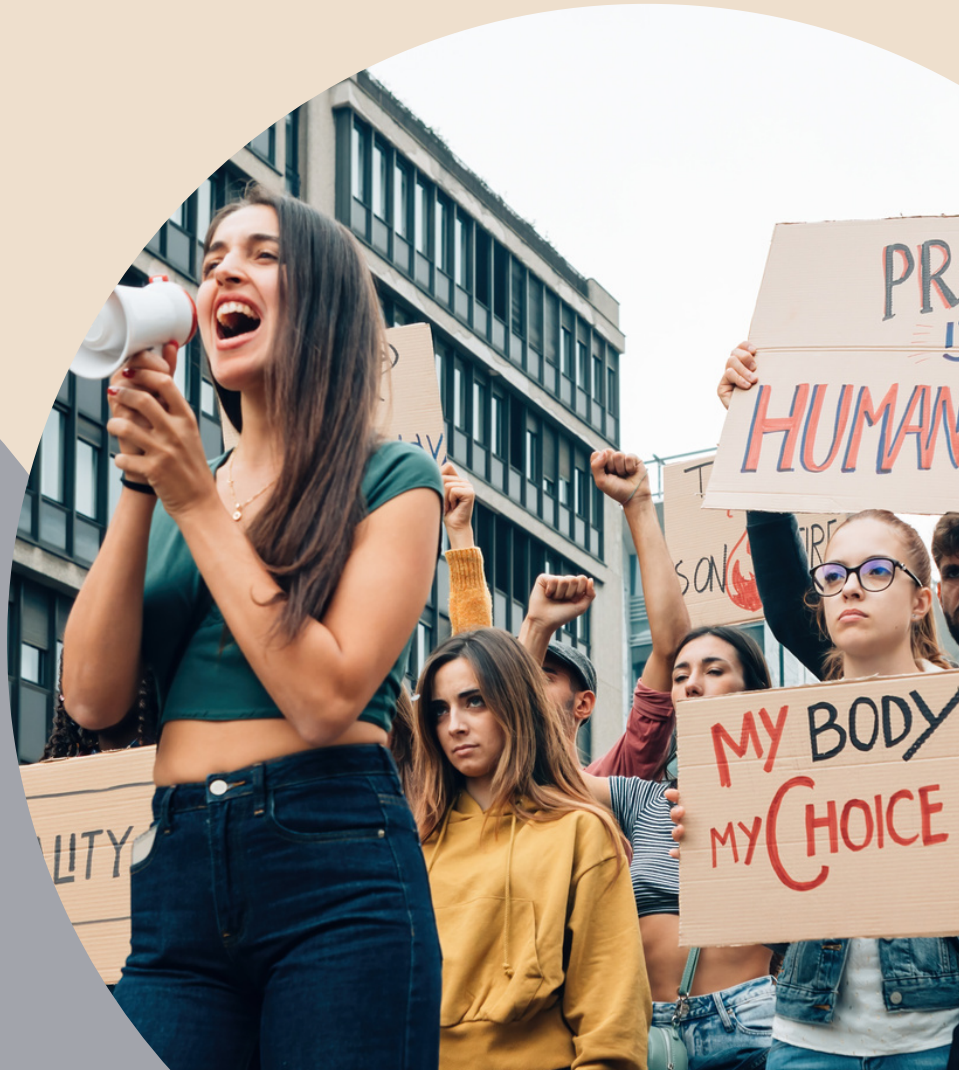
2021-1-NL01-KA220-ADU-000026492

PR1-UNROOT Preparatory Phase/Transnational Report

Unrooting **Violence:**

tackling social norms for the prevention of gender-based violence



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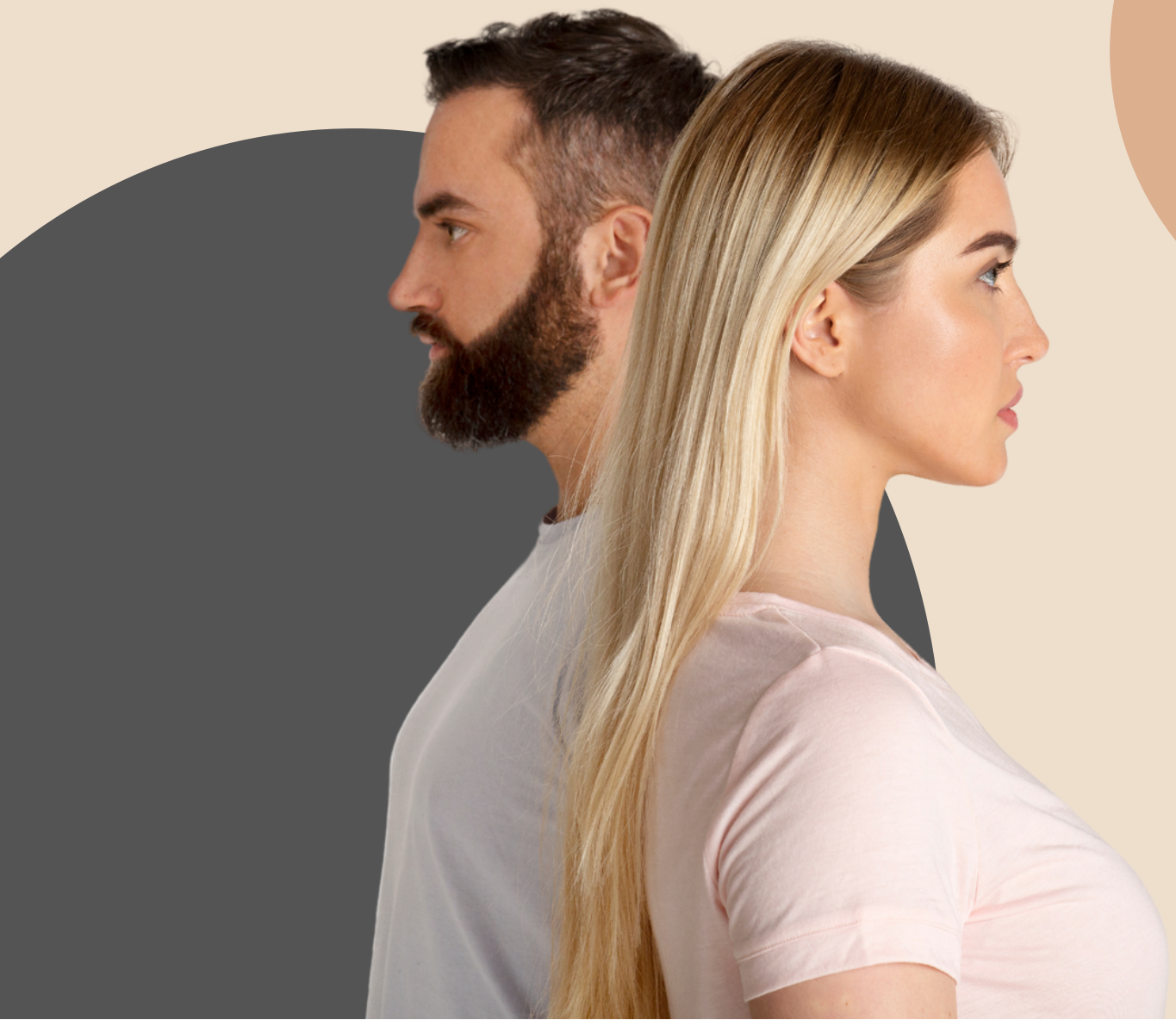


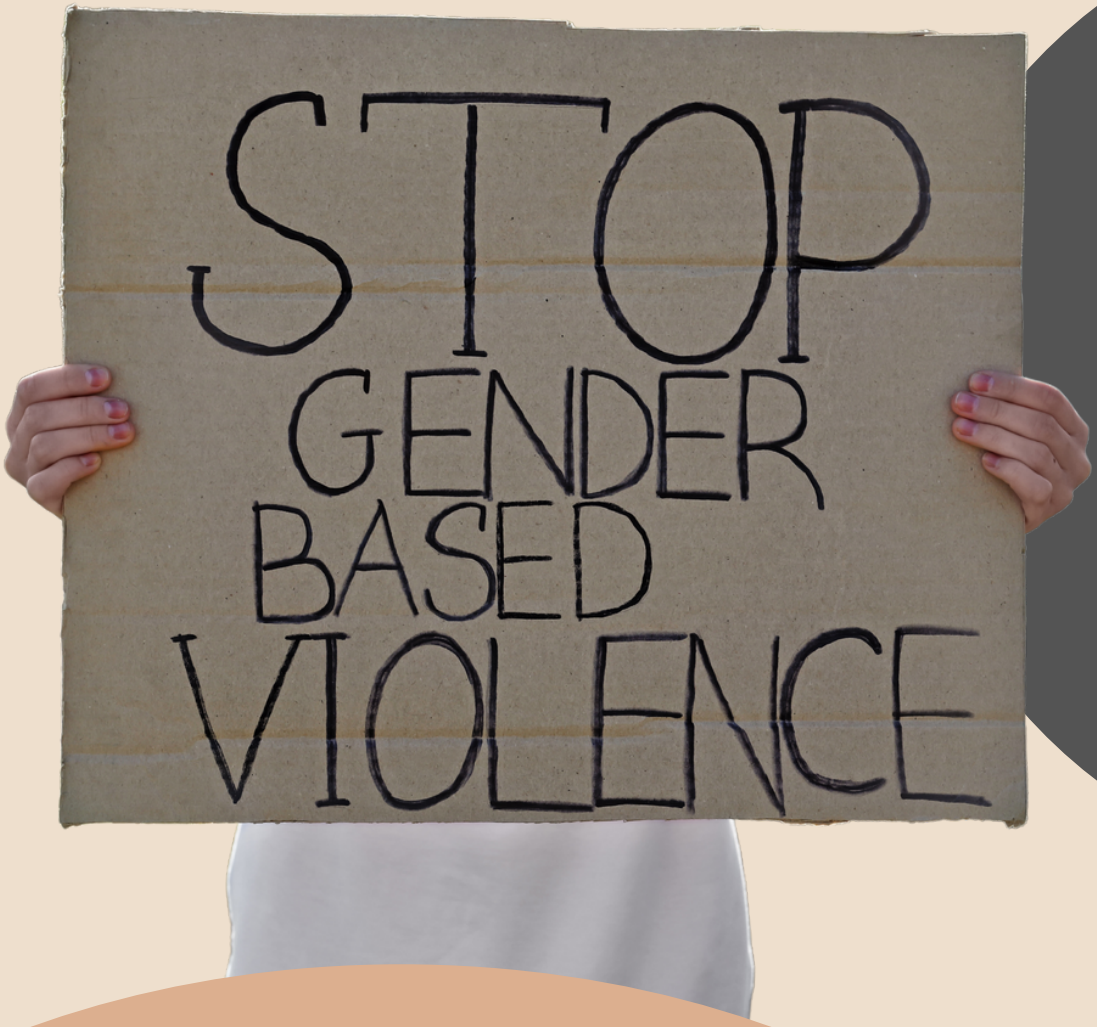
1. Introduction

Gender-based violence (GBV) is foremost a violation of human rights, and a global health issue that cuts across boundaries of economic wealth, culture, religion, age, and sexual orientation. GBV refers to any act that is perpetrated against a person's will and is based on gender norms and unequal power relationships. It includes physical, emotional or psychological and sexual violence, and denial of resources or access to services. Violence includes threats of violence and coercion. GBV affects women at all levels of society, regardless of age, education, income, social position or country of origin/residence. The situation is far worse in cases where women have no access to support structures, such as in rural areas.

GBV is entrenched in gender inequalities which are heavily rooted in gender prejudices and stereotypes that encourage violence. Thus, there is a dire need to dismantle inequalities and norms in order to shift behaviours. This need is even more pressing in rural areas, where effective measures addressing the needs of women living in rural areas are absent, according to the 2020 report from GREVIO. Therefore, there is a need to reach out to these communities in order to give access to knowledge to both women and men and build capacity to dismantle gender norms and roles.

The UNROOT project aims to tackle the issue of GBV from the root, and as such, it focuses on the primary prevention of GBV. Primary prevention focuses on preventing GBV before it occurs by tackling the root causes of GBV; gender inequality; systemic discrimination; and unequal power relations. This approach requires long-term transformational change to focus on positive norms. The social, economic, and political empowerment of women and girls is integral to the programme design as is addressing impunity for perpetrators of GBV, while engaging men and boys in GBV prevention

Primary prevention requires changing the social conditions and structural norms (patriarchal values)that excuse, justify or even promote GBV. Individual behaviour change may be the intended result of prevention activity, but such change cannot be achieved prior to, or in isolation from, a broader change in the underlying drivers of such violence across communities, organisations, and society as a whole. A primary prevention approach works across the whole population to address the attitudes, practices and power differentials that drive GBV. In that sense, primary prevention is most effective when diverse methods, such as community mobilisation, mass media and awareness-raising approaches and policy changes are combined and employed at different levels of society[1].



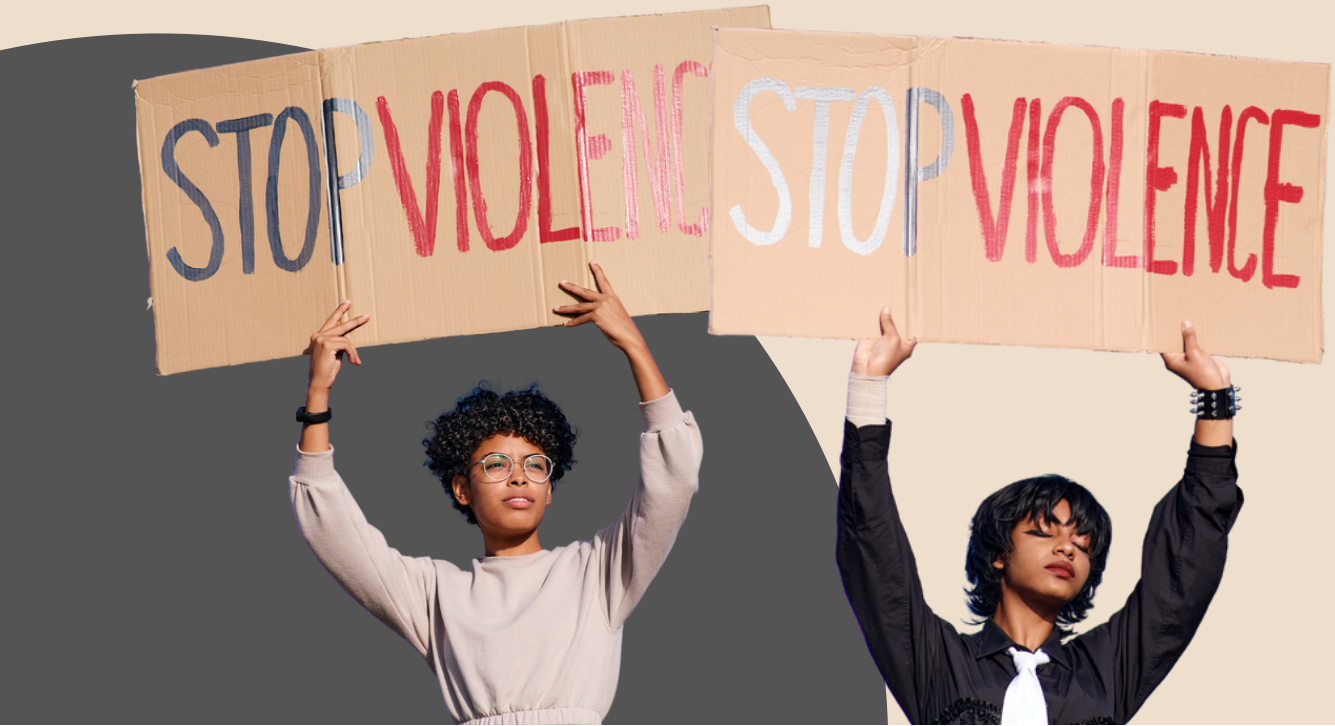
1] UN Women (2010) Promoting primary prevention. In: https://www.endvawnow.org/en/articles/318-promoting-primary-prevention-.html (accessed 23/08/2022).

The UNROOT partnership understands that the primary prevention of GBV is highly important, so they developed and are now implementing this project aiming at reaching out to those rural communities and supporting both women and men with fewer access opportunities in order to reduce harmful traditional practices, behaviours, and customs contributing to GBV. Prevention of GBV can take many forms such as, creating an open dialogue with community members about GBV issues and gender stereotypes, designing bystander intervention strategies to go deeper to the stereotypes and prejudices that pertain GBV and empower people to find their own voice beyond social norms.

In that sense, the UNROOT project is pivotal for pinpointing the need to work closely with rural communities in order to raise awareness and build capacity around the primary prevention of GBV. The UNROOT project starts from the fact that gender-based violence affects women at all levels of society and across Europe, regardless of age, education, income, social position or country of origin/residence. While eradicating GBV is a priority, with European directives such as the Victims' Rights Directive (Directive 2012/29/EU) and the European Protection Order (Directive 2011/99/EU), GBV continues at alarming levels.

The EU Gender Equality Strategy 2020-2025, based on the results of the 2014 survey by FRA, places high priority on ending GBV and challenging gender stereotypes, pointing out that GBV is a continuous threat to women's wellbeing. UNROOT strongly believes that only with an interconnected overarching strategy which focuses on the prevention of GBV change can be affected. Following that, the UNROOT project adopts a holistic approach to primary prevention of GBV that aims at educating the first respondents that play an elemental role in rural communities, such as a) adult support workers and trainers that work closely with the topic of GBV and support women in rural and non-urban localities; b) adult women and men of all ages that live in the selected rural areas and need support to increase awareness, gain abilities to recognize causes of GBV to successfully prevent it, and get informed and empowered towards changing attitudes that shape social norms and indirectly allow normalisation of GBV; and c) community stakeholders that need to take stronger actions and develop more effective policies regarding prevention of GBV.

This transnational synthesis report is the result of the preparatory phase of the project (PR1). This carefully designed project result aim to first and foremost create inclusive learning and training environments where all target groups will feel safe to voice their concerns regarding GBV and take initiative for the prevention of GBV at the individual, community, societal, and systemic level.



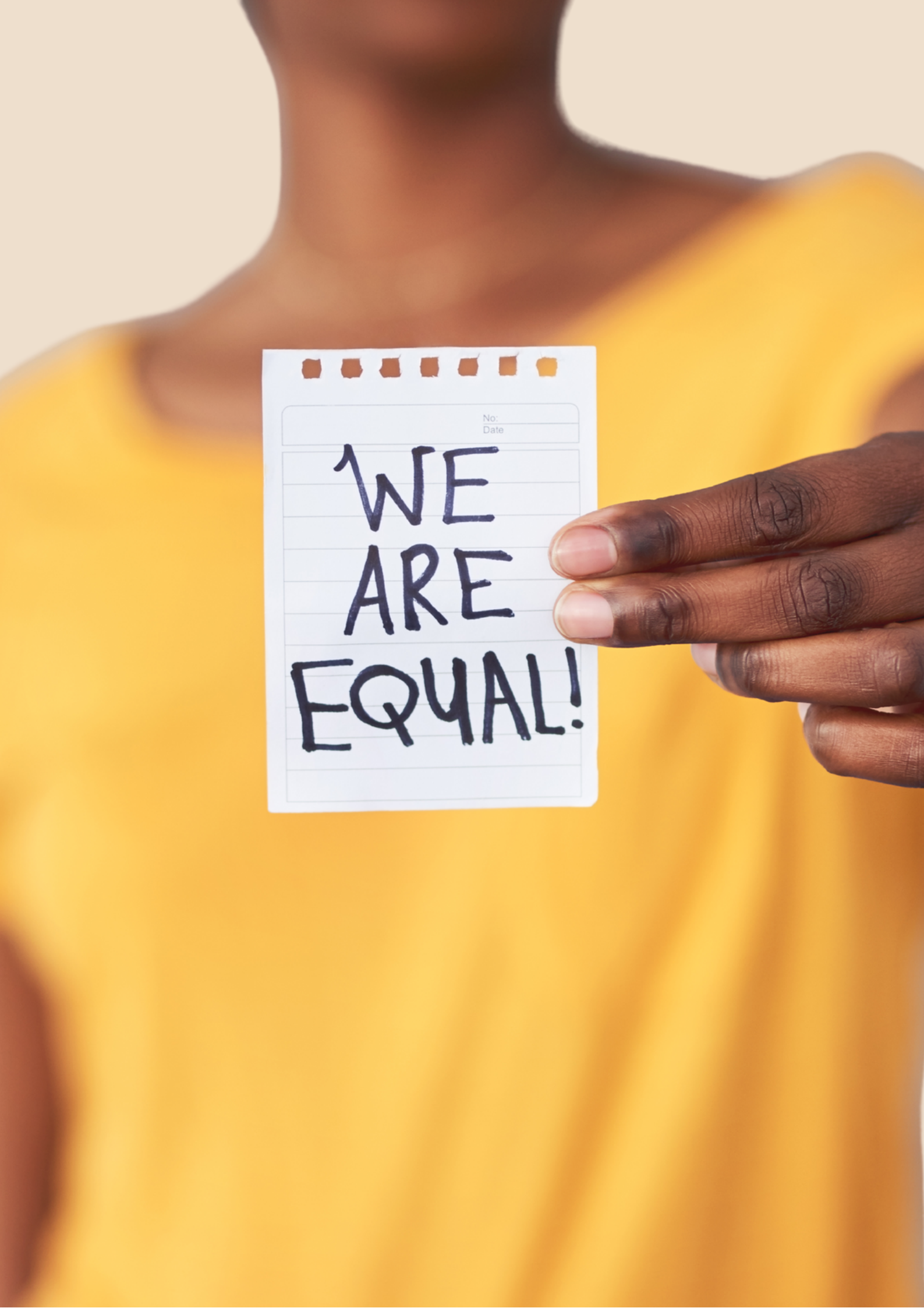
This project result is being implemented in 3 phases: a) The first phase included the identification of rural communities/localities that will closely collaborate with participating organisations during the project implementation. The localities will be selected based on expressed interest of one or preferably more local bodies, as well as assessing the potential to reach effectively out to adults of all ages, especially new families, and engage them in the UNROOT awareness-raising training programme (PR2). b) The second phase included the setting up of a sharing and support system in the selected rural communities, involving adult support workers and trainers that work closely with the topic of GBV and support women in rural and non-urban localities, as well as local stakeholders and community workers. Guidelines were developed that facilitated the collection of information from above target groups regarding current practices, gaps and challenges that were used to feed the secondary research conducted by all partners for the development of their national reports. c) Following the development of national reports, the third phase referred to the compilation of this transnational report which synthesises the partnership's experience.

This transnational report is to be considered an action framework which aims at supporting the successful implementation of the UNROOT awareness-raising training programme (PR2). The report synthesises information and data collected from 5 different European countries in which the participating organisations are located, that is The Netherlands, Cyprus, Austria, Greece, and Belgium.

UNROOT is an Erasmus+ funded project (2021-2024) and is formed by partners from the Netherlands (SVW), Cyprus (SYNTHESIS), Austria (AIS), Greece (Symplexis), and Belgium (WHI).

References

https://cdn.sida.se/publications/files/sida61848en-preventing-and-responding-to-gender-based-violence-expressions-and-strategies.pdf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WE
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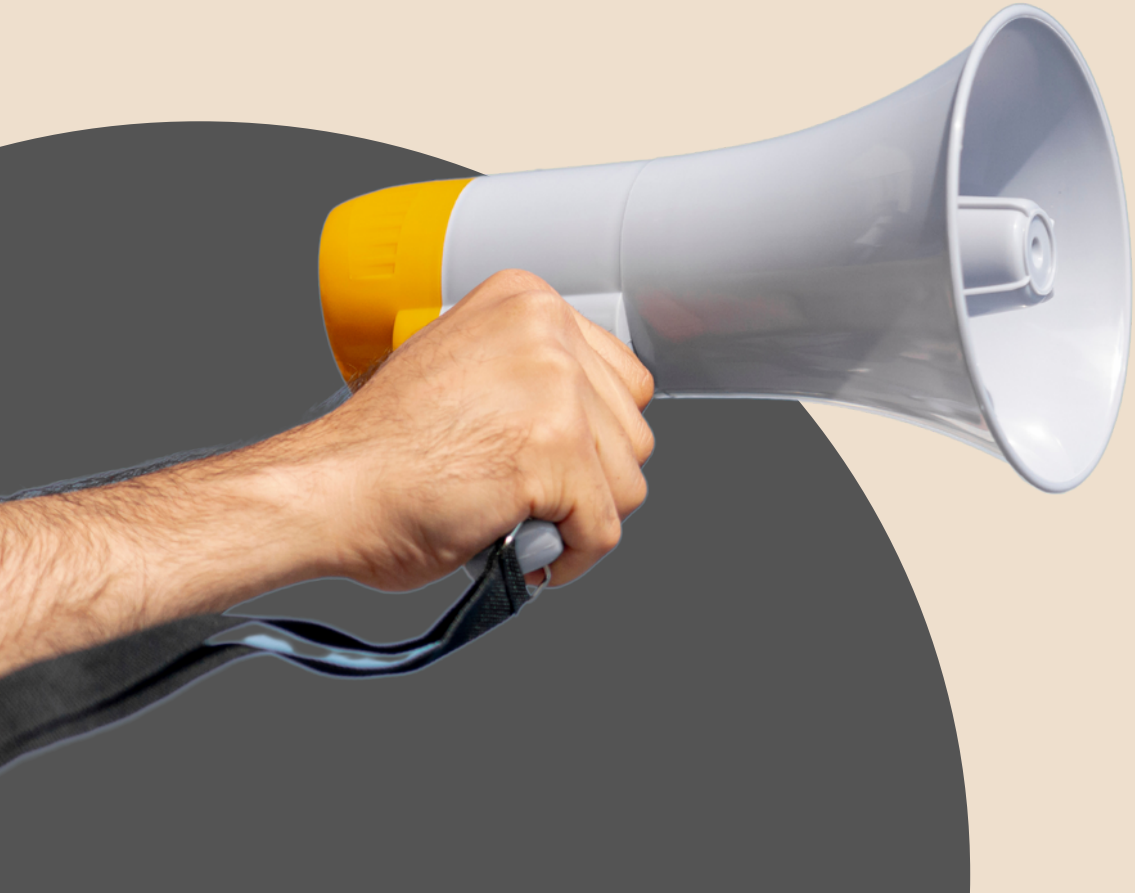
2. Identification of localities

The first step that was deemed necessary in order to kickstart the UNROOT project was the identification of rural communities that were eager to work with us in order to enhance their knowledge and build their capacities on primary prevention of GBV. As per the project application, the targeted local structures include educational centres, community centres, local organizations, libraries, or other institutions at local level which have the potential to actively engage in the project implementation activities and support and encourage their local population to participate in the training programme. Furthermore, the selected localities shall be defined as rural (under 50,000 people of resident population).

The partnership set some selection criteria in order to refine the selection process as follows:

SENSITIVITY
All involved researchers must account for the sensitive nature of the research topic (primary prevention of GBV) and its relevance in the local context.

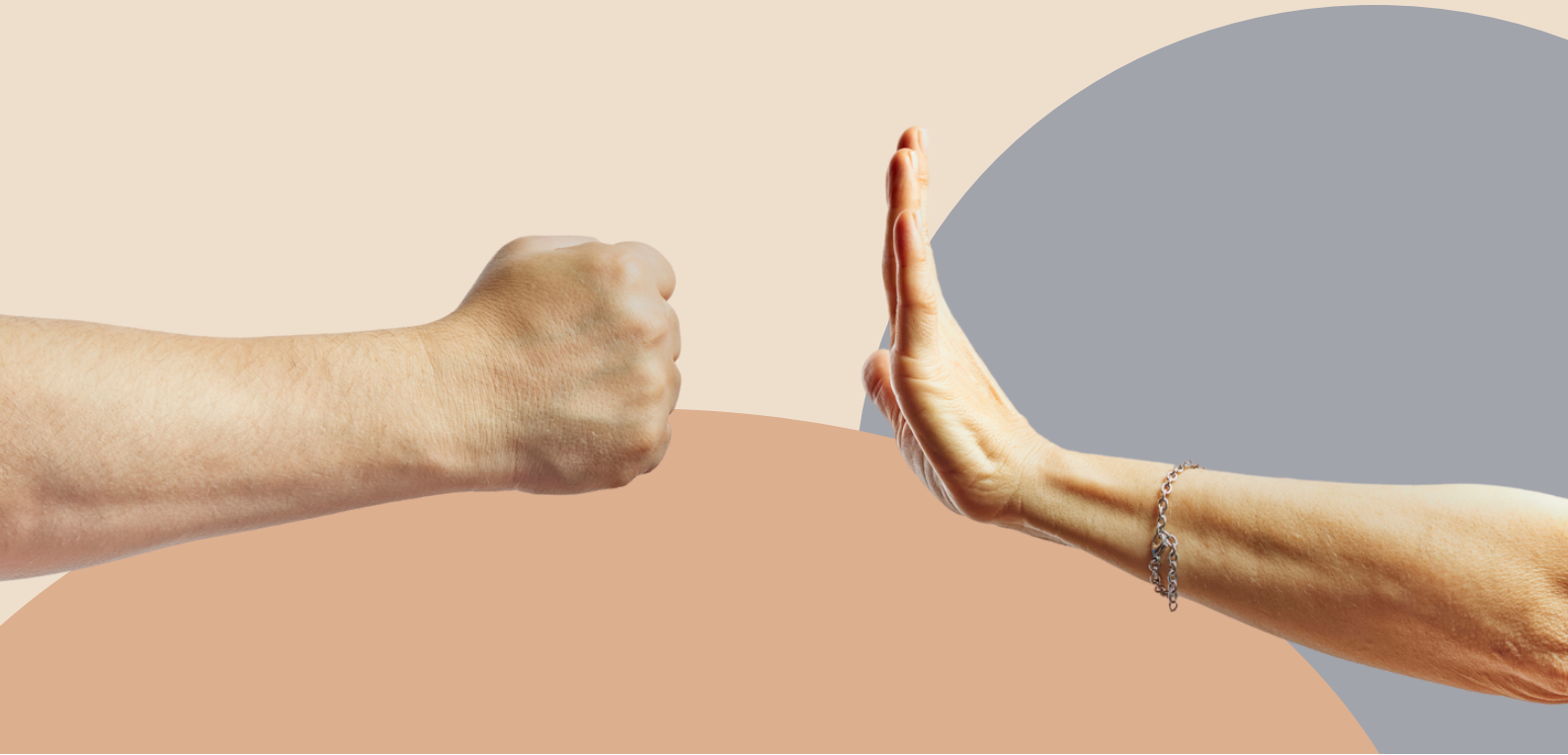


POTENTIAL RISKS

Researchers should anticipate potential risks of conducting the research for the development of the preparatory phase and discuss these openly with local partners. Such risks might include participants and/or stakeholders feeling disempowered, exploited, or traumatised. Other risks can be context-specific, as different cultural and religious contexts can imply different challenges and risks (including of a legal nature) for researchers and participants. In addition to anticipating these risks, all researchers should consider viable ways for bypassing or addressing problems as they arise: for example, provision of ongoing psychological support for survivors of GBV.

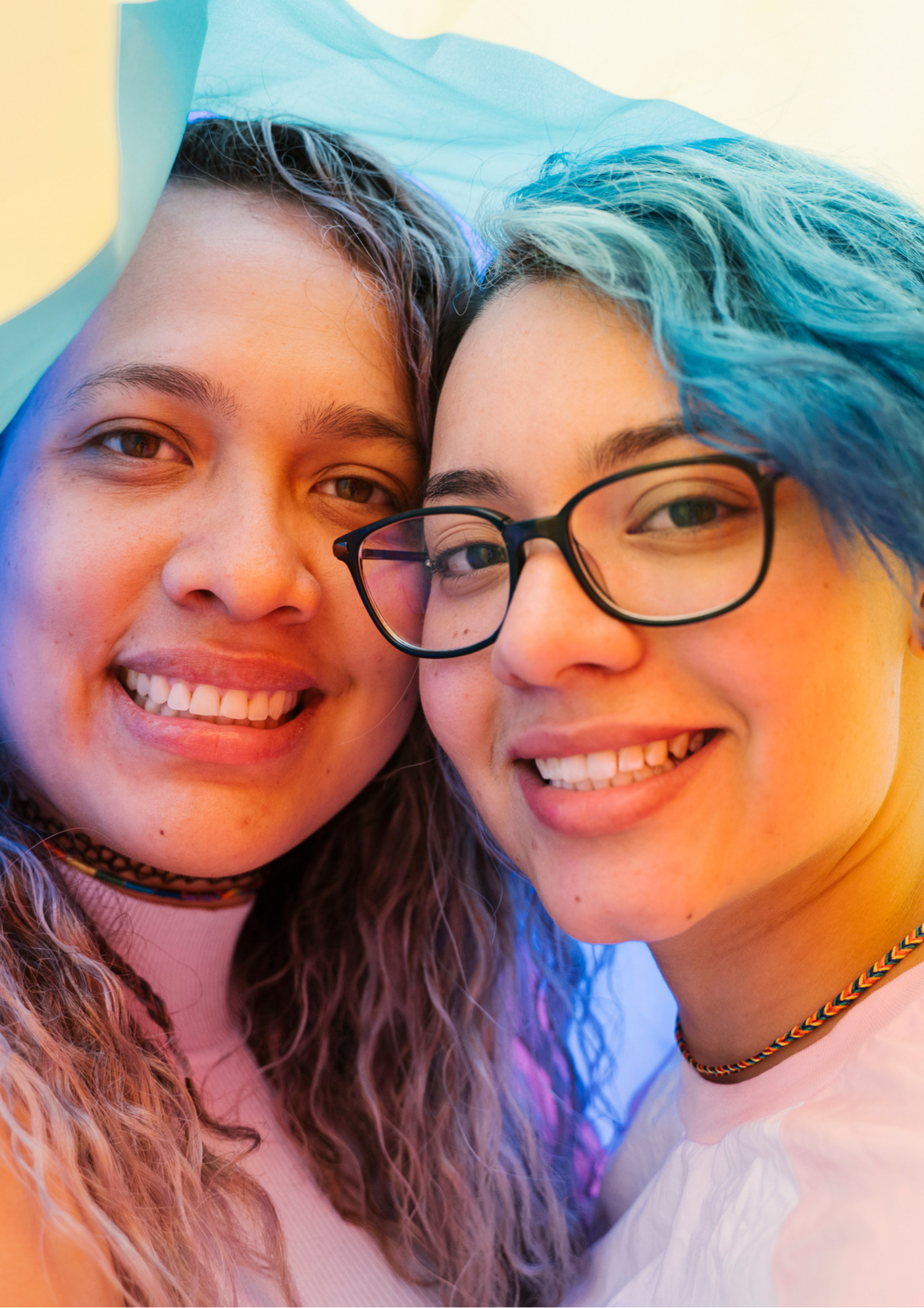
COLLABORATION

Local partners should be involved throughout all stages of the research, including designing methodology, collection and analysis of data and production of various outputs. Local partners should be involved from the start of the project, allowing sufficient time to build relationships, discuss agendas and agree on research outputs. Time frames should be agreed upon at the outset of the project. They should also discuss in an open and transparent way how each of them could contribute towards achieving these goals, to set realistic goals and expectations.



Our selection of the localities should be:
1) Contextual: to understand the local political, historical and social context of rural communities, and what this means for the ways in which GBV is experienced and understood;
2) Relational: to build genuine collaboration between all partners, -a process which recognises contributions and shared benefits;
3) Reflective: to explore how we make sense of the topic and how we work together, as well as how we can reflect on the values and assumptions that we all bring to the research process; and
4) Transformative: to understand how to bring about positive social change through the process and outputs of research so that it benefits survivors and communities.

Based on these criteria, a total number of 15 localities have been selected, while all information was collected following direct communication with the participating localities through focus groups and/or interviews. Alternatively, in the case of lack of access to information, secondary research was involved for collecting data from existing resources regarding primary prevention of GBV in rural areas.



3. Main findings

Before going into the specific information that partners have collected during the preparatory phase of the project, it is important to highlight the process that led to the production of this transnational report. As mentioned above, the partnership aims at providing a bespoke training programme that will target the specific needs of the people living in the rural and/or marginalised communities we are collaborating with. To do so we strongly believe that simple secondary research is not enough to give solutions to urgent needs and fill gaps in the provision of quality education and training. In that sense, this transnational report is highly focused on primary collection of data and information.

The main categories we will explore here with regards to the primary prevention of GBV, are as follows:

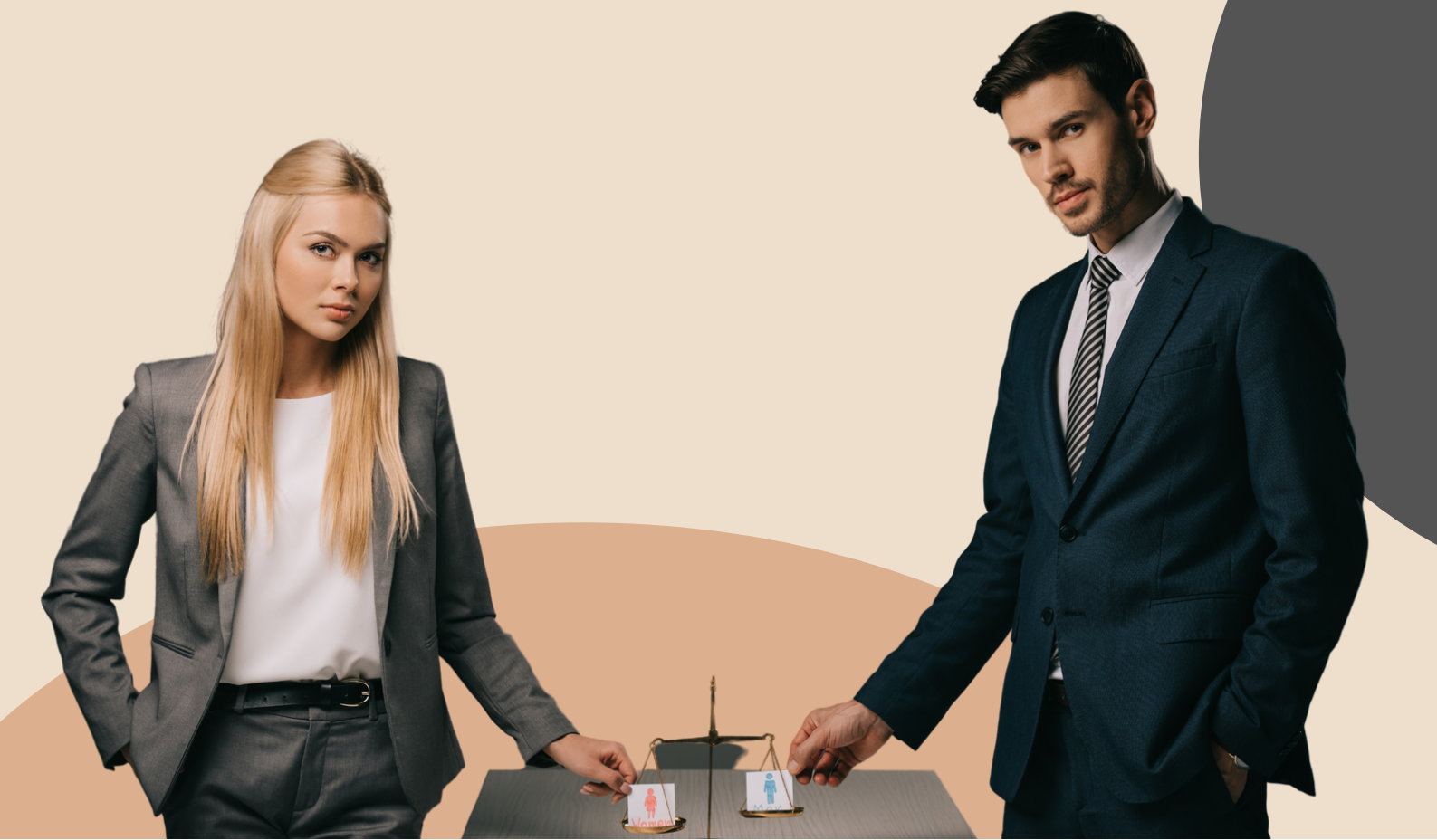
- Gaps and challenges
- Needs of community members and community stakeholders
- Current practices that are used in the selected communities to enhance community members' awareness on GBV, accompanied by examples of good practices

3.1. Challenges, obstacles, gaps

Based on the information we received from the participating communities following our discussion around primary prevention of GBV and based on the desk research information we collected for the countries that participate in the UNROOT consortium, we see that the main obstacles and challenges for the communities (as structures) concern traditional social norms that support male superiority and rights and tolerate violence against women in different cultures. Particularly, during the focus groups and interviews conducted with support officers and community stakeholders in the Netherlands, it was mentioned that GBV is a difficult subject, especially within asylum seekers' centres.

There are efforts to bring more attention to the matter, often aimed at women. Moreover, the use of force is fairly a socially accepted norm in many situations.

This is also noticeable in other countries of the consortium, such as Austria, Cyprus, and Greece. In other words, the normalisation of violence and the fact that GBV is still a taboo issue that people avoid talking about (especially outside big cities) create obstacles for creating structures to support the prevention of GBV. Particularly, support officers in Austria mentioned that many women who are victims of GBV think that this is normal because, as they said, “it also happened to their mothers and grandmothers, neighbours, and friends. Everybody knows about it, or everybody suspects it, but nobody raises the topic or talks openly about it. It is a taboo. And that's a real problem because we, as experts, rely on people to bring the victims of GBV to our organisations so we can help them. We need the support from the whole population to break this silence so we experts can take the next step in helping each individual and in reducing domestic violence in general. And for sure we need experts for the next step. But first, we need people who are aware and can recognize GBV so that it is easier for us to intervene.”



Taking the above into consideration, we understand that stigmatisation is rather prevalent, especially in rural areas where people know each other. So, this prohibits support workers from reaching out to women who are exposed to GBV because women do not report their cases. The feeling of embarrassment, or their concern not to be subjected to gossip and become the talk of the town results in low reporting numbers, as various studies indicate. For example, one of the challenges faced in Cyprus in regard to domestic abuse in the victim blaming mentality the population carries. It was found that only 1/3 of the women who had been abused had asked for help and only 9% of those injured had received medical care, with the most important reasons for not disclosing the incidents including the thought that they were to be blamed for their abuse, thinking about their children, the fear of the perpetrator's reaction and the social stigma.

Now more concrete challenges and gaps refer to the lack of comprehensive strategies to guide social norm change for primary prevention (as most initiatives focus on secondary prevention). Programmes/stakeholders often work in silos and there is little to no formal sharing of what has worked and what are things that can be improved in preventing GBV.

Awareness raising is key for primary prevention as most awareness raising actions focus on secondary and tertiary prevention, addressing the needs of survivors of violence and aiming to prevent recurrence, and not on changing social attitudes and behaviour. For in example, in the case of Belgium, "GREVIO strongly encourages the Belgian authorities to pursue their efforts to promote, on a regular basis and at all levels, awareness-raising campaigns or programmes to increase awareness and understanding among the general public of the different manifestations of all forms of violence covered by the scope of the convention, of the gendered nature of this violence as a manifestation of a historical form of social organisation based on domination and discrimination of women by men, and of the effects of violence on children[2]."

[2] From the GREVIO report: GREVIO - Baseline Evaluation Report Belgium – Preventing and Combating Violence against Women and Domestic Violence. Published 21 September 2020, accessed 14 July 2022.

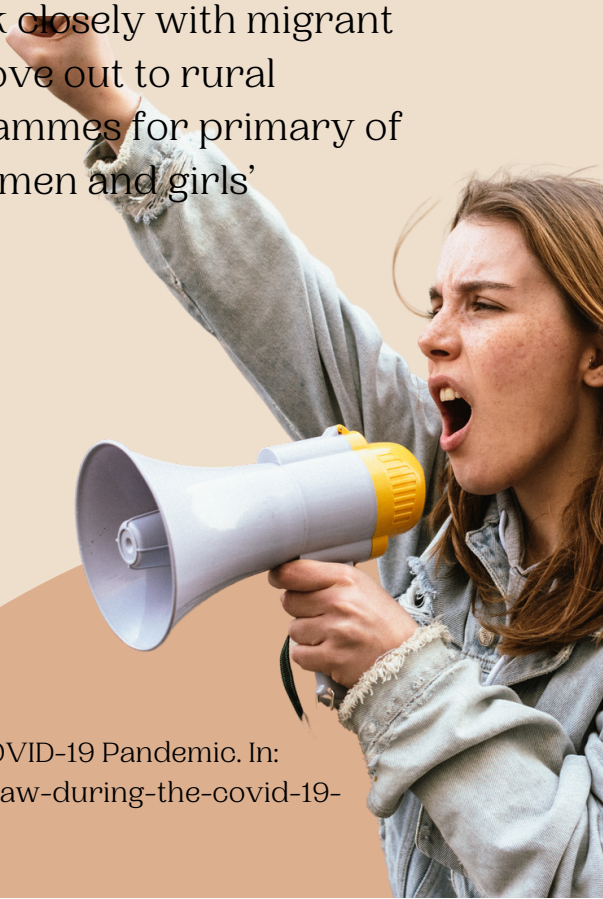
There is a limited evidence-base and expertise in how to design and implement effective primary prevention strategies in the area of ending GBV. Some experts recommend that universally applied youth education and school-based programmes together with sustained national prevention campaigns reinforced through community mobilisation interventions may provide a particularly promising strategy when combined[3]. However, the information we collected from the participating communities indicates that there is a lack of curriculum in schools and universities to raise awareness on the topic. Even if collaborations are put into place, there is not a strategic programme to follow, and educators are assigned the role to design a training and informative programme to the associations involved. This is deemed quite dangerous as most of the time, they are not well-informed about the topic of primary prevention of GBV. Moreover, in the case of Cyprus and Greece, there is lack of sex education in schools and/or other settings that would promote healthy and respectful relationships.

[3] Donovan, R.J., & MPsych, R.V. (2005). VicHealth Review of Communication Components of Social Marketing/Public Education Campaigns Focusing on Violence Against Women.

At the community level, it is indicative that there is limited community mobilisation with regards to the primary prevention of GBV in all participating rural communities. Especially now, amid the COVID-19 pandemic, there was extremely limited transition to online environments for primary prevention; the focus was on secondary prevention as domestic violence cases were dramatically increased because of confinement. In that sense, educational programmes and training for GBV prevention work were not adapted to online formats that could possibly attract younger audiences[4].

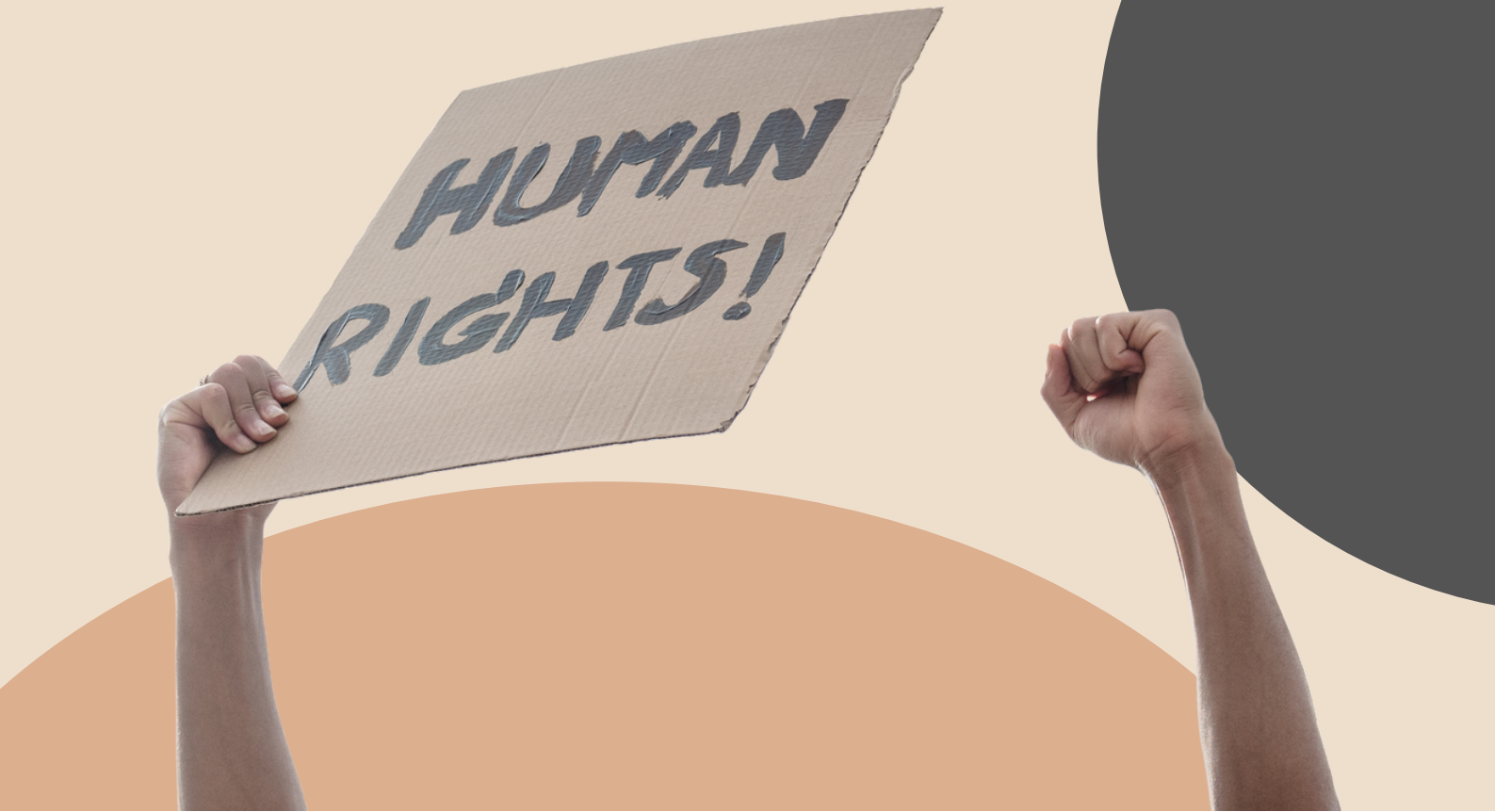
As mentioned above, structured, evidence-based, tested, and proven long-term programmes must be employed in order to have effective and appropriate primary prevention of GBV. However, living in a rural area and/or in marginalised communities (such as a refugee camp) brings further obstacles in the fore as many women do not have a car and it is very difficult for them to reach bigger cities in which relevant programmes and services are available. Lack of mobility is a persistent challenge for all women living in rural areas and/or marginalised communities.

Moreover, another thing we need to address in this report is the fact that migrant women and girls are particularly vulnerable, as some of the participating organisations work closely with migrant populations that following their induction move out to rural communities. In that sense, the lack of programmes for primary of GBV in rural communities enhance those women and girls' vulnerability and sense of precarity.



[4] Raising Voices, Overview: Preventing VAW During the COVID-19 Pandemic. In: https://raisingvoices.org/resources/overview-preventing-vaw-during-the-covid-19-pandemic/ (accessed 23/08/2022).

Based on the experience of the Cyprus partner following an extensive training programme with migrant women, it was evident that migrant women, especially refugees and asylum seekers, face a lot of barriers as they usually come to Cyprus to reunite with their families, so they depend on their husbands to survive. Additional obstacles were mentioned by the Austrian support workers, such as language barriers; limited knowledge about the social and legal system and how to report GBV incidents to the police, the judiciary and the child and youth welfare services; lack of supportive social networks; barriers to getting access to women's shelters in several federal states, especially for women with precarious residence status/without documents and asylum seekers, as well as women with limited rights and the right to social benefits; and fear of being deported if they call the police or file a complaint. Given that a considerable number of migrant populations are relocated to rural communities, addressing social norms and gender inequality is a persistent challenge to the communities we work with so much so that the need of a tailored intervention programme for the primary prevention of GBV is of vital importance.



3.2. Needs of community members and community stakeholders

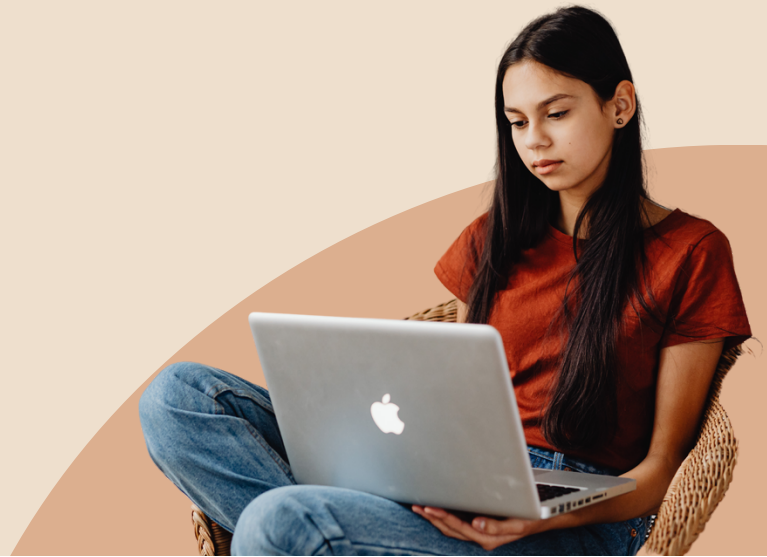
The most prominent need is that of having appropriate funding to run programmes for primary prevention of GBV. In all the consortium countries, the focus is on secondary and tertiary prevention of GBV that are closely linked to services for GBV survivors. Although priority is given to the provision of services, shelters, counselling, etc, still organisations such as Verein-freiraum (Austria) indicate that they need further support from the local authorities. This results in less and less opportunities for funding for long-term programmes that aim to tackle the roots of GBV at the behavioural level. In their interview, Verein-freiraum mentioned that
governments review funds on an annual basis. It is therefore not guaranteed that the same amount of funds will be available in the following year such that additional needs are created and/or organisations struggle to raise funds which takes time away from the support they can provide.

Austrian participating organisations mentioned that districts should make bigger investments to raise awareness on the topic and advertise the services offered in various areas. Primary prevention, as well as all levels of GBV prevention, requires a coordinated approach. More support from politicians and stakeholders is needed, according to Interministerial Working Group on Equality Issues in the Federal Civil Service (IMAG GlB)/ Interministerielle Arbeitsgruppe für Gleichbehandlungsfragen im Bundesdienst (IMAG GlB) whose aim is to examine the structures of and frameworks for prevention, intervention and assistance for underage victims of sexual violence and their families.

Training programmes for social workers, policemen, law enforcement, governments and lawyers are needed but also programmes for lay people that are interested in awareness raising and capacity building with regards to primary prevention of GBV. For now, there is lack of cooperation and networking to have a coherent approach between the regions.

There is a need for annual fixed meetings to discuss, improve and exchange good practices and contacts because as statistics show planned cooperation would be much more efficient than relying on an unpredictable ad hoc need according to a precise situation. This is evident both in all partner countries (Cyprus, Greece, Netherlands, Austria, Belgium) where stakeholders/staff/officers/educators are in need of improvement of multi-agency cooperation and coordination when it comes to the relevant services of primary prevention of GBV providing information to the wider public, and particularly to young women and girls and young boys. This will reduce the occurrence of GBV incidents and prevent victimisation. As Cypriot participating institutions claim, they need the means to create educational material as well as to disseminate it in order to promote prevention and reporting of GBV.

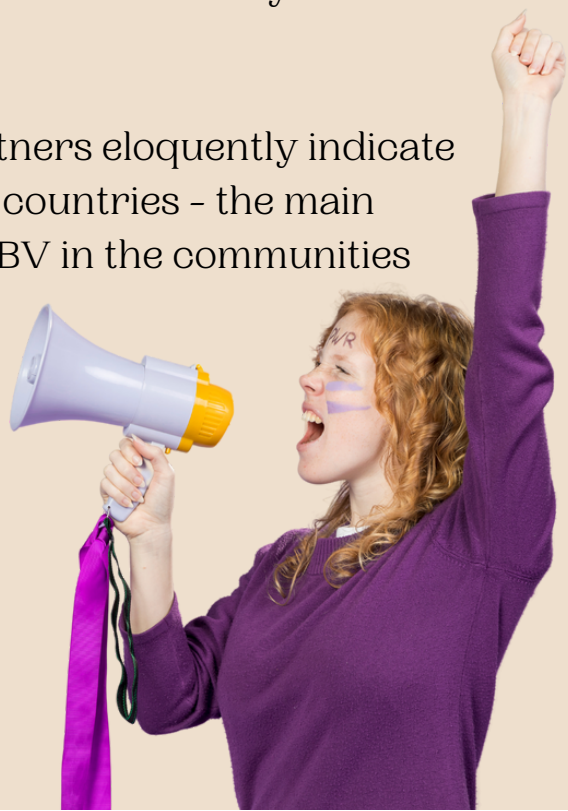
Now concerning remote communities that host marginalised social groups (asylum seekers and refugees), such as refugee reception centres and camps, it is proven that interventions involving asylum seekers and members of their network (especially peers), have the potential for improving awareness, physical and mental health outcomes of asylum seekers who either lack access to information (regarding primary prevention of GBV) or are themselves GBV survivors. The cases of our partners from Belgium and the Netherlands who will collaborate with refugee centres are indicative of the need for awareness raising within these closed structures. For example, our research found that women who have recently migrated to Belgium for family unification or marriage and undocumented migrant women face specific challenges accessing information and protection.



The example from Cyprus on the particular case of female genital mutilation (FGM) shows the extent to which primary prevention strategies and programming are vital for tackling GBV. Particularly, there is considerable difficulty in reaching out to communities living in Cyprus that practice FGM as a standard tradition to facilitate focus group discussions, as all participants up to this point had gone through the asylum system. This practice predominantly occurs in the countryside. Moreover, they need a support system that will enhance their ability to mobilise communities that practice FGM and educate them through community meetings on the harm and permanent damage both physically and psychologically FGM can have on young girls and women. So, intervention programmes that aim to dismantle the roots of GBV are considered fundamental as they constitute the first important step to (self-)awareness and critical assessment of social norms and behaviours.

As organisations from the Netherlands indicate, in relation to these controversial issues that are culturally bounded, bring into the surface the need to implement concrete primary prevention (and long-term) interventions/actions that should consider the local socio-cultural context but also the different backgrounds of our target groups, especially in the case of refugees/asylum seekers. The primary prevention programmes should appeal to the whole community, and facilitators and trainers should be actively involved with community members.

To summarise the above - as the Greek partners eloquently indicate echoing the reality and needs of all partner countries - the main needs concerning primary prevention of GBV in the communities we collaborate are the following:



- Implement more primary prevention (and long-term) interventions/actions that take into account the local socio-cultural context, and that address the whole community and actively involve members of the community
- Educate community actors/stakeholders on the implementation of primary prevention interventions/actions
- Enhance cooperation and coordination of different community stakeholders for the implementation of primary prevention interventions/actions
- Promote mainstreaming of primary prevention in local policy planning
- Increase access of local actors/stakeholders to information on "what works" in terms of primary prevention interventions/actions (within the community or in other communities with similar characteristics).

While staff/ officers/ stakeholders/ educators lack:

- clear understanding of the underlying causes of and contributors to violence against women, and of the concept of primary prevention
- understanding of (and addressing) intersectionality, i.e., context-specific intersecting forms of structural oppression, discrimination and risks that different persons experience based on their co-existing identities (such as age, race, ethnicity, socioeconomic status, sexual orientation and identity, disability, religion, civil status, migration status etc.)
- deep knowledge of behaviour-change models and theories, such as Diffusion Theory, Spectrum of Prevention, the Socio-Ecological Model, and behaviour change communication
- skills on designing and implementing socio-culturally relevant primary prevention interventions/actions (i.e., tailored to fit within cultural beliefs and practices of the specific target groups and local community norms, and flexible enough to adapt to the unique circumstances of the participants)

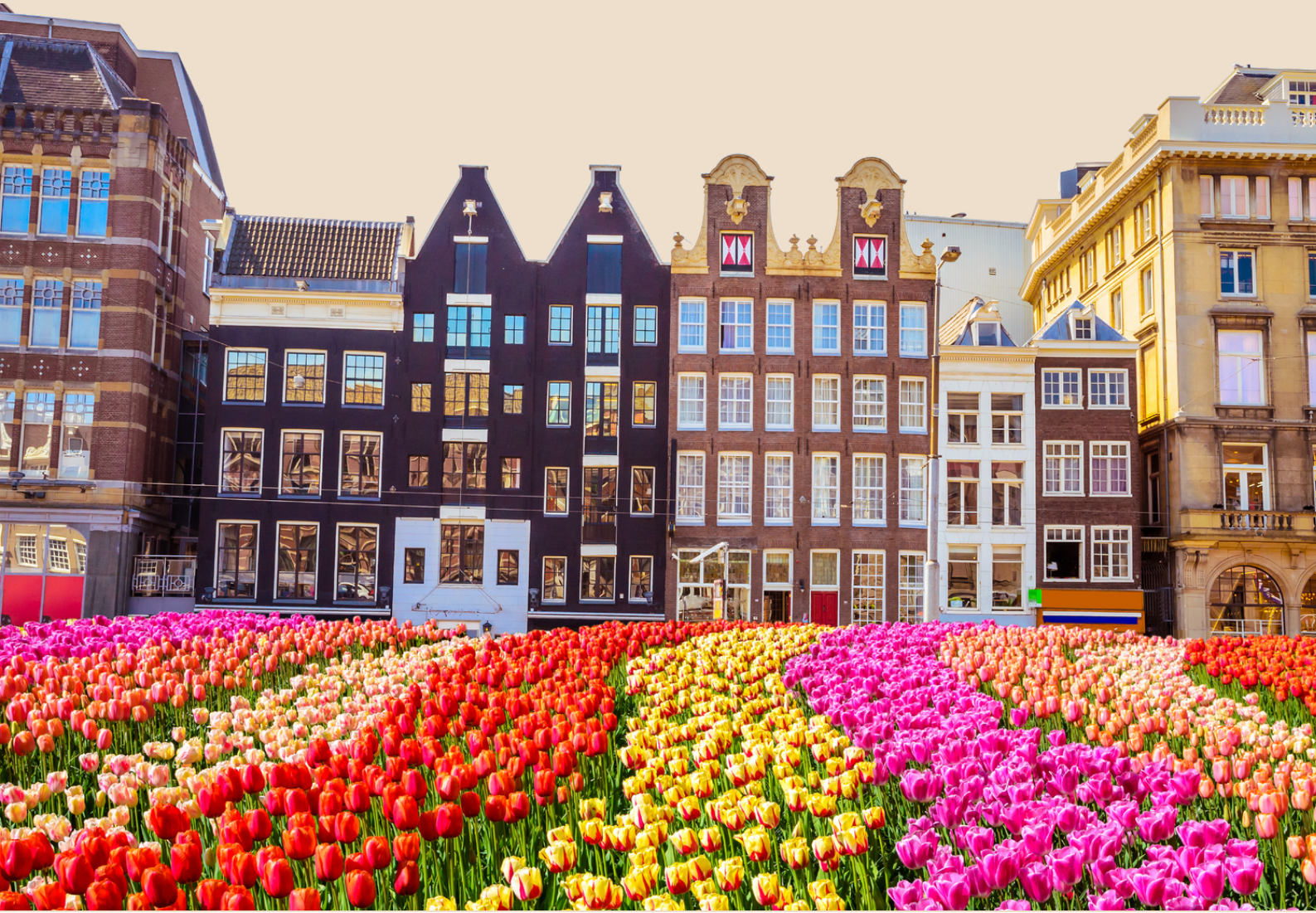
- skills on engaging the community and multiple stakeholders on changing gender biases, and on dealing with conflict/opposition from religious/political/community leaders and/or groups that do not hold gender sensitive and rights-based views
- specialised skills on engaging men and boys in intervention planning and implementation
- embedding prevention of violence in existing targeted policies and programmes designed to address other health and/or social issues that have risk factors in common, including increasing the risk of violence against women (e.g., gender equality initiatives, employment or anti-poverty programs, interventions for reduction of alcohol and/or drug use etc.)
- skills on intervention monitoring and evaluation (M&E) access to training and comprehensive guidelines, materials and/or tools on primary prevention.

3.3. Current practices that are used in the selected communities to enhance community members' awareness on GBV

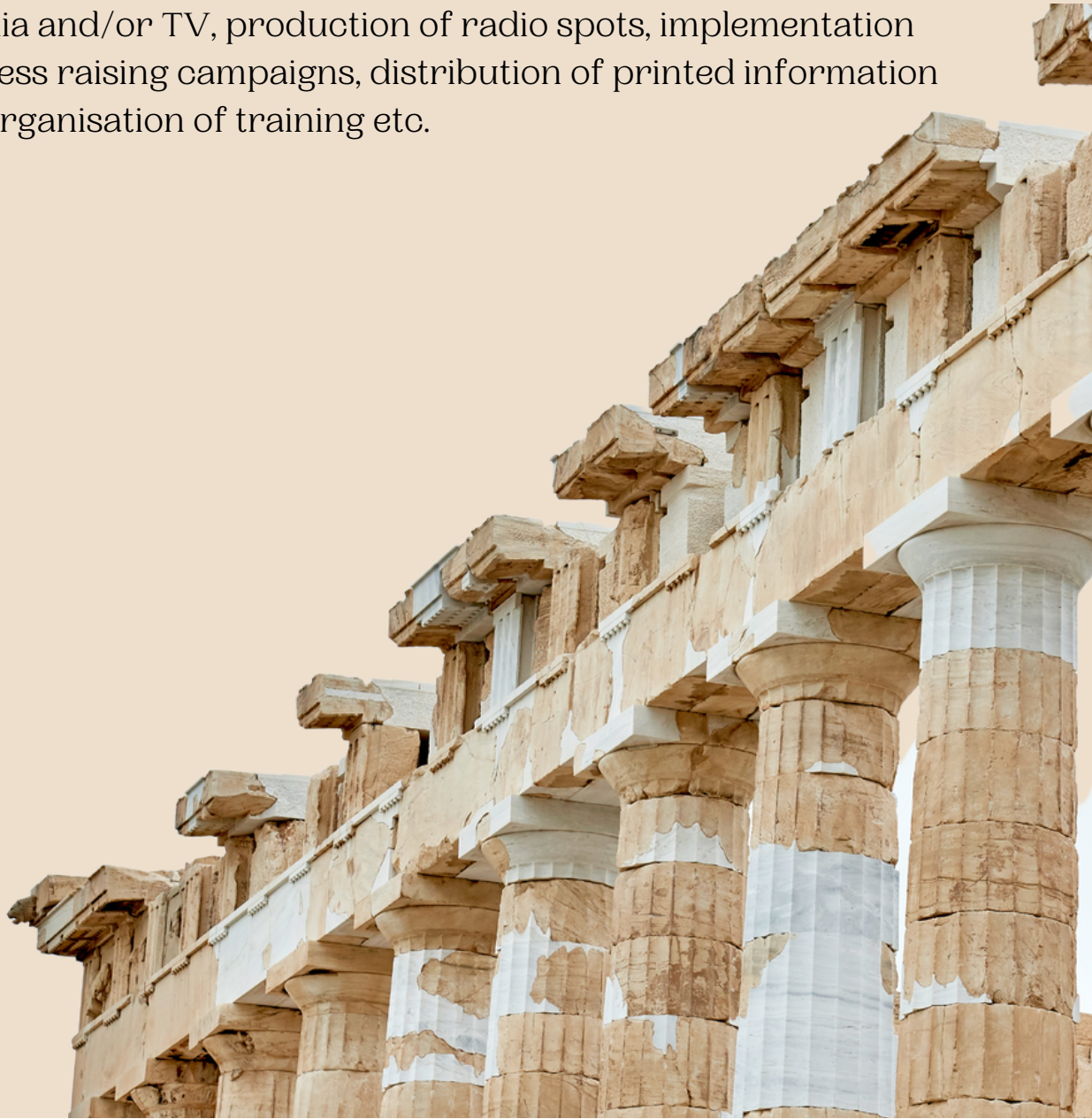
Based on the information we received from the participating communities, as well as extensive desk research, we found interesting practices that are used in the selected communities (but also in the partner countries more broadly) to raise awareness around GBV, and from which we can get inspired for our own bespoke training programme.

n the case of **Austria**, the local government in which the participating organisations are located asks the women's counselling centre to organise a round table on GBV every year. So, during the 16 days of activism against GBV (under the initiative One Billion Rising), they come together with stakeholders in their respective areas to talk about this subject, find solutions and increase their cooperation and networking.

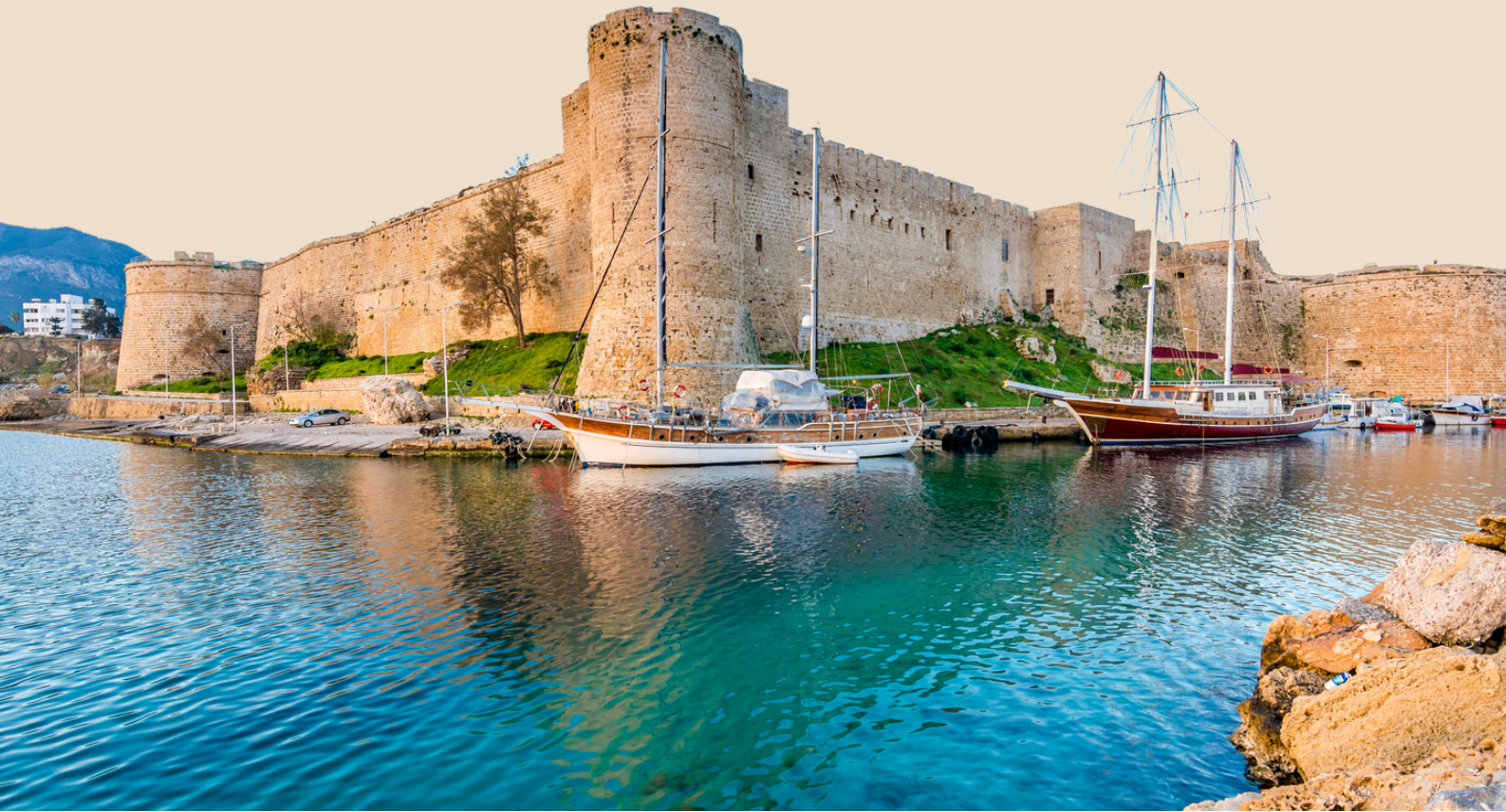
In the case of the **Netherlands**, there are several projects related to GBV in the LGBT community. Particularly, THE COCKTAIL BUDDY PROJECT brings lesbian, gay, bisexual and transgender (LGBT) asylum seekers into contact with Dutch LGBT people. By organizing social activities, the buddy project breaks through the social isolation in which many LGBT asylum seekers find themselves when they come to the Netherlands. The aim of the project is to offer LGBT asylum seekers social contact and thus break the social isolation of this group. The buddy gives you one-on-one contact with a lesbian, gay, bisexual and/or transgender asylum seeker. You offer a listening ear and social support by undertaking activities or by familiarising the asylum seeker with the Dutch LGBT community. https://www.coc.nl/informatie-over-cocktail-metjesproject



In the case of **Greece**, in the 2021-2022 school year, sex education lessons - including the concept of consent – were fully introduced in public schools across the country (having been piloted the year before at smaller scale). A platform with digital materials is accessible via the website of the Institute of Educational Policy (http://iep.edu.gr/el/sex-education), which collects sex education programmes for the building of knowledge and critical thinking, as well as actions for building life skills in the areas of gender, rights, mental and physical health and well-being, safety, protection, respect for sexual dignity and equality. Also, the General Secretariat for Demography and Family Policy and Gender Equality (GSDFPGE) "2nd Annual Report on Violence Against Women" includes initiatives/actions per region. They include organisation of online and physical awareness raising events, creation of videos/spots for social media and/or TV, production of radio spots, implementation of awareness raising campaigns, distribution of printed information material, organisation of training etc.



In the case of **Cyprus**, there are several projects related to secondary prevention of GBV. For example, the Cyprus Police has taken affirmative action in producing leaflets on the topic of Domestic Violence with the purpose of informing victims about statistics, the law, their rights related to it and hotline numbers. A shelter was created 'Home for Women' which provides protection and specialised support to victims of violence and their families (women & their underage children, and minor girls). There is also a hotline for victims of domestic abuse. Also, in 2007, informative leaflets were produced, containing the practice code for prevention and treatment of sexual harassment in the workplace, by the Commissioner for Administration and Protection of Human Rights (Ombudsperson), which focused on offering directions and advice about the subject to possible victims. In 2012, another similar document was produced containing the practice code for the prevention and treatment of sexual harassment in the workplace issued by the Committee of Gender Equality in Employment and Vocational Training.



In the case of **Belgium**, the National Action Plan is the first legally binding instrument to combat violence against women in Belgium. Source: Belgium adopts national plan to combat gender-based violence (Published 27 November 2021, accessed 14 July 2022). The National plan focuses on four major areas: 1) the prevention of violence, 2) protection of victims, 3) prosecution of perpetrators and 4) development of integrated, comprehensive and coordinated policies.

You can also read more about different good practices regarding the prevention of GBV in all partner countries by visiting our website, here: http://unroot.eu/best-practices/

From the current practices above, it is evident that a systematic, structured, and well-organised programming is necessary for the primary prevention of GBV, that focuses on preventing GBV before it occurs by tackling the root causes of GBV; gender inequality; systemic discrimination; and unequal power relations to the extent that the major focus in all partner countries is the secondary and tertiary prevention of GBV in terms of programming and services.

To this end, the UNROOT training programme aims to support adult education institutions and communities to put emphasis on the importance of primary prevention across all levels of societal interventions.

4. Recommendations

Primary prevention is more than awareness-raising or a collection of communication interventions. A primary prevention approach should be guided by theory, strategy, and evaluation. Primary prevention dictates that the prevention strategy is rooted in one or more of the frequently used behaviour-change models and theories, such as the Diffusion Theory, Spectrum of Prevention, and the Socio-Ecological Model (Belen et al. 2019).

Taking the above into consideration, the UNROOT partnership has identified a number of recommendations that could feed into the actual content of the training toolkit and by extension the UNROOT training programme, as follows:

- Actors should employ culturally sensitive and context-specific interventions (ensuring that any adaptation of prevention approaches is done in close consultation with key stakeholders in target communities and informed by a good understanding of local context and available evidence of what works locally).
- One key element in prevention is the engagement of men and boys in the effort to transform gender relations and create a masculinity that uncouples strength and respect from violence. Hosting interactive theatre events, using street art festivals/events and sports events to promote healthy masculinity and gender equality can be important tools for addressing some of the root causes of violence against women and capturing the attention of audiences of young men who may not participate in traditional community events or trainings.
- Trainings that will take place in sensitive localities, such as rural reception centres of asylum seekers should be facilitated taking into consideration the creation of safer spaces. In other words, training for and with men might be separate from training for and with women.

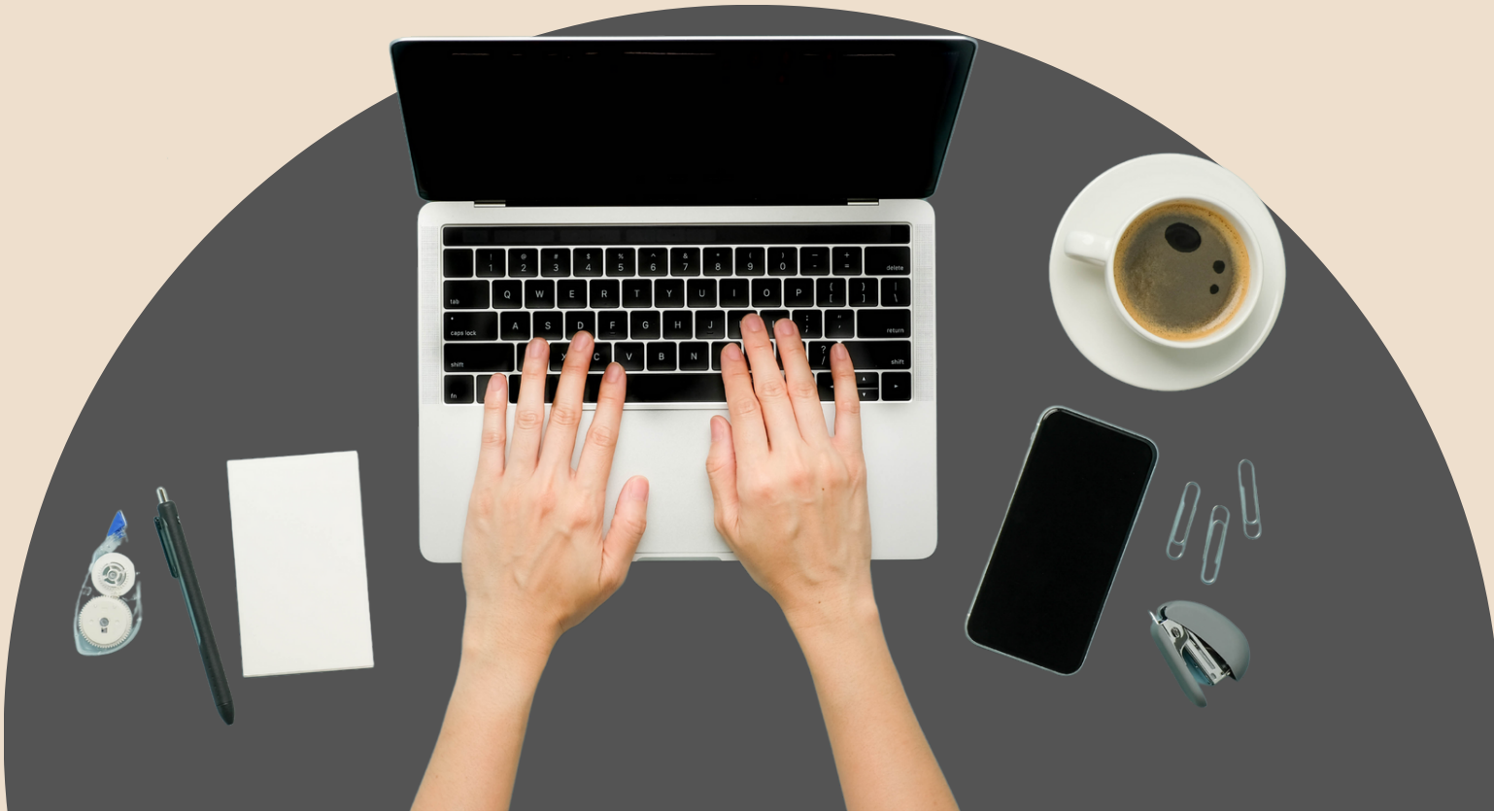
- The training toolkit content shall enhance the knowledge and skills of adult educators/officers/stakeholders on a number of issues, such as basic understanding of the concept and approaches to primary prevention of GBV, incl. behaviour-change models and theories and understanding intersectionality in order to adequately prepare them to facilitate the UNROOT training programme.
- Embedding primary prevention into other existing relevant policies and programmes that run in the collaborating communities.
- The training activities shall promote community mobilisation

5. Prevention Strategies

1. A shift in focus from seeing women (and other groups exposed to GBV) as victims to seeing them as survivors, actors and agents of change with a strong focus on women and girls' empowerment and agency
2. Efforts to increase women's political participation and influence in contexts of peace, conflicts and other humanitarian crises. Women have rights to participate on equal terms with men in political bodies at all levels of the society, including in peace processes.
3. Efforts to increase women's economic empowerment that enhance women's bargaining power and ability to leave abusive relationships. This includes strengthening women's entrepreneurship and employment opportunities, improving women's access to land and property rights, promoting equal sharing of unpaid care work between women and men and encouraging universal access to quality education. Women's economic empowerment interventions also address gender norms and reach couples and communities.
4. Efforts to increase sexual and reproductive health and rights are crucial for preventing GBV given the close relationship between the two. Such efforts include promotion and protection of women's right to have control and decide freely over matters related to their sexuality, including sexual and reproductive health, family-planning possibilities and HIV/Aids prevention.

5. Incorporate men and boys as perpetrators, as victims/survivors and as agents of change. Men and boys are often neglected as survivors of GBV. Hence, there is a need to recognise and address men's and boys' particular vulnerabilities and needs in relation to GBV, especially in the context of armed conflict. Rather than simply 'bringing men in' to work against violence against women, there is a need to work towards transformed norms around gender relations and masculinity. Such an approach enables men and boys to become agents of change.
6. Transformation of norms and behaviours that underpin GBV. The logic of GBV is based on gender stereotypes, such as ideals linking masculinity to the provider role, macho behaviour and violence as well as ideals linking femininity to chastity, submission and victimhood. Prevention efforts should start early in life and be directed at girls and boys. Both non-formal education and formal education are important sites for normative change and have the potential to address gender inequalities and prevent GBV.
7. Take steps to raise awareness among persons of concern of the need to prevent GBV and promote gender equality, and about services available to survivors. Including information on how survivors can access justice through formal and informal justice mechanisms.
8. Encourage the formation of community-based networks among persons of concern and assist them in their preventive and information work on GBV.

9. Ensure that teachers, other school staff, and students are trained in GBV and that systems are in place in schools to identify and refer survivors and children who are at risk of GBV.
   Ensure that all teachers sign a code of conduct that prohibits all forms of GBV against students and are trained to implement it.
10. In collaboration with partners and service providers, prepare standard operating procedures (SOPs) on GBV prevention and response, which describe the coordination arrangements, referral pathways, and reporting mechanisms.
11. Engage with persons of power (employers, teachers, landlords), and educate them about the risks and consequences of GBV. Emphasize the principles of non-discrimination, equality before the law, and equality before courts and tribunals.
12. In discussions with local authorities, and law enforcement and judicial officers, including representatives of informal justice mechanisms, emphasise the importance of bringing perpetrators to justice.
13.. Provide training to all partner personnel on prevention of sexual exploitation and abuse of persons of concern.



6. Key Concepts & Definitions

1. **Abuser** means a person who perpetrates Gender-based Violence.
2. **Impacted individuals** may include the target/victim/affected individual as well as witnesses and persons who intervene in the situation involving inappropriate behaviour and possible violence and harassment.
3. **Bystander** is a person who is present at/a witness of an incident of violence or harassment but does not take part. A Bystander approach is used to promote victim empathy and notions of how the workplace community is responsible for preventing sexual harassment.
4. An **empowered bystander** is somebody who observes an act of violence, discrimination or other unacceptable or offensive behaviour and takes action
5. **Report** refers to formal and/or informal reporting unless otherwise specified.
6. **Sexual harassment** is any unwelcome conduct of a sexual nature that might reasonably be expected or be perceived to cause offense or humiliation. While typically involving a pattern of conduct, sexual harassment may take the form of a single incident. In assessing the reasonableness of expectations or perceptions, the perspective of the person who is the target of the conduct shall be considered. Sexual harassment can take a variety of forms – from looks and words though to physical contact of a sexual nature. Examples of sexual harassment (non-exhaustive list) include but not limited to:

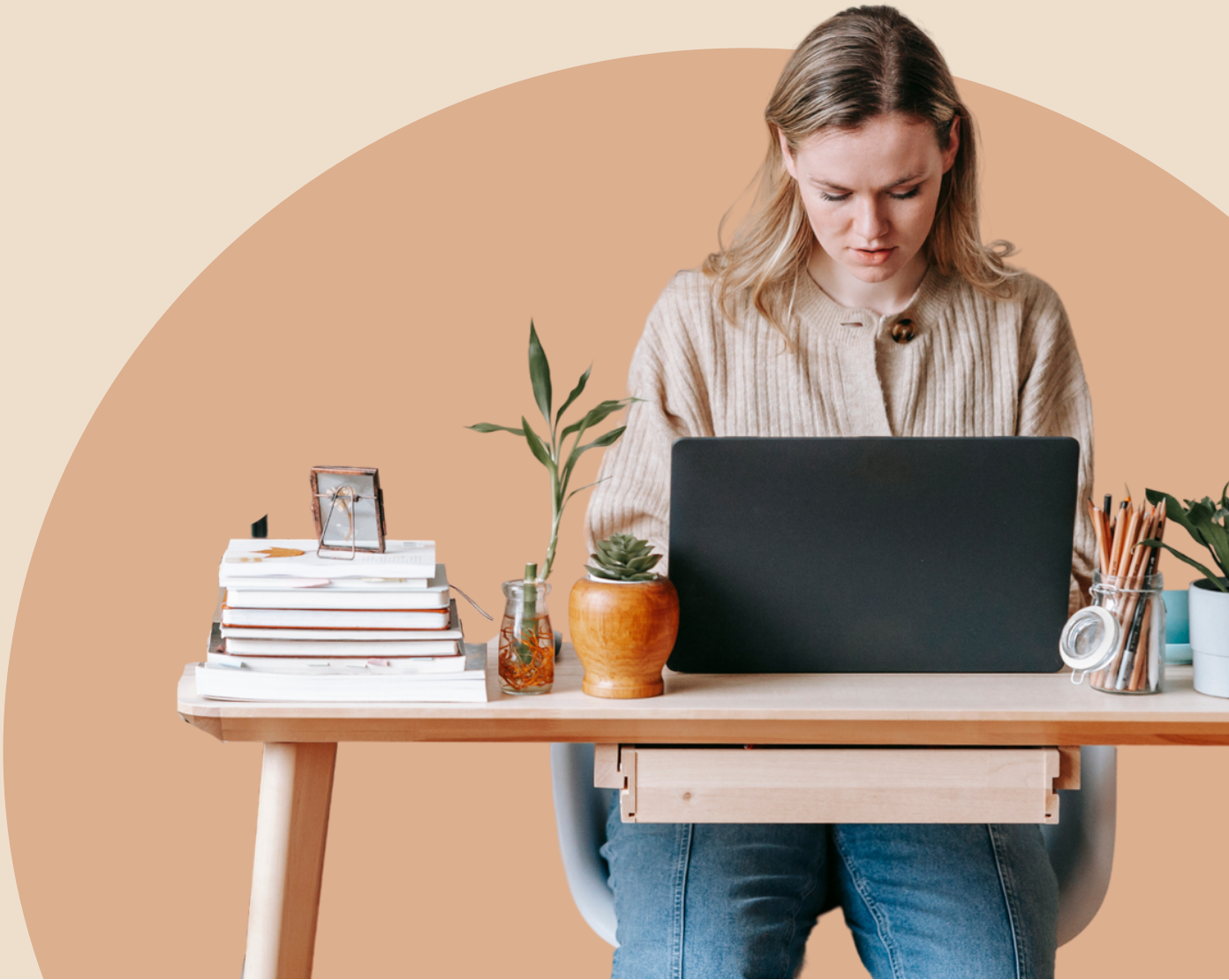
- Unwelcome touching, including pinching, patting, rubbing, or purposefully brushing up against another person
- Repeatedly asking a person for dates or asking for sex
- Making sexual comments about appearance, clothing, or body parts Name-calling or using slurs with a gender/sexual connotation
- Making derogatory or demeaning comments about someone's sexual orientation or gender identity
- Sending sexually suggestive communications in any format

- Sharing sexual or lewd anecdotes or jokes
- Making inappropriate sexual gestures
- Sharing or displaying sexually inappropriate images or videos in any format
- Attempted or actual sexual assault

6. **Primary Prevention of Sexual & Intimate Partner Violence**

Refers to preventing sexual and intimate partner violence before they occur. Primary prevention efforts exist on a continuum (primary, secondary, and tertiary prevention). These efforts seek to bring about change in individuals, relationships, communities, and society through strategies that:

- Promote the factors associated with healthy relationships and healthy sexuality, creating a healthier social environment.



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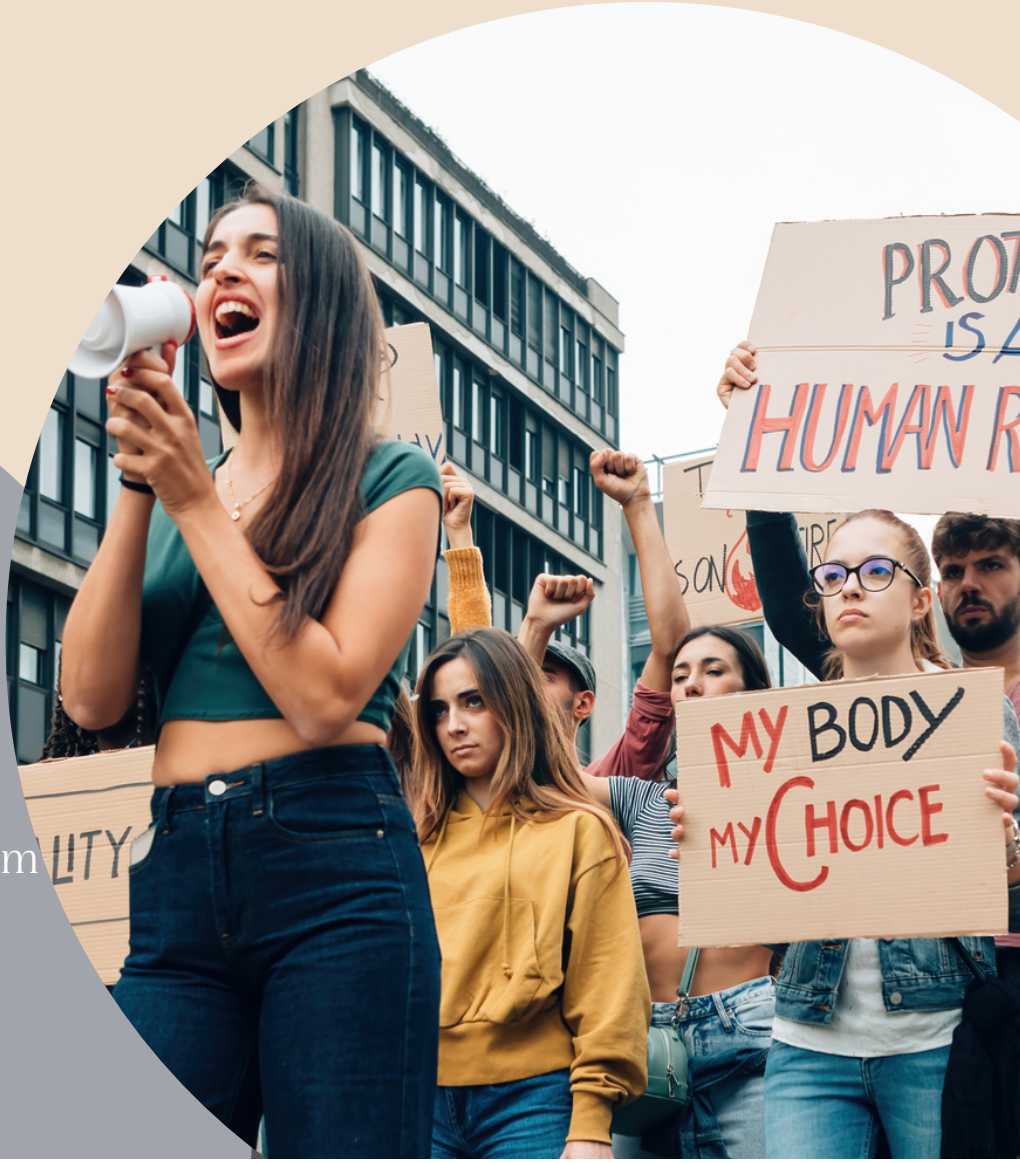
Unrooting **Violence:**

tackling social norms for the prevention of gender-based violence



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