such as in schools or churches, over ten to 15 sessions. Given the stigma and sense of shame that surrounds many men who are husbands of rape survivors, the groups are now deliberately mixed. This is one of the key learnings of this approach. Groups include some husbands of rape survivors, some men who have used violence against their wives (but whose wives are not conflict-related rape survivors), and some men who are seen as positive role models in the community. This mixture plays a key role in keeping the groups from being seen as a group of only husbands of rape survivors or of 'violent men.' In a group of 15, for example, 12 men may be those who are known to be violent, while three are those 'of integrity' such as a pastor or community leader, so as to not stigmatise the groups' (Interview with Ruratotoye, psychologist, 2015).

The environment of the group has proved to have an impact on both participants and facilitators, providing a place (in a central location such as in church, or at a school) where participants can establish trust and begin to open up to feeling vulnerable and sharing with one another.

In sharing personal suffering with other men in a protected and controlled 'therapeutic environment' men experience with his ability (that most men know from peace time) to trust, to feel brotherhood and solidarity... Experiences of trust and affection are fundamental in opening the mind and learn new behaviour, including changing social norms related to gender equality.

(Interview with Henny Slegh 2015).

As noted in EMERGE's Summary of Evidence Report,, a gender synchronised approach⁹ should be used when possible to address both men's and women's needs (Edström and Shahrokh 2015). Currently, wives attend one of the group sessions with their husbands, however at the end of 2015, and moving forward, the groups will include the same number of sessions for wives as for their husbands (including in military groups by 2016), men and women will participate in the initial sessions separately, and join together for the final four

⁹ A gender synchronised approach works with men and women, boys and girls, in an intentional and mutually reinforcing way that challenges gender norms and catalyses the achievement of gender equality (Greene and Levack 2010).

sessions. This is a result of the pilot phase evaluation, as well as community facilitators, men and wives of male participants who have emphasised that women too can benefit from the groups. As one facilitator noted, 'the change has to be in both parts, if a man changes, his woman has to change also. She has to help him to make the effort to change' (Interview with Semu, facilitator one, 2015).

The evaluation of Living Peace's pilot phase found that participants experienced significant changes across a variety of domains. Between 88 and 100 per cent of participants interviewed after completing their programme (ten sessions in Burundi, 15 in DRC) reported positive change across each domain measured. Notably, of participants selected for post-intervention interviews, half had been noted by facilitators to have shown demonstrably positive changes, and half to have shown some or no change (Promundo-US 2014).

Some of these changes are illustrated below, supplemented by interviews conducted for this case study:

Ability to cope with problems (controlling anger and frustration, ending alcohol abuse and violence) and improved relationships with partners. The Living Peace groups aim to identify men's (and their partners') current coping mechanisms, strengthen those that are positive, and reshape those that are negative. Re-building healthy coping mechanisms (not reliant on violence, alcohol or isolation) is crucial to the healing process. Many participants commented on their improved ability to control their anger and discuss solutions calmly with their partners. One participant noted, 'before I thought if a woman makes a mistake, she needs slapping or to be hit, but today I control my temper and we talk to each other to find a solution' (Interview with Dawili "military participant" 2015). Another supported this, saying 'I used to drink beer, beat my wife but since I joined the Living Peace program, I began to positively communicate with my wife' (Interview with Amani, "community participant two" 2015).

Reduced sexual violence at home. Many participants did not have basic information on sexual and reproductive health (including consent and power dynamics), which is a necessary component to re-envisioning non-violent relationships. Indeed, one participant noted how learning about consent changed the way he thought about his sexual relationship with his wife: 'I had a problem with sexual education, when I learned that I need consent from my wife before sex it was very difficult for me because I used to take my wife by force' (Interview with Dawili, military participant, 2015). Another participant affirmed that sexual violence, and men's lack of responsibility, is one of the corner stones of the program (Interview with Bwira, community participant one, 2015).

Improved relationships with children. Participants found that the groups helped them to take responsibility as fathers, and to become more involved at home. After regretting that he did not fulfil his responsibilities or consider himself to be a good father, one participant noted, 'I asked for forgiveness from them [my children] and now we spend much time together, we are now good friends and very united' (Interview with Bwira, community participant one, 2015). Another participant remarked that he began taking on more non traditional roles; whereas previously he would rebuff his children if they were hungry, saying 'I'm not your mother,' today he cooks for them without any problem (Interview with Dawili, military participant, 2015).

Improved social relationships with other men and women. One of Living Peace's goals is to not only restore relationships between partners, but to also build peaceful communities. One participant noted that his relationship with his community, friends, and partner changed greatly due to the advice and support he received from the groups, saying that his community was, 'supportive because they know how I was traumatised with all my problems, and they kept asking me who is helping me for this change [sic]' (Interview with Bwira, community participant one, 2015). Facilitators also note that participants have begun to take

their learnings out into the community: 'through advice men received in group many of the participants change and start to interact with people in the community'. Participants even give advice when they identify conflict (Interview with Gerlad, facilitator two, 2015).

In addition to the positive, personal changes outlined above, several challenges and obstacles were also noted. These are illustrated below. Although only noted by several individuals, the points raised are worthy of consideration to gain a full picture of the group therapy experience.

The length of the sessions is too short. Sessions are designed to fit the needs and availability of the participants, and are generally held once weekly, over ten to 15 weeks for several hours. One facilitator noted that this time was not sufficient, saying, 'When participants start to tell their stories and we have to stop them because of time, it hurts their feelings.' (Interview with Semu, facilitator one, 2015). Although sessions themselves may not be able to be expanded, services for those participants who need additional support should be made available. Furthermore, communication and coping skills, which are first developed and practised within the safe space of the group, should be practiced and used within relationships and the community to continue the process of change after the groups end, and participants should be encouraged to meet independently, outside of the groups, to continue their discussions.

The group may not be a confidential space. The first sessions of each group focus on building trust, and establishing ground rules, which include confidentiality. However, it seems that this rule is not always honoured. One participant noted that despite the group agreement, occasionally, 'someone in the group goes to talk about your life story with others outside the group and you find everyone knowing about your life' (Interview with Bwira, community participant one, 2015). A facilitator corroborated this concern, noting that 'some participants forget procedures of Living Peace' (Interview with Gerlad, facilitator two, 2015). Ground rules, including confidentiality should be reiterated not only in the initial sessions, but throughout the entirety of the programme, to help to reinforce its importance in building trust amongst the group.

Group members or peer groups may prove to be a negative influence. Although, group members are designed to be supportive spaces for modelling positive behaviour, occasionally both members within the group, as well as peers outside of it, may limit progress. One military participant notes, 'the disadvantage is to be around soldiers because some of them have a bad mentality and they will give negative influence, they will say something like take your guns and let us rob civilians because we are broke' (Interview with Dawili, military participant, 2015). Another community participant shared a similar concern, noting, 'When you start to change sometimes the bad influence of friends out of the group limits your progress' (Interview with Amani, community participant two, 2015). Future work with communities more broadly, will hope to address this concern, transforming community and institutional norms, to support individual change.

To measure long term, sustainable change, a rigorous evaluation should be applied to these findings from the scale up phase. As noted in EMERGE's Summary of Evidence Report, programmes and evaluation approaches in the field of engaging men for gender equality tend to be quantitative, short term, and instrumental, with little attention to processes of change (Edström and Shahrokh 2015). The Sexual Violence Research Initiative is supporting a qualitative evaluation of the long term results of Living Peace's pilot phase to determine if results are sustainable.

3.3.4 Next Steps for Implementation

As the scale up of the Living Peace Programme progresses, various additional activities are planned, including: (1) community campaigns and (2) institutionalisation through the health, security, and religious sectors.

Community campaigns

As noted above, the community's support is integral to reinforce change at the individual level. Because of this there is 'a huge need to carry out sensitisation campaigns for the whole community to participate in this change', (Interview with Mahwa, project director, 2015). Community campaigns, including radio dramas aim, to reduce men's use of violence against their partners and children and advance gender equality (including men's participation in caregiving, family planning, and sharing of household decision making, as explored in the group methodology). While the campaigns have not yet been developed for this program scale up, a radio drama is in production (to be led by Radio La Benevolencija Humanitarian Tools Foundation (RLB)¹⁰ and the most popular radio and television stations have been mapped and identified.

By the end of 2015, the community campaign aims to reach a minimum of 12,000 people in the communities where group sessions are conducted. Using an approach of featuring community role models on weekly radio and TV broadcasts by Living Peace master trainers, the campaign intends to disseminate messages from Living Peace group sessions and support ongoing changes at the individual level.

Additional campaigns are planned specifically to prevent SGBV and conflict (including inter-ethnic conflict), the role of men involved in security forces in SGBV prevention, the importance of support for SGBV survivors and those indirectly affected by it, and to encourage cooperation between civilians and the security sector. Radio and TV programs will be broadcast on channels that are believed to be popular among members of the police and the military.

Institutionalisation through the health, security, and religious sectors

I suggest to enlarge this group that is helping the army and sensitise many soldiers, especially higher ranking officers to make awareness of these groups and the benefits and support they will help them so that we can work together hand in hand and be united [sic].

(Interview with Dawili, military participant, 2015).

Change also requires attention to transforming institutional cultures, particularly those which provide services to SGBV survivors (Edström, J. and Shahrokh, T. (2015). The LPI, ISL, and Heal Africa will train health centre workers, military and police, and religious leaders through group therapy, to encourage the provision of gender sensitive care and psychosocial support to SGBV survivors, as integrated with their current suite of services. This approach intends to help institutionalise the Living Peace methodology across sectors, improving response to, and support of, SGBV survivors including through referrals to services, support in healing from trauma, and the promotion of gender equitable ideals.

3.4 What can we learn?

Living Peace, implemented in DRC – a low income, conflict/post-conflict context – offers up common challenges, lessons learned and innovations in restorative post-conflict

¹⁰ Radio La Benevolencija Humanitarian Tools Foundation (RLB) is a Dutch NGO committed to the empowerment of minorities and social groups that have been or are in danger of becoming the victims of ethnocentric or other forms of hate violence. It promotes an agenda of empathy and aid among those who are the target of hate speech, as well as among societies that have suffered its consequences. Their role will be in organising and disseminating the campaign in the form of radio drama.

programming, which can be adapted for other countries, both within and outside the region. Living Peace groups can help to advance and shape the discussion and evidence base around healing and what it means to engage with men and boys in conflict and post-conflict settings.

Future recommendations were identified after the pilot implementation, and used to develop an advancement of the curriculum and scale up of the initiative. While some of these were met, others have not yet been incorporated into the framework or have not been fully achieved. Below, recommendations are compiled from both the pilot phase and scale up phase across: context, theoretical approach, sustainability and institutionalisation, evaluation and scale up, and future directions for programming.

3.4.1 Context

- Create **security guidelines**, and utilise relationships with existing institutions, such as police and military to maximise the safety and security of facilitators and participants in post-conflict settings. In DRC, major obstacles were faced due to insecurity, causing staff to take risks in traveling to implementation sites. The exposure to danger, as well as institutionalised corruption could pose a risk to sustainability, and better protection measures should be developed to mitigate those challenges.’ (Interview with Henny Slegh 2015).
- Create contingency plans and budgeting specific to a **lack of infrastructure** and/or resources in post-conflict environments. In eastern DRC, there are large territories, roads are in poor conditions, and the cost of living and transportation costs are high. Budgets should be designed specifically, to ensure that these costs are accounted for (Interview with Mahwa, project director, 2015).
- Create **safe spaces** for men and women to discuss their traumas, in accessible, locations within the community, ensuring confidentiality (Promundo-US 2014). Common spaces like schools or churches may be places that are accessible to participants. These spaces should provide a quiet, secure space. Furthermore, although confidentiality is outlined in the curriculum, emphasis should be placed throughout the sessions to ensure that it is adhered to.
- Create a system and approach to **adequately train facilitators and mental health professionals** in cases where psychologists and psychiatrists are not readily available, providing additional psychosocial support as needed. Most countries, including DRC, do not have many mental health professionals or facilities, if any. Trainers and facilitators should be trained in primary mental health care as needed (Interview with Henny Slegh 2015). Encouraging personal change within the facilitators themselves, and keeping them involved throughout multiple rounds of interventions will also strengthen their skill sets (Promundo-US 2014).

3.4.2 Theoretical approach

- Approach **gender transformation as an interactive, long term process** that allows men and women to learn new behaviours through action. Some men may embrace change, while others resist. Gender transformative change must be lived and rehearsed over time, rather than lectured or taught (and groups should be encouraged to stay in touch, even after the sessions end). Open communication skills are first developed and practised within the safe space of the group, before they are used within relationships and communities. It is this self motivated process that is necessary for change (Promundo-US 2014). Many participants note that changes were experienced gradually, one noting: ‘the hardest part about participating in the group for me was to share my story, to be open to them, I resisted so much until the seventh session, it’s when I started to be open’ (Interview with Amani, community participant two, 2015).
- A **gender synchronised approach** should be used when possible, addressing both men’s and women’s needs (Edström and Shahrokh 2015). The need for wives to join

the men's sessions (and to have their own) was emphasised in findings from the pilot phase, as well as during the scale up, by participants and facilitators. Women's inclusion has been recommended for various reasons: to introduce women to the curriculum; to help women change themselves; to support men's process of change; and to help the community more broadly (Interview with Bwira, community participant one, 2015; Interview with Semu, facilitator one, 2015; Interview with Dawili, military participant, 2015). While Living Peace groups have made an effort to incorporate men's female partners into designated sessions, and included in the homework assignments, greater efforts should be made, and are planned starting in 2015 (Promundo-US 2014).

- Use a group therapeutic approach that **critically questions and challenges harmful concepts of masculinities**. The Living Peace pilot found compounding effects of experiencing and witnessing violence, displacement, and poverty on a sense of loss and inability to fulfil the masculine expectation. It is necessary to identify and deconstruct these harmful notions of masculinity (Promundo-US 2014). Living Peace's group therapeutic approach allows male participants to 'unravel "masks of violent masculinities" that functioned as a shield to hide their vulnerability and feelings of failure as a man' (Interview with Henny Slegh 2015).
- In some developing contexts, gender equality may be considered to be a Western concept, therefore 'gender equality' should be approached through a **culturally appropriate framing**. As revealed in Living Peace's scale up formative research, many interviewees in DRC did support the concept of gender equality. However, in breaking down the term, one participant noted that men living in harmony with women and children was highlighted as a way to move through difficult times (Interview with Dawili, military participant, 2015).
- Identify current **coping mechanisms**, strengthen positive ones, and reshape negative ones. The Living Peace pilot identified a strong link between men's violence against women and the trauma men experience, along with the presence of inadequate coping mechanisms. The re-building of healthy coping mechanisms (not reliant on violence, alcohol, or isolation) is crucial to the healing process. Many participants were eager to embrace changes (such as using open and healthy communication) once presented with these alternatives, framed as 'healthy masculinity' (Promundo-US 2014).
- Approach men as **diverse and complex actors** – not only recognising them as perpetrators, but also as victims, witnesses of violence, agents of change, etc., each with their own, distinct roles and motivations (Edström and Shahrokh 2015). This point is echoed by the project director in DRC, who notes, 'men should not always be looked at as the source of the problem but can also be agents of change' (Interview with Mahwa, project director, 2015).
- To reduce **stigma and increase exposure to positive behaviour**, engage a wide range of men need in programming, including men who are known to have used violence, and those who are considered to be positive role models, as well as those of all social statuses and income levels. By only targeting low income, low status individuals or those who are known in the community to use violence, the approach will not be adopted more broadly, and it may be seen as re-stigmatising 'problem men' (Promundo-US 2014). One participant agreed that Living Peace should recruit people from 'all avenues of town', educating both violent and non violent men (Interview with Amani, community participant two, 2015).
- When conducting programming to end SGBV, it is essential to include information and training **on sexual and reproductive health, family planning, consent, and contraception**. Research as well as pilot phase results found that many participants lacked basic information on sexual and reproductive health (including consent and power dynamics) and that explicit information was necessary to help participants re-envision non violent intimate relationships (Promundo-US 2014).

3.4.3 Sustainability and institutionalisation

- Use an **ecological model** to support individual level change with community and structural support, encouraging the healing of trauma and the restoration of the individual to the family and to the community (Edström and Shahrokh 2015). In the context of Living Peace, when similar messages are disseminated in public as in the groups, ‘individuals and families feel encouraged, empowered and assured that they [are doing] the right thing’ (Interview with Henny Slegh 2015).
 - **Community campaigns**, as recommended in the pilot and planned for Living Peace’s scale up, encourage the dissemination of findings and embed learnings within the community, furthering changes at the individual level (Promundo-US 2014). Radio and TV campaigns will serve to sensitise the community more broadly to the Living Peace methodology, normalise non-violent behaviours, and create momentum for social norms change.
 - **Train staff at institutions and those in positions of power** to embed programmatic approaches and to play key roles in enabling access to services for women and men post-conflict (including both medical services and psychosocial support services), in addition to access to justice (Kaufman 2012). Although gender equitable policies are necessary, changing institutional cultures is also key to support the operationalisation of these policies (Edström and Shahrokh 2015). In the case of Living Peace, the close connections with police, the army, and health centres aims to ensure institutional change, with the goal of becoming embedded within public institutions (Interview with Henny Slegh 2015).
 - **Conduct meetings with key stakeholders and decision makers, forming relationships with governments from the programme’s inception** to ensure buy in, accountability and sustainability. In the first months of the intervention, Living Peace was presented to several partners in Goma and Kinshasa, including the Congolese government. This interaction was key to establishing connections with the police and military, as well as establishing cooperation with relevant authorities.
- Encourage a **locally owned and driven approach** by building capacity within local organisations, as well as by training trainers and facilitators from within the community.
 - Collaborate with **community based organisations** to ensure local capacity building and sustainability of the approach. Local organisations have facilitated the implementation of Living Peace since 2012, and in 2015 the Living Peace Institute was officially established in DRC to ensure that the approach is locally owned. ‘With the community approach, the community helps itself to bring about peace in its families and to bring about change in the individuals’ (Interview with Mahwa, project director, 2015).
 - **Recruit facilitators from within communities**. Local facilitators will have the greatest understanding of the cultural context, and the daily issues men and women face as they seek to heal from trauma, and they will remain within the communities indefinitely. Both programme managers and facilitators themselves acknowledged the key role local facilitators play in the programme, one facilitator noting: ‘we have the same culture the same beliefs, for participants it’s easy to be open and share their stories’ (Interview with Semu, facilitator one, 2015).

3.4.4 Evaluation and scale up

- Design appropriate **evaluation mechanisms** to measure long term, sustainable change. As noted in EMERGE's Summary of Evidence Report, programmes and evaluation approaches in the field of engaging men for gender equality tend to be quantitative, short term, and instrumental, with little attention to processes of change (Edström and Shahrokh 2015). Pilot phase results validated the project's theory of change, and highlighted areas where the program could be improved, expanded, and scaled up. The Sexual Violence Research Initiative is supporting a qualitative evaluation of the long term results of Living Peace's pilot phase to determine if results are sustainable.
- **Scale up** approaches when possible, reaching greater numbers of beneficiaries. While the Living Peace pilot reached 324 men and their partners, in the scale up, over 9,000 individuals will be reached directly through group therapy. However, even more can be done.

3.4.5 Future directions for programming

- **Address militarised masculinities, and harmful traditional masculine norms as part of conflict prevention** (Edström and Shahrokh 2015). As recommended in the pilot phase, the scale up of Living Peace's implementation, if feasible, aims to include a focus on addressing and diffusing inter-ethnic tensions, and to contribute to peace building more broadly (Promundo-US 2014). As noted by the project director in DRC, 'we want to be amongst those who contribute on consolidation of peace' (Interview with Mahwa, project director, 2015).
- **Create networks** to share and disseminate best practices on psychosocial therapeutic approaches. While some interventions have been highlighted and captured, more systematised information sharing could advance the methodology and combined lessons learned (Promundo-US 2014).
- **Combine the Living Peace approach with economic empowerment programming.** The pilot phase results revealed that male participants collaborated more with their partners on income generation activities, and with other men as well, however, the progress was not deemed sufficient (Promundo-US 2014). Indeed, this gap has not yet been addressed in the scale up, but should be considered for future interventions. 'If a participant has 100 needs, psychological aid contributes only 20 per cent of such needs' (Interview with Mahwa, project director, 2015).
- **Adapt the Living Peace approach to work with youth, young fathers, women, and girls.** The approach addresses common issues of inequality and methods of healing that may be adaptable across target groups (Promundo-US 2014). The Living Peace methodology is currently being adapted by Promundo and partners for implementation along with other curricula for youth who have experienced violence in DRC and Brazil. It has potential to develop further into models that could address the psychosocial injuries of men and especially young men, but also women and girls, in the growing number of conflict areas in the world. Furthermore, the model could also be linked to educational institutions, like schools and universities as an early prevention model' (Interview with Henny Slegh 2015).

4 Conclusion

The Living Peace model is still a relatively new approach, with a very promising, but preliminary review of pilot findings. The further study of Living Peace groups will advance and shape the discussion around healing and what it means to engage men and boys in conflict and post-conflict settings for the long term support of gender equality.

The greatest success seems to be channelling the psychosocial approach from within DRC's cultural context, particularly in a context with few psychologists or psychiatrists. Using local community members as facilitators and trainers, and building capacity from within DRC and the Living Peace Institute provides a unique window in to an approach that, by 2016 will also be locally owned and managed. Additionally, using conversational entry points that broach topics of gender equality and non violence in the cultural context seems to have proved valuable. Furthermore, the group setting can be a source of social support. However, confidentiality should be reinforced, and future efforts should be made to evaluate potential risks for using community based facilitators, who are not themselves mental health professionals.

The program appears to play a strong role in transforming men's gender related attitudes and practices, showing positive results across relationships with partners, children and the community. However, it could be pushed further to fully integrate women alongside men. As results from the formative research, pilot intervention, and case study interviews show, women's presence appears to be a welcome and necessary aspect of the change that men experience. Additionally, further evaluation of the process and interaction between men and women in the groups, would be necessary to understand if the group dynamics themselves reinforce or challenge traditional gender norms and roles. There will be greater opportunity for this evaluation as women are integrated into more sessions, starting at the end of 2015.

Additionally, economic hardship is pervasive in the region, as in many post-conflict zones. Difficulty paying children's school fees, amongst the economic stress measured in formative research, again reiterate the opportunity to combine the Living Peace approach with economic empowerment initiatives.

It will be necessary to evaluate and assess forthcoming activities – including community campaign outreach, and collaboration with the health and security sector – both as individual and additive elements to the intervention. As the project's pilot phase served to evaluate the group therapy component of the approach, it will be important to gain a more detailed understanding of how the additional elements may reinforce each other (and existing programming), as well as to identify potential obstacles in scaling up a psychosocial intervention and therapy program.

The preliminary findings are very promising, and point to the ability of community owned, psychosocial interventions to change men's attitudes towards a variety of issues including violence and gender equality. The methodology of this programme and results can be used to inform the development and scale up of similar interventions, which show a promising direction towards healing, in post-conflict and high violence environments where they may be most needed.

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Annex 1 List of participants

- Aloys Mahwa, Living Peace project director, Promundo Great Lakes (DRC)
- Amani, Community participant (DRC)
- Benoit Ruratotoye, psychologist at Institute of Mental Health (DRC)
- Fabian Bwira, community participant (DRC)
- Henny Slegh, psychotherapist and Promundo Great Lakes Africa regional representative (Burundi)
- Lana Dawili Jean, military participant (DRC)
- Natko Gereš, Living Peace programme manager, Promundo-US (US)
- Nzala Gerlad, facilitator (DRC)
- Semu, facilitator (DRC)

Annex 2 Key informant interview guide

Participant (community) who has completed 15 sessions

1. Describe your involvement with the Living Peace groups, and how you came to be involved/were recruited.
2. Where do you usually meet as a Living Peace group? (e.g. in a school, under a tree, in a church)
 - Is the place convenient for sensitive discussions about gender, sexuality, and violence?
 - Why/why not?
3. In your opinion, what is the problem the Living Peace groups are trying to address?
 - How are they (or not) addressing the problem?
4. Have you noticed any changes by being involved with Living Peace?
 - If so, what kinds of changes?
5. Has the program changed the way you think about being a man?
 - How so?
 - What do you now think about being a man?
6. What are some of the benefits or disadvantages of meeting in a group?
 - Describe your relationship with the other participants.
7. Has the program changed the way you interact with the following, and how so?
 - your wife?
 - your children?
 - other participants?
 - the broader community?
8. How has your relationship with your community, friends, and partner changed as a result of your participation in the group?
 - Are they supportive or discouraging?
9. What is the impact of including wives/partners in some of the sessions?
 - What are the positive or negative effects?
10. How have the Living Peace groups impacted how you will raise and educate your child?
11. What is the hardest part about participating in the group or the biggest challenge?
12. Is there an interesting moment, memory or story from the group that you can share? Explain.
13. What do you think could be improved with the Living Peace program?
 - Why would you recommend this?
14. In your opinion, what is the most successful part of the program?
 - Why?

Participant/ beneficiary (military/police) who has completed 15 sessions

1. Describe your involvement with the Living Peace groups, and how you came to be involved/were recruited.
2. In your opinion, what is the problem the Living Peace Groups are trying to address?
 - How are they (or not) addressing the problem?
3. Have you noticed any changes by being involved with Living Peace?
 - If so, what kinds of changes?
4. Has the program changed the way you think about being a man?
 - How so?
 - What do you now think about being a man?

5. What are some of the benefits or disadvantages of meeting in a group?
 - Describe your relationship with the other participants.
6. Has the program changed the way you interact with the following, and how so?
 - your wife?
 - your children?
 - other participants?
 - the broader community?
7. How has your relationship with your community, friends, and partner changed as a result of your participation in the group?
 - Are they supportive or discouraging?
8. What is the impact of including wives/partners in some of the sessions?
 - What are the positive or negative effects?
9. How have the Living Peace groups impacted how you will raise and educate your child?
10. What is the hardest part about participating in the group or the biggest challenge?
11. Is there an interesting moment, memory or story from the group that you can share? Explain.
12. How do you, as a member of the military/police, see the role of the military/police within the larger project?
13. As police/military how does this program support your regular work of being in the police/military?
 - Are there any conflicts between the topics discussed in Living Peace and the work that you do in the police/military? Describe.
14. What do you think could be improved with the Living Peace program?
 - Why would you recommend this?
15. In your opinion, what is the most successful part of the program?
 - Why?

Facilitator

1. Describe your involvement with the Living Peace groups, and how you came to be involved/were recruited.
 - How long have you been a facilitator?
2. In your opinion, what is the problem the Living Peace groups are trying to address?
 - How are they (or not) addressing the problem?
3. Have you seen any changes in the male participants throughout the group process?
 - If so, what kinds of changes?
4. Have you noticed any changes in yourself from when you started facilitating the groups to now?
 - If so, what kinds of changes?
5. Do you think it is important that you are a member of the community where these men come from?
 - Why?
6. What impact has the program had on relationships between:
 - men and women participants?
 - husbands and wives?
 - the broader community?
7. Is there an interesting moment, memory or story that stands out in your mind from one of your groups? Explain.
8. What are some of the benefits or disadvantages of meeting in a group setting (instead of with one man at a time)?

9. What role does gender play in the group discussion?
 - How do you actively challenge traditional gender norms (what it means to be a man) in the groups?
10. What is the impact of including wives/partners in some of the sessions?
 - What are the positive or negative effects?
11. Do you feel you have been adequately trained and supported to implement the program successfully?
 - If so, what has been the most useful skill?
 - If not, what skills do you need to be more effective?
12. What has been the greatest challenge in implementing the curriculum?
13. What do you think could be improved with the Living Peace curriculum?
 - Why would you recommend this?
14. In your opinion, what is the most successful part of the program?
 - Why?
15. In your opinion, what would be the three or four key lessons and/or challenges to highlight about Living Peace as part of this case study?
 - If you were the author of the case study, what kind of messages or best practices would be important to convey to others doing similar work?

Coordinator/specialist

1. Describe your involvement with the Living Peace groups, and how you came to be involved.
2. In your opinion, what is the problem the Living Peace groups are trying to address?
 - How are they (or not) addressing the problem?
3. What are the necessary components of the Living Peace program?
4. What do you think is the vision or long term plan for the Living Peace project?
 - Why was it created?
 - What is the future?
5. How does men's participation in psychosocial therapy programs, post-conflict, contribute to their gender equitable attitudes and behaviours?
 - What types of changes are possible/have you seen with the Living Peace approach?
6. Are psychosocial therapy approaches (group therapy) sufficient for transforming gender norms and reducing violence at the following levels, and if yes, how, and if no, what else is needed?
 - the individual level?
 - at the relationship/family level?
 - at the community level?
7. What are the implications and potential obstacles in scaling up a psychosocial intervention and therapy program?
8. What has been the greatest challenge in implementing the program?
9. In your opinion, how well has the program been implemented on the ground?
 - How has it (or not) been effective?
 - How could it be more effective?
10. In your opinion, what is the most successful part of the program?
 - Why?
11. In your opinion, what would be the three of four key lessons and/or challenges to highlight about Living Peace as part of this case study?
 - If you were the author of the case study, what kind of messages or best practices would be important to convey to others doing similar work?

Engendering Men: Evidence on Routes to Gender Equality' (EMERGE) is a two-year project to build an openly accessible basis of evidence, lessons and guidance for working with boys and men to promote gender equality, by early 2016. Supported by the UK Department for International Development (DFID) Leadership for Change Programme, a consortium of the Institute of Development Studies (IDS), Promundo-US and Sonke Gender Justice Network collaborates in reviewing and analysing existing evidence, in documenting lessons from the field and in developing guidance for improved learning, policy and practice.

Institute of Development Studies: www.ids.ac.uk/, Promundo-US: <http://promundoglobal.org/>,
Sonke Gender Justice: www.genderjustice.org.za/

Learn more about EMERGE, our work, our findings and our free resources on: <http://menandboys.ids.ac.uk/>



This publication is available on the Men, Boys and Gender Equality website at:
<http://menandboys.ids.ac.uk/evidence>