

**Strategies for Primary Prevention  
of Intimate Partner Violence Perpetration**  
*Introducing a prevention programme into church-based children's ministry settings*

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*NOTE: This paper does not make any comment on the spectrum of theological positions related to the potential roles for men and women in the church; the emphasis is on how churches can be instruments of change in preventing violence against women. Also, for the purposes of this paper, the biblical basis for the equal value and dignity of all persons (men and women) is assumed, as is the biblical basis supporting non-violent interpersonal relationships.*

## Strategies for Primary Prevention of Intimate Partner Violence Perpetration

### Introduction

A decade ago, the World Health Organization (WHO) presented the first World Report on Violence and Health (Krug, Dohlberg, Mercy, Zwi, & Lozano, 2002). The study revealed alarming statistics related to global violence, among them that up to 70% of women in some country contexts reported being a victim of intimate partner violence (Butchart, 2010). While there are many types of partner violence, violence of a man against his intimate female partner is the focus of this paper. The percentage of women reporting that they have been victims of intimate partner violence (IPV) varies between countries, with no country being immune. For example, according to the Peruvian government, 70% of murdered Peruvian women were killed by their partner (Linan, 2010). In addition, WHO statistics reveal that half of the women in Peru's capital city suffered violence at the hands of their partner, that one in five Peruvian girls is the victim of sexual abuse, and that in rural Peru, one in four women express that their first sexual encounter was not consensual (2012). In one cross sectional study, 67% of female participants from Sierra Leone reported being beaten by an intimate partner (Coker & Richter, 1998); and one quarter of women in South Africa (Pronyk et al., 2006) and in Serbia and Montenegro (WHO/London School of Tropical Medicine, 2010) reported intimate partner violence. While the statistics are startling, Peru, Sierra Leone, South Africa, and Serbia and Montenegro are taken only as examples. Examples from different continents throughout this document will show that the devastating impact of the epidemic is global.

Intimate partner violence occurs when violence is used in the course of a domestic conflict. These conflicts often arise amidst issues related to finances, jealousy, male privilege,

and women's gender role transgressions. Especially in societies where violence is a socially accepted norm, men in high-conflict relationships may resort to violence to resolve some crisis of male identity often related to poverty or an inability to control women (Jewkes, 2002). The WHO urges that the attitudes and actions which lead to intimate partner violence need to be changed; that “men and women can and must be convinced that partner violence is not an acceptable part of human relationships” (2005, p.32). While the statistics and health outcomes are severe, there are relatively simple, proven strategies to stop IPV from taking hold in people’s lives. Preventing intimate partner violence at its root sources will help stop this gender-based injustice and result in healthier individuals, families, and communities across the globe.

### **Definition of Intimate Partner Violence**

Violence among family members is termed domestic violence. Intimate partner violence (IPV) is a category of domestic violence. It has been suggested that there are two major categories of intimate partner violence, based on purpose, frequency, and severity. One type is referred to as “severe physical aggression” (O’Leary, 1993) or “patriarchal terrorism” (Johnson, 1995). Patriarchal terrorism is distinguished by the male controlling the female partner, the female living in fear of the male, and aggression that is likely to result in physical injury (Klosterman & Fals-Stewart, 2006). The second broad type of intimate partner violence is referred to as “common couple violence” (Johnson, 1995) or “mild physical aggression” (O’Leary, 1993). This second violence is usually mild to moderate bidirectional violence that is less likely to endanger the physical health of the partners, and less likely to be used as a form of control (Klosterman & Fals-Stewart, 2006). The WHO definition of intimate partner violence leans toward the “patriarchal terrorism” typology: “behaviour in an intimate relationship that causes physical, sexual or psychological harm, including physical aggression, sexual coercion, psychological abuse and controlling behaviours” (2010, p.18).

As women bear the vast majority of the ill-effects of partner violence, and men are usually the primary offenders (Krug et.al, 2002), for the purposes of this paper, the WHO definition applied to female victims and male perpetrators will form the basis of the discussion.

### **Personal and Community Health Consequences of IPV**

The United Nations has called violence against women “the most pervasive yet least recognized human rights abuse in the world. It is sustained by a culture of silence and denial of the seriousness of the health consequences of abuse” (Stevens, 2001). Intimate partner violence can result in serious short and long term physical, mental, sexual, and reproductive health problems for victims and for their children. The health consequences of this often overlooked abuse are numerous and can lead to a decrease in the victim’s quality of life and health status, and an increase in accessing medical services (Campbell et al., 2002). The WHO Media Centre lists the health consequences of IPV as the following (2012):

GENERAL HEALTH EFFECTS	GYNECOLOGICAL/ OBSTETRICAL EFFECTS	MENTAL HEALTH EFFECTS
Headaches	Unintended pregnancies	Depression
Back pain	Induced abortions	Post-traumatic stress
Abdominal pain	Sexually transmitted infections	Sleep difficulty
Fibromyalgia	Increased risk of stillbirth	Eating disorder
Gastro-intestinal disorders	Increased risk of miscarriage	Emotional distress
Limited mobility	Increased risk preterm delivery	Suicide attempt
Fatal and nonfatal injuries	Increased risk low birth weight	Substance abuse

Aside from the direct impact on the physical and mental health of female victims, intimate partner violence threatens the wellbeing of families and communities. Children who grow up in families with intimate partner violence are more likely to suffer ill-health

(including higher rates of mortality and morbidity), to develop behavioural and emotional disturbances, and are more likely to become perpetrators or victims of domestic violence as they grow older (WHO, 2005). The repercussions have ramifications throughout the woman's social and economic context also. She may become unable to work, thus losing wages, and may be unable to care well for herself or her children (WHO Media Centre, 2012). The costs of medical care related to the violence and its after-effects will also negatively impact her family's economic situation. There are high social and economic costs borne by communities in which intimate partner violence is prevalent. Violence is preventable, so with effective interventions these unjust personal and community health outcomes can be eliminated and replaced with healthy outcomes.

### **Literature Review for IPV Perpetration Determinants**

Intimate partner violence is caused and maintained by a web of simultaneously interacting forces. "Underdevelopment, lack of economic opportunities for both sexes, and entrenched inequalities in the distribution of power, resources, and responsibilities between men and women (gender inequalities) create a risk environment that supports high levels of intimate-partner violence" (Pronyk, et al., p.1). Martin D. Schwartz, who has studied interpersonal violence for over 25 years, concludes that "the most important research finding of the past two decades is that violence is gendered and can only be understood in the context of gender inequality" (2005, p.7). Domestic violence is often culturally sanctioned, and in many parts of the world there is a sense that it is an inevitable part of the social order. This culturally sanctioned attitude helps create the environment in which the injustice of IPV thrives.

**Determinant: Cultural Sanctioning of IPV**

A description of gender expectations in Bangladesh paints a picture of the type of gender inequality that leads to IPV in many developing world settings: “She is not supposed to have independent desires or goals of her own, nor make decisions, even in matters related to her own health and welfare” (Schuler, Hashemi, Riley, & Akhter, 1996, p.1730).

Justifications for violence in this setting include failure to meet a whole range of the husband’s expectations: his meal is not ready, she forgot a household chore, she doesn’t respond quickly enough, she talks back, she doesn’t obey the in-laws, she goes out without permission, she gives birth to a daughter, she points out the husband’s failure to provide for the family, and she incurs expenses (including personal health care costs) (Shuler et al., 1996). Similar examples of a man’s perceived right and expectation to exert power over a woman through violence can be found in published evidence from Brazil, China, Ghana, India, Nigeria, Pakistan, South Africa, and the United States (WHO 2010).

While IPV occurs in all social, economic, religious, and cultural groups, the WHO 2005 study on domestic violence finds that “the wide variations in prevalence and patterns of violence from country to country, and even more important, from setting to setting within countries, indicate that there is nothing “natural” or inevitable about it” (p. 22). For example, in the United States, IPV prevalence ranges from 46%-91% among American Indians and Alaska Natives compared to 7%-51% for non-native American women (Oetzel & Duran, 2004, p.51). Rather than lying in the realm of the natural or inevitable, the UN has concluded that the problem appears to stem from the ways in which boys and men are socialised (Stevens, 2001).

**Determinant: Gender Socialisation**

“It is generally accepted that early gender socialization is one of the most pertinent issues in early childhood, affecting both boys and girls... gender socialization is intertwined with the ethnic, cultural, and religious values of a given society” (UNICEF, 2007). Indeed, boys and girls in many settings around the world are wrongly socialised from their early days to believe that a man not only has a right, but a responsibility to discipline his wife through physical violence (Gunderson, 2002). There are two theories which dominate the etiologic origins of IPV as it relates to gender socialisation: social learning theory and feminist theory. Social learning theory postulates that violence is a learned behaviour, transmitted from older generations to younger ones. Children learn from prior experience that violence can be used to control and dominate another, and can be used in problem solving (Wekerle & Wolfe, 1999). The main IPV assumption related to feminist theory is that the violence occurs in the context of culturally sanctioned male dominance and female subservience, inequality, and devaluation (Rothman, Butchart, & Cerda, 2003).

Combining these theories leads to a theoretical conclusion that male violence against their intimate partner is a learned behaviour which has its early origins in the ways children are socialised into gender roles. There is considerable research documenting that men, regardless of class or ethnic group, who hold to more male dominant gender expectations are significantly more likely to engage in intimate partner violence than those who have moved away from those views (Santana, Raj, Decker, La Marche, & Silverman, 2006). For example, it was found in Bangladesh that men who view wife-beating as an acceptable practice are more than four times as likely to report recent violence against their wives than those who make no such claim (Johnson & Das, 2009). These unjust ideologies of gender inequality and

violence are major underlying determinants which can lead to men perpetrating violence against women (Abrahams, Jewkes, Laubsher, & Hoffman, 2006).

### **Other IPV Perpetration Determinants**

Other determinants for male perpetration of IPV include a low socioeconomic status, a low education level, and substance abuse. It is argued that lower socioeconomic status coupled with gender domination can create the stressful environment that fosters the expression of partner violence (Oetzel & Duran, 2004). It has also been suggested that “low income men, who may lack other sources of meaning and identity in their lives, use shows of force and violence as a way to gain prestige within their peer group” (Barker & Loewenstein, 1997, p.172). Substance abuse, alcohol in particular, has a strong correlation with IPV. However, it is unclear whether alcohol use is a proximal determinant which leads to a violent attack, or it is a more distal risk factor in which problem drinking impacts the relational stress between the partners (Wilkinson & Hamerschlag, 2005). When combined with a world view of gender inequality and acceptance of violence to deal with conflict, these determinants appear to foster the conditions in which IPV develops.

### **Literature Review for IPV Perpetration Interventions**

The Center for Disease Control and Prevention notes that there is still a lack of understanding of the social and developmental determinants that lead to IPV, but the Center also remains adamant that all forms of IPV are preventable (2011). Even without the identification of straightforward causative variables, it is imperative that efforts be redoubled to protect women around the world from the brutal physical and mental health consequences of this type of violence, for their sake and for the wellbeing of their communities. The literature search shows considerably less public health emphasis is placed on perpetration

prevention than on victimisation. Even the landmark study on Women's Health and Domestic Violence Against Women, that included interviews with 24,000 victims of domestic violence globally, did not follow through with the planned interviews of male perpetrators due to logistical and financial constraints (WHO, 2005). Fundamentally, intimate partner violence involves the actions and attitudes of at least two people, usually a man and a woman, so both the perpetrator and the victim merit equal compassion and concern in the development of effective interventions.

### **Individual and Interpersonal Level Interventions**

Individual and interpersonal level IPV perpetration interventions are actively implemented in different countries and cultural contexts throughout the world. The interventions on these levels include programmes in which men or boys are offered opportunities to learn how to better control impulses and decrease aggression, are provided with employment and/or higher levels of education, participate in life training programs where positive relationship skills are developed, eliminate harmful use of alcohol and other substances, reorient their beliefs in strict gender roles, and redress their desire for control, power, and privilege. The evidence is clear that poverty and low education levels are the key demographic determinants linked to intimate partner violence (Jewkes, 2002). Given the strength of this connection, it is assumed that education and employment might help mitigate incidences of IPV brought on by household finance-related conflicts. While this makes sense intuitively, there is a lack of evidence-based research to substantiate this assumption. Likewise, there are no primary prevention studies linking the mitigation of substance abuse to decreased incidences of IPV. Regardless, many individual and interpersonal level prevention programmes still flourish and operate with ample success stories.

## **Community and Societal Level Interventions**

The interventions at community and societal levels which strategically aim to dismantle the inequitable norms that support gender-based violence include: integrating gender equality into school and other community settings, efforts to decrease poverty and unemployment, public information campaigns to reduce the acceptance of domestic violence, domestic violence being deemed a criminal offense, and developing an understanding of the domestic partner violence crisis at a governmental level. Similar to interventions on individual and interpersonal levels, there is little scientific evidence to verify the effectiveness of many community level perpetrator-based IPV interventions. However, the lack of scientific evidence does not signify a lack of successful efforts; it simply reflects a lack of a systematic evaluation of intervention outcomes.

In the whole landscape of strategies to reduce IPV perpetration, only one intervention has a robust scientific backing: the use of gender equality and anti-violence curricula with children. This strategy addresses gender and violence socialisation, two key determinants leading to IPV perpetration. This socialisation-based intervention will be the focus of discussion in this paper, specifically in discovering how it can be successfully implemented in existing church-based children's programmes.

Primary prevention measures which focus on the socialisation of children concentrate their efforts on educating boys and girls to have different expectations about relationships, and on developing the skills necessary for healthy relationships. "Prevention programs based on social learning theory could address relationship skill deficits and provide opportunities for 'corrective' learning experiences by facilitating experiences with appropriate role models" (Wekerle & Wolfe, 1999). A number of completed and in-progress socialisation-based IPV prevention programmes are actively adding to the evidence base which establishes the

intentional socialisation of children as a valid strategy to prevent intimate partner violence perpetration. Promoting gender equality and non-violence in the socialisation norms of boys and girls can protect them from the harmful physical and mental effects of violence in their future intimate relationships.

### **Socialisation interventions among children as proven IPV Prevention Strategy**

In 2010, the WHO identified only one specific IPV primary prevention strategy with sufficient scientific evidence to support its effectiveness: school-based programmes to prevent violence within dating relationships. The WHO recommendation of school-based IPV primary prevention programmes rests on proof related to three programmes carried out with North American adolescents (who live in a cultural context in which marriage takes place in adulthood and in which dating violence can be considered a form of or precursor to intimate partner violence). The three well-studied programmes are the *Youth Relationship Project* (Wolfe et al., 2003), the *Safe Dates Project* (Foshee et al., 2005), and *The Fourth R: Skills for Youth Relationships* (Wolfe et al., 2009). The evaluation of these randomised control trials all showed a decrease in the expected incidents of physical and emotional abuse in teen dating relationships among the intervention groups compared to the control groups. Given that adolescent violence is not yet set into adult patterns, it is assumed that adolescence presents a key developmental stage in which the trajectory of violence can be prevented and replaced with nonviolent alternatives (Wekerle and Wolfe, 1999).

While these studies are important to the IPV prevention body of knowledge, they do have significant limitations as global health interventions. The maximum time period of follow-up for these studies was four years, so the violence prevention affects cannot be assumed to extend into adulthood. Also, as these studies apply to the youth population of two higher income countries on the same continent (USA and Canada), the techniques employed

may be of limited use in lower income country contexts, especially where secondary education is not a given, where dating is not a part of the cultural norm, where marriage may occur at a younger age, and where there are different gender and violence norms.

New evidence has recently emerged from non-dating and non-Western settings which corroborates the evidence that socialisation-based interventions among children are effective IPV primary prevention strategies. There are four significant emerging studies; of these, three are in process and one has been published. The three studies in process are under the umbrella of Futures Without Violence (2012). Two of these are the *Coaching Boys into Men* programme (one in the U.S. and one in India) which “equips athletic coaches with strategies, scenarios, and resources needed to build attitudes and behaviors (in the boys on their teams) that prevent relationship abuse, harassment, and sexual assault”. Another Futures Without Violence study aims to create, evaluate, and identify best practice in IPV prevention programmes aimed at 11-14 year olds in the U.S. The preliminary information on the website (2012) suggests that the Futures Without Violence educational interventions lead to a statistically significant degree of change, at least in terms of “intentions to intervene and trends in the positive direction for knowledge about abusive behaviors and gender attitudes.”

The effectiveness of positive role models in re-socialising boys (the emphasis of the *Coaching Boys into Men* study) resonates with qualitative research conducted among low income young men in Rio de Janeiro. In this study, most males interviewed regarded violence against women as an acceptable behaviour. However, there were a minority of males in the study group who did not agree with their peers’ attitudes. It was found that these young men had at least one relationship with a role model who promoted and modelled alternate gender role expectations (Barker & Lowenstein, 1997). Even though a boy’s earliest socialisation

may have led him to view violence toward women as acceptable, key adults in their lives were able to reverse that socialisation.

The one newly published study on gender socialisation as an IPV intervention that is currently available is from the International Center for Research on Women (ICRW) (none of the Futures Without Violence study results are yet available to the public). This study is ICRW's evaluation of the effectiveness of the Gender Equality Movement in Schools (GEMS) which was carried out in India. "GEMS promotes gender equality by encouraging equal relationships between girls and boys, examining the social norms that define men's and women's roles, and questioning the use of violence" (Achyut, Bhatla, Khandekar, Maitra, & Verma, 2011, p.1). The results of the intervention point to a decrease in gender-based violence among the students after the programme, and it is assumed that this will lead to a decrease in future intimate partner violence among those who participated in the curriculum.

### **Discussion**

As boys and girls grow, they are socialised to understand and comply with their culture's expected expressions of masculinity and femininity. At times this gender socialisation inadvertently leads to negative health and wellbeing outcomes, and can open the door for intimate partner violence. One critical piece of the IPV intervention spectrum is to address (and change) the way boys and girls are socialised into believing that gender inequality is an acceptable norm and that violence against women is an acceptable behaviour. It has been established that the GEMS gender equality and anti-violence curriculum is an effective, evidence-based intervention that addresses these concerns. The driving purpose of GEMS is to improve gender understanding and relationship dynamics as a means to better the lives of boys and girls, and to prevent relationship-based violence. GEMS casts a broad intervention strategy by addressing the cultural determinants that allow IPV perpetration and

victimisation to flourish and seeks to thwart these by establishing appropriate relationship dynamics from childhood. The scientifically rigorous GEMS study is of great value as it indicates that socialisation-based IPV prevention measures are effective outside of high income countries, that they are effective outside of the context of dating relationships, that they are effective with younger people, and that they are effectively implemented in the context of existing children's programmes. For these reasons, GEMS is well suited to serve as a guide for implementing gender equality and anti-violence curricula in existing church-based children's programmes. Involving churches around the world in contextualising a GEMS-type curriculum into their existing children's work can be an exciting and valuable measure to help decrease future intimate partner violence among the children who participate in the programmes.

### **GEMS curriculum**

The original GEMS curriculum was implemented over a two year period in a formal classroom setting in India. While a culturally adapted version would be used in different local church settings globally, the lessons covered would be the same as in the original curriculum. The GEMS facilitators work from a training manual (ICRW, 2011) which provides both conceptual overviews and step by step instructions for teaching each lesson. The children each have a workbook (ICRW, 2009) in which they work through their thoughts independently, and then have the option to share these in group discussions. The first year lessons focus on understanding gender (including division of labour, stereotypes, and patriarchy), the body and hygiene, gender-based violence, and the cycle of violence. The primary goals in the first year are to help children understand that boys and girls should be treated equally, and that there is no room for violence in relationships of equals. The second year modules include a focus on gender-based privileges and restrictions, gender and power,

healthy relationships, managing emotions, violence, and conflict management. There are a total of twenty-five lessons led by the facilitators, and each is designed to last approximately 45 minutes. The group lessons are intended to be participatory and include role playing, games, and discussions.

The ICRW gives permission for their GEMS material to be reproduced in full or in part, provided appropriate credit is given and that it is not used for commercial purposes (2011). While GEMS was designed with Indian children in mind, the nature of the curriculum lends itself to contextual adaptation for cultural settings outside of India-- with the exception of just a few word choices, examples, and illustrations, the material strives to present the concepts in a simple, almost culture-free, form. The few India-specific cultural references can easily be replaced with relatable illustrations or stories about gender and violence from any other culture. Any setting in which boys and girls interact on a regular basis and in which their understanding of the world is being shaped, including church programmes, is a potentially good venue for the implementation of a curriculum based on GEMS. Around the world, church programmes are often already attentive to children's physical, social, educational, and spiritual needs. Churches are well placed to become community centres of socialisation-based IPV prevention.

Possibly the greatest facilitating factor in developing and implementing the socialisation-based IPV intervention in the church setting is that it would take place in the context of pre-existing children's programmes (which already include the setting, facilitators, and children). The facilitators will already have experience in working with these specific children; the children are already attending these sessions; and the children and their parents know the facilitators and have built relationships of trust with them—the parents trust the facilitators to invest in the continued personal development of their children.

In these settings it would be natural for the children's workers to help the children develop a healthier understanding of gender roles and violence prevention. The challenge lies in that just because the churches are well placed does not mean they are well equipped. For years international church networks have given intellectual assent to promoting gender equality, yet there is often little evidence of change away from the harmful norms of the prevailing culture. Implementing an adapted GEMS curriculum is one practical step that churches can take to meaningfully improve the wellbeing and future relationships of the children involved in their programmes.

A person approved to work with children in their local church in any cultural setting can lead their church in becoming an IPV prevention centre. This leader can fully implement a gender equality and anti-violence curriculum through ten simple steps:

1. Acquire and read the GEMS manual and workbook ([www.icrw.org/publications/gems-training-manual-facilitators](http://www.icrw.org/publications/gems-training-manual-facilitators) and <http://www.icrw.org/publications/my-gems-diary>).
2. Secure permission from church authorities to implement the curriculum in the church's existing children's programmes (this involves just replacing one regularly-scheduled activity each month with 45 minutes of gender equality and anti-violence activities).
3. Fully integrate a corresponding biblical theme to accompany each lesson.
4. Translate the material and contextualise the illustrations and examples to fit local culture (credit GEMS as the source of the material; indicate what is their work and what is not).
5. Discuss the motivation, goals, and content of the material with parents who already send their children to the church programmes.
6. Recruit (if necessary) and train the team of group facilitators.
7. Host a launch celebration; invite parents, children, church attenders, and other members of the community. Use this opportunity to garner wider community participation.
8. Implement the curriculum lessons once each month for two years.

9. Follow up with the children to assess changes in attitudes and behaviour as a result of the intervention
10. Modify the implementation approach according to the evaluation results.

### **Adapting GEMS for existing church-based children's programmes**

To make the existing GEMS school-based programme appropriate for a specific church setting, a few adaptations will need to be made. The primary change to contextualise the school-based material to the church setting is to fully integrate the biblical values that support gender equality and non-violence in interpersonal conflicts into the existing materials. The GEMS curriculum is not designed with any particular faith group in mind, but the material is compatible with a Christian ethic. A Bible passage or theme that lays the Christian foundation and highlights the congruency between biblical teaching and the GEMS material should form the basis for each lesson's discussion.

The manual and children's workbook will need to be translated into the local language, and the accompanying illustrations will need to reflect local ethnicities, buildings, and behaviours (again, credit must be given to GEMS for what is their work). For example, the original GEMS material features images of bare feet and children playing cricket in India, whereas black shoes and football/soccer would be more appropriate in a workbook for Ecuadorian children. It is best that a local artist draw pictures that reflect the local culture to accompany the text. The adapted curriculum will need a locally meaningful name or acronym. The content of the GEMS material is excellent and has proven to be effective, so with the exception of changing specific culturally-based images or words, the remaining lesson content should remain the same. Asking a variety of local women and men from different backgrounds to review the language and images or the adapted material for cultural

appropriateness will ensure that the gender equality and anti-violence curriculum communicates in the most effective and culturally appropriate way possible.

### **Addressing the challenges to curriculum implementation in a church-based setting**

Once the curriculum is contextualised, rolling out a gender equality and violence prevention curriculum in the church setting will require consideration of the various ways in which children's church programmes differ from or are similar to the children's school programme for which GEMS was designed. Just as with the school intervention, the governing authorities in the church will need to give their approval to the implementation. Without the pastor's overt support, a church-based intervention is highly unlikely to succeed or even to be initiated. Especially in the high power distance cultures of the world, other church leaders (including the children's ministry facilitators) and church members will be more likely to embrace the GEMS-like intervention measure if it already has the pastor's approval. Also, because church programmes are voluntary (unlike schools), parents will need to be informed that their children will be participating in a gender equality and anti-violence programme once each month as part of their regular church programme.

In talking with the parents, the intervention should be linked as a solution to the IPV epidemic that affects the children, their families and their community. The leader should communicate key facts about IPV, including the prevalence in the community, the devastating health consequences, the economic burden, and the biblical mandate to right societal wrongs. It is important that the intervention be explained in a non-threatening manner, particularly to make sure that adults who have been perpetrators or victims do not feel targeted. When parents understand the spiritual, medical, social, and economic motivations behind the policy for the IPV intervention, they should be enthusiastic about

sending their children to participate, and perhaps even become involved in making life changes themselves.

Aside from the challenges and constraints inherent in the existing gender roles in the local culture, perhaps the most significant challenge in implementing a gender equality and IPV prevention strategy in church-based children's programmes may be the church itself. Domestic violence is often a taboo subject in the general culture and this extends to the church milieu. To avoid a church scandal and the tarnished reputation of the perpetrator, or even to avoid bringing shame to the name of Christ, victims of IPV may be effectively silenced by cultural expectations within the church, just as they are outside the church. Bringing a gender equality and IPV prevention curriculum to children's programmes in the local church requires the church leadership to deal openly and honestly with the harsh realities of domestic violence. Some will be enthusiastic about using the GEMS-based curriculum as an opportunity to engage in righting this societal wrong and improving the health status and relationships of their congregation, but others may erroneously question the intervention's foundational assumptions about gender equality.

Admittedly, when it comes to discussing gender dynamics in some church settings, there will be those who are not convinced of the merits of gender equality. There may even be men and women who think gender inequality and partner violence are the natural order of things. The leader must recognise that the gender equality and anti-violence curriculum intervention genuinely provokes a fear response in people (men and women) as it intentionally seeks to disturb the long-standing power distribution between marginalized females and privileged males. The leader who implements the programme must be willing to hear these concerns, to acknowledge that boys who embrace gender equality will lose a status of privilege over women, and to further explain the merits, community benefits, and biblical basis of gender equality. The degree of the power distance in each implementation setting

will be culture specific, as will the means to address these genuine concerns. In order to address this potential challenge to the public health intervention, the church-based intervention leader will need to be compassionate, patient, highly conversant in biblical support for gender equality, and determined to press on rather than keep the peace of the status quo.

### **Implementing the adapted GEMS in existing church-based children's programmes**

Once the curriculum has been acquired, translated, and contextualised for the church and the local culture, the local church authorities are on board, and parents are ready for their children to add gender equality and anti-violence learning to their regular church-based programmes, then the leader is ready to implement the IPV intervention! The leader will need to consider some of the details related to developing the team of facilitators, the launch of the programme, and most importantly, how to effectively engage the children in becoming people who value gender equality and non-violent conflict resolution.

The make-up of the programme facilitators will vary from setting to setting. The intervention leader will determine how many male and female facilitators are needed based on the size and makeup of the expected group of children. It may be that the group of children is small enough that only one primary leader and one occasional facilitator of the opposite sex (to lead same-sex discussion groups) is necessary, or it may be that several facilitators are required. Ideally, the facilitators will be the people who are already leading the church's existing children's work. They are the people who have experience leading children, and who can hopefully serve as role models who will guide their children in building positive gender images and relationships. In preparation for each lesson, the implementation leader will engage the facilitators in studying the material together, evaluating their own gender biases, discussing possible outcomes, and role playing various situations. The intervention

leader must invest heavily in the training and equipping of the facilitators, as they are the vital link that brings the written curriculum to life for the children.

To engage the community in the church's IPV prevention effort, the church should consider sponsoring a launch party just prior to the curriculum implementation. To increase the impact of the launch of the curriculum, it may be helpful to pair it with a day that celebrates gender equality or violence prevention, for example, International Women's Day, Children's Day, or the International Day for the Elimination of Violence Against Women. A broad spectrum of supporters (parents, politicians, church leaders, teachers, etc.) should be invited to help increase the community support of the local church's preventive approach to ending IPV in their church and community. More facilitators for future groups can be recruited from the attendees. Other churches can be encouraged to consider launching their own IPV programme using the already contextualised curriculum. Aside from engaging the wider community in supporting the church's IPV programme, the launch party is an ideal time to urge other community members to consider their role in IPV prevention: GEMS can be introduced to local school authorities, to sports clubs, to women's protective services groups, and to leaders of other children's clubs; local radio managers can be encouraged to run public service advertising on the benefits that gender equality would bring to the community compared to the negative consequences of IPV; police can be encouraged to treat IPV with the seriousness it deserves; men who are sympathetic to gender equality and anti-IPV can be mobilised to march in local parades, proudly showing their support for the cause. To increase the impact of the socialisation-based intervention well beyond a single church setting, the leader can use the launch party as a platform to intentionally increase the involvement of other sympathetic parties. The potential community partners can be motivated, not only to support the church-based intervention, but to launch their own parallel and simultaneous IPV intervention strategies in their spheres of influence.

After the launch, the exciting work of the gender equality and anti-violence curriculum implementation begins. Specific instructions for how to go about implementing the curriculum are included with each lesson in the GEMS training manual. Each month, only one lesson of a regular children's programme will be replaced with the gender equality and non-violence curriculum. Each lesson will require only 45 minutes. The children can do their post-lesson activities at home, or they can keep their personal workbooks at the church and work on those activities for a few minutes each of the other three weeks. Some general suggestions on how to facilitate the group of children to ensure they get the most out of the experience include:

- Remember that in this intervention, children are not passive vessels, but active learners
- Use participatory methodologies such as brainstorming, discussing case studies, playing games, group discussion, and role play
- Value the contribution of boys and girls equally
- Implement the gender equality and non-violence learning into the regular lessons during the other three weeks each month that the kids meet (church goers can be criticised for demonstrating Christian virtues on Sundays only; likewise, it will ultimately be unhelpful if the children mimic this by extolling gender equality and non-violence only on days dedicated to these themes)
- Gently but consistently address any harmful gender-biased attitudes the children may reveal in the course of discussions or in observed behaviour
- Show care and support for children who may have already been the victims of violence

Even with expert facilitation, the implementation of the gender equality and anti-violence curriculum intervention to reverse the IPV epidemic does not take place in a

vacuum. Rather, there are specific social and cultural challenges leaders must take into account. One challenge lies in the inherent difficulty of changing gender socialisation patterns among those who have already been socialised to conform to the cultural expectations for their gender. This challenge comes to life in the fact that the gender equality curriculum is highly dependent on active engagement in the learning process by both boys and girls. Given that girls in many cultures are rewarded for silence and passivity and that boys are often rewarded for expressiveness and assertiveness, it may be a challenge to draw out full participation from the girls. It is imperative that facilitators be aware of this possible dynamic and that the intervention leader helps the facilitators to develop techniques that bring equality to the curriculum setting. Given that the facilitators are working in a culturally influenced environment, they must be mindful themselves about demonstrating the equal value of both boys and girls as they implement the lessons.

Children are the most important part of this IPV intervention. They are the ones the church aims to protect from future intimate partner violence. They are the ones who it is desperately hoped will internalise the gender equality teaching and develop a new norm in their attitudes and behaviours, increasing in godliness as they grow in understanding. The intervention is designed to give children a healthier and happier future, free of gender-based restrictions and violence, and more able to live out a Christian ethic. A great deal of effort will need to be invested in keeping the children enthusiastic about their new attitude and behaviour patterns in the face of potential societal, community, and inter-personal pressures working against them.

The end goal of the socialisation-based curriculum is to help individuals act more justly toward one another, and to improve the health and wellbeing of community members by eliminating intimate partner violence perpetration by men and victimisation of women. The only way to know if the measure is effective is to follow up with the children who

participated in the programme. The success of the intervention can be evaluated by asking the children about gender equality and non-violence cognitive and behavioural change.

Facilitators can ask formally or informally about these, but they should keep a record of both positive and negative responses. If there is no noted change in a health-protective direction, then the leader will need to find the weak links in the causal chain, make adjustments to the curriculum and the delivery, and try again. It is important for the intervention leader to encourage the facilitators not to worry or take it personally if the expected results were not achieved with the first cohort of children. The leader also needs to maintain enthusiasm about the importance of continuous evaluation and adaptation as the team learns from both its successes and failures. The focus must remain on the present and future wellbeing of the children as they embark on lives free of the devastating impacts of IPV. Ultimate success will be achieved with growth in godliness, when the boys and girls who grow up in the church-based children's programmes understand themselves to be equal in value and dignity to one another, when the girls become women who are empowered not to be victims of IPV, and when the boys become men who would not even consider resorting to violence in conflicts with their intimate partner.

### **Conclusion**

The intimate partner violence epidemic is a complex, global health problem. Current cultural pressures in many societies across the world are such that they limit the ability of individuals to make the choices that will prevent intimate partner violence. In the absence of intentional interventions, many children will become adults who suffer the personal, interpersonal, community, and societal level health consequences of this type of violence. The evidence from socialisation-based IPV interventions points to the good news that IPV perpetration and victimisation trajectories can be thwarted and replaced with healthy attitudes and behaviours. Through the implementation of gender equality and anti-violence curricula, it

is more likely that boys will become men who are empowered to reject gender inequality as an acceptable perspective and to reject intimate partner violence as an acceptable behaviour.

With the appropriate leadership steps, this proven IPV prevention measure can be readily implemented in existing church-based children's programmes. The local church is well positioned to denounce domestic violence, to give children the foundations for a future free from the tyranny of physical, sexual, and psychological violence, and to become a pillar of IPV prevention through the active implementation of effective intervention strategies.

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