

**A scoping study on the role of faith
communities and organisations in
prevention and response to sexual
and gender-based violence:
Implications for policy and practice**

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September 2015

Acknowledgements

Neil Kramm, Lizle Loots, Barnabé Msabah, and Ben Saxby, for sterling assistance in doing the research.

Jean Duff, Veena O’Sullivan and Diana Arango, all affiliated with JLI, for supporting the entire research process in so many ways.

The UK Department for International Development, and in particular Mike Battcock and Steve O’Raw, for funding the study.

All of the faith and SGBV experts who were willing to share their insights, experiences, opinions, valuable time and documentation.

The various JLI SGBV hub members who provided feedback on the draft versions of the report and policy brief.

Members of the Sexual and Gender-based Violence panel and session of the Religion & Sustainable Development Conference at the World Bank, Washington DC, in July 2015, for their input and feedback on the preliminary findings of the study.

Members of the special session at the Sexual Violence Research Initiative’s SVRI Forum 2015, who gave valuable feedback and input on the draft versions of the report and policy brief.

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Acronyms and abbreviations

AIDS	Acquired Immune Deficiency Syndrome
CABSA	Christian AIDS Bureau for Southern Africa
DFID	United Kingdom Department for International Development
DRC	Democratic Republic of Congo
DV	Domestic Violence
FBO	Faith-based Organisation
FGM	Female Genital Mutilation
GBV	Gender-based Violence
HIV	Human Immuno-deficiency Virus
IPV	Intimate Partner Violence
JLI	The Joint Learning Initiative on Faith and Local Communities
KII	Key Informant Interview
LGBTI	Lesbian, Gay, Bisexual, Transgender, Intersex
NGO	Non-governmental Organisation
PEP	Post-exposure Prophylaxis
PNG	Papua New Guinea
PV	Partner Violence
SGBV	Sexual and Gender-based Violence
STI	Sexually Transmitted Infection
SU	Stellenbosch University
SV	Sexual Violence
UN	United Nations
UNHCR	United Nations High Commissioner for Refugees
USA	United States of America
USAID	United States Agency for International Development
VAW	Violence against Women
VAWG	Violence against Women and Girls

Executive summary

Introduction

Sexual and gender-based violence¹ (SGBV) is a global public health, development and human rights issue with far-reaching consequences for those who have experienced SGBV, their families and communities. Recognising the ability of religion to promote stability and cohesion in times of upheaval, and the fact that faith groups are present globally at grassroots-level, the United Kingdom's Department for International Development (DFID)² commissioned a scoping study on the role of faith communities in the prevention and response to SGBV. The scoping study builds on the work of the Joint Learning Initiative on Faith and Local Communities (JLI).³ The JLI is an international collaboration on evidence for faith groups' activities and contribution to community health and wellbeing.

The research report contains nine chapters. First the scoping study methodology and how it was implemented, as well as the limitations of the study, are unpacked (Chapter 2 and 3). Thereafter the literature that was mapped is explored and the general characteristics summarised into four tables (Chapter 4). The Consultation Step data is used to explore the possible reasons for the current state of the evidence (Chapter 5). This is followed by a reflection on the key challenges and opportunities of faith-based involvement in SGBV prevention and response, informed by the literature and the Consultation Step data (Chapter 6). Then current key global SGBV strategies and policies are considered, and how these are effecting faith-based involvement and collaboration between sectors (Chapter 7), followed by the report's general conclusions and a set of recommendations (Chapter 8). The final section of the report discusses the way forward (Chapter 9).

¹ Sexual and gender-based violence (SGBV) is violence that targets women or men because of their sex and/or their socially constructed gender roles (Carpenter 2006). In practice, 'SGBV' is used fairly interchangeably in many policy documents with 'gender-based violence' (GBV) and 'violence against women and girls' (VAWG) (Oosterhoff et al. 2004, Russell 2007, Sivakumaran 2007, Dustin 2009). Even though there is no consensus on the terminology in the field, sexual violence (SV) is often linked to one's gender, and therefore there is arguably no need to emphasise this type of violence. However, in order to accommodate differences in opinion on the use of terminology, the broader term 'sexual and gender-based violence' will be used in this report. Nevertheless, take note that no false hierarchy in types of violence is proposed by using this term.

² <https://www.gov.uk/government/organisations/department-for-international-development>

³ <http://jliflc.com/>

Methodology

The scoping study mapped the relevant literature on faith-based involvement in SGBV prevention or response. Any form of documentation or report that details SGBV prevention and response intervention activities launched by faith-based actors was included, as well as texts that develop a structured, systematic model for faith-based prevention or response. Academic and grey literature, organisational reports, research reports, external and internal evaluations, books and book chapters, manuals, pamphlets, and media articles were included. Over a period of four weeks an extensive array of electronic databases were searched following a pre-determined and tested search strategy. One hundred and eighteen texts were selected based on database and wider internet searches, and the application of a pre-determined identification and selection strategy. These 118 texts all fit into one of three categories: texts that study or describe an actual faith-based intervention on any form of SGBV (intervention texts); texts that empirically study the current status quo in terms of how faith communities are reacting to SGBV (status quo texts); and texts that develop a structured, systematic model of faith-based SGBV prevention and/or response (model texts).⁴

Aside from the literature review, key informant interview (KIIs) and an electronic survey were conducted as part of the Consultation Step of the study. This step was important for exploring some of the issue surrounding faith-based involvement in SGBV prevention and response. The KIIs were done with 20 faith and SGBV experts from around the world. These included researchers and key high-level staff of large faith-based organisations (FBOs).⁵ These experts provided 24 texts that they thought of as relevant to the study, of which six met the required criteria and were included in the review. The electronic survey consisted of eleven questions and was completed anonymously. Of the 127 faith and SGBV experts invited to take part, 71 people responded, of which 51 responses were usable.⁶ The 51 responses provided 34 texts, of which 14 met the required criteria and were included in the review. The data collected through the literature review, KIIs, and survey was collated using ATLAS.ti.

⁴ For more detail on the search terms, inclusion criteria and search strategy, see Chapter 2.

⁵ A 'faith community' is a single group of regular congregants focused around a meeting place, a religious denomination, or a collective term for people who profess widely varying beliefs and practices but are linked by a common identification as believers (Karam, Clague, Marshall & Olivier. 2015:1). A FBO, on the other hand, is an organisation that has one or more of the following characteristics: "affiliation with a religious body; a mission statement with explicit reference to religious values; financial support from religious sources; and/or a governance structure where selection of board members or staff is based on religious beliefs or affiliation and/or decision-making processes based on religious values (Ferris, 2005:311)."

⁶ Twenty responses were rejected as they were incomplete. No texts were uploaded by 20 rejected survey responses.

The study was done within a period of five weeks in June 2015, in order to provide a ‘snap shot’ picture of the current evidence⁷ for faith-based SGBV prevention and response activities. However, the time limitation placed restrictions on the ways in which literature could be sourced, as well as the experts that could be asked to take part in the Consultation Step.

The mapped literature

In total 138 texts were included in the literature review. Thirty-one intervention texts, 78 status quo texts, and 29 model texts were identified. The majority (62%) appeared in academic, peer-reviewed journals, has been published in the last ten years (59%), are focused on or located in the United States of America (USA) (59%) and Christianity (69%). Based on the number and nature of the texts, it is clear that there is little *documented* evidence for faith-based involvement in SGBV prevention and response, and that the existing literature is skewed towards certain regions and religions. However, the existing intervention texts do offer useful examples of how evidence can be collected using different context-appropriate strategies and research designs, while the literature generally emphasises the need for more research into faith-based involvement in SGBV prevention and response. From the existing evidence we learn that faith-based interventions prefers to use training to address SGBV, and tends to focus on faith leaders and survivors, while mostly avoiding SGBV perpetrators as well as marginalised groups other than women.

The state of the evidence

Various reasons were suggested by the faith and SGBV experts for the current dearth of evidence for faith-based involvement in SGBV intervention and response. Much of the faith-based work is not documented, funding for research is largely absent, and direct, focused faith involvement in SGBV prevention and response is relatively new. Possible ways of improving the evidence base could include partnering with academic and research institutions, rethinking the nature of evidence, and recognising the contribution that research on faith-based initiatives can make.

⁷ ‘Evidence’ was understood as any form of documenting or reporting that studies SGBV response or prevention activities launched by a faith-based actor, or develops a systematic, structured model for such intervention. Therefore the study did not exclude texts based on the perceived quality of evidence, nor limit which methodologies can be employed in generating evidence.

Reflecting on the evidence also led to participants highlighting that programme development needs to be approached differently. Currently faith groups often implement certain programmes in order to secure funding, and are often expected to almost immediately start delivering results. Yet careful study of the setting of the programme (including the relevant cultural beliefs and practices, the religious groups present and their beliefs, the different actors involved in SGBV prevention and response, etc.), should be the starting point of programme development, as local context, input and need should determine the nature of programming and the expected results.

However, funding is unfortunately an influential and often decisive factor when it comes to faith-based involvement in SGBV prevention and response. The result is that faith-based intervention is often determined and driven by the donor's agenda, rather than by community realities and needs.

Challenges and opportunities

SGBV and faith experts and the available literature tend to concur on the main challenges of faith-based involvement in SGBV prevention and response. One of the key challenges is the patriarchal nature of many faith groups and communities. Other challenges include local faith communities' refusal to talk about sex and sex-related matters; a refusal to acknowledge that SGBV is happening in the community; the stigma and discrimination attached to SGBV and SGBV survivors; the fact that most faith leaders are usually already overworked, not trained on SGBV prevention or response, and feel ill-equipped to address SGBV; and that a faith group needs to be included at all of its hierarchical levels in order for interventions to be supported and implemented. Furthermore, faith communities tend to be hesitant to share and discuss their failures, which means that the same mistakes are being made repeatedly by different faith actors.

The literature and experts agree, though, that faith communities are present at grassroots level, all over the world, have existed for generations, are present before, during and after political unrest, and are insiders within the communities they serve. They are thus an integral part of a holistic response to SGBV, able to carry out long-term interventions that aim to impact the root causes of SGBV. Particularly faith leaders, as moral authorities within the community, have the potential to influence an entire community. However, to realise this potential of faith communities and faith leaders, the right leaders and leadership is needed within faith communities, as well as training and support for such leaders.

Global networking and collaboration

In the eyes of the faith sector,⁸ global SGBV policies and strategies continue to be insufficiently geared towards the faith sector, which in turn means that the potential of the sector is not realised. Participants offered various possible explanations for this state of affairs: some hypothesise that it stems from policy makers, and the secular sector in general, not fully understanding the faith sector and the development interventions they implement; others state that policy makers approach religion and faith groups in an instrumentalising way; and another groups feels that policy makers see the faith sector as part of the SGBV problem, rather than part of the solution. However, the faith sector also contributes to it being side-lined. Some faith groups may find themselves excluded from global conversations because of a strict adherence to beliefs and practices that perpetuate gender inequality and SGBV, and the diverse faith sector does not speak with the unified voice that non-faith actors at times would prefer. Furthermore, there are hierarchies within the highly heterogeneous faith sector, which often results in the marginalisation of the voices of certain faith communities and leaders.

However, both the consulted SGBV and faith experts and the existing literature argue that inter- and intra-sector networking and collaboration is of vital importance to effective SGBV prevention and response. The secular sector should be willing to work with the faith sector, while the faith sector should share programmes and experiences with the non-faith sector and take advantage of what can be learnt from the broader group of activists and organisations working on SGBV prevention and response. The faith sector should also improve networking and collaboration within the sector itself, at all levels.

Conclusions and recommendations

While the literature on faith-based involvement in SGBV prevention and response that is mapped in the scoping study is not extensive, those active within the field of faith and SGBV make it clear that much more is being done than what is being documented. A set of six recommendations are made

⁸ The 'secular sector' is understood to refer to any individual, organisation or network that officially operates independent of a religious belief and orientation. The 'faith' sector, on the other hand, is understood to refer to the services, interventions or programmes delivered by individuals, organisations or networks that are overtly affiliated with a religious tradition. The motivation for faith sector activities is some form of religious orientation, and the faith sector is generally concerned not only with humanitarian issues (Ferris, 2005:316; Ebaugh, Saltzman, Pipes & Daniels, 2003:422-423), but also wants to address the spiritual needs of a community (Davies, Jagede, Leurs, Sunmola & Ukiwo, 2011: 32).

to ensure that evidence is collected, disseminated and used, that faith-based SGBV involvement increases and is impactful, and that multi-sectoral SGBV collaboration is achieved. These recommendations require specific activities and commitments from each of three groups (identified by the faith and SGBV experts as playing a direct role in faith-based SGBV prevention and response activities). These are local faith communities and FBOs, donors and policy makers, and academics and researchers. The six recommendations are:

- **Document activities:** Evidence for faith involvement in SGBV prevention and response need to be strengthened by documenting, evaluating and disseminating information on faith groups' activities.
- **Prioritise rigorous programme development:** Rigorous programme development should ensure that longer-term, context-appropriate interventions are developed.
- **Recognise faith leaders as key stakeholders:** SGBV prevention and response should target faith leaders as important community gatekeepers, but also authoritative and influential opinion leaders.
- **Use multiple modalities, engaging multiple stakeholders, in interventions:** Various well-integrated methods should be implemented during an intervention, in partnership with various stakeholders from different sectors.
- **Actively seek out and develop networking and collaboration opportunities:** Both faith and secular actors should actively attempt to network and collaborate on SGBV intervention. This includes networking and collaboration between different faith actors, but also between the faith and secular actors.
- **Develop inclusive global policies and strategies:** Donors and policy makers should include various faith actors in the development of policies and strategies that ascertain to SGBV.

1. Introduction

The United Kingdom's Department for International Development (DFID) commissioned a scoping study on the role of faith communities in the prevention and response to SGBV. By doing so, DFID aims to address a key priority in governance and conflict to provide women to access justice and to hold authorities to account. The scoping study builds on the work of the Joint Learning Initiative on Faith and Local Communities (JLI). The JLI is an international collaboration on evidence for faith groups' activities and contribution to community health and wellbeing.

Sexual and gender-based violence (SGBV)⁹, is a global public health, development and human rights issue with far-reaching consequences for those who have experienced it, their families and communities (Beamann-Hall & Nason-Clark, 1997; Bryant-Davis et al, 2011; Doxey et al,1997; Marsden, 2014; Thompson, 2001). While much of the discussion of SGBV focuses on women and girls, unlike the term 'violence against women' (VAW) it also includes violence against men, boys and sexual minorities or those with gender-nonconforming identities (VAWG Resource Guide, 2015). The United Nations High Commissioner for Refugees (UNHCR) identifies five common forms of SGBV. These include *sexual violence* (SV)(e.g. rape and marital rape; child sexual abuse, defilement and incest; forced sodomy/anal rape; attempted rape or attempted forced sodomy/anal rape; sexual abuse; sexual exploitation; forced prostitution; sexual harassment and sexual violence as a weapon of war and torture), *physical violence* (e.g. physical assault and trafficking/slavery), *emotional and psychological violence* (e.g. abuse/humiliation and confinement), *harmful traditional practices* (e.g. female genital mutilation, child marriage, forced marriage, forced sterilization, forced unsafe abortion, girls' sexual initiation, honour/willing maiming, infanticide and/or neglect and denial of education for girls or women), and *socio-economic violence* (e.g. discrimination and/or denial of opportunities, services; social exclusion/ostracism based on sexual orientation and obstructive legislative practice) (Omanyondo, 2005:11).

Faith groups are an important part of civil society, for religion has a unique ability to promote stability, cohesion and solidarity. The social ties formed within faith communities are an essential part of community infrastructure and sense of belonging (Ammerman, 1997:361). In times of upheaval and drastic social change there is a greater need for social cohesion and institutions that can actively contribute to community solidarity (Ter Haar, 2009:23). Especially for deprived people,

⁹ Sexual and gender-based violence (SGBV) is violence that targets women or men because of their sex and/or their socially constructed gender roles (Carpenter 2006). See further discussion of the term in Section 1.4.

such as those in conflict-stricken, post-conflict and emergency settings, being members of a faith group provides emotional, spiritual and physical resources that enable their survival. This is arguably even more so for SGBV survivors.

The UK Department for International Development (DFID) commissioned this scoping study on the role of faith communities in prevention and response to SGBV. By doing so, DFID aims to address a key priority in governance and conflict to provide women to access justice and to hold authorities to account. The scoping study builds on the work of the Joint Learning Initiative on Faith and Local Communities (JLI). The JLI is an international collaboration on evidence for faith groups' activities and contribution to community health and wellbeing.

The review is a scoping study as it follows the six steps suggested by Arksey and O'Malley (2005), is a rapid mapping of a research focus or field, includes academic and grey literature, and allows for different study designs and approaches to the subject matter at hand. However, it is also more. It includes literature other than academic and grey, including organisational reports, research reports, external and internal evaluations, books and book chapters, manuals, pamphlets, and media articles. It includes elements traditionally associated with a systematic review, namely that there it synthesises the literature, and comments on where the weight of the evidence lies. Furthermore, the optional consultation step that can be part of a scoping study has been implemented quite extensively, and consists of a survey and key informant interviews (KIIs).

This was done out of necessity. Focused faith response to specifically SGBV (as opposed to, for example, faith-based Human Immuno-deficiency Virus [HIV] response including some activities that promote gender equality) is a new and developing field. The evidence base is unknown and relatively uncharted. Thus, while a scoping review allows for a basic mapping to unfold, activists, programme developers and policy makers need an idea of what the existing evidence indicates they could and should be doing.

Being aware of this need has meant that this report is structured in a particular way. Firstly, the background to the study will be sketched by looking at the methodology and how it was implemented. Thereafter the focus will be on the existing literature. The three categories of texts that were included are discussed separately, and then as a whole. With each discussion a table is

included which summarises the literature.¹⁰ The report then reflects on the state of the evidence, after which the survey and KII data is used to explore the possible reasons for the current state of the evidence. This is followed by a reflection on the key challenges and opportunities of faith-based involvement in SGBV prevention and response, informed by the literature and the survey and KII participants' opinions. Then current key global SGBV strategies and policies are considered, and how these are effecting faith-based involvement and collaboration between sectors, followed by a set of recommendations. The final section of the report discusses the way forward.

However, before continuing some key terms that are highly relevant to the study are unpacked and problematised.

1.1 Evidence

What constitutes evidence and assessing the quality or standard of evidence are complex and contentious issues (Nutley, Powel & Davies, 2013: 5). However, as this scoping study is aimed at mapping evidence, it is important to first clearly identify what is seen as 'evidence' within the parameters of the study.

In general, evidence is perceived as being generated by research, expert opinion or stakeholder views. Specific methodologies are applied when creating evidence. Thus evidence can be the product of a form of enquiry that can be highly formalised and use a scientific approach and system, or can be done in more informal ways. Informal approaches to research are often perceived as lacking authority, as the quality – or perceived quality – of the evidence is called into question. Nevertheless, informal research also contributes to the body of evidence (Nutley, Powel & Davies, 2013: 20).

In general the quality of evidence is determined based on the methodology used. Various authors have created hierarchies of evidence (Bagshaw & Bellomo, 2008:2; Petticrew & Roberts 2003:527).¹¹ However, the idea of a research hierarchy is increasingly being challenged, and matrixes have been developed that assess the quality of research on more criteria (Nutley, Powel & Davies, 2013:10-11).

¹⁰ A separate document, which summarises each individual text in a table with four to six categories, is also available on request.

¹¹ The hierarchy developed by Bagshaw & Bellomo (2008:2), for example, position randomised experiments with clearly defined controls at the top, arguing that such methodologies deliver the highest quality of evidence. It is followed by less rigorous or smaller randomised control studies. The lower levels of the evidence hierarchy are made up of non-randomised observational studies, non-randomised studies with historical controls and lastly case studies.

In this study the aim is to map literature relevant to the field of faith-based involvement in SGBV prevention and response. Therefore the focus is not so much on the quality of evidence, nor does the study limit the methodologies that can be employed in generating evidence. Rather, the study includes as 'evidence' *any form of documenting or reporting that studies SGBV response or prevention activities launched by a faith-based actor, or that develops a systematic, structured model for such intervention*. In other words, the dominant criterion is that the text studies, reports, or describes actual activities, and is not a moral, ethical or philosophical reflection on what should be done, or what is going to be done. Only one exception to this rule was allowed. Texts that develop a systematic, structured model for a faith-based SGBV intervention within a specific context, were included. Such texts were included even they do not reflect on what is currently being done, as they create a structured model for intervention that can clearly guide intervention practices. Furthermore, from the content of such texts it appears that usually most, if not all, of the activities have been implemented, or at least piloted, although this is not reported on.

The only assessment of quality is based on indicating whether a specific text has been peer-reviewed or not. However, texts were not excluded from the study if they were not peer-reviewed.

1.2 Faith-based organisations and faith communities

The term 'faith-based organisation' (FBO) is rather recent, and there is lack of consistency in how the term is defined and used by scholars. Amongst other things, scholars are divided on whether or not churches and other faith communities in themselves – not only organisations attached to and run by churches or faith communities – fit under the rubric 'FBO' (Tomalin, 2012; Leuers, 2012; Clarke and Jennings, 2008).

In this report a differentiation is made between FBOs and local faith communities. This is as the faith and SGBV experts consulted during the study clearly differentiated between local faith communities (such as churches, synagogues, and temples), and larger, more formal faith organisations (such as World Vision and Tearfund).

While the term is also contested amongst scholars, the term 'faith community' can refer to a single group of regular congregants focused around a meeting place, a religious denomination, or a collective term for people who profess widely varying beliefs and practices but are linked by a common identification as believers (Karam, Clague, Marshall & Olivier, 2015:1). In this report the

term 'local faith community' is used when emphasising the geographically localised nature of the faith group. UNHCR uses the term 'local faith communities' and defines it as consisting

...of people who share common religious beliefs and values, and draw upon these to carry out activities in their respective communities. They are often providers of first resort in humanitarian emergencies, mobilizing and providing support through their membership and faith networks. Their members are often unpaid volunteers who act because their faith calls upon them to do so. They may or may not be aware of basic humanitarian principles (UNHCR, 2014:2).

'Local faith communities' and 'faith communities' are thus different from FBOs, who operate more formally. Ferris (2005: 311) defines FBOs as having one or more of the following: "affiliation with a religious body; a mission statement with explicit reference to religious values; financial support from religious sources; and/or a governance structure where selection of board members or staff is based on religious beliefs or affiliation and/or decision-making processes based on religious values."

1.3 Secular sector and faith sector

While this report uses the terms 'secular sector' and 'faith sector', there is awareness of the fact that the difference between the two are not as clear and simple as the terminology might suppose. The two sectors often engage in the same activities, might work together, or have staff that move between the two sectors. Nevertheless, the terms are used, firstly, as it was used by participants, and, secondly, as there are two characteristics which set the faith sector apart from the secular sector. Unlike the secular sector, the motivation for faith sector activities is some form of religious orientation, and the faith sector is generally concerned not only with humanitarian issues (Ferris, 2005:316; Ebaugh, Saltzman, Pipes & Daniels, 2003:422-423), but also wants to address the spiritual needs of a community (Davies, Jagede, Leurs, Sunmola & Ukiwo, 2011: 32).

The 'secular sector' is understood to refer to any individual, organisation or network that officially operates independent of a religious belief and orientation. While people might at a personal level have religious beliefs, in the performance of work-related activities the services offered are not based on religious ideologies or motivations. The 'faith' sector, on the other hand, is understood to refer to the services, interventions or programmes delivered by individuals, organisations or networks that are overtly affiliated with a religious tradition. The faith sector does not necessarily work only with people and communities of faith.

1.4. Sexual and gender-based violence

Sexual and gender-based violence (SGBV) is violence that targets women or men because of their sex and/or their socially constructed gender roles (Carpenter 2006). However, in practice, 'SGBV' is used fairly interchangeably in many policy documents with 'gender-based violence' (GBV) and 'violence against women and girls' (VAWG) (Oosterhoff et al. 2004, Russell 2007, Sivakumaran 2007, Dustin 2009).

Even though there is no consensus on the terminology that should be used in the field, sexual violence is often linked to one's gender, and therefore there is arguably no need to emphasise this type of violence. However, in order to accommodate differences in opinion on the use of terminology, the term 'sexual and gender-based violence' will be used in this report. Nevertheless, take note that no false hierarchy in types of violence is proposed by using this term.

2. Research methodology

The main research question of the study (“What is the evidence of faith groups’ activity and contribution to the prevention of sexual and gender-based violence and to the care of survivors?”) guided the selection of texts for inclusion in the literature review. One hundred and thirty eight texts were selected, and these included academic and grey literature, organisational reports, research reports, external and internal evaluations, books and book chapters, manuals, pamphlets, and media articles. The Consultation Step of the study consisted of an electronic survey and key informant interviews (KIIs). Fifty-one usable responses were received on the survey, and 20 SGBV and faith experts took part in KIIs. The research project received ethical clearance from Stellenbosch University (SU) and used ATLAS.ti to collate the data.

A scoping study is a type of literature review through which relevant literature in a field of interest can be mapped (Arksey & O’Malley, 2005:4). While this study is mostly a ‘traditional’ scoping study, it synthesises and reflects on the evidence it collects. Furthermore, the Consultation Step is quite extensive and is used to investigate some issues raised by the existing literature. In this section the way in which the scoping study was done is explained in greater detail, by reflecting on the implementation of the literature review, electronic survey and the key informant interviews.

2.1 The literature review

The main research question that guided the selection and review of literature is “What is the evidence of faith groups’ activity and contribution to the prevention of sexual and gender-based violence and to the care of survivors?” In the selection of texts to include in the scoping review, the main research question determined that texts should be identified that:

- Refer to any activities launched by faith actors (prevention or response)
- By any faith group, not only monotheistic faith traditions
- Addressing any form of SGBV
- Describe, evaluate, or report on implemented activities, with the only exception being systematic and structured models of intervention.

Part of the instructions for the scoping study was to include not only academic and grey literature, but also other documents that meet the relevant criteria (such as organisational reports, internal evaluations, etc.). However, the breadth and comprehensiveness of the resources that were

consulted had to be balanced with the time limitations. Thus, due to time constraints, it was decided to focus on published material, thus not including video evidence, nor extensively searching for media evidence. Furthermore, the Consultation Step of the study was used as the key way of identifying the relevant non-academic texts.

Peer-reviewed academic literature was seen as a crucial way through which literature could be identified. The following databases were consulted: ATLA, Scopus, Directory of Open-Access Journals, EBSCOhost, Google Scholar, JStor, JAMA, LexisNexis, MasterFILE Premier, Academic Premier, MEDLINE, ProQuest Dissertations and Theses, ProQuest Medical Library, ProQuest Social Science Journals, PsycARTICLES, Sabinet, Social Sciences , Citation Index, Social Services Abstracts, Social Work Abstracts, Sociology Abstracts, and Africa-Wide: NiPAD.

Hard copy publications were searched via Stellenbosch University's "Libraries Worldwide" database. However, only those books available at Stellenbosch University's various libraries could be included, due to time limitations. Furthermore, some of the possible articles were in embargoed journal publications and impossible to access within the limited time frame.

While the Consultation Step was the key way of identifying non-academic literature, these were also sourced through the research team's networks, and the following electronic databases: Sabinet, Google Scholar, Project Muse, UN website and resource lists, Red Cross website and resource lists, The World Bank website and resource lists, and the Deepweb, with the help of search engines such as Webcrawler.

Based on the main research question, a set of standardised search terms were developed. These were tested using six different databases, and then refined. The original list included:

- Faith, religion, faith community/ies, faith group/s, faith-based organisation/s, Christian, Muslim, Islam, Hindu/ism, Buddhist/m, traditional religion, religious ethics, congregation, faith-inspired, cleric/s, church, mission, Bahá'í, Confucianism, Daosim, Jainism, Judaism, Shinto
- Sexual violence, sexual violence against women, sexual violence against women and girls, sexual violence against men, gender-based violence, sexual and gender-based violence, rape, violence against women, violence against women and girls, sexual abuse, intimate partner violence, domestic violence, female genital mutilation, domestic violence, battering

This study wanted to identify any literature that describe, evaluate or report on faith-based SGBV intervention activities, as well as any structured systematic models of intervention. However, the time in which these texts could be identified was restricted. Therefore the decision was made to limit the search terms. After pilot testing the original list of possible search terms on six different databases, the following research terms were identified as being the most effective, as they consistently received by far the most hits and as these hits were inclusive of various forms of religion and SGBV. For example, the results of a search on 'gender-based violence' would consistently include texts on domestic violence (DV), domestic abuse, sexual abuse, and rape. The final search terms included:

- religion, faith, faith-based organisation/s, faith community/ies
- sexual violence, gender-based violence, intimate partner violence, violence against women

These were combined in a predetermined order in each database. First the searches were done while searching articles' abstract, keywords and title. With these searches all of the hits were perused. A second set of searches (with the same terms) were then done searching articles' full text. With these searches the first 50 hits were studied. The searches were not limited to a specific discipline.

High numbers of hits were returned throughout the literature review. This is as the term 'religion' is very often used as a key term of a text, even if the text actually has little to do with religion. Furthermore, there is a vast amount written on faith and SGBV that is *not* based on field research, but is rather ethical or moral philosophical treatises. However, there was no way around this, and each possible hit was checked. Apart from the searching of databases, the bibliographies of the selected texts, as well as the oeuvres of key authors, were studied in order to identify potential texts.

A total of 543 possible texts were originally identified through database and internet searches. These were then evaluated based on a predetermined selection strategy. Finally, the following three categories of texts were selected:

- Texts that study an actual faith-based intervention, initiated and implemented by a faith-based actor, to prevent or respond to any form of SGBV. The text could describe the intervention, evaluate the intervention, or both.

- Texts that empirically study the current status quo in terms of how faith communities are reacting to SGBV. These are empirical studies applied various different methodologies in order to look at ‘what is going on’ (for example, a survey with clergy of a certain church denomination, looking at how they respond to intimate partner violence (IPV) within their congregations). Could include ethnographies and anthropological research in general.
- Texts that develop a structured, systematic model of faith-based SGBV prevention and/or response. These are the only texts that were included even if they did not include a description or evaluation of an implemented intervention.

The selection strategy was applied by a team of four. Each worked through the possible texts on their own. Afterwards they compared their decisions, before doing the final selection. After the final selection of texts, data charting sheets were developed. For each of the three types of texts a different sheet was used, although there was some overlap with the items covered. With each text, between 22 and 29 items were summarised on the data chart sheet. While scoping studies do not typically evaluate, this was an added requirement of this study. However, this was limited to stating whether the text was peer reviewed or not, and in the case of intervention texts, whether the intervention was evaluated, and if so, if it was independently evaluated.

2.2. The survey and key informant interviews

Scoping studies traditionally have a Consultation Step, where stakeholders from the relevant field are asked to provide any additional references, and well as offer insight on issues relevant to the focus of the study. The Consultation Step was implemented in this study in the form of an electronic survey and KIIs.

The electronic survey (included in Appendix A) consisted of eleven questions, allowed for the uploading of documentation, and was completed anonymously. The survey was by invitation-only and was sent to faith and SGBV experts from around the world. With the survey 127 people were invited to take part. Seventy-one people responded, but only 51 of these responses were usable.¹² Of the respondents, 73% were female and 27% male. Sixty-three percent work for a FBO, 20% do research or work for an academic institution, and 8% work for a secular Non-governmental Organisation (NGO). Further characteristics of those who completed the survey include:

¹² The twenty responses that could not be used were rejected as they were incomplete. No texts were sourced through the rejected 20 surveys.

- 67% are involved in developing or implementing SGBV prevention models/interventions
- 54% do policy development and advocacy around SGBV prevention
- 47% conduct SGBV research through working with local faith communities/FBOs
- 39% are involved in developing or implementing SGBV models/interventions of care for survivors
- 29% deliver services or care to SGBV survivors
- 27% do policy development and advocacy around care for SGBV survivors
- 84% of the respondents work with Christian faith groups, 27% with Islamic faith groups.
- Africa tends to be the continent in which most of the respondents are or were involved in SGBV work. There are nine countries in which ten or more of the respondents are or were involved in SGBV work, and eight of these are African.

The KIIs were done with faith and SGBV experts from around the world. The organisations they represent all work in multiple countries, and as a group the organisations are active in all the regions of the world, although there is a focus on the Global South. The experts included researchers and key high-level staff of global FBOs. The interviews were done telephonically or by using Skype, and the interview schedule is included in Appendix B.

With the key informant interviews, 20 people were interviewed. Eight were men and twelve were women. They represented 15 different organisations, 13 of which are overtly faith-based. The other two are academic organisations. Of the 13 FBOs, 12 are Christian and one Islamic.

While consultation is part of the scoping process, both the survey and KIIs gathered information that was more than simply for consultative purposes. The participants were asked to comment on the state of faith and SGBV response in general. Their input significantly informs Sections 5, 6 and 7 of this report. Furthermore, the experts were also asked to provide texts that they thought relevant to the study. The survey allowed for the uploading of texts. Thirty-four texts were uploaded, of which 14 met the required criteria (detailed in the previous section) and were therefore included. The KII participants provided 24 texts, of which six were included.

All of the data was collated using ATLAS.ti. The data chart sheets, KII verbatims, and survey responses were loaded into ATLAS.ti and coded using a predetermined set of codes. These were used to prepare the report.

International ethical clearance for this research project was applied for and received from Stellenbosch University's Research Ethics Committee: Human (Non-Health) in South Africa.

3. Limitations

While providing a valuable 'snap shot' of the available evidence, the main limitation of the study is that it was done within five weeks. This limited the ways in which relevant literature could be sourced.

As explained earlier in the report, the study was done within five weeks. While scoping studies are recognised as a way in which a research area can *rapidly* be mapped, the time limitation placed restrictions on the ways in which literature could be sourced. These included:

- The set of search terms, while proven to be by far the most effective, resulted in a limitation on the kinds of violence that was studied in-depth in the review
- Embargoed journal publications could not be included
- Books and book chapters that were not available in Stellenbosch University libraries could not be included
- Only English-language texts could be included
- Only English-speaking individuals could take part in the survey and KIIs
- The researchers' and JLI's networks had to be used for survey and KIIs, and this resulted in a Christian and geographical bias in the organisations and people that were included in the survey and KIIs
- None of the faith sector experts that were consulted during the Consultation Step were from local faith communities. The opinions and beliefs of actors from FBOs are thus represented, but not those who of local faith communities that are involved in SGBV prevention and response.
- A further limitation due to using the researchers' and JLI's networks, is that the experts who were consulted during the Consultation Step were mostly from the faith sector. Secular sector opinions and interpretations of the faith sector and faith-based SGBV activities are thus largely absent.

However, this scoping study should be seen as a first step in mapping and understanding faith-based SGBV intervention literature and activities. In the final section of the report (“The way forward”) the proposed next steps address the limitations detailed above.

4. Existing evidence: the literature review

One-hundred and thirty-eight texts were reviewed. The 31 intervention texts reflect on planned and implemented SGBV interventions, the 78 status quo texts reflect on research into how faith communities see SGBV and react to it, and the 29 model texts give blueprints for how faith groups can address SGBV. The majority (62%) appeared in academic, peer-reviewed journals, has been published in the last ten years (59%), are focused on or located in the United States of America (USA) (59%) and Christianity (69%). These texts make it clear that there is little *documented* evidence of faith-based involvement in SGBV prevention and response, and that the existing literature is skewed towards certain regions and religions. However, the existing intervention texts do offer useful examples of how evidence can be collected using different context-appropriate strategies and research designs, while the literature generally emphasises the need for more research into faith-based involvement in SGBV prevention and response. From the existing evidence we learn that faith-based interventions prefer to use training to address SGBV, and tends to focus on faith leaders and survivors, while mostly avoiding SGBV perpetrators as well as marginalised groups other than women.

Three kinds of texts were selected for inclusion in the review. The intervention texts reflect on planned and implemented SGBV interventions, the status quo texts reflect on research into how faith communities see SGBV and react to it, and the model texts give blueprints for how faith groups can address SGBV. The three are discussed separately as they represent different ways of approaching the issue. In this section the relevant texts are discussed in an abbreviated fashion, relying on four different tables that summarise the texts.

4.1 Intervention texts

Thirty-one texts were focused on describing and/or evaluating a planned and implemented faith-based SGBV intervention. It is worthwhile noting that these do not describe 31 different interventions. Three texts discuss World Vision's Channels of Hope Gender programme, three other texts discuss the same domestic violence¹³ intervention pilot in North Carolina, USA, and the two Bowland articles are about the same counselling intervention. One the other hand, one research report briefly describes 58 different faith-based interventions.

¹³ In the discussion of a text, the SGBV terminology used by the text itself is used.

Table 1: Characteristics of the intervention texts

Type of literature	No.	%
Academic journal article	13	42%
Research Report	9	29%
Conference paper	4	13%
Educational pamphlet	2	6%
Media article	2	6%
Workshop report	1	3%

Year	No.	%
>2000	2	6%
2000 – 2004	5	16%
2005 – 2009	9	29%
2010 - 2015	9	29%
Not dated	6	19%

Location ¹⁴	No.	%
USA	11	35%
Multiple ¹⁶	7	23%
Canada	2	6%
Democratic Republic of Congo	2	6%
South Africa	2	6%
Israel	2	6%
Liberia	1	3%
Kenya	1	3%
England	1	3%
Uganda	1	3%
United Kingdom	1	3%

Type of SGBV ¹⁵	No.	%
DV	11	33%
SGBV	8	24%
SV	7	21%
Domestic abuse	3	9%
VAWG	2	6%
IPV	1	3%
Childhood abuse	1	3%

Evaluation	No.	%
Internal evaluation	7	23%
External evaluation	10	32%
None	14	45%

¹⁴ Country where the intervention is/was implemented.

¹⁵ Classified based on the terminology used by the authors of the text.

¹⁶ Intervention implemented in more than one country.

Nature of intervention ¹⁷	No.	%
Workshop ²⁰	13	18%
Training	9	12%
Referral to services of secular sector	7	9%
Seminars	6	8%
Gender equality promotion	5	7%
Counselling	5	7%
Legal support	3	4%
Hotline	3	4%
Shelter	3	4%
Support groups	3	4%
Health services and support	3	4%
Advocacy	3	4%
Survivor support	3	4%
Legal assistance	1	1%
Lobbying judiciary	1	1%
Financial support	1	1%
Job counselling	1	1%
Theological publications	1	1%
Adult education	1	1%
Economic education	1	1%

Group implemented on ¹⁸	No.	%
Faith leaders ²¹	23	37%
Survivors	14	22%
Local faith community ²²	8	13%
Society at large	6	10%
Soldiers	1	2%
Secular service providers	1	2%
Perpetrators	1	2%
Youth	1	2%
Women in general	1	2%
Sex workers	1	2%
Lesbian, bisexual and transgender	1	2%
Men and boys	1	2%
Activists	1	2%
Media	1	2%
Political leaders	1	2%
Community leaders	1	2%

Faith ¹⁹	No.	%
Christianity	16	52%
All faiths	8	26%
Judaism	7	23%

Methodology	No.	%
Qualitative	8	26%
Focus group	4	13%
Interviews	4	13%
Case study	3	10%

Quantitative	3	10%
Surveys	3	10%

Mixed methods	2	6%
Interviews	2	6%
Focus groups	2	6%

Not mentioned	18	58%
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¹⁷ The terminology used by the texts are used here. Where an intervention used multiple methods, each of the methods are included.

¹⁸ Classified based on the terminology used by the authors of the text.

¹⁹ The faith group that the intervention targets.

²⁰ Three of the workshops in the articles were used to meet with stakeholders

²¹ The category 'faith leaders' is used as a general term, and includes church leaders, clergy, and lay leaders.

²² The category 'local faith community' is used as a general term, and includes faith communities, congregants and church congregants.

In summarising the general characteristics of these texts, one sees the general trends of documented faith-based prevention and response intervention.

Firstly, it is worthwhile noting that 13 of the texts were published in academic, peer-reviewed journals. Of the 31 texts, seven texts report on interventions that have been internally evaluated, and 10 of the texts on interventions that have been subjected to external evaluations. All except for two have been published since 2000, although six of the texts are not dated. Nevertheless, the information contained within these texts strongly indicate that they have also been written later than 2000.

The documented interventions carry a marked geographical bias, as almost all are in Africa or the United States of America (USA). The majority of the texts – 16 – report on interventions that are or were implemented in Christian faith communities.

In analysing the intervention texts, it is clear that differentiating between prevention and response interventions can be problematic. The majority of the texts discuss interventions that have both prevention and response components. This is arguably as so many of the interventions do training (with faith leaders, faith community members, and/or community members in general) which have both prevention and response components (e.g. have sections on what SGBV is and how to prevent it, while also spending time on how survivors should be counselled and assisted).

Most of the interventions discussed in the texts cannot be classified as focusing on only one component of SGBV. For example, there is often a combination of gender equality training and violence prevention training. Nevertheless, in terms of the type of SGBV most often focused on (based on the terminology used by the text itself” the biggest number of interventions focused on domestic violence, followed by sexual violence and SGBV. The Africa-based interventions tend to focus on sexual violence, while those in the Global North tend to focus more on different forms of IPV.

The interventions lean strongly towards a pedagogical model, many using training, workshops, or some form of educational strategy (again, relying on the terminology used by the texts itself). The interventions themselves tend to target more than one group of beneficiaries, for example both faith leaders and the community at large. However, survivors and faith leaders are the most common beneficiaries.

The impact of these interventions is not clear. All of the texts argue for the positive impact of the intervention on some form of SGBV prevention and/or response. There are two exceptions, namely the Christian AIDS Bureau for Southern Africa (CABSA) 'Thursdays in Black' awareness campaign flyer, as well as the Pradhan media article on the Liberian Day of Prayer, as both of these texts only briefly describe the intervention campaign. The rest of the texts all argue for positive impact, even when they only describe an intervention. The validity of such claims, and the nature of the impact, remains uncertain, as only ten of the texts speak of an intervention that was independently evaluated. The same can be said of the potential for upscaling any of the discussed interventions. While all carry the potential for upscaling, this is not something that is necessarily focused on in each text. In general it tends to be the academic journal articles that discuss at least some aspects of upscaling.

It is worthwhile reflecting separately on the ten texts that relate to interventions that have been subjected to independent evaluation. Three of these texts (Fowler et al, 2006; Snow-Jones et al, 2005; Snow-Jones & Fowler, 2009) all reflect on the same faith community-based domestic violence pilot programme. Two of the texts (Bowland et al, 2011; Bowland et al, 2012) discuss the same evaluation of a counselling intervention. This means that only seven separate interventions have been independently evaluated. Of these seven, three are small-scale interventions, namely counselling of survivors. Of the remaining four interventions (discussed in Beasley et al, 2010; Bengtson et al, n.d; Fowler et al, 2006; Snow-Jones et al, 2005; Snow-Jones & Fowler, 2009; Wilson & Bartelink, 2014) three were implemented by large FBOs, two of whom are internationally active (World Vision and Hope Worldwide).

It is notable that the Hope Worldwide intervention (discussed in Bengtson et al, n.d.) was identified as one of eleven successful and promising GBV prevention strategies being implemented in South Africa, based on its wide reach within communities and its ability to bring attitudinal change. The study, independently conducted by Gender Links, selected the programme implemented by Hope Worldwide, Men as Partners (MAP), as it "demonstrates the potential multiplier effect of men's organisations partnering with religious networks that have a wide reach" (Bengtson et al, n.d.: 55).

While this study identified only 31 faith-based intervention texts, there is more faith-based intervention work on-going across the world. This is highlighted by the fact that one of the texts (Kaybryn & Nidadavolu, 2012) refers to and briefly discusses the VAWG-related prevention and

response activities of 58 FBOs in 19 countries in the Asia-Pacific Region. That the existing documented evidence does not reflect the actual reality was also made clear by the survey respondents. These respondents would vaguely allude to SGBV programming, e.g. “we have a programme running in South Africa with survivors”, or mention a programme’s name. However, documentation on these programmes were not or could not be provided. The following faith-based SGBV interventions were specifically named by the survey respondents:

- Churches together in Cumbria, training churches on domestic violence²³
- First Man Standing, working with men for domestic violence prevention²⁴
- Speak out Sunday, in the USA²⁵

4.2 Status quo texts

Seventy-eight texts were identified that fit the description of status quo texts. These are texts that reflect on research that has been done to assess how faith groups are reacting to SGBV. These texts do not discuss planned and implemented interventions, but rather how faith groups and communities are reacting to the existence of SGBV. While these texts thus do not contain actual planned SGBV interventions, they do describe and investigate the context in which such interventions can and should be developed and implemented. Once again the texts do not all contain unique research projects. For example, five of the reports are based on the same research, commissioned by Tearfund, in the Great Lakes Region.

²³ A faith organisation based in the United Kingdom, that calls on churches and congregations to be aware of the signs of domestic violence, distributes information on the support available for victims, families and perpetrators, and urges every local congregation to break the silence about domestic violence. The organisation focusses on training faith leaders and faith community leaders (Churches together in Cumbria, n.d.).

²⁴ Restored, a membership-based Christian alliance, runs the First Man Standing programme. It aims to promote healthy relationships between men and women by providing training for men, and creates awareness through the Thursday in Black. Restored operates internationally (Restored, 2014).

²⁵ WeWillSpeakOut.US is a movement that delivers the Speak out Sunday program. The organisation consists of diverse faith groups from across the US joining together with other leaders for action and advocacy to end the silence around sexual and gender based violence (SGBV). The programme raises awareness of SGBV within local churches and provides clergy with tools, as well as advocates for the creation of networks with other secular service providers. The campaign operates in the USA (We Will Speak Out.US, 2015).

Table 2: Characteristics of the status quo texts

Type of literature	No.	%
Academic journal article	63	81%
Research report	13	17%
Chapter in a book	1	1%
Dissertation	1	1%

Year	No.	%
>2000	8	10%
2000 - 2004	18	23%
2005 - 2009	19	24%
2010 - 2015	29	37%
Not dated	4	5%

Location ²⁶	No.	%
USA	53	61%
Multiple ²⁸	11	13%
South Africa	5	6%
Democratic Republic of Congo	4	5%
Burundi	2	2%
Liberia	2	2%
Rwanda	2	2%
Sweden	2	2%
Australia	1	1%
Canada	1	1%
New Zealand	1	1%
Rajasthan	1	1%
Tanzania	1	1%
United Kingdom	1	1%

Type of SGBV ²⁷	No.	%
DV	27	35%
IPV	22	28%
SV	18	23%
SGBV	4	5%
VAWG	3	4%
Childhood sexual abuse	3	4%
FGM	1	1%

Faith ²⁹	No.	%
Christianity	60	77%
All faith	13	17%
Jewish	3	4%
Muslim	2	3%

²⁶ Country where the intervention is/was implemented.

²⁷ Classified based on the terminology used by the authors of the text.

²⁸ Intervention implemented in more than one country.

²⁹ The faith group that the text studies.

Group implemented on³⁰	No.	%
Faith leaders ³¹	37	37%
Survivors	35	35%
Local faith community ³²	19	19%
Perpetrators	4	4%
College students	2	2%
Community leaders	1	1%
Gender activists	1	1%
Clinicians	1	1%

Methodology	No.	%
Qualitative	47	60%
Interviews	23	29%
Focus group	17	22%
Secondary data analysis	6	8%
Case study	3	4%
Life histories	2	3%
Participant observation	1	1%

Quantitative	22	28%
Surveys	22	28%
Secondary data analysis	4	5%

Mixed methods	9	12%
Survey	4	5%
Interview	3	4%
Geo mapping	1	1%
Archival research	1	1%
Secondary data analysis	1	1%

³⁰ Classified based on the terminology used by the authors of the text.

³¹ The category 'faith leaders' is used as a general term, and includes church leaders, clergy, and lay leaders.

³² The category 'local faith community' is used as a general term, and includes faith communities, congregants and church congregants.

In summarising the general characteristics of these texts, we see the general trends of the documented ways in which faith groups and communities are reacting to SGBV.

Firstly, the overwhelming majority of the studies are published in academic journals. Sixty-three of the texts are academic, peer-reviewed journal publications. Only eight texts were written before 2000, the earliest being in 1989. The vast majority of the texts (61%) come from the USA. Domestic violence (relying on the terminology used in the texts) was studied most often, followed by IPV and sexual violence. The texts are overwhelmingly focused on Christianity, with 77% of the texts studying a Christian faith context. The majority of the texts focused on faith leaders (37%) and survivors (35%). In terms of methodologies used, 60% used qualitative methods and 28% used quantitative methods.

While it is not always clear or easy to classify the nature of the way the faith community is addressing SGBV, it appears that what is done is fairly equally divided between prevention, response, and a combination of the two activities.

While none of the texts studied a planned, structured intervention programme, all delivered findings in support of faith involvement in SGBV prevention and/or response. While some are critical of some aspects of faith involvement – as is discussed in more detail in the section on challenges and opportunities of faith groups' involvement in SGBV prevention and response – they all also argue that faith actors should be part of SGBV prevention and response. As none of the texts studied a structured intervention programme, comments on upscaling are limited. However, many of the findings and recommendations can serve as guidance for the planning of structured faith-based SGBV interventions. These pointers are discussed in detail in the section on the challenges and opportunities of faith involvement in SGBV prevention and response.

4.3 Model texts

Twenty-nine texts were identified that fit the category of model texts. These are texts that develop a structured, systematic model for faith-based involvement in some aspect of SGBV. These are the only texts that were included even if they do not document any implemented faith-based SGBV prevention or response activities.

Table 3: Characteristics of the model texts

Literature type	No.	%
Manual	18	62%
Academic journal article	9	31%
Book	1	3%
Dissertation	1	3%

Year	No.	%
>2000	3	10%
2000 – 2004	3	10%
2005 – 2009	6	21%
2010 - 2015	9	31%
Not dated	8	28%

Type of SGBV ³³	No.	%
DV	18	62%
SGBV	6	21%
VAWG	3	10%
SV	2	7%

Faith ³⁷	No.	%
Christianity	19	66%
All faith	8	28%
Jewish	2	7%

Group to be implemented on ³⁴	No.	%
Faith leaders ³⁵	30	64%
Local faith community ³⁶	13	28%
Survivors	2	4%
Activists	1	2%
Perpetrators	1	2%

³³ Classified based on the terminology used by the authors of the text.

³⁴ Classified based on the terminology used by the authors of the text.

³⁵ Faith leaders consist of Church leaders/clergy/lay leaders as used in the texts.

³⁶ Local faith community consist of Faith community/congregants and church congregants as used in the texts.

³⁷ The faith group that the model targets.

As can arguably be expected, eighteen of the texts (62%) are manuals. Of the 29 texts, only three were created prior to 2000. The majority (66%) are designed for Christian faith communities. Thirty of the texts (64%) target faith leaders, while 28% (in some cases also) target the faith community in general.

Again, in terms of prevention and response activities, the model texts are fairly evenly divided between prevention models, response models, and models that combine both.

In terms of a specific focus, the majority (eighteen) of the texts describe models that focus on addressing domestic violence.

4.4 Reflecting on the literature: general trends

The table below summarises the 138 texts as a whole. The majority of the existing literature are academic, peer-reviewed journal articles (62%); has been published in the last ten years (59%); and are focused on the USA (59%), domestic violence (41%), and Christianity (69%).

Table 4: Characteristics of the texts in general

Literature type	No.	%
Academic journal article	85	62%
Research Report	22	16%
Manual	18	13%
Conference paper	4	3%
Chapter in a book	1	1%
Dissertation	2	1%
Book	1	1%
Workshop report	1	1%
Media article	2	1%
Educational pamphlet	2	1%

Year	No.	%
>2000	13	9%
2000 - 2004	26	19%
2005 - 2009	34	25%
2010 - 2015	47	34%
Not dated	18	13%

Location ³⁸	No.	%
USA	64	59%
Multiple ⁴⁰	18	17%
Democratic Republic of Congo	6	6%
South Africa	7	6%
Canada	3	3%
Liberia	3	3%
Burundi	2	2%
Rwanda	2	2%
Sweden	2	2%
United Kingdom	2	2%
Australia	1	1%
New Zealand	1	1%
Rajasthan	1	1%
Tanzania	1	1%
Israel	1	1%
England	1	1%
Kenya	1	1%
Uganda	1	1%

Type of SGBV ³⁹	No.	%
DV	56	41%
SV	27	20%
IPV	23	17%
SGBV	18	13%
VAWG	8	6%
Childhood sexual abuse	4	2%
Domestic abuse	3	2%
FGM	1	1%

Faith ⁴¹	No.	%
Christianity	95	69%
All faith	29	21%
Jewish	12	9%
Muslim	2	1%

³⁸ Country where the intervention is/was implemented.

³⁹ Classified based on the terminology used by the authors of the text.

⁴⁰ Intervention implemented in more than one country.

⁴¹ The faith group that the text focuses on.

Methodology	No.	%
Qualitative	55	50%
Interviews	27	25%
Focus group	21	19%
Case study	6	6%
Secondary data analysis	6	6%
Life histories	2	2%
Participant observation	1	1%
Quantitative	25	23%
Surveys	25	23%
Secondary data analysis	4	4%
Mixed methods	11	10%
Interviews	5	5%
Survey	4	4%
Focus groups	2	2%
Archival research	1	1%
Secondary data analysis	1	1%
Geo mapping	1	1%
None mentioned	18	17%

Reflecting on the literature discussed in this section leads one to make a number of conclusions regarding the documented evidence for faith-based involvement in SGBV prevention and response. Firstly, documented evidence is lacking. Only thirty-one texts could be found that describe or evaluate a faith-based SGBV intervention. However, the statements of the survey and KII participants make it clear that much more is actually being done by faith-based actors. At this stage it is unclear whether these activities are not being documented, or whether the documentation is not being properly disseminated.

In stating that there is a need for evidence, it is important to highlight that such evidence need not necessarily be independently conducted, rigorous evaluations following strict evaluation methodologies and protocols. While such studies are of course necessary, other forms of research can also contribute to building the evidence base. For example, formative research done by organisations themselves; descriptive studies that explain in-depth what is being done, why, with whom and by whom; and anecdotal evidence collected from intervention participants.

Three intervention texts that were included in this study arguably illustrate effectively how 'evidence' can be collected in different ways. The research report *A mapping of faith-based responses to violence against women and girls in the Asia-Pacific Region*, by Jo Kaybryn and Vijaya Nidadavolu (2012), maps the faith-based organisation in the Asia-Pacific region's responses to violence against women and girls (VAWG). The report details the activities of 58 FBOs, based on an online survey and in-depth interviews with selected agencies. The report does not evaluate the activities, nor does it provide an in-depth account of every organisation. However, it does provide an overview of the faith-based activities in the region (while at the same time acknowledging that these 58 organisations are only a small proportion of all of the FBOs addressing VAWG in the region). This report is useful as it gives a good indication and overview of faith-based activities in the region, and actually identifies the organisations that are involved. This is valuable information not only for documenting and illustrating faith-based VAWG response, but also for promoting future partnerships.

Another example of a possible way of collecting evidence of a faith-based intervention is that of Bowland et al (2012), *Evaluation of a spiritually focused intervention with older trauma survivors*. The article studies a spiritually-focused group intervention with older women survivors of SGBV. First it explains why the specific intervention was chosen, and briefly details what is done during each of the intervention's eleven sessions. Then it proceeds to describe the evaluation that was done of the

intervention (which was a randomized control study of 43 women survivors). The results of the evaluation is detailed, providing support for the effectiveness of spirituality-focused groups interventions with older, Christian women survivors. A study such as this one is a valuable as it provides academically-recognised, robust evidence for the positive impact of faith-based interventions, as well as recommendations on what works.

The third example is that of Elana Dorfman (2004), entitled *Ayelet Programme: Mentoring women leaving the cycle of violence*. This nine-page text describes the Ayelet programme, a project training volunteers to become mentors of women experiencing abuse. The text offers in-depth detail of how the programme works, of how volunteers are trained, how survivors are supported, of all the intervention activities, etc. The very detailed description gives an in-depth overview of the programme activities, the challenges they face and the successes they have had.

Thus, while the existing evidence is fairly limited, they provide good examples of the various ways in which organisations and researchers can contribute to the evidence base. Not all of these ways require extensive resources and technical know-how.

Another priority is that the evidence base should be more representative. The vast majority of the literature is based on Christian work done in the USA. This means that the available evidence focuses on issues and ways of intervention that is not always relevant to the Global South. Furthermore, the overwhelming majority of the texts are about Christian faith communities.

The lack of evidence might be the result of it being a relatively new field. Reflecting on when the texts included in this study were written, one realises that intentional faith involvement in SGBV prevention and response is an emerging field. Very few texts were written prior to 2000, and the vast majority was done in the last five years.

Much of the literature itself states the need for further research. It is notable that the need for research within two specific areas is highlighted. Firstly, many of the academic texts emphasise the need for context-specific research. There is an awareness that different cultural and religious contexts play a role in how SGBV is perceived, and thus should play a role in how interventions are structured. The faith sector is not as homogenous as one might suppose from the term. Even within the same faith group there are often vastly different positions towards the issues relevant to SGBV, particularly sexual and reproductive health and rights, women and girls' empowerment, and gender

equality. Thompson's (2001) study of Catholic clergy's responses to partner violence (PV), for example, states that: "In addition, further studies of the Catholic Church and partner violence should include subgroups of the population. Research should examine the Church's response in ethnic congregations, such as Italian or Spanish, and how it differs from mainstream Catholic Churches." That is why context-specific research is needed, so that programmes targeting SGBV can be context-appropriate.

Secondly, the literature calls for more research into spirituality and how it can assist in supporting and healing survivors (e.g. Fowler et al, 2006; Gillum et al, 2006; Watlington & Murphy, 2006). As will be discussed in more detail in the section on the challenges and opportunities of faith-based involvement in SGBV prevention and response, much of the status quo literature explores how spirituality is an important resource for SGBV survivors. However, how spirituality 'works', and how it can be leveraged to assist survivors, is not fully understood and needs more research.

From the existing evidence it is difficult to determine whether faith communities tend to focus on prevention or care. The existing evidence does not identify a particular area in which faith-based involvement is particularly present. However, the literature does show that the faith sector tends to focus mostly on faith leaders and survivors when it addresses SGBV. There is a marked absence of two groups. Firstly, faith-based involvement in SGBV appears to avoid SGBV perpetrators. Only one intervention, four status quo study, and one model focus on perpetrators. Secondly, marginalised groups other than women tend to be ignored. For example, there is only one text that refers to interventions with Lesbian, Gay, Bisexual, Transgender, Intersex (LGBTI) survivors and sexworkers, and none with male survivors.

From the literature it is clear that the faith sector prefers using a pedagogical model – for example trainings, workshops, seminars and classes – to address SGBV. This is discussed in more detail in the upcoming sections.

5. The state of the evidence

The survey and KII participants offer various reasons for the current state of the evidence for faith-based involvement in SGBV intervention and response. Much of faith-based work is not documented, funding for research is largely absent, and direct, focused faith involvement in SGBV prevention and response is relatively new. Possible ways of improving the evidence base includes partnering with academic and research institutions, rethinking the nature of evidence, and recognising the contribution that research on faith-based initiatives can make.

Reflecting on the evidence also led to participants highlighting that programme development needs to be approached differently. Currently faith groups often implement certain programmes in order to secure funding, and are often expected to almost immediately start delivering results. Yet careful study of the setting of the programme (including the relevant cultural beliefs and practices, the religious groups present and their beliefs, the different actors involved in SGBV prevention and response, etc.), should be the starting point of programme development, as local context, input and need should determine the nature of programming and the expected results.

However, funding is unfortunately an influential and often decisive factor in faith-based involvement in SGBV. The result is that faith-based intervention is often determined and driven by the donor's agenda, rather than by community realities and needs.

As the previous section has shown, there is literature that document the role of faith actors in addressing SGBV. However, as the previous section has also shown, this evidence base is limited. Only 31 texts could be identified that describe and/or evaluate a planned and implemented faith-based SGBV intervention. More textual evidence could be found of studies that empirically investigate faith in relation to SGBV. A number of models also exist, describing in a systematic way how faith-based prevention or response could be implemented. Nevertheless, the evidence base is small, and arguably not representative of faith-based response and intervention in general. This section will explore why this is the case, as well as possible ways in which this can be improved, *by reflecting on the survey and KII participants' discussions* of the evidence for the faith sector's involvement in SGBV intervention. As such this section's discussion relies heavily on the opinions and perspectives of those active within the faith sector (either as practitioners or researchers), rather than those that are part of the secular sector.

5.1 Reasons for the current situation

With the exception of one person, all of the KII participants argued that the evidence for faith-based SGBV prevention and response is lacking, little, or weak. They argued that there is a very real need for robust evidence for faith's role in SGBV response and prevention, and that high quality research is thus needed. Such research could play a key role in having non-faith actors recognise, acknowledge and understand the role and importance of faith groups in addressing SGBV, could show what works in terms of faith-based involvement in order to improve or scale-up existing programmes, and could support the design and implementation of multi-sectoral, holistic interventions .

The participants suggested a number of reasons for why the evidence base is so small. Firstly, much of faith-based SGBV work is not systematic and programmatic and thus not documented. Programmes are so small that the view is that they do not warrant programmatic research, as one KII participant explained: "The argument goes that this project is just too small to have an adequate timeframe (that is) required (for research) and certainly too small to make a contribution towards a wider study set."

Secondly, there is little funding for such research. Funding goes towards implementing programmes, and not towards doing the research needed for programme development, or for properly evaluating the programmes. Most donors at most fund research that tracks whether the funded activities are implemented. Thirdly, faith involvement that focuses specifically on SGBV prevention and response is a relatively new area. Thus there has not been time for programmes and interventions to have been properly researched, documented and disseminated. In the words of one of the KII participant: "The research and the articles are playing catch-up".

In terms of bettering the evidence base, the KII participants made a number of suggestions. The key way they propose is through partnering with academic and research institutions. As faith organisations and groups rarely have strong internal research capacity, and as independent research contributes to the validity of evidence, academic and/or research partners can be an excellent way of ensuring that good research and robust evidence is collected, and done in an ethical manner:

For research, we've gone with universities and academics, because they're the ones that know best. Also, more importantly, particularly with this issue it's about ensuring that the ethics are right, that it's ethically sound... Those ethical considerations and people sign

posted into the right areas. I think the worst case scenario would be just going and randomly going and asking questions with not really a clue about the impact of what those questions could mean for the individual and where you're leaving that individual.

One also needs to rethink what constitutes 'evidence' and for whom. Some of the participants argued that research is too much driven by the donor's agenda, and does not focus enough on collecting the data needed by the implementing partner and those working on the ground, for the benefit of those the programmes are supposed to be serving. Research is often simply an activity of collecting the evidence that is needed to ensure further funding, done in the way required by the donor, disregarding the needs and perspectives of those the programmes are serving:

...the simplistic endeavour of Monitoring and Evaluation and, you know, particularly when it is going through very Western models. I think that is evidence itself that we are not really interested in what people say. We are interested in what we do as agencies and then telling a good story. And I'm not saying that good things don't happen within that, but I'm saying that we are not interested in really asking what does it mean in this context when somebody reports this back to us, what is actually going on and how do we deal with this and how should this affect the way in which we tell the story of this work.

This points towards the need for a fundamental change in how faith groups and organisations see research. In all forms of research – formative, monitoring, evaluative, etc. – they need to meaningfully engage with the communities in which they work. It should not be viewed as something done in order to fulfil the donor's requirements, but as an inherent part of planning and implementing an intervention programme. Research should also be used by the faith group or organisation itself, and the community it is serving, and not just handed over to the donor. Furthermore, the research process should not stop at the collection of data and the writing of reports, but proceed to the active dissemination and implementation of the research findings:

We do need to learn – it's not just the research, it's also about how do you institutionalise the research that has been done. It is one thing to do research, quite another to get people to read it and getting people to act and programme on that.

5.2 Research and programme development

The key informants emphasised that robust research is needed not only to evaluate intervention programmes, but to improve existing programmes based on lessons learnt and good practices, as

well as to base new intervention programmes on.

All of the participants agree that SGBV programme development is not done rigorously. On the contrary, some of the participants even laughed when asked the question, explaining: “No! It’s ad hoc and arbitrary. It’s my opinion that someone wakes up in the night-time and goes: ‘Yeah! Let’s do this!’” What also often happens, to the detriment of the target communities, is that the same programmes are used, regardless of context. One participant argued that the faith sector has a “lack of imagination”, using the same programmes and models in different contexts, and are then surprised when it does not work. But as they do not take the time to properly understand the context prior to programme development and roll-out, it often means that the target communities do not respond to the intervention.

Participants argued that this ‘lack of imagination’ is due to various factors. Firstly, faith groups and organisations often implement certain kinds of programming, or are restricted in terms of what they can implement, in order to secure funding. In some cases this leads to a situation where faith actors are implementing the programming that the donor wants, and not necessarily what is actually required by the context. One participant – part of an organisation that funds both FBOs and local faith communities – admitted that they themselves at times enforce certain kinds of programming:

So we say that we stay beside the churches, but we only stay beside the churches as long as they are doing the work that makes sense to us and our donors over here. So we gently convince them that we are not going to fund particular programmes that they might think is a good idea. ‘There’s only a little amount of money, so it would be nicer if you for example did this’ – you know?

This is connected to the fact that faith groups and organisations are often under pressure to deliver results almost immediately. Thus they develop and implement the type of programming that can deliver tangible results within a short timeframe – however ineffective it might be in addressing SGBV in the long run.

Furthermore, one must keep in mind that faith organisations and communities are constantly challenged to find a balance between strategic long-term planning and meeting immediate needs. On the one hand they know that SGBV is an issue requiring strategic, long-term intervention. At the same time they are facing the immediate needs of communities and especially survivors. So while

they want to plan and be strategic in what they do, they also want and need to implement some sort of intervention as soon as possible. This is even more challenging for local faith communities.

Whereas FBOs tend to have structures and systems in place that promote and facilitate programme development, local faith communities usually do not. One KII participant explained this in relation to churches: “So how do you deal with a survivor needing help immediately and balance it with having well-structured and developed programmes to respond? The church operates different from development programmes. It is not a development programme, church is church...”

5.3 Funding

As the discussion on research and programme development has made clear, funding is a key issue in faith involvement in SGBV prevention and response. While participants were never directly asked to comment on funding and donor agendas, the discussion of global policy and strategies, as well as discussions on programmes and research, almost always elicited comments and discussion about funding.

As expected, many participants stated that funding is one of the main challenges and limitations to their organisations’ roll-out of SGBV programmes. Some donors, for various reasons, continue to refuse to fund faith-based intervention programmes. Furthermore, the funding climate also appears to be a determinant, if not the main determinant, of the type of SGBV programmes that are implemented. Firstly, some funders have very set ideas and expectations of what can work to prevent or respond to SGBV. For example (one offered by one of the survey participants), they expect a series of one-hour workshops with a select group of church members to bring sustainable change in an entire community. Many FBOs and faith groups are implementing projects that they know will only have limited success, but as these are the programmes that the funder require they do so: “Too often interventions come from outside- whether from overseas, driven by foreign donors, or from the leadership through an over-worked and resentful clergy to the people who are not consulted or regarded.”

Furthermore, the nature of funding also determines what can be done. Thus, while a long-term intervention is needed, often only short-term programmes are rolled out, as a KII participant explained:

Unfortunately funders do want quick fixes, so this is a big challenge. We need funding for sustained, long term and meaningful change. Even not long term but a seven-day training can

impact, but it is more costly than an hour session.

The result is that many FBOs seeking funding thus to an extent instrumentalise themselves. They become driven by the donors' agenda, rather than their own. In some cases, where funding was based on recipients being secular, this has led to some FBOs hiding their faith orientation, in order to secure funding. However, this issue of instrumentalising is not necessarily in terms of faith orientation. Faith actors can remain overtly and publically faith orientated, yet fall into the trap of serving the funder's agenda when they implement programmes, or focus on certain issues, or use certain approaches and methods, that the donor requires but they themselves do not think is most appropriate for the context. Of course, in this regard faith actors are not alone. Secular organisations involved in SGBV prevention and response, that are dependent on outside funding, are also at risk of falling into this trap.

6. Challenges and opportunities

SGBV and faith experts and the available literature tend to concur on the main challenges of faith-based involvement in SGBV prevention and response. One of the key challenges is the patriarchal nature of many faith groups and communities. Other challenges include faith communities' refusal to talk about sex and sex-related matters; a refusal to acknowledge that SGBV is happening in the community; the stigma and discrimination attached to SGBV and SGBV survivors; the fact that most faith leaders are usually already overworked, not trained on SGBV prevention or response, and feel ill-equipped to address SGBV; and that a faith community needs to be included at all of its hierarchical levels in order for interventions to be supported and implemented. Furthermore, faith communities tend to be hesitant to share and discuss their failures, which means that the same mistakes are being made repeatedly by different faith actors.

The literature and experts agree, though, that faith communities are present at grassroots level, all over the world, have existed for generations, are present before, during and after political unrest, and are insiders within the communities they serve. They are thus an integral part of a holistic response to SGBV, able to carry out long-term interventions that aim to impact the root causes of SGBV. Particularly faith leaders, as moral authorities within the community, have the potential to influence an entire community. However, to realise this potential of faith communities and faith leaders, the right leaders and leadership is needed within faith communities, as well as training and support for such leaders.

There are many challenges to and opportunities for faith involvement in SGBV prevention and response, and both the literature and the survey and KII participants reflected on these. This section discusses what these challenges and opportunities are, as identified by both the literature and the participants.

6.1 Challenges

In discussing the challenges to faith involvement in SGBV prevention and response, the survey and KII participants were eloquent. Firstly, one of the key challenges is the patriarchal nature of many faith groups and communities. Most of the faith leaders are male and their reading and interpretation of holy scriptures often carry a decidedly patriarchal bias. Many participants argue that it is because there is an interweaving and cross-contamination of religion and patriarchal culture. Thus religion, and the way faith leaders interpret and teach it, echoes the patriarchal

cultural ideas of male and female roles and power dynamics. This is especially true when it comes to many faith leaders' choice, interpretation and teaching of religious texts, which is often seen to be restrictive and conservative. The way it is done actually at times facilitates and justifies SGBV, for beliefs that justify and enable violence are preached and condoned. These include beliefs such as that wives should be submissive, and that women are the property of men. One survey respondent explained it as follows:

Misinterpretations of Biblical texts – a lot of times the frames of reference to justify violence or gender inequality is drawn from the Bible. Positive texts that promote gender equality are hardly referred to or preached about in sermons by religious leaders.

Faith leaders influence the entire faith community, and as such can influence an entire community with women-, survivor- and gender equality-intolerant conservative attitudes. In some instances faith leaders are not uniformly uninvolved, but limited in their willingness to address all forms of SGBV. For example, some faith leaders speak out against child sexual abuse, but refuse to say anything about IPV. This means that many faith communities only address some forms of SGBV, and are supportive spaces for only some types of survivors.

Secondly, participants argue that another great challenge is the fact that many faith communities see sex and any issues related to it, such as SGBV and sexual and reproductive health and rights (including practices such as emergency contraception, safe abortion and Post Exposure Prophylaxis [PEP] for Human Immuno-deficiency Virus [HIV] and sexually transmitted infections [STIs]), as taboo subjects. To preach about it – or even to just talk about it – is considered unacceptable. Addressing SGBV within and through faith communities is thus challenging, for one first has to deal with the refusal to even mention the topic. This refusal to mention or discuss SGBV often extends to the underlying causes of SGBV as well, such as patriarchy, power and gender inequality. Furthermore, the taboo in many cases has meant that anyone who has experienced SGBV becomes stigmatised. Survivors of SGBV are stigmatised for having experienced SGBV, and very often blamed and ostracised. One KII participant explained how this happens in some churches:

I think in parts of the world the church continues to be part of the problem. And the church still peddles conservative ideas about gender, about the position of women in society and so forth. They may well be the ones sometimes that are perpetuating stigma and shame, when they should be doing exactly the opposite.

A third major challenge, identified by participants, is that faith communities, and especially their leaders, refuse to believe or acknowledge that SGBV is happening within their communities. Either they refuse to believe that it is perpetrated by 'their own', or they see it as happening only rarely. Even when confronted with the statistics, many faith communities and their leaders refuse to see it as applicable to them. Thus it is difficult to convince faith leaders and groups about the urgent need to address SGBV.

A fourth major challenge is the fact that faith leaders – who are expected to drive such faith-based SGBV interventions – are often already very busy and overworked. This is true not only of faith leaders, but of faith communities as well. Faith community members might be over-mobilised and engaged in a number of issues, and simply do not have the capacity to address SGBV comprehensively. Not only do they have limited time and energy, but practical resources for addressing SGBV, such as money to transport survivors to clinics or hospitals, are often lacking.

Yet it remains important that all levels of the faith community hierarchy be involved in SGBV interventions. Participants explained that, in order for interventions to be effective, all levels of leadership within a faith community should be involved. One needs the top leadership to buy into the intervention, for they create the infrastructure and motivation. However, one needs grassroots-level lay leaders and members to also buy into the idea, for they are the ones driving the actual activities and are recognised as providers of spiritual and moral guidance in the communities which they serve. It is thus challenging, yet essential, that one has to engage with, and mobilise, an entire hierarchical structure within the faith community, in order to be effective. One KII participant's story of survivor support illustrates how interventions can be compromised if all levels of faith leadership are not involved:

I always think that you are going to need good leadership on your side – for protection, you know, to protect these voices. Because I've also seen examples of these (faith-based survivor) movements where... cross cultural dialogue work, particularly where western women are mobilising Indian women... to think differently about their identity and their power. And then they go back into their communities and their local priest kicks them out or shuts them down...

As this example also illustrates, the lack of engagement with SGBV – for whichever reason – has meant that faith communities are often not welcoming spaces for survivors. They find it difficult to approach the (usually) male leaders with such a gendered problem, and they do not get the acknowledgement, acceptance and support they need. Often the stigmatisation and discrimination is not overt, but nevertheless real because of the general insensitivity towards survivors and their needs.

With both the survey and the KIIs, the participants were asked about any faith-based programmes and interventions that failed. Not one programme or intervention was directly mentioned. Three participants commented on the fact that FBOS and faith groups/communities do not share their failures: “We really need to learn from our 'failed' experiences, but these tend to get hidden away (given the funding climates). We need FBO/NGOs to be brave and transparent and share lessons and experiences (good and bad).” Ironically, even these three did not share a concrete example of a failed programme or intervention.

However, while participants did not share concrete examples, they did reflect on the reasons for failure. This could indicate that they are aware of failed programmes and interventions, but are uncomfortable with ‘outing’ such projects. The participants indicated a number of reasons for why faith-based SGBV programming can fail. These are:

- Lack of community ownership and agenda-setting in the programme/intervention. Often the intervention/ programme is seen as a Faith-based Organisation (FBO) activity, and not as part of the life of the faith group/community. This can be a result of there not being theological and/or cultural sensitivity when the intervention/ programme was designed.
- Programmes/ interventions are not comprehensive enough, as the faith-focus limits the activities that the programme/ intervention may engage in (e.g. Catholic programmes cannot condone birth control, emergency contraception or safe abortion)
- Patriarchal structures inherently present within faith institutions
- Programmes/interventions are short-term, uses human rights language, and/or convey only information
- Faith leaders are not convinced that there actually is a problem
- Conflicts between the programme/intervention stakeholders, or the absence of an enabling environment as the programme/intervention does not have different stakeholders involved
- Lack of resources and expertise, and a general unwillingness to invest time voluntarily

- Lack of anonymity/privacy for survivors

Looking at the literature reviewed for this study, they echo what the survey and KII participants identified as the main challenges for faith involvement in SGBV prevention and response. A key issue that emerged, especially in the studies done with faith leaders, is that many faith leaders disbelieve the SGBV statistics and continue to deny that SGBV is happening (or at least happening to a large extent) within their own faith communities (e.g. Brade & Brent-Goodley, 2009; Neuger, 2002; Snow-Jones et al, 2005; Ware et al, 2003). This is not necessarily because leaders choose to ignore SGBV. Many of these leaders are simply woefully ignorant and uninformed of what is happening in their communities, or knowing about the nature and extent of SGBV in their communities has never been a priority for them. Another reason is that many faith leaders do not define some acts as SGBV. In other words, certain acts (for example wife beating) is seen as perfectly acceptable behaviour and not as SGBV.

Studies such as that of Behnke et al (2012) and Choi (2015) illustrate that faith leaders are willing to become involved in SGBV prevention and response once they become aware that it is an issue within their communities. However, these leaders then state that they are not equipped to deal with SGBV and that they need more training (e.g. Brade & Brent-Goodley, 2009; Horne & Levitt, 2003). The literature argues that considerable training and support of faith leaders will be necessary to enable them to engage with SGBV (Choi, 2015; DeHart, 2010; DeVoe et al, 2001; Gillum et al, 2006; IMA World Health, 2014; Pyles, 2007). In order for faith leaders to be effective agents in addressing SGBV, considerable training and support, including resources, are needed.

Thirdly, the literature confirms that religious teaching can be a serious hamper to positive SGBV response. Beliefs such as these that Phiri (2002) describes, are propagated in many faith communities. They not only hamper positive SGBV response, but actually facilitate SGBV perpetration:

Four Christian beliefs were identified that may promote abusive relationships. These were: the belief that God intends men to dominate and women to submit; the belief that women are morally inferior to men and do not trust their own judgment; the belief that suffering is a desirable quality for a Christian and women in particular have been chosen to be 'suffering servants' and the belief that all Christians are commanded by God to hurriedly forgive and be reconciled with those who sin against them (Phiri, 2002:21).

Such religious beliefs contribute to creating an environment that justifies SGBV and hamper survivors from seeking help and leaving abusive situations. Especially messages about submissiveness have been used to justify abuse (Levitt et al, 2008; Manetta et al, 2004). Furthermore, on the issue of divorce the beliefs espoused by faith leaders are often detrimental to the safety of those experiencing SGBV (Behnke et al, 2012; Levitt & Ware, 2006; Popescu et al, 2009). Many faith leaders see the sanctity of marriage and families staying together as the most important issue, more important than the mental and/or physical safety of an abused spouse.

The beliefs and attitudes of faith leaders and communities has meant that faith communities are often not supportive environments for survivors. For example, in Kwon and Doehring's (2004) study of Korean survivors of domestic violence, they found that although the survivors valued their spirituality for helping them deal with abuse, they experienced their faith communities as highly negative. This was also the case in Le Roux's research studies (2010, 2011, 2014) in the Democratic Republic of Congo (DRC), Rwanda, Burundi and Liberia, which revealed that survivors rarely experience their faith communities as supportive. While the literature is showing that faith communities have the potential to be supportive spaces, in actual fact they are often not.

However, it is not only faith leaders and faith communities that can foster beliefs and attitudes that facilitate SGBV, but also survivors themselves. While religion can be an important source of support and healing for a survivor, it can potentially be a major vulnerability and obstacle to emotional health and safety. Survivors often internalise patriarchal religious constructs of what it means to be a 'good' religious person, blaming themselves for the abuse they are/were subjected to and staying within abusive situations. The study by Hassouneh-Phillips (2003) of abused American Muslim women illustrates this:

Findings from this study suggest that, like women of other faiths, the spirituality of abused American Muslim women may exert both positive and negative influences, sometimes simultaneously. While many participants found strength in their relationship with *Allah*, others found their ability to resist abuse impaired by spiritual beliefs that promote passivity and compliance (Hassouneh-Phillips, 2003: 692).

6.2 Opportunities

Nevertheless, despite these challenges to positive faith involvement in SGBV prevention and response, survey and KII participants passionately argue that faith groups can be active and effective agents for prevention and response. In both the survey and KIIs, as well as the literature, it was clear that local faith communities and FBOs are seen as having tremendous potential for addressing SGBV, and that some local faith communities and FBOs have been able to realise that potential.

The survey and KII participants identified one of the key strengths of faith groups as being that they are present at grassroots level, everywhere and all over the world, and are respected insiders within the communities they serve. Thus, in having them address SGBV and introduce counter-cultural ways of seeing men and women, they are not ousted as 'outsiders' and ignored. They speak the language of the community, quite literally, but also in knowing which terms and issues are sensitive and stigmatised. Thus they know how to package and communicate the SGBV message – both in terms of prevention and response – without alienating the community. By being of the community, a faith group can impact and influence the entire community, for it is the community's own members who drive the intervention. This is coupled with the fact that faith leaders are seen as moral authorities, providers of spiritual guidance, and have legitimacy within communities. People thus expect them to guide their thinking, norms, and behaviour. A survey respondent stated the importance of local faith communities in SGBV prevention and response, arguing that their involvement is the only way to achieve the long-term change that is needed:

They have relationships and reputation already established in the community and are owned by the people. They also provide a more naturally participative platform and build in a community from the inside out versus bringing things from the outside into communities. The flexibility and freedom they have to choose their own agendas means there is space for members to be inspired toward action around SGBV. This facilitates movements that come 'from us' because 'this is OUR issue and we took action!'--this type of ownership is the only source of true sustainable cultural change in a community. To see systems and prolific cultural practices that allow and encourage SGBV change we need community champions that are willing to be and bring this change.

To prevent this potential from remaining unrealised, the survey and KII participants identified three elements that are critical to having faith groups start addressing SGBV.

Firstly, the greatest need is for the right kind of leadership within local faith communities. Such leaders are men and women who are willing to be counter-cultural (and possibly unpopular) critics of the status quo and willing to be champions for the prevention of and response to *all forms* of SGBV. Finding such leaders is of incredible importance and can be quite a challenge, a survey respondent explained:

One of the key challenges we've faced is in finding leaders who are willing to take a more progressive stance on issues related to violence. It has been easier to find leaders who are keen to talk about how rape and child sexual assault are wrong and not aligned with their teachings. However, on issues of intimate partner violence and mediation for these cases, the challenges are significant barriers to progress. For IPV, there is still a veil of silence, marked by a belief that this is a 'private family matter', the idea that beating one's wife is promoted in scripture, and the idea that families must remain intact regardless of any 'internal problems'. Thus, when religious leaders are the key voice in mediation work, the woman's rights and her desire for justice are not prioritised. We have seen the same challenge even in cases of rape and child sexual abuse, in which the victims themselves are (in the worst cases) blamed by religious leaders for tempting the perpetrator or pressured not to press charges or seek justice for the sake of family honour or reputation.

The second key issue, participants explained, is training and support for such leaders. For someone to become an activist that opposes SGBV, it means challenging and opposing the gender inequality and patriarchy within their own faith group, culture and society. To be able to do so, one's eyes have to first be opened to the injustices. Therefore critical, in-depth training is need. A key informant eloquently argued for the need for high-quality training, but how challenging it is to provide it:

Educate, educate, educate. As I've said, it can't just be an hour information session. It has to be in-depth training of key people with continued support in knowledge. Unfortunately funders do want quick fixes, so this is a big challenge. We need funding for sustained, long-term and meaningful change. Even not long-term, but a seven day training, can impact, but it is more costly than an hour session.

Thirdly, the survey and KII participants commented on the importance of FBOs in being a bridge between local faith communities and the global public sector. FBOs speak the 'language' of local faith communities, and are thus much more easily accepted and SGBV messaging embraced, than if

non-faith actors introduced it. At the same time, FBOs understand and speak the language of the global public, secular sector, and can thus explain to this sector the importance of mobilising and working with local faith communities. FBOs thus see themselves as being key to the mobilising of local faith communities for addressing SGBV:

They speak different languages, they (faith and secular NGOs) come from different backgrounds, for example, moral, theological imperatives and human rights and political imperatives. And both don't often adequately know how to reach out to understand each other's' languages. And this is where I think FBOs can play a key bridging role.

However, it is worth noting that all of the participants were part of an FBO or some form of large or global organisation. Therefore the voice of the local faith community is notably absent in explaining the relationship between local faith communities and FBOs.

In discussing the strengths and potential of faith groups, the literature tends to emphasise the same things. Firstly, it recognises the importance of faith actors for holistic SGBV prevention and response. Much of the academic, peer reviewed literature focuses, or has some focus, on spirituality as a unique and important resource, especially for survivors (e.g. Bent-Goodley & Fowler, 2006; Beaman-Hall & Nason-Clarke, 1997; Berkel et al, 2004; Bowland et al, 2012; Copel, 2008; De la Rosa et al, 2015). What is interesting to note is that many of these texts are not from religious disciplines, but rather from Social Work or Psychology. Thus disciplines that are not predisposed towards highlighting the importance of religious organisations and resources, do so through their identification of faith communities and actors as an important part of a holistic care programme for survivors. It is arguably telling that the existing literature reveals that 'secular' disciplines recognise the importance of faith involvement in SGBV prevention and response.

Secondly, the literature also finds that faith groups have a unique position and reach as insiders within their communities, which make them valuable agents for SGBV prevention and response. Faith leaders know the culture of the community and are aware of possible sensitive issues, and thus they can package SGBV interventions in community-appropriate ways (Behnke et al, 2012). The literature repeatedly states that faith communities should be part of a holistic prevention and response programme (Brade&Brent-Goodley, 2009; Fowler et al. 2006; Greene, 2001; Snow-Jones et al, 2005; Snow-Jones & Fowler, 2009).

This is connected to the importance of faith leaders. The literature illustrates that faith leaders are important, authoritative people and resources in local communities. Faith leaders have reach and influence within the community (Strickland et al, 1998) and can therefore be valuable champions for SGBV prevention and response. Survivors often disclose to their faith leaders first and religion can be an important resource for their healing process (Behnke et al, 2012; Bradley, 2010; Greene, 2001; Horne&Levitt, 2003; Pyles, 2007). This highlights the importance of faith leaders that are educated about SGBV and trained to do SGBV response and prevention. Yet, as discussed earlier, the unique nature, reach and influence of faith communities and leaders can only be utilised if faith leaders are trained and educated on SGBV (Brade & Brent-Goodley, 2009; Choi, 2015; DeVoe et al, 2001; Petersen, 2009).

7. Global networking and collaboration

In the eyes of the faith sector, global SGBV policies and strategies continue to be insufficiently geared towards the faith sector, which in turn means that the potential of the sector is not realised. Participants offered various possible explanations for this state of affairs: some hypothesise that it stems from policy makers, and the secular sector in general, not fully understanding the faith sector and the development interventions they implement; others state that policy makers approach religion and faith groups in an instrumentalising way; and another groups feels that policy makers see the faith sector as part of the SGBV problem, rather than part of the solution. However, the faith sector also contributes to it being side-lined. Some faith groups may find themselves excluded from global conversations because of a strict adherence to beliefs and practices that perpetuate gender inequality and SGBV, and the diverse faith sector does not speak with the unified voice that non-faith actors at times would prefer. Furthermore, there are hierarchies within the highly heterogeneous faith sector, which often results in the marginalisation of the voices of certain faith communities and leaders.

However, both the consulted SGBV and faith experts and the existing literature argue that inter- and intra-sector networking and collaboration is of vital importance to effective SGBV prevention and response. The secular sector should be willing to work with the faith sector, while the faith sector should share programmes and experiences with the non-faith sector and take advantage of what can be learnt from the broader group of activists and organisations working on SGBV prevention and response. The faith sector should also improve networking and collaboration within the sector itself, at all levels.

Much of the literature emphasises the importance of a holistic response to SGBV, and therefore recognises and emphasises the importance of faith actors. However, according the survey and KII participants, global public-sector SGBV strategies and policies do not always include or acknowledge the faith sector and its role and activities. Participants argued that global public-sector SGBV strategies and policies do not do enough to acknowledge and enable faith groups and communities. As one survey respondent bluntly stated: “Beyond any doubt key global strategies and policies on SGBV do not appropriately support, encourage and include faith groups.”

7.1 Global SGBV strategies and policies

While not all of the participants were as dismissive of attempts to include the faith sector in global policy and strategies, at best they argued that there has been some improvement in the last 10-15 years. One survey respondent's experiences aptly illustrates how things have changed:

It's getting better but nowhere near enough. There has been significant change over the last ten years in beginning to recognise and include faith in the response but there is still a long way to go before it is seen as the norm to include rather than seen as an outside special case. I remember being at the (major United Nations [UN] conference) and being lambasted as I spoke out on the importance of including faith in the response, as people threw accusations - rightly - that faith groups made it worse. Ten years later at (another major UN conference) faith groups were actively listened to and religious institutions were included in the agreed conclusions on preventing and ending violence against women. So the environment is changing but not fast enough...

This was the refrain from all of the participants, namely that policies and strategies continue to be insufficiently geared towards the faith sector. Various reasons for this state of affairs were suggested. The main one is that policy makers and the 'secular sector' in general, do not understand the faith sector and the unique role and contribution of faith groups and communities. Faith actors feel that there is a general religious illiteracy which has meant that, even when non-faith actors try to include the faith sector, they fail to do so properly. Participants argue that those designing the global strategies and policies do not put effort into learning about religious understanding and approaches, the complexities of religious attitudes and behaviours, the multiplicity of religions and religious traditions, or the key ways through which faith groups and communities can be important actors. A survey respondent explained the problem eloquently:

There remains a serious problem of religious literacy on the part of global policy makers. Whilst the re-appearance of 'religion' on the international policy agendas over the past 20 years is at least a step in the right direction, much must be done - by policy makers and FBOs alike - to recognise the complexity and diversity of what religion is and what it does, across and within multiple traditions, multiple contexts, multiple denominations. Until this caveat is breached, which is a global concern, strategies and policies will be unable to conceptualise and work with faith groups across many areas, including that of GBV.

The second key reason participants offer for why the faith sector is marginalised in global policies and strategies, is as the existing policies and strategies tend to approach religion and faith groups and communities in an instrumentalising way (at least in the eyes of the faith sector). In other words, many faith actors feel that the non-faith actors designing global policies and strategies employ and deploy faith groups and communities as a way of reaching their own ends, without fully understanding the faith sector or recognising faith input into how they (the faith sector) are portrayed and utilised in these strategies and policies. A survey respondent explained it as follows: “Faith leaders are ‘used’ because of their specific role in communities, but only to convey the required message of the relevant government or agency. They are not fully involved in the strategies and policies and their input is not valued or utilised.” Policy and strategies are rarely written in collaboration with faith actors, or there is mere token engagement. Some of the participants recognised that this is not only the fault of the secular sector, but that faith groups should be more proactive in demanding representation and engagement: “Governments also tend to bring us in at the last moment to rubberstamp what has been done so put the faith approval on... As FBOs we should also play an active role and not wait to be invited.”

This might be because policy makers still see religion as part of the problem, rather than as part of the solution. Especially in relation to SGBV, faith groups and communities have been and are key role players in perpetuating the beliefs and behaviours that lead to SGBV being committed and condoned. Nevertheless, faith groups and communities have the potential to also change these beliefs and behaviours, and there are examples of this being done. Participants feel that, nevertheless, many within the secular sector continue to see religion and faith groups as only a problem and not as a solution, or at least a potential solution:

Faith leaders and faith communities are often only viewed as part of the problem. Without denying the role that faith communities can play in perpetuating violence and abuse, only ‘problematizing’ the sector leads to resentment and defensiveness rather than collaboration.

Participants also explored the possible ways in which the faith sector itself is contributing to a situation where global policies and strategies do not (fully) recognise them. One reason is that many faith leaders, groups and communities are unable to engage with policies and strategies, as they do not have access to the required channels or cannot speak the required policy language. Thus, while they have much to contribute, they do not speak or are not listened to:

As we've tried to bring these groups together around issues of faith and women's human rights, we've found religious leaders often positioned in the defensive, without the experience to articulate in the language of international community, the powerful and important work they are doing.

Furthermore, the faith sector does not speak with a unified voice. Those within the faith sector argue that such a unified voice is impossible to achieve, as the faith sector is so diverse, and that the expectation of such a voice is a reflection of how policymakers simply do not understand the complexity and multiplicity of the faith sector. Nevertheless, the fact remains that in some cases the absence of a unified voice is contributing to faith groups not being represented and included in the making of global policies and strategies. This is connected to the fact that policy is often too broad and all-encompassing for faith groups to be able to engage with. For example, where SGBV policy claims rights and services for all survivors, including the Lesbian, Gay, Bisexual, Transgender, Intersex (LGBTI) community, faith groups that condemn the LGBTI community are unable to engage and comply. Thus, while faith groups can often be willing and key partners in the implementation of 95% of a policy or strategy, the fact that they clash with the remaining 5% of the policy or strategy means that they are side-lined. One of the KII participants explained it as follows:

As we've seen with HIV and Maternal and Child Health, there are always issues that faith leaders will be able to sign up to in part, and others where they would feel uncomfortable. For example, homosexuality and rights is a loaded issue and very often faith communities do not know how to sign up to discussions to the point where they agree, and to stop where they don't agree... But things can be so difficult to position, faith leaders don't know how to sign up to these issues.

One participant explained a useful way of handling this issue – both between faith and secular sectors, but also between different faith actors. They promote having open discussions about what the two (or more) parties agree and do not agree on in terms of beliefs and practices regarding SGBV and SGBV prevention and response. In the specific organisation's experience, there is also some form of overlap on what they do agree on, and what they can thus work together on.

At the same time one should be take note that faith leaders – and faith groups in general – are not a magic bullet. There are some issues relating to SGBV that faith leaders and groups will be unable to

address. For example, many faith communities cannot suggest abortion, even in the case of pregnancies due to rape. In such cases the goal should not be to try and convince faith leaders to promote practices that go against their religious principles, but rather to have them be willing to refer such cases to persons or institutions that can talk about and explain these practices. Faith leaders should be informed about the different referral pathways and be willing to use these.

It should be noted that the faith sector is in some ways guilty of the same sins it is accusing the secular sector of. Participants explained that, when the faith sector is given opportunity to speak on a global platform, it is constantly the same international faith leaders and FBOs being heard. Smaller faith groups, non-monotheistic traditions, or local faith communities are rarely represented. As one survey respondent explained:

(Having faith input at UN conferences) is good, but it tends to take the form of either canvassing the views of some kind of quasi-representative umbrella group, usually limited to male leaders living in the main cities, or of an even narrower group known personally to the UN staffer in the country, and thus even less representative. There is seldom any account taken of the voices of smaller religious groups, or of lay people, especially from inner cities or rural areas. This distorts the picture of faith communities and the appropriate strategies.

7.2 Networking and collaboration

The discussion of policies and strategies, and faith actors' views of the secular sector's response to the faith sector, elicited much discussion on the importance of collaboration and networking. Participants lament the lack of cooperation between the secular and faith sector, and within the faith sector itself.

In terms of collaboration between the faith sector and the secular sector, the preceding discussion has made it clear that the participants are of the opinion that there is not nearly enough collaboration between the two sectors. The participants – of whom the vast majority is from the faith sector – place the blame mostly on the secular sector, whom they accuse of not wanting to truly engage and work with the faith sector. However, this does not mean that there is *no* collaboration between secular and faith groups. Some of the participants could identify cross-sector collaboration. The fact that more and more UN agencies are starting to work with FBOs was highlighted by several participants, as was the recent United States Agency for International Development (USAID) funding for IMA World Health activities in the DRC.

In discussing collaboration, the participants also identified some of the ways in which it is the faith sector that is halting and/or limiting partnerships. Firstly, some faith groups, communities and organisations promote an exclusive approach, arguing that the faith sector is the *only* way to address SGBV:

I am not convinced that highlighting faith is that critical... ensuring inclusion, of course... but faith leaders and faith communities are also 'normal' leaders, individuals and communities ... they represent other constituencies, and live their lives in complex ways - I think we need to be cautious of promoting 'faith-exclusivity'.

Secondly, participants argued that faith groups should actively work to demystify faith and faith groups and communities. In this way the secular sector can develop a clearer understanding of what faith groups can and cannot do. Participants proposed that one way in which such 'demystifying' can happen is through conferencing. Faith sector representatives should be present at secular conferences, where they can represent the work they do and engage in working groups.

As the participants point to the absence of cross-sector collaboration, it is thus striking that the literature tends to emphasise the importance of such collaboration. Studies such as Brade & Brent-Goodley (2009), Giovanelli&Jackson (2013), Martin (1989), Pyles (2007), Ringel & Bina (2007), and Ringel & Park (2009), to name but a few, all call for a holistic response to SGBV, which in turn requires various organisations and representatives from faith and secular sectors, including civil society, the women's rights movement, networks of women living with HIV, men and boys organisations committed to gender equality, as well as government and state actors, the health and legal sectors, and uniformed personnel, to work together.

Participants not only called for the need for cross-sector collaboration, but also for the need for better networking and collaboration within the faith sector itself. Participants explained that collaborative partnerships contribute to better SGBV response and prevention, as they learn from each other and share resources, but also encourage each other and bring hope. Some of the participants argued that such networking is critical for the success of faith-based SGBV response and prevention:

If you really want to work with the faith leaders, then you're going to have to really to roll up your pants and get in the mud and deal with the dysfunction and the leadership gaps and the

resource gaps... We may have to build in monthly meetings for those county based clergy to get together and check in. Hey, how did it go, what have you been doing, what happened? ... I think there needs to be really structured mechanisms for network building. You could do international youth conferences of faith youth leaders engaged in this issue. There needs to be some arena for them to be in touch with each other, accountable to each other, learning from each other, otherwise I just think that they ... well, they'll still keep working, but I just think we could help them a little better than we are.

While one would expect participants to emphasise the practical benefits of inter-sector collaboration, it was interesting to find that many highlighted the emotional support that such collaboration brings. The mutual encouragement and support at a personal level is for many participants one of the key benefits of collaboration with other faith partners. Several participants mentioned the We Will Speak Out coalition as an example of such a collaboration which, aside from practical benefits such as the sharing of resources, also encourages and strengthens members to engage in SGBV response and prevention. Other coalitions that were mentioned were Restored, the SALT Initiative, Peace USA, Churches Together, and the Papua New Guinea (PNG) churches' partnership. Member support appears to be of such importance that one KII participant explained passionately how it needs to be increased within the coalition that she is part of:

I really think one of the most important things - and I'm kind of desperate for it to happen and I'll make it happen myself if I need to: (The coalition) needs to be a lot more active in terms of the support network for its members. It really needs to be meeting regularly and not just in the UK and US... We need to have an opportunity for all members to come together at least once a year and really work through some of these issues together, because everybody has different expertise. To me that whole support mechanism of (the coalition) is the next horizon for it... I can't even emphasise how strongly I feel about that... All I know is that I have no desire to be doing this (SGBV) programme in isolation of the other organisations that are working on this issue and that's how I feel right now. That is really what I want. That's what I'm really hoping (the coalition) will become. Almost like a support network.

Such faith sector networking needs to be at all levels: between local faith communities, different denominations, but also interfaith. Participants argued that networking and better collaboration should be possible, for almost all of the FBOs work through local faith community and faith organisation partnerships. Thus many of the international FBOs with wide reach already have strong

existing networks. On the other hand, local faith communities (such as churches) are often not as good at connecting with other faith communities and groups. Also, while FBOs can establish partnerships at higher levels, these networks do not always translated to partnership at a local level. Thus, while inter-sector networking and collaboration is of critical importance, it will be challenging.

8. Conclusions and Recommendations

Six key recommendations are made based on the findings from the scoping study: document activities; prioritise rigorous programme development; recognise faith leaders as key stakeholders; use multiple modalities, engaging multiple stakeholders, in interventions; actively seek out and develop networking and collaboration opportunities; and develop inclusive global policies and strategies. How these recommendations apply to three groups – local faith communities and FBOs, donors and policy makers, and academics and researchers – is detailed.

While the available literature on faith-based involvement in SGBV prevention and response is not extensive, those active within the field of faith and SGBV make it clear that much more is being done than what is currently being documented. This report was compiled based on the literature and discussions with many different faith and SGBV experts. In conclusion the main findings from the study are discussed, as well as the six key recommendations that have emerged, and how these can be addressed by local faith communities and FBOs, donors and policy makers, and academics and researchers.

8. 1 Document activities

What faith groups are doing to address SGBV is rarely being documented or evaluated. Thus there is scant evidence of their activities, in the existing evidence there are marked gaps, and certain issues and challenges in the practice of collecting evidence have been revealed. These need to be addressed.

Firstly, the evidence needs to be more representative. The activities of faith groups from all regions of the world, and from different faith groups, need to be documented. Secondly, one has to realise that academic, rigorous and/or independent research is simply not a possibility for all faith groups. Sometimes the intervention itself is too small and impromptu, or there are little resources. In such cases the aim should be to simply document the nature of the faith involvement in SGBV prevention and response. A description of what is being done, why, where, by whom and with whom would suffice. Such information will already create a much clearer picture of what the faith sector is doing in terms of SGBV prevention and response.

Nevertheless, where possible, independent evaluations, using academically rigorous methodologies, should be commissioned. Such studies tend to deliver more reliable results, and carry more weight

when conversing with non-faith actors. Especially longitudinal studies that look at the impact of faith-based intervention over a longer time period, can be very useful in leading to greater understanding of how faith-based actors can address SGBV in an impactful way and sustainably.

At the same time there needs to be a rethink of what 'evidence' and 'research' is and should be. At the moment it appears that much of the research that is being done, is done simply to appease donor demands and to provide proof that funded activities were actually implemented. However, different actors require different forms of evidence, and donors are not the only ones who matter. Those implementing interventions should be doing research for their internal processes of programme development and review. Evidence should be collected for and with the target communities, for them to understand the processes that they have been involved in and how it has affected their communities as a whole. Studies should be done to map the faith-based activities within an area, to better understand the gaps and enable collaboration between the different parties involved in SGBV prevention and response. And, of course, research is also needed to evaluate the quality of programmes, to 'prove' the impact of faith-based response and prevention to secular policy makers and donors, and to ensure that 'what works' is identified and also implemented elsewhere. These different target audiences respond to different forms of evidence, presented in different ways. For example, local communities might understand and respond better to stories told by community members, while donors want short reports detailing independently evaluated statistical impact scores. This highlights the need for different forms of research, providing different kinds of evidence. Formative research, anecdotal reviews, mapping studies, internal evaluations, ethnographic studies, retrospective descriptions: all of these are valuable and contribute to building the evidence base for faith-based SGBV prevention and response.

The fact that evidence can be for different audiences, means that faith groups need to plan their research agendas. Part of this planning is carefully deciding on which forms of research are most appropriate to their programming and purposes. At the moment there is very little variety in the research being done on faith-based involvement in SGBV prevention and response. For example, surveys and interviews are usually used, there are few long-term studies, and researchers are rarely involved from the start of a programme. However, in documenting faith-based interventions, one has to think, for example, about which methodologies best suit the nature of SGBV programming, is best able to investigate its impact, is affordable, and will deliver evidence in the format that is appropriate for the selected target audience(s).

One way of addressing many of the challenges mentioned here, is having faith actors apply the extensive list of possible indicators for GBV prevention and response, created by the secular sector, to their interventions. These indicators offer a way for comparing different programmes, can serve as guidelines for designing projects, and offer guidelines for evaluations. Arguably most importantly, though, applying these indicators can facilitate communication between secular and faith-based SGBV programming and actors.

Dissemination of evidence is also a challenge. The majority of the literature that formed part of this scoping study was found in academic journals. This indicates research of a certain standard, but on the other hand makes it inaccessible to many local faith communities. Those documenting faith involvement thus need to design a dissemination strategy, ensuring that various avenues of dissemination are used, and that the evidence reaches its intended target(s). Just as one needs to plan who the evidence is collected for, which in turn influences the type of evidence collected and how it is presented, one also has to plan how it can be disseminated appropriately.

Possible ways of assisting dissemination is through making it available in more than one language. Various virtual platforms can be used, such as organisations' websites, coalition websites, etc. Another possibility is creating an open-source electronic database which sole purpose is collating the evidence of faith involvement in SGBV prevention and response.

A key way of addressing all of these issues and challenges is by actively promoting and creating partnerships between local faith communities and FBOs that are involved in SGBV prevention and response, and academic and research institutions. Academic and research institutions have the theoretical and technical know-how to conduct robust research, but also develop research capacity within the communities and organisations themselves. Their expertise can assist local faith communities and FBOs in making the right decisions in terms of the required research and how it is to be disseminated. They can even help with the dissemination of the research. Thus such partnerships could result in more independent reviews of the faith sector's activities, development of in-house research capacity and understanding, as well as improved documentation and dissemination of the faith sector's involvement in SGBV prevention and response.

In the light of what was discussed above, the following recommendations are made for local faith communities and FBOs, policy makers and donors, and academics and researchers:

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

8.2 Prioritise rigorous programme development

Programme development is an area that faith groups and organisations appear not to prioritise. Programmes cannot simply be copied as is from other settings. One has to understand the nuances of the particular context, and of the specific culture and religion, and thus develop approaches that truly suit the community. To do so, research must be done prior to the development of programming, where local communities and faith leaders have to be consulted in order to ensure the appropriateness of, but also local input and buy-in into, the design, implementation, monitoring and evaluation, of programming.

To assist local faith communities in doing the needed research prior to implementation, a standardised set of questions that anyone planning an intervention should be asking, could be developed. While all interventions will not be based on extensive, independent research prior to

programme development, at least all interventions will then be based on some form of contextual research. At the same time programme developers should also look at existing programmes and models, in order to broaden their understanding of SGBV prevention and response and possible ways of intervention. This includes looking at what the secular world is doing to intervene, and what is working, especially since secular programming has generally been subjected to more rigorous impact evaluation.

One way of ensuring rigorous programme development, is through first piloting programmes on a small scale. By doing so the problems of a programme can be fixed, or a programme even scrapped, before a lot of money is invested in a programme that does not work.

As a general approach, it is advised that long-term programmes should be developed. Impactful SGBV programming brings change in fundamental beliefs and practices, and it is doubtful that such change can be achieved over a short time period. If limited funding is available, long-term programmes that target a smaller community (and thus cost less) should be developed.

Unfortunately, the fact remains that many faith groups and organisations are forced to implement the programming dictated by a funder, even when such programming is inappropriate. However, funders should be receptive to what practitioners propose in terms of programming. Especially if practitioners have the research to substantiate their understanding of the community and to motivate a particular form of programming, funders should encourage implementation of said programming. Funders should be careful not to enforce their own ideas of what programming should look like, and ignoring what context-appropriate programming should look like. This especially tends to happen in regards to the duration of programming, where funders tend to only fund short-term interventions, while practitioners know the need is for long-term intervention.

In light of this, the following recommendations are made:

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

8.3 Recognise faith leaders as key stakeholders

Faith leaders should be a key target group of SGBV intervention programming. Patriarchy and its resultant notions of gender inequality are arguably the biggest drivers of SGBV. In order to influence the fundamental societal norms, beliefs and practices that result from patriarchy, one needs people with influence and credibility to challenge the harmful norms and champion alternatives. Faith leaders are such people, and are important gatekeepers into a community. Faith networks and leaders also remain in communities over generations, despite social upheavals such as conflict and disaster, and are thus long-term partners. Furthermore, faith leaders often promote SGBV-conducive behaviours through the teaching of patriarchal interpretations of holy scriptures. Thus one should be working with faith leaders, to harness their influence and authority for SGBV prevention and response, but also to stop them from facilitating SGBV through their teachings. Lastly, local faith communities can be a valuable supportive space for survivors, and faith leaders can be important supportive individuals. In order to make sure that the faith community is in actual fact a supportive space, one has to work with faith leaders, for they determine how the faith community receives and attends to SGBV survivors.

Thus it is good that current faith-based involvement in SGBV prevention and response tends to focus on faith leaders. A key way of engaging with their harmful views on SGBV and gender, and

transforming these, is through engaging with holy scriptures. Faith leaders should be targeted for a lengthy period of time, and training should include follow-ups, mentoring and/or support. However, identifying the right leaders, training them, and continuing to mentor and support them is key to the success of interventions focused on working with faith leaders. Furthermore, to prevent interventions from being stifled or side-lined it is important to work with all levels of leadership within the faith community/group structure.

However, the fact remains that faith leaders and faith groups might have religious convictions that prohibit them from engaging in certain SGBV prevention or response activities. In such cases the aim should not necessarily be to convince them of the error of these beliefs, but to rather engender in them a willingness to use the appropriate referral pathways in such cases.

One must not define 'faith leader' too narrowly. These are not only the heads of faith communities. It is important to engage faith leaders that are not of the clerical class, as they often represent the status quo and can hinder change. Such 'alternative' faith leaders can, for example, be found within academia. With some faith groups, e.g. Muslims, academics are often the only ones who are able to develop and proclaim alternative voices. Muslim feminists and Muslim feminist academics can be important and influential partners in SGBV prevention and response in Islamic settings.

Taking into account the importance of faith leaders for SGBV prevention and response, the following recommendations are made for local faith communities and FBOs, policy makers and donors, and academics and researchers:

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

8.4 Use multiple modalities, engaging multiple stakeholders, in intervention

In faith-based involvement in SGBV prevention and response, training is a key tool. With the underlying causes of SGBV involving religious and cultural norms, beliefs and practices, training is an important and effective way of addressing SGBV. Faith leaders, especially, state that they feel ill-equipped to address SGBV and need more training to be able to do so.

It is important, however, that such training not consist of only information. Information is important, for people need to understand the problem and its impact. However, to address SGBV one has to address the underlying causal factors and thus work on the level of beliefs, norms and practices. Information alone cannot change these. Furthermore, one should be aware that addressing violence does not automatically mean that one is addressing the gender inequality beliefs underlying SGBV. Groups can be engaging in violence-preventative practices without in anyway promoting gender quality or empowering women. Interventions should take note of this, and take care to address SGBV by also addressing gender inequality.

At the same time training should not be the only intervention method. Research within the secular sector shows that SGBV interventions are most effective if they use more than one method of approach to address SGBV. Therefore faith groups and organisations should start thinking creatively about different, well-integrated combinations of intervention modalities that could work well. In developing and implementing interventions using multiple modalities, partnership with different

actors from different sectors (such as Departments of Health or Education, NGOs, civil society organisations, local media, etc.) is invaluable. Furthermore, SGBV prevention should also be integrated with other programmes that seek to impact other areas, such as income generation activities.

In terms of SGBV survivor care, existing evidence strongly points towards the importance of using spirituality as way of assisting and healing survivors. Interventions focusing on care for survivors should take note of this, and leverage spirituality more when working with survivors.

Lastly, faith groups appear to be targeting only certain vulnerable groups – women, and in a few cases, children – in their SGBV prevention and response activities. Other vulnerable groups, such as survivors from the LGBTI community, sex workers, or male SGBV survivors, are absent. There also appears to be very little work done with SGBV perpetrators. The faith sector should be thinking creatively of ways in which interventions can reach and assist other vulnerable groups and ensure that prevention is enacted in various ways. This could possibly include focusing programming so that it also targets youth in particular. At the moment there appears to be a marked absence of youth-focused SGBV programming within the faith sector. In this regard, linking with the educational sector is arguably of great importance. This sector in any case often finds its foundation in the religious sector.

In light of this, the following recommendations are made:

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

8.5 Actively seek out and develop networking and collaboration opportunities

This study has made it clear that everyone engaging in SGBV prevention and response needs some sort of like-minded support network of people who are engaging in the same activities and facing the same challenges. Such a network or coalition facilitates the sharing of resources, but also provides emotional support and encouragement. Thus networks at all levels of engagement – from grassroots activists to global FBO level – need to be formed and maintained. Such networks do exist at a global level, but need to prioritise the support of members. At local level more such networks need to be formed, and those mobilising and/or funding local level activities need to recognise and prioritise such networking.

However, collaboration within the faith sector is not all that is needed. Despite the value of the faith sector being increasingly recognised, there still appears to be a fundamental disconnect between the faith and secular sectors. While the secular sector is accused of instrumentalising faith actors, the faith sector can be said to have at times a ‘faith exclusivist’ approach, either by not working with secular organisations or by arguing that faith actors are the only ones that can effectively address SGBV. Yet SGBV requires a multi-sector, holistic response. What is thus required is that these two sectors actively work towards understanding each other better and partnering effectively.

There is much these two sectors can learn from one another. Networking can be as simple as communicating and attending the same conferences. Collaboration can include sharing of resources, but will hopefully progress to the forming of intervention partnerships. But for this to be possible, there has to be more and better dialogue between the secular and faith sector. The faith sector should not position itself as the only answer to SGBV, while the secular sector should not automatically dismiss the faith actors.

In order to promote networking and collaboration, for the improvement of SGBV prevention and response, the following recommendations are made:

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

8.6 Develop inclusive global policies and strategies

Faith actors feel strongly that they are not recognised enough within global SGBV policies and strategies. There has been some improvement in the last 20 years, but the faith sector continue to interpret their inclusion as being only token or instrumentalising. Furthermore, where faith groups are included in the development of policy and strategies, policy makers need to think carefully about whom they include in the discussions. Only including certain faith groups, and certain representatives from certain faith groups, means that only some perspectives and opinions are included. Especially in terms of SGBV, policy makers must ensure that they do not have only male faith representation, or representation of only conservative religious groups.

Furthermore, policy makers should be thinking carefully about how they can work with faith groups in terms of the implementation of SGBV policies and strategies. Should a faith group be unable to commit to a certain requirements of a policy or strategy, due to their dogmatic beliefs, is any and all collaboration with said faith group impossible? Policy makers should be grappling with how they can engage and work with faith groups, even if full collaboration on all issues is impossible, by identifying areas in which they are able to work together on.

In light of this, the following recommendations are made:

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

9. The way forward

This scoping study is only a first step in mapping the evidence for faith-based involvement in SGBV prevention and response. It has mapped some of the available literature on faith-based SGBV intervention, and has explored many of the issues and challenges surrounding it.

The next steps should make the net wider. More time should be made available for sourcing relevant literature. This literature should, firstly, include more languages, especially Arabic, so as to include more Islamic texts. Secondly, the world regions should be more evenly represented, which will arguably be possible if texts in languages other than English can be included. Thirdly, literature on a greater variety of faiths and faith groups should be sourced, which will arguably be possible if more languages and regions are included. Lastly, all types of SGBV should systematically be included.

In scoping literature on faith-based SGBV activities, this study has highlighted the importance of not only including academic and grey literature. The faith sector is not good at documenting its activities. Including organisational reports, internal evaluations, etc. allows a scoping study to create a much more accurate picture of faith-based activities and the available evidence.

The way forward should also include greater input from the secular sector. The experts used in the Consultation Step were overwhelmingly from the faith sector. It would be valuable to get input from the secular sector, especially on issues such as networking and collaboration.

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Appendix A: Survey design

Scoping study on the role of faith communities in prevention and response to sexual and gender-based violence: Implications for policy and practice

Main

Please click [here](#) for survey terms and definitions.

1 What is your gender?

Please choose **only one** of the following:

- Male
- Female

2 How would you describe the organisation / institution you currently work for? Please tick the most appropriate box:

Please choose **only one** of the following:

- Faith based organisation, religious non-governmental organisation, or faith group / community
- Secular non-governmental organisation
- Research / Academic Institution
- Government
- Other (please specify)

3 Are you involved in any of the following (please tick the relevant options):

Please choose **all** that apply:

- Conducting research on sexual and gender-based violence through engaging faith leaders/communities/FBOs
- Developing and implementing models / interventions meant to prevent sexual and gender-based violence, in collaboration with faith leaders/faith communities/FBOs
- Developing and implementing models/interventions of care for survivors of sexual and gender-based violence in collaboration with faith leaders/faith communities/FBOs
- Delivering services / care to survivors of sexual and gender-based violence
- Doing policy development and advocacy around prevention of sexual and gender-based violence
- Doing policy development and advocacy around services and care for survivors of sexual and gender-based violence
- Other – please specify:

4 Please select the countries in which you have worked on sexual and gender-based violence, or delivered sexual and gender-based violence programmes/models:

Please choose **all** that apply:

- Afghanistan
- Alaska
- Albania
- Algeria
- American Samoa
- Andorra
- Angola
- Anguilla
- Antigua and Barbuda
- Argentina
- Armenia
- Aruba
- Australia
- Austria
- Azerbaijan
- Bahamas
- Bahrain
- Baker Island
- Bangladesh
- Barbados
- Belarus
- Belgium
- Belize
- Benin
- Bermuda
- Bhutan
- Bolivia
- Bosnia and Herzegovina
- Botswana
- Bouvet Island
- Brazil
- British
- British Virgin Islands
- Brunei
- Bulgaria
- Burkina Faso
- Burundi
- Cambodia
- Cameroon
- Canada
- Cape Verde
- Cayman Islands
- Central African Republic
- Chad
- Chile
- China, People's Republic of
- Christmas Island
- Clipperton Island
- Cocos (Keeling) Islands
- Colombia
- Comoros
- Congo
- Cook Islands
- Costa Rica
- Côte d'Ivoire
- Croatia
- Cuba
- Cyprus
- Czech Republic
- Democratic Republic of Congo
- Denmark
- Djibouti
- Dominica
- Dominican Republic
- Ecuador
- Egypt
- El Salvador
- Equatorial Guinea
- Eritrea
- Estonia
- Ethiopia
- Falkland Islands
- Faroe Islands
- Fiji
- Finland
- France
- French Guiana
- French Polynesia
- French Southern Territories
- Gabon
- Gambia
- Georgia
- Germany
- Ghana
- Gibraltar
- Greece
- Greenland

- Grenada
- Guadeloupe
- Guam
- Guatemala
- Guernsey
- Guinea
- Guinea-Bissau
- Guyana
- Haiti
- Hawaii
- Heard Island and McDonald Islands
- Honduras
- Hong Kong
- Howland Island
- Hungary
- Iceland
- India
- Indian Ocean Territory
- Indonesia
- Iran
- Iraq
- Ireland
- Isle of Man
- Israel
- Italy
- Jamaica
- Japan
- Jarvis Island
- Jersey
- Johnston Atoll
- Jordan
- Kazakhstan
- Kenya
- Kingman Reef
- Kiribati
- Korea, Democratic People's Republic of
- Korea, Republic of
- Kosova
- Kuwait
- Kyrgyzstan
- Laos

- Latvia
- Lebanon

- Lesotho
- Liberia
- Libya
- Liechtenstein
- Lithuania
- Luxembourg
- Macau
- Macedonia
- Madagascar
- Malawi
- Malaysia
- Maldives
- Mali
- Malta
- Marshall Islands
- Martinique
- Mauritania
- Mauritius
- Mayotte
- Mexico
- Micronesia
- Midway Atoll
- Moldova
- Monaco
- Mongolia
- Montenegro
- Montserrat
- Morocco
- Mozambique
- Myanmar
- Namibia
- Nauru
- Navassa Island
- Nepal
- Netherlands
- Netherlands Antilles
- New Caledonia
- New Zealand
- Nicaragua
- Niger
- Nigeria
- Niue
- Norfolk Island
- Northern Mariana Islands

- Norway
- Oman
- Pakistan
- Palau
- Palestinian territories
- Palmyra Atoll
- Panama
- Papua New Guinea
- Paraguay
- Peru| Puerto Rico
- Philippines
- Pitcairn Islands
- Poland
- Portugal
- Qatar – Doha
- Réunion
- Romania
- Russia

- Rwanda
- Saint Barthelemy
- Saint Helena
- Saint Kitts and Nevis
- Saint Lucia
- Saint Martin
- Saint Pierre and Miquelon
- Saint Vincent and the Grenadines
- Samoa
- San Marino
- Sao Tome and Principe
- Saudi Arabia
- Senegal
- Serbia
- Seychelles
- Sierra Leone
- Singapore
- Slovakia
- Slovenia
- Solomon Islands
- Somalia
- South Africa
- South Georgia and the South Sandwich Islands
- South Sudan

- Spain
- Sri Lanka
- Sudan
- Suriname
- Swaziland
- Sweden
- Switzerland
- Syria
- Taiwan
- Tajikistan
- Tanzania
- Thailand
- Timor-Leste
- Togo
- Tokelau
- Tonga
- Trinidad and Tobago
- Tunisia
- Turkey
- Turkmenistan
- Turks and Caicos Islands
- Tuvalu
- Uganda
- Ukraine
- United Arab Emirates
- United Kingdom
- United States
- United States Virgin Islands
- Uruguay
- Uzbekistan
- Vanuatu
- Vatican City
- Venezuela
- Vietnam
- Wake Island
- Wallis and Futuna
- Western Sahara
- Yemen
- Zambia
- Zimbabwe

5 Please tick the faith groups that you predominantly work with:

Please choose **all** that apply:

- Buddhism
- Christianity
- Hinduism
- Islam
- Judaism
- Other – please specify :

6 Your work is predominantly:

Please choose **all** that apply:

- Prevention of sexual and gender-based violence
- Responding to sexual and gender-based violence

7 In your opinion, what are the opportunities in involving faith groups / communities in prevention and response to sexual and gender-based violence?

Please write your answer here:

8 If you collaborate with faith groups/communities or deliver sexual and gender-based violence programmes/services as a faith based organisation, what has been the key successes and/or strengths? (In answering this you can refer both to actual programmes, but also to general activities that faith groups/ faith communities appear to excel at)

Please write your answer here:

9 What in your experience has been key challenges and/or gaps in working with faith groups/ communities or working as a FBO delivering programmes / services for the prevention and response to sexual and gender-based violence? (Here you can discuss both actual programmes and the challenges they endured, but also what faith groups/ faith communities generally struggle with in preventing or responding to sexual and gender-based violence)

Please write your answer here:

10 Are you aware of any sexual and gender-based violence programmes or models delivered by a faith group/community or a faith-based organisations that did not work? What are the lessons from programmes that did not work?

Please write your answer here:

11 In your opinion, do key global strategies and policies on sexual and gender-based violence appropriately recognise and include faith groups/communities? Please motivate your answer.

Please write your answer here:

12 Can you please upload any documentation that you think might be of relevance for us in doing this research?

This may include material from published literature, grey literature, internal evaluations, case studies, model programmes, and models of collaboration programmes/ models or *any* other activities which involves the faith response in preventing and responding to sexual and gender-based violence. Please give a short description of each document that you upload, if possible.

Please upload at most 100 files

Kindly attach the aforementioned documents along with the survey

Thank you so much for taking the time to complete this survey. If you have any questions, please contact us at urdr@sun.ac.za

Submit your survey.

Thank you for completing this survey.

Appendix B: Key informant interview schedule

Scoping study on the role of faith communities in prevention and response to sexual and gender-based violence: Implications for policy and practice

Interview schedule: Key informant interviews

Questions:

1. How would you describe your organisation / institution?
2. What activities are you involved with?

Based on the answers in question 1 (and 2), the interviewee will enter **one of the three streams** of questions (the interviewer will confirm – where there is overlap, these will be integrated):

	Stream 1: Faith Based Organisations (including NGOs)	Stream 2: Researchers/Academics	Stream 3: Policy-makers
3	<p>Can you tell me about what your organisation does in terms of sexual and gender-based violence?</p> <p><i>Probes:</i></p> <ul style="list-style-type: none"> - How would you describe the programme? Prevention/response? - In which countries do you work? 	<p>Can you tell me about the sexual and gender-based violence -related research that you are doing, or have done in the past?</p> <p><i>Probes:</i></p> <ul style="list-style-type: none"> - How would you describe the programme? Prevention/response? - In which countries do you work? 	<p>Can you tell me about how your work addresses sexual and gender-based violence?</p> <p><i>Probes:</i></p> <ul style="list-style-type: none"> - How would you describe the work you do? Prevention/response? - In which countries do you work?
4	<p>In your opinion, what kind of sexual and gender-based violence programmes or aspects can be most successfully delivered by faith groups/FBOs?</p> <p><i>Probes:</i></p> <ul style="list-style-type: none"> - Probe for prevention/response; community focused/ survivor focused; campaigns or behaviour change etc. - What kind of programmes are most successful in preventing SGBV? - What programmes are most successful in responding to SGBV? 	<p>In the research that you've done, what kind of sexual and gender-based violence programmes do you find can be most successfully delivered by faith groups/FBOs?</p> <p><i>Probes:</i></p> <ul style="list-style-type: none"> - Probe for prevention/response; community focused/ survivor focused; campaigns or behaviour change etc. - What kind of programmes have you found are most successful in preventing SGBV? - What programmes are most successful in responding to SGBV? 	<p>In your opinion, what kind of sexual and gender-based violence programmes do you find can be most successfully delivered by faith groups/FBOs?</p> <p><i>Probes:</i></p> <ul style="list-style-type: none"> - Probe for prevention/response; community focused/ survivor focused; campaigns or behaviour change etc. - What kind of programmes have you found are most successful in preventing SGBV? - What programmes are most successful in responding to SGBV?

5	<p>In what ways do you directly involve faith communities where you work?</p> <p><i>Probes:</i></p> <ul style="list-style-type: none"> - What has worked? Can you name some successes? - What obstacles did you face? 	<p>How did you involve FBOs/faith groups and communities in your research?</p> <p><i>Probes:</i></p> <ul style="list-style-type: none"> - What has worked? Can you name some successes? - What obstacles did you face? 	<p>How did you involve FBOs/faith groups and communities in your work?</p> <p><i>Probes:</i></p> <ul style="list-style-type: none"> - What has worked? Can you name some successes? - What obstacles did you face?
6	<p>As an FBO, what are your unique strengths in addressing sexual and gender-based violence? And what are your weaknesses?</p> <p><i>Probes:</i></p> <ul style="list-style-type: none"> - How do you think weaknesses can be turned into strengths? - What do you think is needed to strengthen the faith response? 	<p>What do you perceive to be the strengths and weaknesses of faith groups/communities addressing sexual and gender-based violence – specifically when collaborating in research?</p> <p><i>Probes:</i></p> <ul style="list-style-type: none"> - Do you think these weaknesses can be turned into strengths? - How can the research field help strengthen the faith response? 	<p>What do you perceive to be the strengths and weaknesses of faith groups/communities addressing sexual and gender-based violence – specifically in the policy arena?</p> <p><i>Probes:</i></p> <ul style="list-style-type: none"> - Do you think these weaknesses can be turned into strengths? - How can the policy/advocacy field help strengthen the faith response?
7	<p>If you reflect on how FBOs generally develop their programme models, is it a rigorous process? Do they generally have enough knowledge and methodological strength?</p> <p><i>Probes:</i></p> <ul style="list-style-type: none"> - What do you perceive to be rigorous processes in developing/implementing programmes? - Do you think there is a need to up-skill those in the faith response? 	<p>If you reflect on how faith groups/communities generally develop their programme models, is it a rigorous process? Do they generally have enough knowledge and methodological strength?</p> <p><i>Probes:</i></p> <ul style="list-style-type: none"> - What is lacking in terms of knowledge/rigour? - Do you think there is a need to up-skill those in the faith response? In what ways? 	<p>If you reflect on how faith groups/communities generally develop their programme models, is it a rigorous process? Do they generally have enough knowledge and methodological strength?</p> <p><i>Probes:</i></p> <ul style="list-style-type: none"> - What is lacking in terms of knowledge/rigour? - Do you think there is a need to up-skill those in the faith response? In what ways?
8	<p>In your opinion, do FBOs do enough valid, robust research when planning their interventions, and in evaluating said interventions?</p> <p><i>Probes:</i></p>	<p>In your opinion, do faith groups/communities do enough valid, robust research when planning their interventions, and in evaluating said interventions?</p> <p><i>Probes:</i></p>	<p>In your opinion, do faith groups/communities do enough valid, robust research when planning their interventions, and in evaluating said interventions?</p> <p><i>Probes:</i></p>

	<p>Where are the weaknesses? How can the research base (esp in terms of evaluation) be made stronger? - What is lacking?</p>	<p>Where are the weaknesses? How can their research base (esp in terms of evaluation) be made stronger? - What is lacking?</p>	<p>- Where are the weaknesses? How can their research base be made stronger? - What is lacking? - How can they engage the policy field in a better way to communicate their programme findings?</p>
9	<p>How do you think key sexual and gender-based violence governmental, policy and research documentation recognise, help and/or hinder faith response?</p> <p><i>Probes:</i> - What would you like to see more of? - How should obstacles be addressed and overcome? - How can we use the positives to strengthen the faith response's visibility?</p>	<p>How do you think key sexual and gender-based violence governmental, policy and research documentation recognise, help and/or hinder faith response?</p> <p><i>Probes:</i> - What would you like to see more of? - How should obstacles be addressed and overcome? - How can we use the positives to strengthen the faith response's visibility?</p>	<p>How do you think key sexual and gender-based violence governmental, policy and research documentation recognise, help and/or hinder faith response?</p> <p><i>Probes:</i> - What would you like to see more of? - How should obstacles be addressed and overcome? - How can we use the positives to strengthen the faith response's visibility?</p>
10	<p>Can you refer me to any documentation that you think might be of relevance for us in doing this research?</p> <p>This may include material from published literature, grey literature, internal evaluations, case studies, model programmes, and models of collaboration programmes/ models or <i>any</i> other activities which involves the faith response in preventing and responding to sexual and gender-based violence.</p>	<p>Can you refer me to any documentation that you think might be of relevance for us in doing this research?</p> <p>This may include material from published literature, grey literature, internal evaluations, case studies, model programmes, and models of collaboration programmes/ models or <i>any</i> other activities which involves the faith response in preventing and responding to sexual and gender-based violence.</p>	<p>Can you refer me to any documentation that you think might be of relevance for us in doing this research?</p> <p>This may include material from published literature, grey literature, internal evaluations, case studies, model programmes, and models of collaboration programmes/ models or <i>any</i> other activities which involves the faith response in preventing and responding to sexual and gender-based violence.</p>