Mental Health and Well Being and Gender-Based Violence

A Facilitator Manual for Mental Health and Psychosocial Support and GBV Community Awareness and Training

English version

ISRAAID

Why this manual?

Gender-Based Violence is a grave human rights violation that can cause long-term and life-threatening injury and trauma to victims/survivors. Acts of Gender-Based Violence are among the most common forms of violence in many countries and are estimated to affect the lives, health and wellbeing of millions of women, girls, boys, and men worldwide. Gender-Based Violence takes place in all societies and all cultures, including Vanuatu.

This Facilitator Manual is designed to support delivery of a 3-4 day introductory workshop for community members and community leaders and village health workers. The workshop aims to open the dialogue about Gender-Based Violence in community settings and talk about the very real mental health impacts of Gender-Based Violence on individuals, families, communities, and society as a whole. In addition, we look at techniques to provide basic Mental Health Psychosocial Support (MHPSS) for survivors, as well as finding ways together to eliminate all forms of violence against women and girls.

What does it include?

The Manual includes a training outline comprising 4 Modules. Each Module, includes detailed session outlines which include:

- session objectives,
- required materials,
- activities instructions, and
- key messages.

Key messages have been developed from IsraAID's "Guide for Mental Health and Psychosocial Support Community Awareness and Training".

It is accompanied by a set of Mental Health and Well Being and Gender-Based Violence Resources, referenced throughout this Manual and designed to enhance effective activity delivery and provide useful reference for participants following the training.

Who might use it, and in what contexts?

The Training Manual has been designed for use by IsraAID Mental Health and Psychosocial Support (MHPSS) volunteers. Volunteers have a strong theoretical and practical knowledge of MHPSS, including through delivery of community awareness activities and MPHSS support during COVID-19. Prior to delivery, it is recommended that all volunteers complete at least one Training of Trainers to ensure all facilitators have a foundational knowledge and skills for training delivery.

Wherever possible, it is recommended that the facilitation team includes representatives from relevant service providers, including the Ministry of Health Mindcare Unit and the Vanuatu Women's Centre.

Training outline

Session length	Topic	Activities	Materials required	Facilitator notes
Module 1: Mental health and psychosocial support				
Day 1				
30-45mins	*Welcome and introduction*	Ice-breaker games Expectations / goals Ground rules Pre-workshop evaluation (refer to options)	Flip Charts, markers, blu-tac Pre-workshop survey (if choosing option 3)	Refer to the MHPSS Manual pg 45-56
30mins	*What is Mental Health and Psychosocial Support (MHPSS)?*	Group discussion	No materials needed	
45mins	*Trauma and Stress*	Blindfold Walking Coping with stress	Pieces of Cloth/fabric Flip Charts, A4 plain papers (x1pkt), crayons, markers, double sided tape	Refer to the MHPSS Manual pg 52 (blindfold walking)
30mins	*What is Psychological First Aid (PFA)?*	Triangle of roles exercise	No materials needed	Refer to the MHPSS Manual pg 47 (Triangle of roles)
Module 2: Gender and violence				

1.5-2 hours	*What is gender?*	Likes / dislikes Sex and gender: understand the difference Gender roles	Resource A (Sex and Gender) Flipchart paper and markers Resource B (Gender Stories (Bislama))	
Day 2				
2 hours	*What is violence?*	Types of violence Group discussion: Commonly asked Questions and Answers Sexual violence (facilitator discussion) Consent Heads / Tails	Resource C(1) and C(2) (Stories of violence) Flipchart paper and markers Resource D (Consent scenarios (Bislama))	
1.5-2 hours	*What is the link between gender and violence?*	Power walk Power and powerlessness Gender and Power: A Deeper Exploration of the Stories in "Gender Roles"	Resource E (Resource Identity / Character cards) Resource B (Stories of violence)	
1.5-2 hours	*What are the impacts of GBV?*	Body mapping (pictures of stimulus) Circles of impact (family, community, country)	Resource F (Circles of impact) Flipchart paper and markers	
Module 3: MHPSS and referrals				

Day 3				
1.5 hours	*MHPSS and GBV*	Group discussion (GBV-related trauma and MPHSS)	Resource G (Symptoms of trauma)	
2.5 hours	*GBV services and referrals*	Story: Sera and John	Resource H (Sera and John (accompanying pictures)) Resource I (How to get help)	
30-45mins	*Conclusion and evaluation*	Post-workshop evaluation (experience) (refer to options) Post workshop evaluation (learning) (refer to options) Wrap up	Post-workshop survey (if choosing option 3)) Ball or other object that can be passed across a circle of participants Phone /camera for taking pictures	
Module 4: Leadership for eliminating GBV (Community leaders and village health workers only)				
1 hour	*Communication skills for leaders*	Sharing our difficulties Demonstrating communication skills	No materials needed	Facilitators please review communication skills in the MHPSS Manual pg 15-19
1 hour	*Violence and causes of violence (recap)*	Types of violence (matching) Root cause of violence (matching)	Flipchart paper (labelled Physical / Sexual / Emotional / Economic) and blu-tac Resource J (Behaviour cards)	

			Resource K (Causes of violence)	
1.5-2 hours	*Responsibilities to assist with GBV*	Group work: GBV - Who can help and how? Helpful or harmful? (scenarios) Review of the Story in "GBV services and referrals"	Resource L (Pictures: GBV: Who can help and how?) Scenarios: Helpful or harmful? Story: Sera and John	
1-1.5 hours	*Why address GBV?*	Visioning: A community without GBV Key messages for community	Flipchart paper and markers or access to natural materials Resource M (Key Messages for Community)	

Annexes:

- **Annex A:** Gender-based violence Policy and Legislative Framework
- **Annex B:** The 7 Point Safety Plan (adapted from World Vision)
- **Annex C:** MoH Mental Health Psychosocial Support Training Manual

Tips for facilitators

Before the workshop

Preparing yourself

- **Know the Material** – make sure you read through the facilitator guide and understand the activities and the key messages to be delivered with each activity. Practice delivering the key messages in your own words. Think about examples or real-life stories you can use to highlight the points you are trying to make.
- **Prepare your resources**- for some activities, you will need to print out and prepare relevant resources. It's important that you have all your resources ready to go before the workshop starts.
- **Divide activities amongst the facilitator group** – before the workshop starts, you should all be clear about which facilitator is leading each activity. This will allow facilitators to prepare properly and focus on the activities they will be leading.

During the workshop

Even if you're an experienced facilitator, it can be useful to remember the following tips for facilitating a workshop:

- **Energy** – remember that your energy levels will determine the energy and engagement of your participants. If you don't appear interested and engaged in the material you are delivering, then your participants won't be engaged either. Make sure you speak clearly and loudly and with expression in your voice. Try to make your enthusiasm and passion about the issues clear to the participants. Even if you're not leading the particular activity, you can't switch off – you need to be able to support the lead facilitator and the participants will notice if you're looking at your phone or switching off.
- **Facilitate together** – support your co-facilitators and help them to deliver key messaging as necessary. Make sure that you are all giving out the same messages. It's very important that you don't have facilitators who are giving information that is contradictory to other facilitators as this will confuse the participants.
- **Safe and inclusive facilitation –** given that this workshop deals with gender-based violence and many participants will have lived experience of the issues being talked about, as well as strong beliefs about these issues, it's very important to facilitate safely and inclusively. Seme ways you can do so include:
    - Use **icebreakers and introductions** to help participants feel comfortable.
    - Help the participants to **set ground rules** that they feel comfortable with to ensure that all participants understand what is expected of them during the workshop. Enforce these ground rules when participants don't adhere to them.
    - You should **warn participants about the nature of the workshop content** and tell them they can leave the room any time they feel uncomfortable with the discussion. You should also **tell participants they can speak to the facilitators to ask for referrals to services** if they need support.
    - **Use simple Bislama to deliver key messages** to ensure that the participants understand the information. Most participants are unlikely to be able to understand complex English words and if you are going to use any English terms, you must explain what these mean

in Bislama. In some more remote communities, you may consider having a translator who can deliver information in the community's language if Bislama is not commonly used by all participants.
    - If there are **participants who need information delivered in certain ways, try to support this**. For example, someone may need information in writing to better understand the key messages.
    - **Make sure your workshop venue is accessible** to people who use mobility aids.
    - Consider how you can make the environment one in which **all participants feel free to express their point of view**. In some communities, or for certain activities, you may need to separate men and women to ensure that women have a safe space to talk about gender-based violence.
- **Stay focused and listen carefully to the discussions** – listening is one of the most important facilitation skills. You need to focus on the way participants are understanding (or not!) the activities and key messages. If they are not understanding the information or interpreting it wrongly, you may need to spend more time going over key messages again or express them in different ways. Listening carefully also allows you to respectfully challenge participants when needed.
- **Do not give too much information all at once** – remember that the workshop is designed to take participants on a journey. Make sure in post-activity discussion, you are giving out the key messaging related only to that activity wherever possible. If you cover too much information, it's hard for participants to absorb and it can disrupt the flow of the workshop.
- **Be prepared for difficult questions/challenging discussion** – the topic of gender-based violence is challenging and can bring up many different questions, some of which can be difficult to answer – particularly when it may conflict with the participants' custom or religious principles. When answering these questions, it's important to do so respectfully and accurately. **Do not answer questions if you do not know the answer**. It's very important not to give out the wrong information. Participants will respect your honesty if you tell them you do not know the answer. You can approach people with relevant expertise to get answers and tell the participant/s later.

After the workshop

- **Referrals** – if you are approached by a participant who is experiencing violence and they are in need of further support, refer them to an appropriate service provider.
- **Self-care strategies** – delivering a workshop can be a very stressful and intense experience, even if the workshop goes very well. You may hear some difficult things, particularly from participants who don't accept the key messages or from people who share personal experiences of violence. It's important to look after yourself and be aware of the impact that this can have on you. Some suggestions include:
    - **De-brief with your co-facilitators**. If you can talk to others who were there it can help you to process how the workshop went and the information that was shared. You can also share with your co-faciltiators if there was anything difficult or disturbing that and support each other to deal with it.
    - Where possible**, try not to return to work immediately after the workshop** and have at least 1-2 days down-time to rest and rejuvenate. In this time, try to do something you

enjoy like taking your children to the beach, watching a movie, reading a good book etc**…**

- **Ask for support if you need it.** You may need some additional support if, for example, you find that you are constantly thinking about things participants said or shared, or you feel down, depressed or anxious. This is a normal response to conversations about violence. You can get additional support from services such as the Mind-Care Unit or from IsraAid – make sure you reach out if you need it.

Module 1: Mental health and psychosocial support (MHPSS)
Session 1: Welcome and introduction

Session objective/s: At the completion of this session, participants will be able to:

- Create a welcoming and safe workshop environment that support all participants to share and learn
- Identify the goals of the workshop
- Collaboratively develop ground rules for the workshop
- Complete a pre-workshop evaluation exercise

Materials:

- Flipchart
- Post-its
- Markers
- Blu-tac/pins
- Materials for any icebreakers (refer to pg of the MHPSS Manual)
- Root causes of violence cards (**Resource K**) (if using Option 2 for pre-workshop evaluation)

Activity: Welcome & icebreakers

Instructions

1. Welcome all participants to the training. Invite any community leader to make a brief introduction and offer an opening prayer.
2. Emphasise that as the team will spend the next 3-4 days together, it is important to get to know each other.
3. Select and run 1-2 short ice-breaker exercises. You can refer to pg 45-56 of the MHPSS Manual for some ideas.

Activity: Workshop expectations / goals

Instructions

1. Ask participants to think about what they are hoping to gain / learn through the workshop (i.e. their expectations). If participants are comfortable writing, you can share post-its and ask everyone to write their expectations and place them on a flipchart paper. If not appropriate, invite several to share their expectations for the workshop.
2. Linking to any of the ideas already shared, introduce the goals of the workshop to participants.

In this workshop, we will:

a. Explore the meaning of “gender”
b. Explore the meaning of “violence” under the laws of Vanuatu
c. Understand how some beliefs about gender can increase violence in our communities
d. Consider the mental health impacts of violence on individuals, families, communities, and Vanuatu
e. Identify available service providers and ways that we can each contribute to ending violence.
f. Create a welcoming and safe space for everyone to share and learn.

3. If participants share any expectations that the workshop will not cover, explain that these are outside of the focus of this workshop. If they are priority for the community, they could be covered in a future workshop or in another way.

Activity: Ground rules

1. Put a piece of flipchart paper at the front of the room / workshop space.
2. Refer to one of the workshop goals – to create a welcoming and safe space for everyone to share and learn. Explain that participants will work together to develop some “ground rules” for the workshop. Ask participants to offer suggestions for rules that would help achieve this. If participants are unsure, offer some suggestions such as “Respect and listen to everyone contribution – don’t speak when others are speaking” or “Put phones on silent”.
3. Continue to invite suggestions until participants are happy with their list. Stick the ground rules somewhere in the room that is clearly visible to all participants.

Activity: Pre-workshop evaluation

To assist you with running the workshop and evaluating participant understanding, it is useful to run 1-2 short evaluation exercises. Several options are outlined below. Whichever you select, should be repeated in the **Module 3: Session 3: Conclusion and evaluation**.

Option 1: Human scale

Instructions

1. Mark a section of the workshop room /space. One end of the room / space means “Mi no save nating” and the opposite end means “Mi save evri samting / mi konfiden tumas”. Point of sections in between that mean “Mi save smol” and “Mi save fulap/bigwan”.
2. Ask participants to listen to the statement and stand in a location that reflects their current level of knowledge or experience. Emphasise that participants should choose a location that reflects their own knowledge or experience, even if it is different to other participants.
3. Ask the following questions. Wanem save blo yu lo saed blong:
    a. Wanem ia wari?
    b. Wanem nao ol impak lo bigfala wari lo yumi?

    c. Wanem ia jenda?
    d. Wanem ia vaelens?
4. Note down the distribution for each question (e.g. 14 people at “Mi no save nating”, 13 at “Mi save smol” and 3 at “Mi save fulap / bigwan”).

Option 2: Agree/Disagree/Don’t Know
Instructions

1. Place three cards in three different spots in the room – the cards are Agri / No Agri / Mi no Save
2. Read out the first of the statements for this option and ask the participants to go to the card which reflects whether or not they agree with the statement.
3. Record the number of men and women who are on each card.
4. Repeat with each statement.
5. Explain you will come back to these answers throughout the workshop

Statements:

- Hemi oraet blong wan man I kilim woman blong hem wan wan taem
- Ol man oli boss blong haos mo oli gat las toktok long ol bigfala disisen insaed long home
- Gender hemi minim ol tingting o bilif we yumi gat long saed blong fasin blong man mo woman
- Sapos ol woman oli dress up good mo **no** werem ol short skirt mo short trouses, bae ol man oli no save repem olgeta
- Ol fasin blong vaelens mo rep oli save kosem plante rabis filing long victim (man o woman we hemi fesem vaelens o rep)
- Fulap we oli fesem vaelens oli save gat ol difren kaen rispon long filing o bodi we maet bae oli no lus afta we tret hemi finis
- Ol problem blong vaelens between wan husband mo waef hemi blong tufala nomo, mo I no afektem community nating
- Wan man o woman we hemi fesem vaelens insaed long home blong hem, hemi gat raet blong askem help long polis

Option 3: Written pre and post surveys: this approach can be beneficial in that each respondent answers the survey themselves and is not influenced by the answers of their peers (which can happen in option 1 and 2 above). However, this approach is not recommended where the community has very low levels of literacy as the answers can be hard to interpret/are unreliable.

Instructions

1. Develop a written pre and post survey that can include both the scaling of knowledge as per option 1 and the agree/disagree/don’t know responses per option 2

2. Distribute the survey before the workshop commences. You must go through each question with the participants to ensure they understand how to answer.
3. Make sure you offer to assist people who are unable to fill out the survey themselves.

Session 2: What is MHPSS?

Session objective/s: At the completion of this session, participants will be able to:

- Recall/define mental health and psychosocial support
- Explain MHPSS "do no harm" principles

Materials:

- None

Activity: Brief group discussion

1. Begin by asking participants to reflect on their understanding of MHPSS. What is Mental Health (wari)? What is psychosocial support? What does it mean to "do no harm"?
2. Invite several participants to share their thoughts.
3. Summarise the discussion, clearly outlining the definitions in the key messages.

Key messages

- The term **'mental health and psychosocial support'** (MHPSS) is used to describe **any type of local or outside support that aims to protect or promote the psychosocial, emotional, and social well-being of an individual or group**.
- **Different people have different needs during a crisis** and may need different types of support. **Often a person may need a few types of support which may be provided by different people or organizations at the same time**. Before assessing if a person needs specialized services, it is important to recognize the community that surrounds an individual, and to see what support can be drawn from the community. This can be found gradually from a locally close circle of individuals (family/ friends/mentor), a small group of the community, community leaders, (Chiefs, church leaders, women's groups, youth groups), to specially trained people in our communities (nurses, doctors, trained counsellors).
- ***MHPSS Do No Harm Principles:*** The *Do No Harm* principles are safety, respect, confidentiality and non-discrimination. Application of these principles at all times is mandatory. They serve as the foundation for all of us when providing MHPSS. We will explore what each of these principles means in practice as we move through the workshop.

Session 2: *Stress and trauma*

Session objective/s: At the completion of this session, participants will be able to:

- Explain stress and trauma
- Define burnout and secondary trauma
- Identify warning signs for burnout and secondary trauma
- Identify self-care strategies to avoid / limit the impact of burnout and secondary trauma

Materials:

- Cloth / fabric for blindfolds
- Flipcharts / A4 paper (1 packet)
- Crayons / Markers
- Double sided tape / blu-tac

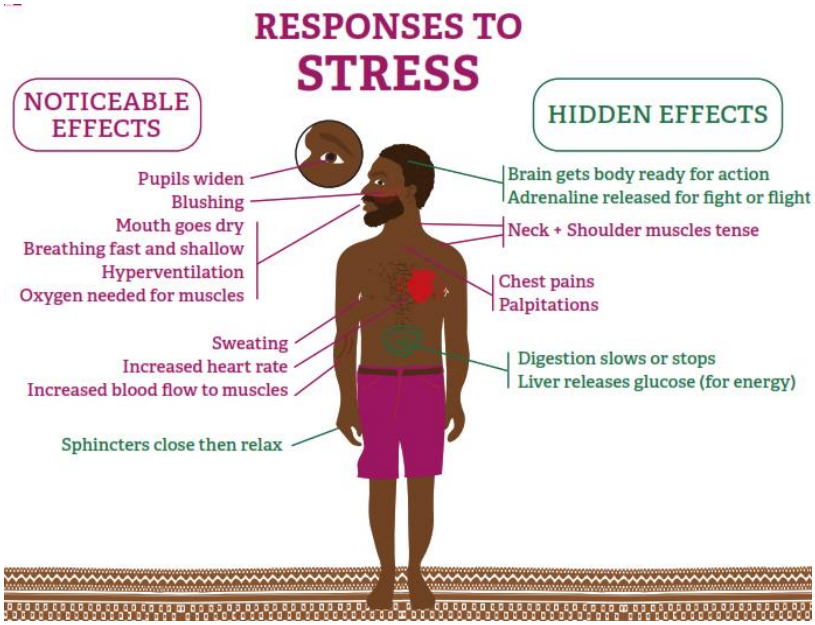
Activity: Blindfold walking (MHPSS Manual pg 52)

1. Ask participants to get into pairs, in pairs one will close his eyes (can use napkin) and the other one will lead him, at the beginning step by step, getting used to it and making the blindfolded partner comfortable, and then it is possible to accomplish tasks - getting to a certain spot, walking faster and so on.
2. The group forms a 'train' of participants with their eyes closed with one hand on the shoulder of the person in front of them, only the one in the lead has their eyes open, leading them through walking. Every minute the leader goes to the end of the train and closes their eyes while the next in line get the leading role.
3. After the activity, have a sharing discussion by asking – How was leading? How does it affect me? How did it feel to be blindfolded? Did you feel in or out of control? Did you feel like you could trust the person leading you? Why/why not? Can we take care of ourselves while taking care of someone else?
4. At the end of the discussion, share definitions of stress and trauma (refer to the key messages), linking to points made by the participants.

Key messages

- **Stress** can occur on many levels in our day to day lives. It **is a natural reaction to a situation in which a person feels psychological pressure which causes involuntary physical responses in the body making us alert and ready for action**. High levels of stress can cause confusion, impatience

and irritability at first. As our efficacy lowers, we might find ourselves anxious or even frozen in place.



- Trauma is "an event or series of events that is experienced as physically or emotionally harmful and has lasting adverse effects on functioning and mental, physical, social, emotional, or spiritual well-being" (SAMHSA, 2014)[1].

- Trauma is made of three components:

  1. **An event**, which involves physical or psychological harm or threat of such harm. Examples are violence, abuse, war, natural disasters, etc. For children intense neglect which prevents healthy development can also be an ongoing event that causes harm.

  Example: Imagine Mary and Alice live in the same village. Mary lives with her family in a concrete house and Alice is a single mother living in a dutch house (made of pandanus leaf). One day a cyclone hits their village.

  2. **Perception:** Each individual experiences events differently. An event, such as those described above, may be experienced by some individuals as traumatic while for others it may not seem traumatic. Events are perceived as traumatic when there is a loss of a sense of control; when there is an outside force, whether that be nature, an individual or a systemic issue, which causes an individual to feel they have less power and control, leaving them with a sense of helplessness. Often when a person is well resourced they

[1] Substance Abuse and Mental Health Services Administration. SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach. HHS Publication No. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014. Available at: https://store.samhsa.gov/sites/default/files/d7/priv/sma14-4884.pdf

feel more able to cope, which can influence their perception of an event. Resources can include inner capacities, social connections, and belief in something greater.

Example: After the disaster, Mary's house is not really affected and her family helps to repair the damage quickly. Alice's house is badly damaged and she, as a single mother, had limited help to rebuild; losing everything.

3. **Effects:** The effects of trauma can be short or long term, and may happen immediately following an event or be delayed. People can experience different effects such as intrusive thoughts and memories, changes in ability to trust others, heightened sense of alertness, difficulty regulating emotions, or changes in mood.

Example: For Mary the cyclone created some short-term trauma but she recovered with the support of her family. For Alice, the trauma was long-lasting; she lost everything and had limited support to help her recover. She continues to have nightmares about being alone in the cyclone and not being able to keep her child safe.

- **Secondary trauma:** Often in our desire to help others we, as care-givers, are exposed to all kinds of stressful situations. It is important to take the time to care for our own needs so as not to become victims ourselves.
- Anyone who encounters trauma survivors empathically and is committed to helping them would be at risk for **secondary trauma** or **burnout**. Other factors may impact our vulnerability, including:
    - Personal history
    - Defensive coping style
    - Current life context
    - Training/career history & status
    - Lack of resources or social support
    - Lack of supportive mechanisms
    - Nature of clients served
    - Nature of work & workplace
    - Direct connection to stress
- Warning signs for burnout and secondary trauma
    - **Emotional:** Anxiety, Powerlessness, Anger, Sadness, Helplessness, Depression
    - **Health:** Headaches, Distress, Fatigue or Exhaustion, Decreased immunity, Symptoms of illness and disease
    - **Behaviors:** Sleep changes, Irritability, Mood Swings, Hyper-vigilance, Appetite changes, Excessive use of Alcohol, tobacco, or Drugs, Neglecting personal safety and physical needs
    - **Workplace:** Avoidance, Tardiness, Absenteeism, Lack of Motivation or Initiative, Loss of enthusiasm, inefficiency, feeling unappreciated or betrayed by agency and/or colleagues
    - **Relationships:** Withdrawal, Isolation, decreased intimacy, Mistrust, Misplaced anger, Over-protective
    - **Thoughts:** Disorientation, Perfectionism, Problems concentrating, Rigidity, Grandiose beliefs about own importance, depressed at not being "good enough" either at home or work, feeling of being more enlightened than others and frustrated that others don't comply

- **Spirituality:** Loss of purpose, Anger at God, Loss of faith, Questioning meaning of life and beliefs

Activity: Coping with stress

1. Ask participants to draw on a plain paper how they cope with stress (they can draw several images).
2. Invite participants to share what they draw.
3. At the end of the discussion, explain the different coping styles (refer to the key messages below).

Key messages

- There are many ways people cope with difficulty, depending on their culture, previous experiences, social support networks, and more. The BASIC PH, a map of coping mechanisms developed by Prof. Mooly Lahad, can give us a few examples of different coping styles. BASIC PH stands for: Belief, Affect, Social, Imagination, Cognitive, and Physical.
    - **Belief:** Spirituality and having a belief system is personal and unique to each individual, and is a very common coping style. Spiritual and belief systems, such as belief in God or belief in kastom practices and traditional medicine, are found to be supportive in coping with stressors in life and are beneficial to mental health.
    - **Affect (feelings or emotions):** Emotional expression can be useful in times of difficulty. Sharing emotions with someone that you trust can bring a sense of togetherness, reduce loneliness and help with emotional regulation.
    - **Social:** Social support networks were found in research to be the most valuable coping style in times of difficulty. Being able to connect, share, and be supported (both emotionally and in other aspects of life) is very important and can help people overcome difficult situations.
    - **Imagination:** Some people use imagination or other forms of creativity to soothe themselves, express emotions, and cope with difficulty. Children use this coping mechanism a lot, but a lot of adults also find comfort and relaxation in guided imagination, arts and crafts and other forms of creative expression.
    - **Cognitive:** Some people use thoughts and logical thinking to solve problems and cope with difficulty. The thinking process around the situation can help people understand it and cope with it in a more adaptive way.
    - **Physical:** Physical activity helps to relieve physical tension and can help cope with stress. Physical activity can vary from sports, taking walks, household chores, and more.
- To avoid the impact of **secondary trauma** or **burnout** we can adopt self-care strategies and cultivate our coping styles. Some examples are:
    - Practice breathing exercises
    - Practice grounding exercises (refer to BASIC PH and Resilient Together training)
    - Get enough sleep

- Take breaks
- Exercise
- Eat a balanced diet
- Connect with others
- Use spiritual resources
- Balance work, play, rest
- Allow yourself to receive support as well as give
- Pay attention to early warning signs of distress
- Consult with your peers
- Get professional help if it is needed and possible

Session 3: *What is Psychological First Aid (PFA)?*

Session objective/s: At the completion of this session, participants will be able to:

- Define PFA
- Identify PFA Dos and Don'ts
- Recall the 3 Ls and 3Rs of PFA

Materials: None

Activity: Triangle of roles exercise (MHPSS Manual pg 47)

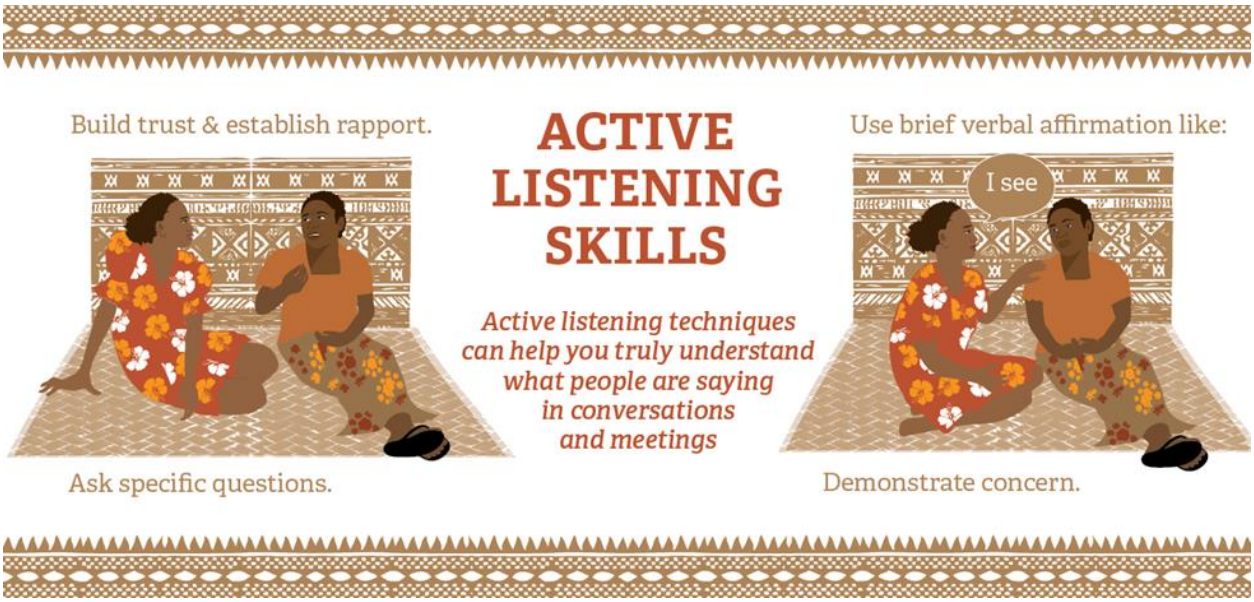
1. The participants walk in the room as it becomes a deep jungle. the participants become monsters, wild scary animals, hunting, chasing each other.
2. The participants enact frightened little animals or children…
3. The participants enact characters of protectors for the little children/animals…
4. The group divides into 3 sub-groups. Each group has one child, one monster, one protector. In the three groups they create a drama of any kind that expresses their characters. In turn they perform in front of the whole group.
5. After activity, explain the 3 R's AND 3 L's (as described in the key messages).

Key messages

- Psychological First Aid (PFA) describes a humane, supportive response to a fellow human being who is suffering and who may need support. During crisis situations on a personal or community level there is often chaos and confusion. Often in crisis zones, our encounters with survivors are unscheduled, do not occur in a traditional setting, and can happen day or night. An intervention may take a few minutes, a few hours, or a few days.
- **PFA Dos and Don'ts:** The following list identifies Dos and Don'ts in providing responsible PFA. These are offered as guidance to avoid causing further harm to the person; provide the best care possible; and act only in their best interests. These ethical Dos and Don'ts reinforce a survivor-centered approach. In all cases, we should offer help in ways that are most appropriate and comfortable to the people they are supporting.

Do's	Don'ts
Show genuine interest and concern for people's stories, but also respect their decision not to share and let them know you're here to listen if they choose to.	**Don't force** people to share their stories.
Acknowledge the difficulties of the situation	Don't give simple **reassurance**
Ask people what they are feeling, thinking, or doing. **Offer** ways to help them express their feelings.	Don't tell people what they **should be** feeling, thinking, or doing.
Normalize people's reactions.	Don't tell people how they **should have** acted earlier.
Offer to help **within your limits**, take responsibility for mistakes.	Don't make **promises** that cannot be kept
Encourage and empower people to **remain active** and connected to their capacity.	Don't do things for people which **they can do themselves**.
Support people in their efforts to seek existing services or relief activities.	Don't **criticize** existing services or relief activities in front of people in need of these services.

- **The 3 Ls of PFA: Look, Listen, Link**
    - **Look:**
        - Check for safety
        - Check for people with obvious urgent basic needs
        - Check for people with serious distress reactions
    - **Listen:**
        - Approach people who may need support
        - Ask about people's needs and concerns (refer to MHPSS Training Manual on Communication skills)
        - Listen to people, and help them to feel calm



    - **Link:**
        - Help people address basic needs and access services
        - Help people cope with problems
        - Give information
        - Connect people with loved ones and social support
- For more detailed information on each "L" refer to pg 14-20 of the MHPSS Training Manual
- **The 3 Rs of PFA: Restore feelings of safety, Reduce stress, Regulate emotions**
    - There are three guiding points we follow when providing PFA:
      1. Restore feelings of safety.
      2. Reduce stress.
      3. Regulate emotions.
    - These are simple yet foundational guidelines for psychosocial support (PSS) and PFA.
    - Supporting someone to return to a calm and secure state of being is incredibly important for his/her wellbeing and capacity to cope.
- For more detailed information on each "R" refer to pg 42-43 of the MHPSS Training Manual.

Module 2: Gender and violence

Session 1: What is gender?

Session objective/s: At the completion of this session, participants will be able to:

- Define "sex" and "gender"
- Identify how social expectations shape gender roles
- Explain that gender can change over time, based on changing social expectations

Materials:

- Flipchart paper and markers
- Gender and Sex pictures and accompanying definitions (**Resource A**)
- Gender stories (Bislama) (**Resource B**)

Activity: Likes/dislikes

Instructions:

1. Divide participants into small groups. Ensure that each group includes only women or only men (approximately 5/6 per group).
2. Ask participants to reflect on when they first noticed that they were a boy or a girl. Share their experiences with their group members. What did being a woman / man allow or require them to do?
3. Distribute paper to each group. Ask participants to divide their paper in two and note down things that they LIKE and DISLIKE about being a woman / man.
4. Bring the groups back together and ask a representative to share 1-2 things that they like and dislike.
5. Divide a piece of paper in two. As you listen to the discussion and note down examples shared that relate to "sex" or "gender".
6. Invite the group to reflect on what they have noticed from the discussion. What are the differences between the experiences of women and men?
7. At the end of the discussion, label the two columns. Share the Bislama definitions of sex and gender at **Resource A** and distribute copies to participants.

Activity: Sex and Gender – Understand the difference

1. Ask the participants to form one straight line down the middle of the room
2. Place a card that says 'Sex' to the left of the participants and a card that says 'Gender' to the right of the participants.
3. Explain that you are going to read out a statement and if the participants think the statement is about sex, they should jump to the left. If they think it is about gender, they should jump to the right.
4. After you have read the first statement (outlined below), say 'Jump'. Once all participants have jumped, ask them why they have chosen the card they have jumped to. If there is a split in the participants, explore why each group thinks the statement is about sex or gender.

5. Repeat steps 3 and 4 with all statements.
6. At the end of the discussion reiterate the bislama definitions of sex and gender.

Statements for this activity:

- Ol woman oli gat titi, ol man oli no gat
- Ol woman oli humble mo kwiet, ol man oli strong mo oli gat pawa
- Ol man oli laekem ple sport moa bitim ol woman
- Voice blong wan boy bae I jenis taem hemi stap kam bigwan mo kam moa deep, be voice blong wan gel I no jenis
- Ol woman oli wash, cook mo klinim haos – ol man oli mekem hevi wok olsem bildim haos mo katem firewood
- Ol man nao oli ol lida insaed long haos mo komuniti
- Ol woman oli kasem sik mun evri manis, ol man oli nogat
- Ol woman oli gat hat blong lavem mo lukaotem ol pikinini moa bitim ol man

Key Messages

- **Sex** refers to a set of biological attributes and is primarily associated with anatomical and physiological features (i.e. the **physical traits that we are born with**). For example, women can be pregnant, men cannot.
    - Sex is usually categorized as “female” or “male” but there is variation in these biological attributes that comprise sex and how they are expressed. Some people may have the physiology of one gender but internally feel more like the opposite gender.
- **Gender** describes the **socially constructed, behaviors, expressions and identities** of girls, women, boys, men, and gender diverse people (i.e what it means to be a boy or a girl, man or woman in a particular society or culture). Society teaches expected attitudes, behaviours, roles, responsibilities, constraints, opportunities and privileges of men and women in any context. This includes clothing choices, grooming habits, division of household tasks, etc. This is learned behaviour known as “gender identity”. This means that **gender differences can differ in each culture, and they can change with time**, in response to changing social expectations of our gender roles.
- There is diversity in how individuals and groups understand, experience and express gender through the roles and responsibilities they take on, the expectations (and constraints) placed on them, and their relationships with others.
- Gender influences **how people perceive themselves and each other**, **how they act and interact**, and the **distribution of power and resources in society**. We are going to explore this in the next activity.

Activity: Gender roles

Instructions:

1. Divide participants into 4 groups (approximately 10 per group).
2. Distribute the stories at Resource B to each group. Ask the group to read the story and discuss the questions below each story (10mins)

3. Bring the groups back together and ask a representative to read their story and share their discussion. Invite other groups to ask questions of the presenting group. Do they agree? If not, why not?
4. Invite the group to reflect on what they have noticed from the discussion.

Stories

Story 1: Jenny is 18 years old. She often hangs out with the young men and she drinks kava and alcohol with them occasionally. She also often wears short skirts or shorts. Many of the other girls in the community talk about her behind her back and say she is a girl who sleeps around a lot and has no respect for herself. One day there is a celebration in the community. Jenny and her friends are all drinking alcohol and dancing together. John is a boy who is quite popular and he starts dancing with Jenny. They clearly are flirting together and having a good time. They go to sit down together a little bit away from the group and are kissing. John puts his hand inside Jenny's skirt. She quickly pushes his hand away, and loudly tells him to stop. John is embarrassed. He gets up, shouts "slut" at Jenny and walks away. All their friends see this happen. Jenny is upset and goes home crying. The next day all their friends are talking about what happened. Many of them are saying that it's Jenny's fault this happened because of the clothes she wears and because she's always hanging around with the boys.

Questions

- What do you think about Jenny's behaviour?
- What do you think about John's behaviour?
- Do you agree that what happened is Jenny's fault?

Story 2: Andrew is a 20-year-old man who lives with his mum and dad. He is not married and isn't very interested in finding a partner. He has a lot of female friends but not many male friends. He acts very differently to other boys. He is very helpful around the house – he likes to keep the house clean and is often seen washing the family's clothes or sweeping the verandah. Many people in the village ask his father why his son acts like a woman. They laugh and say that he must be a 'pufta' and will never be able to give his parents grand-children. Andrew's father, Tom, is quite concerned about his son's behaviour. One day he is sitting in the kitchen and he sees Andrew helping his mother making the evening meal. Andrew is washing plates while his mother cooks. Tom comes over and yells at Andrew "For goodness sake can you stop acting like a woman all the time! Why can't you just be a normal boy!" Andrew gets very upset and starts crying. This makes Tom even more angry, he shouts "Get out of my sight – real men don't cry like that!" Andrew runs to his bedroom.

Questions

- What do you think about Andrew's behaviour?
- What do you think about Tom's behaviour?
- Do you agree that Andrew should act more like a "man"? What would this look like?

Story 3: Angela is a very good basketball player – she played basketball all through her secondary school years and now she's finished school, she plays in a league. She has also started dating her best friend, Mark. After a few months of dating, Mark and Angela decide that it's time for them to move in together. They find a small rent-house. Mark starts to make comments about the time that Angela is spending playing basketball. He doesn't like that her training sessions often go late into the evening and she's not home in time to make dinner. He also has started to comment that he doesn't like the shorts she has to wear to play basketball. He's worried that the male coach and spectators might be thinking about Angela in a sexual way. Angela says she loves Basketball and Mark will just have to accept this – she isn't willing to change. One day Angela's coach tells her that she has been selected to be part of a team that goes to New Zealand to play a tournament. He tells her this could be a real opportunity to grow her basketball career. Angela is really excited and goes home to tell Mark. Mark's reaction isn't what she expected. He tells her he doesn't want her to go. He tells her he's embarrassed to be with a woman who puts sport before her homelife. He doesn't want her to travel and he wants her to quit basketball all together. He tells her if she won't agree to these terms, he will have to leave her.

Questions

- What do you think about Angela's behaviour?
- What do you think about Michael's behaviour?
- Do you agree that Angela shouldn't travel? Why or Why not?

Story 4: Susan has a good job in town working for the Government. She was lucky enough to have a scholarship to get educated overseas and now she's working in a very senior role. She often comes back to her home village on holidays. She has noticed that women in her community are not involved in any of the big decisions made in the community. She thinks it's unfair that when there are meetings, women mostly sit and listen and often don't get asked for their opinion. She decides to go and speak to some of the community leaders and propose that women should be part of the village council. She wants the leadership to include women more in decision making. After she meets with them, they don't say much – they agree to think about it. The next day, Susan's mother Shirley comes home from Church and she is very upset. She says to Susan "why did you go and speak to the leaders like that! You have made me so ashamed. It's clear that all your education and time in town has made you forget our custom! It's not a woman's place to be in the nakamal!" Susan tries to explain why she felt it was important for women to be included in the council but her mother isn't interested. She tells Susan not to interfere with village affairs again.

Questions

- What do you think of Susan's behaviour?
- What do you think of her mother's behaviour?
- Do you think women should be part of the village council? Why/why not?

Key messages

- Not all differences between men and women are biological (or are physical traits we are born with). Society or cultures can influence many of the differences between men and women. These **gender differences can differ in each culture, and they can change with time**.
- The way a society or culture defines gender determines the different roles that men and women are given in their homes and communities. They impact on the division of labour in a household, on the kinds of paid work that men and women do, and on the distribution of power between men and women in all aspects of their lives. It's important to understand that many of the gendered differences are not actually indicative of what men and women can or cannot do physically or intellectually.

Session 2: What is violence?

Session objective/s: At the completion of this session, participants will be able to:

- Define different types of violence, and share examples of each
- Define consent
- Explain that in Vanuatu children and youth 15 and under are legally considered unable to give informed consent

Materials:

- Types of violence pictures only (**Resource C(1)**)
- Types of violence pictures and accompanying Bislama definition (**Resource C**(2))
- Consent scenarios (Bislama) (**Resource D**)

Activity: Types of violence

Instructions:

1. Divide participants into small groups (approximately 5/6 per group).
2. Provide each group with one of the pictures at **Resource C(1)**. Ask the group to look at the picture and discuss (1) what is happening in the story and (2) is there violence in the story and, if yes, what kind of violence? (15mins)
3. Bring the groups back together and ask a representative to describe their story and share their discussion. Invite other groups to ask questions of the presenting group. Do they agree? If not, why not?
4. At the end of the discussion, distribute **Resource C(2)** which includes a Bislama definition of each type of violence. Explain each of these definitions, including providing examples.
5. Facilitate a **Question and Answer** group discussion around the types of violence (referring to prompts and common questions below).

Key messages

- Violence is the intentional use of physical force or other means of coercion (threatened or actual) against oneself, another person, or against a group or community that either results in, or has a high likelihood of resulting in, injury, death, psychological harm, maldevelopment or deprivation.
- There are four broad types of violence:
    - *Physical violence* is the intentional application of physical force against another person with the potential to cause pain or injury. Examples of physical violence are: hitting, slapping, choking, biting, cutting, stabbing, shoving, burning, using weapons, or **any other physical activity that results in physical pain, discomfort or injury**.
    - *Sexual violence* refers to **any form of sexual activity or contact done to a person without that person's consent, or any form of sexual activity done to a person who**

cannot give consent due to their age or capacity. Examples of sexual violence include: touching someone sexually without their consent, forcing someone to have sex when they don't want to, forcing someone to watch pornography or look at a pornographic photo, forcing someone to allow you to take photos of them sexually, having sex with a person who is unconscious/asleep or drunk, having sex with someone who is under the age at which they are capable of giving consent. **Even if you are married or in a long term relationship, you must have consent before engaging in any sexual activity**. Sexual violence offences are some of the most serious offences under Vanuatu's law. Most sexual offences are contained in the *Penal Code* – some of the most common sexual offences are outlined in **Annex A**.

- *Emotional violence* refers to the use of words or conduct that are intended to insult, harass, threaten or control another person. Examples include: **insulting, bullying, harassment, humiliation, blackmail, controlling and coercive behaviour** such as not letting a partner see friends or family, restricting a partner's movement, stalking someone, monitoring a person's facebook messages and restricting how they can use social media etc.
- *Economic violence* refers to **denying a partner or children access to sufficient money or financial assistance for things they need** such as food, clothes, household bills, sanitary products, etc. Economic violence is a form of coercive control as the perpetrator is able to control their partner or child through limiting their access to money.

- A person who experiences force can feel compelled to behave as expected or do what is requested. If they do not, they might fear real and harmful consequences.

Commonly asked question and answers:
When discussing the types of violence in communities, it is not uncommon to get difficult questions. Below are some potential questions that may come up and some suggested responses.

Question: *You are saying that it is against the law for a husband to teach his wife and that a wife can refuse sex. But what about the bride price? When we pay the bride price in custom, the woman belongs to her husband and must do what he says.*
Answer: In Vanuatu, a woman is not property that can be bought and sold. The bride price is a customary practice that in many customs is about saying thank you to the bride's parents for their hard work in raising their daughter until she is married and is a way of bringing two families together. It does not give the husband any rights to treat his wife cruelly, and it does not give him ownership of his wife. Under Vanuatu's Constitution, all citizens have a right to live safely free from violence.

Question: *What about adultery/affairs? Isn't adultery a form of violence?*
Answer: Adultery is not a crime under Vanuatu's law. It is morally wrong in the sense that it is a betrayal of a partner's trust and it goes against our customary practices and religious beliefs. However, it is generally not considered to be violence in a legal sense because violence is behaviour that is directly targeted to hurt or cause pain to someone. Adultery could become a form of emotional violence if it is done in a way that is intended to hurt the other person, for example – openly telling your partner you are sleeping with someone else because they are not satisfying your sexual needs, intending to hurt and humiliate your partner. However, if a person falls in love with someone outside their marriage and chooses to leave their partner, this is not a form of violence that can be reported to the police. The partner can choose to file for divorce on the basis of the adultery and claim for family maintenance.

Activity: Understanding Consent – Heads and Tails

Instructions:

1. Explain that you are going to now do an activity that relates to understanding the idea of consent. This is particularly relevant to sexual violence.
2. Explain that when we talk about sexual violence, we say that it is any sexual act performed on another person without that person's consent. In bislama we often use the term 'agri' to describe consent.
3. Explain that there are some people who cannot give their agreement – either because they are children or because they are unable to understand what is being done to them in order to be able to give consent.
4. Tell the participants that you are going to read out a scenario. Read the bislama versions of the scenarios at resource D. If they think there is consent in the scenario, they should put their hands on their heads. If they think there is no consent in the scenario, they should put their hands on their behind.
5. Read out the first scenario. Say 'heads or tails'. Ask the participants who chose 'heads' why they think there is consent. Ask the participants who chose tails why they think there is no consent.
6. Give out the correct answer to the participants and explain why there is or isn't consent.
7. Repeat for all scenarios.
8. At the conclusion of the activity, summarise by explaining what consent looks like in detail.

Scenario	**Is there Consent?**	**Explanation/Reason**
A woman who is 20 years old is friends with a 14 year old boy. He tells her he really likes her and wants to have sex with her. She likes him too and agrees to have sex with him.	No	In Vanuatu, children under the age of 15 cannot give consent to sex. It is unlawful for anyone over the age of 15 to have sex with someone under the age of 15.
Jimmy's wife Alice is asleep. He comes to bed, wakes her up and wants to have sex with her. She says she doesn't want to have sex and she is tired. He says if she doesn't agree to have sex, he'll have to find another woman who will. She doesn't say anything in response but doesn't stop Jimmy from having sex with her.	No	Jimmy has threatened to have an affair if Alice does not agree to have sex with him. Consent obtained under threat of harm is not full and free consent. Consent is required even in a marital relationship.
Jennifer is 18 and her boyfriend Mike is 19. They both like each other very much. One day Mike's parents are out of the house. He asks Jennifer to come over. They start kissing and he asks Jennifer if she is ready to have sex. She says yes and they have sex.	Yes	Mike asks Jennifer if she is ready. He gets her agreement before he tries to have sex with her. She is happy and they both want to have sex.

Mary is 20 and her boyfriend Tom is 21. They have been together for a year and have had sex many times. They are drinking together in a quiet place. Mary gets very drunk and passes out. Tom has sex with her while she unconscious.	No	Mary passed out because she is drunk. She does not know what is happening to her body at this time and she cannot consent. It doesn't matter if Tom is her boyfriend or if they have had sex before. Consent must be given at the time of each sexual interaction.
Angela works in a shop and needs her salary to support her family. Her boss, Michel has been talking to her sexually for some time. She doesn't like it and tries to avoid him. One day she is alone in the shop with him. He comes up and hugs her and tells her to come into the back room with him. She pushes him away and says no. He tells her she will have to leave her job as he can't work with her if she doesn't accept his advances. She doesn't want to lose her job so she agrees to go into the room and have sex with him.	No	Again, in this scenario agreement has been obtained through a threat or coercion. Michel knows that Angela needs her job and uses this to make her agree to have sex with him. This is not full and free consent.

Key Messages

- Violence occurs against the will of the person and without informed consent. **Consent** is **full and free agreement that is given without the influence of any force or threat**.
- What does full and free consent look like?
    - **Both people involved in the sexual activity have freely chosen to take part.** (Threats or force can take many forms – it doesn't have to be physical. Making someone feel bad for not wanting to have sex, threatening to leave them or cheat on them etc... are forms of coercion).
    - **Both partners feel they can say what they like and don't like without shame or fear**. In our society it is not easy to talk about sex, but your sexual partner should be able to tell you how they feel without feeling afraid or ashamed.
    - **Both partners involved can change their mind at any point** - a person can choose to stop having sex, even if sex has already started. Consent can be withdrawn if a person decides they are no longer comfortable or safe in a sexual activity. If you continue after a person has told you to stop, this becomes the act of rape.
    - **Both partners are awake, conscious and rational** – a person should never have sex with someone who isn't capable of consenting. For example, having sex with a person who is drunk or asleep or is not able to give consent due to their age or mental capacity to understand the sexual act. Having sex with someone who cannot consent is rape.

- **Both partners fully understand what kind of activity they are agreeing to**. There should be nothing hidden from anyone – for example, hiding a camera that is filming the sex or not telling your partner if you have an STI. If you trick someone into having sex with you, this is not full and free consent.
- **Both partners are over the legal age for having sex** – in Vanuatu this is 16. It is a very serious criminal offence for anyone over 15 to have sex with someone under 15. Children and youth are considered to be too young to fully understand and be able to give informed consent to sexual acts.

- Consequences of violence can include trauma, insecurity, fear and mental anguish

Session 3: What is the link between gender and violence?

Session objective/s: At the completion of this session, participants will be able to:

- Explain how our understanding of gender can impact distribution of power between men and women in society
- Understand that the cause of gender-based violence is power and control, and that in Vanuatu's society, men have significantly more power than women
- Begin to understand the feelings of a person who is being abused

Materials:

- Identity/Character cards (9) (**Resource E**)
- Flipchart paper and markers
- Stories from "Gender Roles" activity from Session 1 (1 (Jenny and John, Andrew and Tom, Angela and Michael and Susan and Shirley) (Bislama translation) (**Resource B**)

Activity: Power walk

Instructions:

1. Find an open space for this activity. This could be a large room with plenty of clear floor space or an outdoor area. There should be enough space for 9 people to stand in a straight line. They should have plenty of space to step forward when listening to the statements.
2. Ask participants to volunteer for this activity. You will need nine volunteers.
3. Explain to participants that for a short time these participants will take on a new identity ("a Character") based on the piece of paper you share with them. For example, participant A (use the name of one of the volunteers) for this activity will be a "42 year old woman with 6 children (aged between 3 and 15)". Everyone has a different Identity / Character. Volunteers should not show their Identity / Character to any other participant.
4. Distribute the characters and check that all volunteers understand their character.
5. Ask participants to stand in a single line (shoulder to shoulder) facing out towards the empty space in the room / outdoor area. Ask all other participants to stand to the left or the right of the line of volunteers so that they can hear and watch.
6. Explain that you will read a series of statements. Volunteers need to listen to the statement. If it is true for their Character they can take a step forward. For example, one statement might be "I can always speak and share my opinion in village meetings." If my Character is a 13 year girl this is probably not true so I would stay still. If my Character was the village Chief this would be true so I would take 1 step forward. Volunteers should make sure that their steps are the same size for every answer that they give.
7. Read the following statements:
    a. **Long ol community miting, mi save talemaot ol tingting blong mi mo mi confident se bae ol narawan oli lisen long mi.**
    b. **Mi bin finisim / bae mi finisim skul blong mi**

c. **Mi fil se mi save mekem ol disisen mi wan long ol samting we oli afektem laef blong mi.**
d. **Mi neva fesem vaelens long patna blong mi.**
e. **Mi save kasem mani o wok blong sapotem mi wan mo family blong mi.**
f. **Sapos we mi fesem vaelens, mi save aot long rilesensip o vaelens we mi fesem.**
g. **Mi confident se mi save findem wan sef ples blong stap long hem long taem blong disaster.**

8. Once you have completed all the statements, ask the group what they notice (volunteers should be spread across the room). Ask each volunteer to read out who their Character was. Ask for group reflections on who is at the front; and who has been left behind? What do they notice?
9. Ask the volunteers to reflect on how it felt to be at the front, the middle or the back of the group? What does this tell us about the power that each community member holds? How is power different between men and women? How might disability impact power and access to resources?

Characters (print out and cut into separate strips) - one for each volunteer
Mi wan gel blong 13 yia. Wan leg blong mi i nogud mekem se mi wokbaot long wan leg nomo.
Mi wan man we mi gat 30 yia. Mi live long wan aelen we I remote. Daddy blong mi hemi Jif blong village.
Mi wan single mama. Mi gat 42 yia. Mi gat six pikinini we oli gat 3 yia kasem 15 yia.
Mi wan man we mi gat 55 yia. Mi mi Jif blong village.
Mi gat 18 yia – mi wan woman mo mi gat bel. Mi no maret mo mi finis skul long klas 5.
Mi wan man we mi gat 22 yia. Mi jes kambak long seasonal wok long New Zealand.

Mi wan man we mi gat 38 yia. Mi mi deaf – mi no save harem eni samting.
Mi wan boy we mi gat 10 yia.
Mi wan woman we mi gat 72 yia. Mi bin wok long wan gudfala work long taon taem mi yang be mi retire finis. Naya mi kambak long aelen mo stap wetem ol family blong mi.

Activity: Understanding power and powerlessness

Instructions:

1. Divide the participants into two groups and give each group a piece of butcher's paper and a marker
2. Ask the first group to discuss how they feel when they are in a position of power. Ask them to think back to times in their life when they have felt in control of their own life choices and powerful. Ask them to write down on their butcher's paper how it feels to have power.
3. Ask the second group to discuss how they feel when they have no power in a situation. Ask them to think about times in their life when they have felt that no one wants to listen to them or take their views into account. Ask them to write down how this feels.
4. After 15 minutes, ask each group to present their feelings. Ask the group discussing the feeling of power to present first. Then give the other group an opportunity to comment on their presentation or add feelings. The feelings that are presented should include things like: strong, independent, happy etc...
5. Repeat with the group discusssing powerlessness. This group should outline feelings such as: helplessness, weak, unhappy, lonely, isolated etc...
6. Once each group has presented and you have discussed the feelings together. Ask the participants to think about Vanuatu's society – in our society who has more power – men or women? They should all identify that it is men who have more power. You can ask them why they think men have power and this should raise ideas about the way men are brought up, the fact that men have ownership of land in most customs, the bride price payments etc...
7. Explain that the main cause of gender-based violence is when a man uses his power to abuse or control a woman. Ask the group how they think women who are being abused feel? You should be able to point to the list that the group discussing powerlessness outlined and say – they feel this way – the same way you all feel when you have no power.

Activity: Gender and Power – a Deeper Exploration of the Stories in "Gender Roles" activity from Session 1

Instructions:

1. Ask participants to think back to the stories discussed in session 1 (Jenny and John, Andrew and Tom, Angela and Michael and Susan and Shirley). To help them to remember, ask them to share some brief information

2. Divide participants into 4 groups (7/8 per group) and redistribute copies of the stories.
3. Ask each group to discuss one final question:
    - **Jenny** and John: Sapos Jenny hemi wan man, bae oli stil tokbaot hem olsem? Bae oli wari sapos we hemi drink kava o alkol o hangaot wetem ol narafala boy?
    - **Andrew** and Tom: Sapos Andrew hemi wan gel, bae Tom I stil harem nogud from ol fasin blong hem o no? Fromwanem?
    - **Angela** and Michael: Sapos Angela hemi wan man, bae patna blong hem I save stopem hem blong travel blong ple spot o no? Fromwanem?
    - **Susan** and Shirley: Yu ting se ol lida blong community bae oli moa interest long tingting blong Susan sapos hemi wan man? Fromwanem?
4. Bring the groups back together and ask each group to share their responses.
5. Emphasise how social norms are shaping expectations of what it means to be a man or woman and the consequences for people who step outside of these expectations. Highlight how gender impacts distribution of power between men and women in society (refer to the key messages to help you).

Key messages

- Social expectations or "norms" are strong beliefs that many people in society hold as the truth. Social norms about what it means to be a man / woman (our gender) influence how people live their lives. These widely-held beliefs can both encourage people to take on roles and responsibilities, or stop people from doing what they want to do. **Examples of stereotypes based on gender include:**
    - Women are weak. Men are strong.
    - Women take care of children. Men are not so good with children.
    - Women who dress in a certain way are looking for trouble.
    - A woman's place is in the home.

- Violence is often a consequence of acting outside of the social expectations of our gender. This is why it is so important to understand that these social expectations are not the truth, and people can act differently.

- *Power* is a person's ability to exert influence and control which can be **positive** or **negative**.

- Power affects people all the time both directly and indirectly. Certain groups in society have more power than others. Where there is a widely-held social belief that men are strong, and women weak or in need of protection, men are granted more power. This can significantly impact relationships between women and men, both in public settings and private relationships.

- *Power dynamics* describes how power affects a relationship between two or more people. When an individual is subjected to inappropriate uses of power, they can experience great distress.

Misuse of power examples	
Types of power	**Example**
Social power	Peer pressure and bullying
Economic power	Control over money or access to goods and services
Political power	Discriminatory laws, lack of access to the legal system, limited representation of women in political positions
Physical power	Using physical strength or size to intimidate, controlling access to security

- Power is directly related to *choice*. When someone has more power or is empowered, there are more choices available to them. Unempowered or disempowered people have fewer choices and are therefore more vulnerable to violence, including Gender-Based Violence. Someone who experiences Gender-Based Violence can feel that the perpetrator has "real" power (actual power) or can "perceive" that the perpetrator has the power over them.

- Gender-based violence is deeply rooted in discrimination and attitudes of what it means to be a man or a woman. Gender-based violence can be experienced by anyone. However, social beliefs around gender and power often means men are often the target of physical violence by other men (i.e. unrelated to their gender). Women and girls, and vulnerable populations like people living with disabilities, the elderly, and those living with existing medical conditions, are disproportionately affected by gender-based violence.

- It is important to remember however that not all people with power abuse it, and those who are in positions of power can be important leaders and advocates for change. There are many examples of positive power like a parent using their power to help their child, a teacher using their power to help a student, and a Chief using his power to help his community.

- Beyond social and cultural norms about gender, poverty, lack of education and livelihood opportunities, impunity for crime and abuse, war, natural disasters, and substance abuse can also contribute to and reinforce violence and discrimination based on gender.

- An absence of laws or legislation against Gender-Based Violence, or failure to enforce existing laws, can also reinforce existing social beliefs around gender.

Session 4: What are the impacts of GBV?

Session objective/s: At the completion of this session, participants will be able to:

- Map the possible psychological, physical, social, emotional, and spiritual impacts of GBV for individuals
- Explain the broader impacts of GBV for families, communities and Vanuatu as a country

Materials:

- Flipchart paper (with outlines of male & female bodies and blank) and markers
- Circles of impact (**Resource F**)

Activity: Body mapping

Instructions**:**

1. Divide participants into groups and share flipchart paper with an outline of a male and female body. Give each group markers / crayons.
2. Ask participants to suggest some ways that people can experience violence in their bodies. Have a brief discussion to prompt participants to think about physical areas of vulnerability and impact (e.g. eyes, stomach, face, vagina / penis, legs, arms), emotional (e.g. feelings of fear, sadness, anger (and how they are observable in our physical bodies)), psychological (e.g. our brain's ability to do daily tasks, memory). They may also want to consider social and spiritual impacts (e.g. withdrawal, loss of faith).
3. Ask participants to write and draw different impacts on their body outlines.
4. Ask groups to display their pictures (e.g. hang on the wall or place them side by side on the floor). Have the participants stand around in one group and review the pictures. What can they notice about other groups' pictures that they hadn't included? Is there anything they agree / don't agree with? Is there anything else missing?
5. Summarise the impacts across the groups and add anything that has not been mentioned (refer to the key messages). Invite participants to share any reflections on the activity.

Activity: Circles of impact

Instructions:

1. Divide participants into 3 groups. Nominate groups as (1) "family", (2) "community", (3) "country".
2. Ask each group to reflect on the impacts that they think GBV would have on their circle of impact (i.e. family, community or country).
3. Groups can write down their responses on flipchart paper. If you think the group would respond well to moving around rather than writing, you can ask them to create up to 3 statue pictures

(this means group members will create a frozen picture of the impact they want to demonstrate).

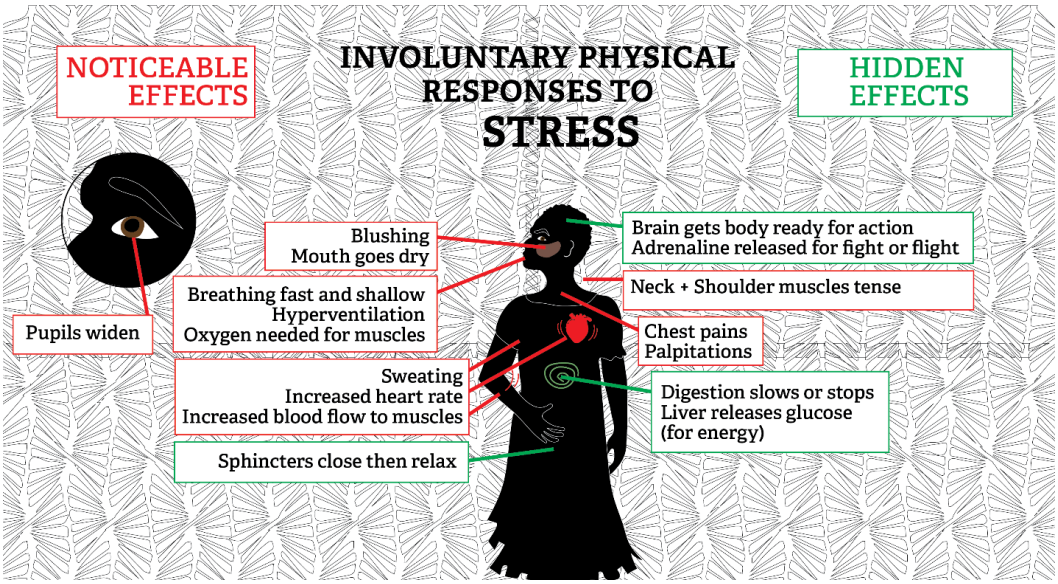
4. Ask groups to share their discussions or show their statue pictures. Allow other groups to ask questions or clarify. Prompt groups to add anything that has not been mentioned (refer to the key messages).
5. Summarise the discussion and distribute **Resource F** which depicts circles of impact as a reference for all participants.

Key messages (GBV)

- Gender-Based Violence is an umbrella term defined as **violence that is directed against a person, against their will, based on their gender (or sex)**. Gender-Based Violence includes acts that inflict physical, mental, economic or sexual harm or suffering, threats of such acts, coercion and other deprivations of liberty. These acts can occur in public and/or in private, i.e., within the family.
- Acts of Gender-Based Violence are among the most common forms of violence in many countries and are estimated to affect the lives, health and wellbeing of millions of women, girls, boys and men worldwide. **Gender-Based Violence takes place in all societies and all cultures.**
- Some of the consequences of Gender-Based Violence on individuals, families and broader society include the following:
    - **Individual:**

Category	**Impacts**
Physical	● Physical pain ● Sexually Transmitted Diseases and HIV in cases where the perpetrator is infected ● Unintended pregnancy ● Abortion or infanticide, in case of unwanted children ● Fistula – damage to the sexual organ ● Temporary or permanent injury ● Disabilities • Death
Economic	● Inability to go to work or participate in economic activities leading to loss of income and poverty ● Inability to access services requiring payment (health, transport etc...) ● Dependency on the abuser for all basic needs
Psychological	● Anxiety

	• Loss of self-esteem, leading to reduced participation and contribution to community life, school, work etc... • Depression • Self-harm or suicide • Phobias and panic attacks • Sleeping difficulties • Stress • Trauma • Risk taking behaviors – which can include alcohol and substance use, sexual risk taking, aggression or violence
Social	• Discrimination and rejection leading to reduced participation and contribution to community life • Isolation



- **Family**
  - Discrimination against the family, isolation and rejection from the community
  - Inability to go to work (loss of income, poverty)
  - Inability to take care of children/family
  - Divorce
  - Despair which can lead to suicide and orphaned children
- **Community**
  - Members of the community experiencing GBV have reduced or limited participation in community life, including due to stigma or ongoing trauma
  - Creates pressure to provide alternative care arrangements for children where families are experiencing GBV or associated trauma

        - May lead the continuation of violence through revenge acts and reprisals
    - **Country**
        - Political / leadership
            - Girls may not go to school or drop out of school, impacting their opportunities to contribute to Vanuatu's social (e.g. as community, provincial and national leaders) and economic (e.g. as members of the workforce, business owners, entrepreneurs) development
            - Perceptions that women are not leaders can result in backlash for women who do become involved in politics and deter women from choosing this path.
        - Economic:
            - Requires massive government resources to respond to GBV (policing services, courts, prisons, health and mental health facilities, community messaging)
            - Negatively impacts victim-survivors involvement and/or productivity at work and in education

- ***Links between Gender-Based Violence and violence against children:*** There is growing evidence of the intersections between Gender-Based Violence and violence against children.
    - These types of violence share risk factors, such as family stress related to poverty or unemployment, high levels of community violence, social isolation, mental health and substance abuse issues.
    - GBV and violence against children have similar negative health and psychological outcomes for victim-survivors. Both are influenced by social and gender norms that condone violence and violent punishment of children and reinforce gender inequality.
    - GBV and violence against children often co-occur in families, and the behaviour can be passed on through generations.
    - Children who see violence committed against their parent (mother) experience similar consequences to those who have had violence committed against them directly. Witnessing Gender-Based Violence or experiencing maltreatment as a child increases a person's risk of future perpetration or victimization. Recognizing these interactions offers opportunities to address these issues together for more effective and efficient interventions.

Module 3: Mental health and psychosocial support (MHPSS)

Session 1: MHPSS and GBV

Session objective/s: At the completion of this session, participants will be able to:

- Identify trauma as a severe impact of GBV, and explain its major symptoms
- Identify ways to support victim-survivors who may be experiencing trauma as a result of GBV incident/s

Materials:

- Symptoms of trauma images (**Resource G**)
- Flipchart paper and markers (Facilitator documentation of group discussion)

Activity: Group discussion

Instructions:

1. Remind participants of the impacts that they identified during the "Body mapping" activity (physical, emotional, psychological). Use the key messages to explain "trauma" in detail. Our bodies are designed to keep us alive and many of the symptoms identified in the last module help us to run or freeze in life threatening situations. Emphasise that for many people who experience GBV, the deeply distressing event or threat to their safety creates an "emotional wound". This is called "trauma" and it can come with different psychological and physical responses. Sometimes symptoms decrease with time, but sometimes they do not. This can make day-to-day activities very hard. Trauma is a normal response to an abnormal situation. Invite participants to ask any questions, and use the key messages to help with responding.
2. Show the participants the images at **Resource G (symptoms of trauma)**. Ask participants to images and describe what they can see in the picture.
3. Drawing on their knowledge of MHPSS, ask participants to draw a list of "Dos and Don'ts" to support victim-survivors who may be experiencing trauma following a GBV incident. If you feel that participants need some time to think, invite them to turn to the neighbours and have a small discussion before bringing the group back together.
4. Ask participants to share ideas and document their ideas on a flipchart at the front of the training venue.
5. Once all suggestions have been compiled, add/adjust based on the list below.
6. Share the key messages around working with people experiencing GBV, emphasising the ***Guidelines for supporting victim-survivors of Gender-Based Violence*.**

Supporting victim-survivors of GBV (and potential experiences of trauma)	
Do	**Don't**
· Be honest and trustworthy. · Be aware of and set aside your own biases and prejudices. · Ensure that any person who has experienced GBV knows clearly and unambiguously, that violence is never their fault. · Behave appropriately for the person's age and gender. · Offer information on relevant service providers who can offer expert support to GBV victim-survivors. · Make it clear to affected people that even if they refuse help now, they can still access help in the future. · Respect privacy and keep the person's story confidential, if this is appropriate. · Respect people's right to make their own decisions.	· Don't force help on people and don't be intrusive or pushy. · Don't pressure people to tell you their stories. · Don't share the person's story with others. · Don't judge people for their actions or feelings. · Don't exaggerate your skills. · Don't make false promises or give false information. · Don't exploit your relationship as a helper. · Don't ask the person for any money or favors for helping them.

Key messages

- **Stress** can occur on many levels in our day to day lives. It **is a natural reaction to a situation in which a person feels psychological pressure which causes involuntary physical responses in the body making us alert and ready for action**.
- **Trauma is the emotional response to traumatic life-threatening events** like war, natural disaster, a health crisis such as COVID-19 or GBV.
- When people experience a deeply distressing or disturbing event such as a threat to their safety, an injury from violence, or the loss of a loved one, they can feel helpless and pushed beyond their ability to cope. This can cause someone to be traumatized. A traumatic event can cause an

emotional wound with substantial and lasting damage to an individual's **psychological**, **physical**, **social**, **emotional**, and **spiritual wellbeing**.

- There is a reason why people react in this way. Our bodies are designed to keep us alive in life threatening situations. So, when we think we are in danger, we may respond by being extremely alert – this is so we can look out for danger and avoid it. Our heart may beat very fast, our breathing may quicken, we may feel tense, etc. These reactions help us to fight or run if needed. They can also cause us to freeze in place and not react (fight or flight).
- For many who experience Gender-Based Violence, the resulting trauma creates different psychological and physical responses which may or may not decrease with time. This is a normal response to an abnormal situation.
- After experiencing a traumatic event some people will recuperate after a few hours or days and the symptoms will go away, but some people will continue suffering and experiencing symptoms for weeks, months, and even years. This can get in the way of being able to do the things we need to do in our daily lives.
- Symptoms of trauma can include:
    - Re-experiencing: Even after the trauma has ended. e.g. nightmares or flashbacks (strong memories of the trauma, which are so vivid and intense that they feel like they are experiencing the trauma all over again). The person might be triggered by day-to-day experiences, and have a strong physical or emotional reaction when something happens which reminds them of the trauma.
    - Avoidance: The person keeps trying to avoid things that remind them of the trauma or avoid bringing up upsetting feelings about what happened. They might also forget parts of what happened to them.
    - Stress - Changes in arousal and reactivity: The person's body shows signs of being on high alert like it is constantly under attack. They might be jumpy or have trouble sleeping, difficulties concentrating or feel angry quickly and often. As well, at times people may be a bit numbed or distanced, with low levels of response. It is a natural reaction to a situation in which a person feels psychological pressure which causes involuntary physical responses in the body making us alert and ready for action.
    - Negative changes in thoughts and moods: The person feels depressed and/or anxious and has negative thoughts and a negative outlook on life.
    - Depression (extreme sadness)
    - Loss of motivation (lack of willingness to do even basic things such as change clothes, etc.)
    - Change in appetite
    - Isolation, or the opposite - fear of being alone
    - Loss of self-confidence (inability to function in society, to work, etc.)
    - Self-blame or hatred
    - Self-medication (kava, alcohol, marijuana)
    - Self-harm, suicidal ideation, or even suicide

- Remember that the ways people cope with stress and trauma vary, depending on their culture, previous experiences, social support networks, and more. BASIC PH (Prof. Mooly Lahad) gives us a few examples of different coping styles, including Belief, Affect, Social, Imagination, Cognitive, and Physical. This means that the coping strategies for every GBV victim-survivor will vary.

- ***Do No Harm Principles:*** The *Do No Harm* principles are safety, respect, confidentiality and non-discrimination. Application of these principles at all times is mandatory. They serve as the

foundation for all of us when coordinating and implementing Gender-Based Violence related programming.

- ***Guidelines for supporting victim-survivors of Gender-Based Violence:*** When supporting survivors of a traumatic experience, we must follow and respect a few essential guidelines:
    1. ***Ensure the safety of the survivor:*** Do your absolute best not to expose the survivor to further harm or compromise their safety.
    2. ***Non-Discrimination:*** Treat every victim-survivor in a dignified manner regardless of their sex, background, race, ethnicity, or the circumstances of the incident. We all have existing beliefs and biases informed by who we are and the experiences we have had. Non-discrimination requires us to notice our existing beliefs which might make us more willing to help some victim-survivors but not others. We will explore these in more detail in the next session.
    3. ***Confidentiality:*** The survivor's information is shared with you because they trust you. Therefore, make sure you treat this information with the utmost respect. Sharing information about the victim-survivor or what happened to them might shame them and even put them at risk.
    4. ***Respect the wishes, choices, rights, and dignity of the survivor:*** Sometimes you may have your own ideas or wishes for how the survivor will proceed. It is not always easy to accept someone else's choices, but it is important to respect another's decisions.

Session 2: *GBV services and referrals*

Session objective/s: At the completion of this session, participants will be able to:

- Describe the "cycle of violence"
- Identify and explain the barriers victim-survivors can face in seeking assistance to address GBV
- Identify the service providers available to victim-survivors of GBV
- Briefly explain the services each of these providers can offer to victim-survivors of GBV

Materials:

- Story: Sera and John
- Sera and John: Accompanying pictures (**Resource H**)
- How to get help (**Resource I**)

Activity: Storytelling: Sera and John

Instructions:

1. Place the pictures at **Resource H** in a pile following their number order (i.e. 1, 2, 3, 4, 5). One facilitator should hold the pictures. Place the first picture on the floor / table / wall where participants can see it.
2. The second facilitator reads the following story to participants. As the facilitator telling the story reaches the next part of the story, the other facilitator should put the next picture on the floor.
3. Throughout the story, stop wherever the story indicates "pause" and ask participants the question/s. Facilitate a discussion referring to the key messages to help you.
4. At the end of the story, summarise the names and functions of the available service providers and distribute Resource I to all participants. Reiterate the key messages around the cycle of violence.

Sera mo John oli start blong fren taem we oli gat 18 yia. Oli really lavem tufala. John hemi talem long Sera se hemi wantem gat wan family mo hemi wantem stap wetem Sera. John hemi tritim gud Sera mo oli happy tugeta.

John hemi mekem kastom blong blockem Sera. Afta long sam manis hemi mekem kastom bakagen blong pem sera. Hemi salemaot sam kava mo givim 200,000 vatu long ol parents blong Sera wetem ol narafala kastom samting olsem pig, kakai mo kava. Ol parents blong Sera oli glad tumas mo oli talem se bigfala mani we John I pem I showem aot se John I really lavem Sera. Oli mekem maret long Church too – family blong John oli bin kaveremap evri cost blong servis mo kakai.

Afta we oli maret oli stat blong live tugeta. Sera hemi luk sam smol jenis long fasin blong John. John bae I kros evritaem we Sera I toktok long wan man. Hemi kwestenem hem evritaem – even sapos we hemi totkotk long wan famli memba. Hemi no laekem Sera blong go luk ol fren mo family blong hem. Hemi

komplen se Sera I no focus inaf long ol risponsibility long haos. Sera I ting se John hemi jalus from se hemi lavem Sera tumas. Sera I disaed blong no luk ol family mo fren blong hem tumas.

Pause – wanem tingting blong yu long rilesensip ia? Yu ting se John hemi jalus from hemi lavem Sera tumas? Yu luk se I gat eni samting I rong wetem fasin blong John o nogat?

I no longtaem afta we tufala I maret, Sera I gat bel. Naya Jalus blong John I kam moa wos – hemi no wantem Sera blong go eni ples hem wan – even long stoa o garen. John hemi stap aot wetem ol fren blong hem blong drink kava, be hemi talem se Sera I mas stap long haos. Sapos Sera I wantem go luk wan fren, bae John I stoppem hem. Sera I stat blong fil se hemi wan prisoner insaed long haos blong hem. Hemi lonely mo hemi les blong stap long haos oltaem. Hemi stap hope se ol samting bae I kam good taem we baby I born.

Wan naet, John hemi go drink kava. Sera hemi disaed blong go luk wan gelfren blong hem. Fren blong hemi glad tumas blong luk hem mo hemi askem Sera blong dinner wetem hem. Samples 8pm Sera I harem John I singaot strong aotsaed. "*Sera, yu stap mekem wanem? Yu sud stap long haos. Yu kam wetem mi naya. Hariap!".* Sera hemi sek. Hemi go luk John aotsaed – hemi stap wokbaot go kam aotside long haos. Hemi holem hand blong Sera mo pulum hem I go back long haos. "*Yu gat bel Sera! Hamas taem bae mi talem long yu se yu no mas wokbaot?!".* Sera hemi cry. *"John mi jes wantem toktok wetem wan fren. Mi stap long haos oltaem nomo. Mi nidim company wan wan taem!"* . John I singaot strong. *"Yu stap tokbak long mi?!"* Hemi pusum Sera I go daon long graon mo hemi pulum hair blong hem mo slappem fes blong hem. *"Yu neva toktok long mi olsem bakagen. Yu harem?!"* John hemi wokbaot aot long haos. Sera hemi sek bigwan. Hemi pakem ap sam klos mo hemi ron I go long haos blong mummy blong hem.

Taem Sera I luk mummy blong hem, hemi talemaot ol fasin blong John mo hemi talem se hemi no fil sef wetem hem. Mummy blong Sera I stalem se *"Hemi pem wan bigfala mani blong maretem yu... yumi no save pem bak.... mi sua se hemi lavem yu. Yu bin mekem wan promis long Papa God blong stap wetem hem kasem ded nomo I separatem yutufala. Olsem wanem sapos we mi askem Pastor blong kam helpem yu blong wokem aot problem ia?"*

Pause – wanem tingting blong yu long rispon blong mummy blong Sera? Fromwanem nao hemi wari from bride price we John I pem? Yu ting se fulap parents bae oli gat semak concern sapos gel blong ol I wantem lego man blong hem? Yu agri se oli sud go luk Pastor? Fromwanem?

Sera hemi go luk Pastor mo hemi tokbaot ol problem blong hem wetem John. Pastor I talem se "*Yu bin promis blong stap wetem John kasem ded I separatem yutufala – blong stap wetem hem long ol gud taem mo ol rapis taem. Maret laef hemi hard, be yufala ol woman yu mas submit long man blong yu. Man hemi boss blong haos. Hemi gat concern long yu mo hemi wantem se bae yu stap sef long haos. Sapos yu lisen long hem, bae ol samting I kam gud. Bae mi toktok wetem hem tu. Yu putum long prayer mo kam long Jioj – Papa God bae I helpem yu".*

Pause: Yu agri wetem advaes we Pastor I givim? Fromwanem?

I no longtaem I pass, John hemi kam kamaot long haos blong mummy blong Sera. Hemi kam wetem wan mat mo sam stampa kava. Hemi talem sorry long parents blong Sera mo hemi promis se bae hemi neva

mekem bakagen. Sera mo ol parents blong hem oli glad tumas. Evriwan I agri se bae Sera I gobak long haos nao.

Pause: John hemi talem sorry – yu ting se ol samting bae oli kam gud nao? Fromwanem? –

Taem oli kambak long haos, John hemi glad tumas. Hemi pem wan scenta mo sam nice calico mo givim long Sera blong showem aot se hemi sori tru. Sera hemi ting se ol samting bae oli kam gud nao.

Be I no longtaem, John hemi stat blong complain bakagen. Hemi no letem Sera blong wokbaot eni ples. Sera I mas mekem evri wok long haos – be bel blong hem I stap bigwan nao mo hemi stap tired everitaem. John hemi kros taem we haos I no klin gud o Sera I no kukum kakai we John I laekem.

Wan naet, John hemi kambak long haos afta we hemi drin kava. Hemi kros se Sera I kukum rice mo tin fish. Hemi bin wantem kakai soup wetem fresh fish. Hemi kikim sospen we I stap long fire klosap long ples we Sera I stap sidaon. Hot soup I kapsaed mo bonem hand blong Sera. John I harem nogud se hemi mekem olsem mo hemi putum hand blong Sera long kolkol wota. Hemi talem long Sera blong go long clinic be hemi askem Sera blong no talemaot wanem we I bin happen. Hemi talem long Sera blong talem long nurse se hemi wan aksiden nomo. Hemi talem sori long Sera mo promis se bae hemi nomo mekem bakagen. Hemi talem se sapos Sera I bin tingbaot ol kakai we John I laekem bae hemi no save kros olsem.

Pause: Yu ting se John bae hemi jenis? Fromwanem?

Sera hemi go luk nurse. Nurse I sek se hand blong Sera I bon nogud olsem mo hemi askem long Sera wanem I happen. Sera hemi talemaot se hemi wan aksiden be nurse I luksave se Sera I stap kiaman. Nurse I talem se *"mi luksave se yu no wantem talemaot wanem we I bin happen. Be yu save long Vanuatu women's center?"* Sera I sek sekem hed blong hem. *"Oli stap helpem ol woman we ol patna blong olgeta oli stap tritim nogud olgeta. Wanem we man blong yu I stap mekem I agensem loa ia."* Sera I no talem eni samting. Nurse I talem *"Oli gat wan fri kol nama – 161 – yu save kol eni taem. Tingbaot. Yu no sef naya."*

Sera hemi no fil se hemi save lego John. Ol family blong hem oli no save pem bak bride price. Mo baby blong hem bae I born nao. Ol family blong John bae oli no save helpem Sera wetem baby sapos we Sera I lego John mo maet bae Baby I no gat raet long graon blong John. Mo tu, John I bin talem sorry mo Sera hemi wantem bilivim se bae John I save jenis.

Pause: Wanem tingting blong yu long miting blong Sera wetem nurse? Yu agri se Sera I stap long denja? Fromwanem nao Sera I no wantem lego John?

Sera I go back long haos mo ol samting I kam gud bakagen. John hemi harem gud se bae baby hemi born I no longtaem mo hemi stap helpem Sera blong ready long ol ting we oli nidim. Baby hemi wan boy mo John hemi glad tumas. Hemi go dronk wetem ol friend blong hem long naet we baby I born.

Afta we baby I born, Sera hemi luk se John hemi stap go drink kava wetem ol friend blong hem klosap evri naet mo oli stap dronk tugeta long ol weekend. Be John hemi still no wantem Sera blong wokbaot eni ples. John I stap kros taem we baby I cry taem we hemi dronk long kava mo wantem sleep. Wan wan taem

hemi stap singaot strong long Sera sapos hemi no save kipim baby I kwiet. John hemi no helpem Sera wetem ol wok long haos nating. Hemi talem long Sera se wok blong hem blong lukaotem haos mo ol pikinini.

Wan dei mummy blong Sera I kam long haos. Hemi luksave se Sera I tired tumas mo hemi talem se bae hemi tekem baby I go long haos blong hem smol taem mo Sera I save silip. Sera I go silip long room. Hemi sek mo wekap taem we hemi filim wan strong pain long body blong hem. Hemi luksave se John I stap whippim hem wetem wan wud. Hemi stap singaot mo askem se baby I stap wea. Hemi stap talem se Sera I les bitim mak. Sera I traem blong toktok be John I stap whippim hem. Sera I traem blong ronwei be hemi no save aot. John I whippim hem gogo skin long back blong hem I brok mo hemi blood. Taem we John I stop blong kilim hem, Sera I ron I go long haos blong mummy blong hem.

Mummy blong Sera I sek. Hemi no bin luksave se fasin blong John I nogud olsem ia. Hemi wari long laef blong gel blong hem. Sera I tingbaot namba blong Vanuatu Women's Senta. Sera mo mummy blong hem oli agri se hemi sud kolem olgeta. Wan counsela I toktok wetem hem long fon mo talemaot ol rod we hemi save folem. Hemi save ripotem John long polis mo hemi save kasem wan family proteksen oda long kot. VWC oli save kipim Sera I sef kasem taem we Kot oli mekem oda. Sera I no sua se bae hemi mekem wanem. Counsela I talem se hemi no nid blong mekem wan disisen nao ia, be hemi gat ol rod ia we hemi save folem taem hemi redi. Oli explenem se fasin blong John hemi folem 'sekol blong vaelens' mo bae I hard blong John hemi jenis. Oli talem se Sera I save kol bak eni taem.

Yu ting se Sera I sud mekem wanem nao? Wanem tingting blong yu long advaes blong VWC?

- **Yu save wanem ia wan family proteksen oda?**
- **Yu save hao blong ripot long polis? Sapos Sera I putum ripot, wanem bae I save happen long John?**
- **Fromwanem nao I hard blong Sera I mekem disisen?**

Key messages

- **Barriers to seeking help:** It is important to understand that in our society, women who are in violent relationships face many barriers when trying to get help or leave a violent relationship. Some of these barriers are:
    - **Family expectations:** the family of the survivor may not support her in getting help or leaving the relationship. There are perceptions that leaving a relationship, particularly a marriage, is shameful and the family may tell the survivor that she needs to stay. They may also engage in victim blaming – telling the survivor it is her fault that the violence is happening to her. The family may also not be able, or not want, to support the survivor financially if she leaves the relationship.
    - **Marriage:** Vanuatu is a Christian country and the sanctity of marriage is upheld in both Church and Custom. Once a person is married, leaving the relationship if there is violence can be very difficult due to the stigma associated with divorce, which is seen to be going

against our Christian and custom values. Marriage is also associated with a view that women should submit to their husbands and should tolerate violence as a form of discipline.

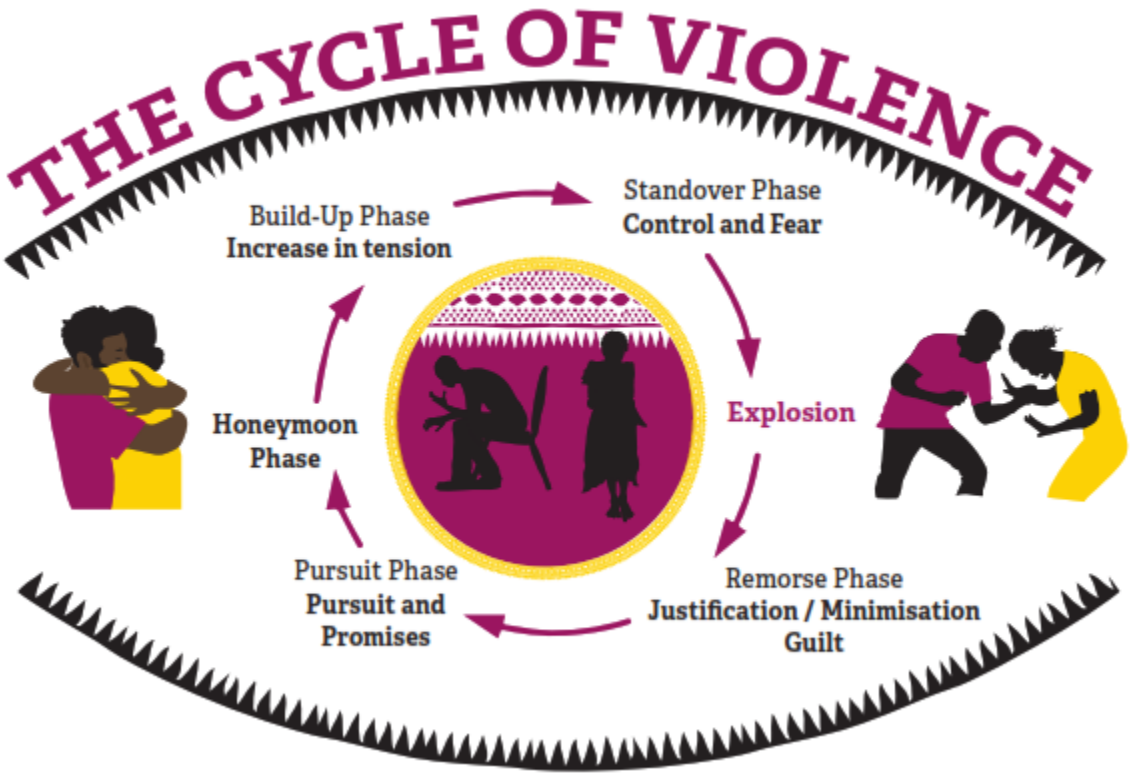
- **Bride price:** 'Fasin blong pem woman' is a widespread cultural practice. While Malvatumauri Council of Chiefs have stressed that this practice is not, under custom, one which gives the husband 'ownership' of their wife, there is nonetheless a common perception amongst the community that it does. In recent times, it has become common to give money to the wife's family along with custom items. The amounts of money paid vary widely across islands. This monetary payment, especially where it is very high, adds to the perception of ownership. When a woman is in a violent relationship, her parents may not want her to leave as they may feel an obligation to pay back the bride price and may not have the means to do so. It is important to note that legally there is no requirement to pay back a bride price if a woman leaves her marriage.
- **Rights of children to land / lack of rights for women:** Under most Vanuatu customs, land inheritance is through the patrilineal line. This means that a woman's access to land is mostly determined by her husband or male family members. Many people in Vanuatu rely on subsistence farming of land for income and food. A woman in a violent relationship may not want to leave due to a fear that she will no longer have access to land, or that her children's right to inheritance of their father's land may be affected.
- **Economic dependence:** Many victims of violence are dependent on their partner economically, particularly where the perpetrator uses economic violence to control their partner. Without access to their own source of income, a victim may be unable to leave a relationship.
- **Victim-blaming/Normalisation of violence:** Violence is widely accepted as a normal way to discipline a person, particularly children but also wives/partners. This normalisation or acceptance of violence leads to victim blaming. Often, instead of asking why the perpetrator chooses to use violence, people will focus on what the victim did to provoke the violence. For example, when a woman is raped, often people will ask what she was wearing or why she was drinking or why she was out at night on her own, instead of asking why the man chose to rape her. When a man uses violence against his wife, he will often justify it by blaming her for not fulfilling her duties as a wife, for example she didn't cook on time or she talked back to him or she disrespected his family. Victim blaming allows the perpetrator to avoid responsibility for their choice to use violence. **Violence is never acceptable. A person is never responsible for the acts of violence against them and should never be blamed or made to feel like they deserved to be abused.**
- **Access to Information and Services:** In many parts of Vanuatu, it is very hard to access information about GBV and services that can assist victims of violence such as police, courts etc. Due to our geography, Government services are largely centralised in urban centres and accessing these services is expensive and may require travel across rough terrain or sea. Many people experiencing violence may not know that what they are experiencing is violence or that it is against the law. Even if they do know, getting to a service that can help them may be extremely difficult.

- **A victim-survivor's decision must be respected, even in cases where they choose to stay with a violent person.** They might be facing some or all of the barriers we explored in Sera's story. If a

person remains at risk of violence, you might provide the guidance at **Annex B (7 point Safety Plan)**.

- **Cycle of violence**

In many violent relationships (but not all), violence occurs in a cycle – that means that violence is recurring and often the violence increases in severity as the cycle continues. The cycle of violence can help us understand why many victims do not leave their abusive partners. The cycle of violence is a tool of power and control in which the victim is trapped in a continuing cycle of behaviour which significantly affects their mental health and ability to make a decision about the relationship.



The main stages of the cycle of violence are:

Tension building/Control and Fear: In this stage, the abuser starts to exercise control over the victim. The abuser may become focused on aspects of the victim's behaviour, complaining about little things the complainant does 'wrong'. The abuser will often isolate the victim at this stage, cutting them off from friends and family. The abuser may insult or degrade the victim. The abuser may use the silent treatment or be emotionally distant from the victim, denying them affection. The victim will usually try very hard to

conform to the abuser's commands and placate them as they can feel the tension, but will not be able to please the abuser.

Explosion/Violence: In this stage, the abuser uses violence against the victim – it may be physical, sexual or emotional violence. The abuser may decide they need to teach the victim a lesson. It might initially be a less serious incidence of violence, but as the cycle of violence repeats, this stage can become more and more dangerous for the victim as the severity of violence increases. In this stage, the victim is shocked and frightened and may even try to leave. They may try and fight back or might report their partner to the Chief or the police.

Remorse/Justification/Pursuit: In this stage, the abuser recognises that they may lose power and control over the victim and will try to regain the victim's trust. They may ask for forgiveness, say they are sorry and promise never to be violent again. They may 'love bomb' the victim – showering them with gifts and sweet words. Even if they say they are sorry, the abuser will often try to avoid full responsibility by placing blame on the victim. For example they may say things like "you know you shouldn't get angry with me when I'm drunk" or "if you had cleaned the house properly I would never have hit you". They might make a custom apology to the victim or her family at this stage. They may put pressure on the victim to drop their complaint with the Chief or the police. In this stage the victim will be very confused about who the abuser is. They may very much want to believe the promises and that the abuser will change. They may also blame themselves for the violence. Often, the couple will reconcile at this stage.

Calm/Honeymoon phase: After reconciliation, there might be a period in which the relationship is calm or even loving. This period can last for a few weeks, months or even just a few days depending on the individual. In this stage the abuser acts as if the violence never happened and the abuse stops during this period. The victim may start to believe that the violence has really stopped and won't happen again.

It is important to understand that usually violence will not stop on its own. This is why it is called a cycle of violence. The only way for the cycle to stop is either for the victim to leave the abuser or for the abuser to take true responsibility for their behaviour and get help to stop using violence. Without intervention, the cycle will continue and will become worse over time.

<u>How to Get Help</u>

Domestic violence is a criminal offence under the law of Vanuatu. The *Family Protection Act* 2008 prohibits the use of violence against a family member. A person who is experiencing violence may decide to:

1. Seek counselling support and talk to someone about what they are going through. This may allow them to understand their options and think through what they want to do about their situation.
2. Seek medical assistance from a Health Centre or hospital for treatment of injuries;
3. Report a criminal offence to police – this will mean that the case will progress to Court and if found guilty, the offender could be punished with a prison term or fine or both a fine and imprisonment.

4. Obtain a family protection order – this is an order issued by the Magistrates Court that protects the victim from further violence. The order is written by the Magistrate and has rules that the perpetrator must follow. The rules in the order will depend on what the victim says they need to feel safe. For example, the order might put distance between the victim and the perpetrator and prevent the perpetrator from contacting the victim. Or, if the victim wishes to stay living with the perpetrator, the order may simply state that the perpetrator must not use any form of violence against the victim.

If a person experiences Gender-Based Violence, especially sexual offences and serious physical assaults, the most immediate response should be to help them to seek medical and social-emotional support, and report to the police. This, however, doesn't always work in the context of communities in Vanuatu.

Unfortunately, the reality is medical care and reporting to the police are not always options, and many survivors are not given any further emotional support following Gender-Based Violence incidents. The discussion surrounding emotional and psychosocial support in terms of recovery is crucial and needs more attention. Promoting community recognition that Gender-Based Violence is an experience that is extremely emotionally difficult will help to support survivors.

More information about Services:

The service providers that can assist people experiencing violence include:

- **The Vanuatu Women's Centre:** The Vanuatu Women's Centre provides a free and confidential service for women and children (boys and girls under the age of 18). The VWC provides counselling either in person or over the phone, through a 24 hour free phone line 161. The VWC counsellors will support a victim to take action if they want to and can assist with reporting to police or getting a family protection order. The VWC provides safe houses where a victim of violence is in a dangerous situation and needs to be kept hidden from the perpetrator for a period of time. The VWC provides legal advice on family law matters such as divorce, child custody, child maintenance and family maintenance. The VWC can conduct awareness and training about GBV in communities. VWC also have funds to assist victims who cannot pay for transport to access their services.
- **Mind Care Unit – Vanuatu Health Department:** The Mind Care Clinic provides specialized mental health support to anyone that Gender-Based Violence has impacted. You can contact the Mind Care Clinic via the Mental Health Vanuatu Facebook page or their website (www.mentalhealthvanuatu.wordpress.com/contact/). They also have a VOIP extension at Port Vila Central Hospital that goes straight to the mind care clinic. Call Port Vila Central Hospital on (+678) 22512. The VOIP is then 1081.
- **The Family Protection Unit, Vanuatu Police Force:** a victim can choose to report the offence to the police. There is a dedicated unit in VPF, the family protection unit, who deal with most offences of domestic violence. In a dangerous situation however, the victim can call 111 for help. If a report is made to police, they must investigate the offence and, if there is enough evidence, must progress the case to prosecution. This will result in the matter going to Court and the Court punishing the offender if he/she is proven guilty. Domestic violence is punishable by up to 5 years in prison or a 100,000 vatu fine or both. It's important to note that some sexual violence offences

carry much higher penalties (see Annex XX). When reporting a matter to the police, it will help the case if the victim can provide evidence such as a medical report and photos of any injuries, as well as witnesses, if any.

- **Magistrate's Court:** while women and children can go through the VWC to get a family protection order, it is also possible to attend directly at the Court registry in Port Vila and apply for a family protection order. The Court registry is located in Equity House behind Vila Mall. There is no fee for applying for a family protection order and there is no requirement for a lawyer to represent the applicant. The clerks of the Court can assist the person to fill out the application form and the Magistrate will then decide whether or not to grant the order. An order should be granted within 24-48 hours of an application being made. The police must then give a copy of the order to the defendant for the order to become effective. The first order is a short order for 14-30 days only and then the Court will set a date for both parties to come to Court and the Court makes a decision whether or not the order is extended.
- **Public Solicitor's Office:** the public solicitor's office provides free legal advice for men and women who cannot afford to pay for a private lawyer. They can represent people who are charged with a criminal offence and cannot afford a defence lawyer in Court. They can also provide legal advice on family law matters like divorce, custody, child and family maintenance. For civil matters there is a small fee of around 3000 vatu.
- **Medical support:** If possible, help the survivors have a medical appointment at a hospital, health center or dispensary within 72 hours (3 days). In rape cases, people to receive Post-Exposure Prophylaxis (PEP), which are medicines (emergency contraceptives and antibiotic drugs) that decrease the possibility of the survivor getting pregnant or infected with HIV/AIDS and other diseases or sexually transmitted infections.
  - The medicine and clinical examination are free of charge at Port Vila Central Hospital or a small visitation fee at some health centers.
  - If the survivor chooses to pursue legal/police action, it can help to undergo a medical or laboratory examination by a nurse, nurse aid or doctor.

  It is crucial to emphasize the importance of going to the hospital, health center or dispensary, EVEN if the rape occurred weeks or months ago. This is because:
  - The survivor can receive pregnancy tests or HIV tests and appropriate treatment when needed.
  - The survivor may suffer from long-term physical consequences of rape, such as fistulas or other infections. Healthcare workers can help to treat or manage these conditions.
  - The survivor can suffer from the psychological consequences of trauma.

Mental Health and Psychosocial support: MHPSS provides emotional support, including listening to an individual's concerns and emotions and providing basic counselling. Most communities have informal referral pathways and support groups that play a big role in MHPSS.

For more information about GBV and support services, refer to the *Stanup Strong Website* (https://www.facebook.com/stanapstrong). This website is designed to be a knowledge hub on ending violence against women and girls. The resources are from various stakeholders and include videos, brochures, reports, training materials, posters and more.

Session 3: *Conclusion and evaluation*

Session objective/s: At the completion of this session, participants will be able to:

- Reflect on their workshop experience, identifying things that they liked / disliked
- Reflect on their workshop learning and identify future actions
- Summarise workshop key messages

Materials:

- Root causes of violence cards (**Resource K**) (if using Option 2 for post-workshop evaluation)
- Ball or other object that can be passed across a circle of participants
- Phone /camera for taking pictures

At the end of the workshop, it is useful to know (1) what participant's experience of the workshop was and (2) what they learnt. This can help you to assess progress against the workshop and session objectives and to adjust for future delivery. The activities below include options for evaluating participants (1) experience and (2) learning. Ideally, choose one option from each Activity below. However, if time is very short, you may want to use only one.

Activity: Post-workshop evaluation (experience)
Option 1: Paper scales

Instructions:

1. Prepare 5 pieces of paper with the headings
    a. Ol samting we yumi bin tokbaot
    b. Ol aktiviti we yumi bin mekem
    c. Ples blo woksop
    d. Kakai
    e. Ol man we oli mekem woksop
2. On each, draw a line across the paper. At one end, draw a sad face and write "mi no laekem nating" and at the other put a happy face and write "mi laekem tumas".
3. Display each paper around the room and ask participants to put a cross somewhere along the line for each piece of paper. Demonstrate that if they liked some of the activities but not all of them, they might put a cross in the middle of the "Ol aktiviti we yumi bin mekem" paper.
4. Take photos of all the complete flipchart paper.

Option 2: Discussion (wanem yu laekem? / wanem yu no bin laekem?)

Instructions:

1. Write wanem yu laekem? / wanem yu no bin laekem? on two pieces of flipchart paper. Ask participants to share things that they liked about the workshop and things that they didn't. Try to focus on the areas in Option 1 rather than things that they learnt.
2. Facilitators can write participant responses or invite participants to write themselves.
3. Once complete, take photos of the flipchart paper.

Activity: Post-workshop evaluation (learning)

Option 1: Human scale

Instructions:

1. Mark a section of the workshop room /space. One end of the room / space means "Mi no save nating" and the opposite end means "Mi save evri samting / mi konfiden tumas". Point of sections in between that mean "Mi save smol" and "Mi save fulap/bigwan".
2. Ask participants to listen to the statement and stand in a location that reflects their current level of knowledge or experience. Emphasise that participants should choose a location that reflects their own knowledge or experience, even if it is different to other participants.
3. Ask the following questions. Wanem save blo yu lo saed blong:
    a. Wanem ia wari?
    b. Wanem nao ol impak lo bigfala wari lo yumi?
    c. Wanem ia jenda?
    d. Wanem ia vaelens?
4. Note down the distribution for each question (e.g. 13 people at "Mi save smol", 10 in the centre and 7 at "Mi save fulap / bigwan").
5. Invite participants to reflect on changes across the course of the workshop.

Option 2: Agree/Disagree/Don't Know
Instructions

1. Place three cards in three different spots in the room – the cards are Agri / No Agri / Mi no Save
2. Read out the first of the statements for this option and ask the participants to go to the card which reflects whether or not they agree with the statement.
3. Record the number of men and women who are on each card.
4. Repeat with each statement.
5. Explain you will come back to these answers throughout the workshop

Examples of possible statements:

- Hemi oraet blong wan man I kilim woman blong hem wan wan taem
- Ol man oli boss blong haos mo oli gat las toktok long ol bigfala disisen insaed long home
- Gender hemi minim ol tingting o bilif we yumi gat long saed blong fasin blong man mo woman

- Sapos ol woman oli dress up good mo **no** werem ol short skirt mo short trouses, bae ol man oli no save repem olgeta
- Ol fasin blong vaelens mo rep oli save kosem plante rabis filing long victim (man o woman we hemi fesem vaelens o rep)
- Fulap we oli fesem vaelens oli save gat ol difren kaen rispon long filing o bodi we maet bae oli no lus afta we tret hemi finis
- Ol problem blong vaelens between wan husband mo waef hemi blong tufala nomo, mo I no afektem community nating
- Wan man o woman we hemi fesem vaelens insaed long home blong hem, hemi gat raet blong askem help long polis

Option 3: Learning and/or future action circle
Instructions:

1. Ask participants to sit in a circle. One facilitator should hold a ball or other object that can be thrown between participants. Explain that you'd like each participant to share (1) one thing that they learnt from the workshop and (2) one action that they are going to take after the workshop. For example, I learnt about. Once a participant has shared they should throw the ball / object to the next person.
2. Continue until all participants have shared. Ensure that at least one of the facilitation team takes notes of participant learning and future actions.

Note for facilitators: *Even if you select another option for post-workshop evaluation (learning), you may still want to finish with this activity, asking participants to only share future actions.*

Option 4: Written pre and post surveys: this approach can be beneficial in that each respondent answers the survey themselves and is not influenced by the answers of their peers (which can happen in option 1 and 2 above). However, this approach is not recommended where the community has very low levels of literacy as the answers can be hard to interpret/are unreliable. You can combine a written survey with option 3 above for a non-written component.

Instructions

1. Develop a written pre and post survey that can include both the scaling of knowledge as per option 1 and the agree/disagree/don't know responses per option 2
2. Distribute the survey before the workshop commences. You must go through each question with the participants to ensure they understand how to answer.
3. Make sure you offer to assist people who are unable to fill out the survey themselves.

Activity: Wrap up
Instructions:

1. Linking to the participant contributions in any of the evaluation activities, provide a final, brief summary of the workshop goals.

2. Thank participants for their involvement and invite a participant to share a closing prayer.

Module 4: Leadership for eliminating GBV

Note for facilitators: *This Module is designed for community leaders and village health workers. It assumes that participants will have already completed Module 1-3 with other community members. If participants have not completed Module 1-3, it is recommended that they first complete these Modules before participating in the final one-day workshop.*

If delivered to participants who have not attended Module 1-3, additional introductory sessions (see Module 1: Session 1) would need to be added and activities changed to ensure all topics can be covered effectively and safely for participants and facilitators.

Session 1: Communication skills for leaders

Session objective/s: At the completion of this session, participants will be able to:

- Identify and practice psychosocial support (PSS) communication skills (respond or react, supportive listening, suggesting rather than advising)
- Identify the importance of self-regulation in communication

Materials:

- Facilitators, please review the section on Communication Skills in the MHPSS manual. pg 15-19.

Activity: Sharing our difficulties
Instructions:

1. Present the concept of "respond v react"
    - Responding involves replying to a person thoughtfully and with reason.
    - Reacting is replying to a person emotionally and often defensively.
    - Self-regulation is key in being able respond rather than react. Self-regulation is the ability to cope with your own emotions. The more you can self-regulate, the more you will be able to remain calm even during stressful situations. Remaining calm will allow you to respond rather than react.
2. Ask participants to split into pairs. Ask everyone to think of a difficulty that they are having. Give each pair 5 mins - one member of the pair to share their difficulty and for the other member of to listen and respond.
3. At the end of the 5 mins ask:
    - the **person sharing their difficulty** to reflect on whether they found the response helpful? How might they want it to be different?
    - the **person listening**, what did they notice about their thoughts or feelings as they listened? What did they notice about their response? Would they have done anything differently?
4. Ask the pairs to switch and try the other role

5. Bring the group back together and invite pairs to share their reflections. Refer to the key messages to emphasise relevant experiences and reflections on the important communication skills for leaders.

Activity: Demonstrating communication skills for leadership

Instructions:

1. Facilitators read the following scenario to the group.

   Scenario: Joseph wetem James oli ol fes bon boy blong tu family we oli live long wan village. Joseph, uncle blong hem hemi Markson we hemi Chief blong village. Family blong Joseph oli gat dispute wetem family blong James from wan pis graon we Joseph mo James tufala I stap long line blong karem graon ia. Tugeta family oli stap talem se hemi graon blong hem from ol bubu blong olgeta nao oli bin ownem graon ia. James hemi askem Chief Markson blong pulum wan miting..

2. One facilitator can take the role of the Chief (Markson) and the other James (community member who is unrelated to Markson) and demonstrate (1) respond and react, (2) supportive listening, (3) suggesting and advising.

6. At the end of each demonstration, ask the group to reflect on what they noticed?

7. If participants are not responding to the communication, facilitators can explore understanding of leadership more generally? What does leadership mean to them? What is the importance of communication as a leader? How do they act as role models to their communities?

8. Summarise the discussion using key messages, emphasising the importance of self-regulation in communication (i.e. understanding and managing our own beliefs). Ask participants to keep thinking about this throughout the remaining workshop sessions.

Key messages

- Manage your own emotions so as to remain calm in stressful situations, this will help you to be a better communicator, able to listen and respond thoughtfully and with care.
- Listen in a supportive manner. Be attentive when someone is speaking with you, showing interest and concern. Allow them the time and space needed to share.
- Offer ideas and possibilities for ways to deal with a situation as ***suggestions*** rather than advising. When we advise, we tell someone what to do. When we suggest, we let the person choose for themselves.
- For further key messages, refer the section on Communication Skills in the MHPSS manual. pg 15-19.

Session 2: Types and causes of violence

Session objective/s: At the completion of this session, participants will be able to:

- Recall the types of violence and identify behaviour that describes each type of violence
- Recall the root cause of violence

Materials:

- Flipchart paper labelled with the 4 types of violence (2 copies)
- Behaviour cards (**Resource J**)
- Root causes of violence cards (**Resource K**)

Activity: Types of violence (matching)

Instructions:

1. Divide the participants into two groups.
2. Each group should be given 4 pieces of butcher's paper with the headings "physical violence", "emotional violence", "sexual violence" and "economic violence". Each group should also be given the 'behavior cards' at **Resource J** and some blu-tac.
3. Ask the groups to place the behavior cards under the headings according to what they remember about the previous 3 days' activities on the types of violence. Give the groups 20 minutes to complete this.
4. When they have placed all the behavior cards, go through each groups' answers – check to see if they all placed the cards under the same headings. Correct any incorrect placements and explain why.
5. Remind everyone of the definitions of the four kinds of violence.

Activity: Root cause of violence (discussion)
Instructions:

3. Place cards at **Resource K** on the floor. Each depicts a possible root cause of violence.
4. Ask the participants to choose the card they think is the root cause of violence.
5. Go round to the **wrong answers first** and ask why the person chose that card - ask others around the room what they think and allow a debate. Demonstrate that the card chosen is not the cause. Go around until the cause 'ol man oli no rispektem ol woman' and summarise the discussion by showing that this is the root cause – gender inequality and the perception that women are lesser than men - and the others are related to it.

6. Remind participants of the key messages around gender and power.

Key messages

- Violence is the intentional use of physical force or other means of coercion (threatened or actual) against oneself, another person, or against a group or community that either results in, or has a high likelihood of resulting in, injury, death, psychological harm, maldevelopment or deprivation.
- There are four broad types of violence:
    - *Physical violence* is the intentional application of physical force against another person with the potential to cause pain or injury. Examples of physical violence are: hitting, slapping, choking, biting, cutting, stabbing, shoving, burning, using weapons, or **any other physical activity that results in physical pain, discomfort or injury**.
    - *Sexual violence* refers to **any form of sexual activity or contact done to a person without that person's consent**, **or any form of sexual activity done to a person who cannot give consent due to their age or capacity.** Examples of sexual violence include: touching someone sexually without their consent, forcing someone to have sex when they don't want to, forcing someone to watch pornography or look at a pornographic photo, forcing someone to allow you to take photos of them sexually, having sex with a person who is unconscious/asleep or drunk, having sex with someone who is under the age at which they are capable of giving consent. **Even if you are married or in a long-term relationship, you must have consent before engaging in any sexual activity**. Sexual violence offences are some of the most serious offences under Vanuatu's law. Most sexual offences are contained in the *Penal Code* – some of the most common sexual offences are outlined in **Annex A**.
    - *Emotional violence* refers to the use of words or conduct that are intended to insult, harass, threaten or control another person. Examples include: **insulting, bullying, harassment, humiliation, blackmail, controlling and coercive behaviour** such as not letting a partner see friends or family, restricting a partner's movement, stalking someone, monitoring a person's facebook messages and restricting how they can use social media etc.
    - *Economic violence* refers to **denying a partner or children access to sufficient money or financial assistance for things they need** such as food, clothes, household bills, sanitary products, etc. Economic violence is a form of coercive control as the perpetrator is able to control their partner or child through limiting their access to money.
- A person who experiences force can feel compelled to behave as expected or do what is requested. They might fear real and harmful consequences if they do not agree, essentially meaning they are having a traumatic experience. Remember that an experience in which one experiences a sense of threat to one's physical safety is trauma. Trauma can lead to effects which we discussed earlier which can be physical, emotional, psychological, behavioral and/or spiritual. **Gender** describes the **socially constructed, behaviors, expressions and identities** of girls, women, boys, men, and gender diverse people (i.e what it means to be a boy or a girl, man or woman in a particular society or culture). Society teaches expected attitudes, behaviours, roles, responsibilities, constraints, opportunities and privileges of men and women in any context. This includes clothing choices, grooming habits, division of household tasks, etc. This is learned behaviour known as "gender identity". This means that **gender differences can differ in each culture, and they can change with time**, in response to changing social expectations of our gender roles.

- Gender influences **how people perceive themselves and each other**, **how they act and interact**, and the **distribution of power and resources in society**.
- Gender-based violence is deeply rooted in discrimination and attitudes of what it means to be a man or a woman. Gender-based violence can be experienced by anyone. However, social beliefs around gender and power often means that women and girls, and vulnerable populations like people living with disabilities, the elderly, and those living with existing medical conditions, are disproportionately affected by gender-based violence. By contrast, men are often the target of physical violence by other men (i.e. unrelated to their gender).

Session 3: Responsibilities to assist with GBV

Session objective/s: At the completion of this session, participants will be able to:

- Identify community members who have a responsibility to assist in responding to GBV
- Distinguish between helpful and harmful assistance in responding to GBV

Materials:

- GBV: Who can help and how? pictures (**Resource L**)
- Scenarios: Helpful or harmful?
- A rock and piece of coral for every participant
- Story: Sera and John

Activity: GBV - Who can help and how?

Instructions:

1. Divide participants into three groups (3/4 per group).
2. Place **Resource L** (GBV: Who can help and how?) pictures around the room. Ask participants to rotate around the room and review the pictures. As they move around, ask participants to consider which community members have a responsibility for assisting victim-survivors of GBV.
3. For each person that they have identified, ask them to discuss and note down what responsibilities they think this person has. If there is anything that they think the person definitely shouldn't do, note those down too.
4. Bring groups back together. Ask the first group to choose one community member and share their discussion on responsibilities. Did other groups also identify this community member? Do they agree or disagree? Why/why not? Clarify any responsibilities referring to the key messages.
5. Move to the next group and follow the same process. Repeat until all community members and their responsibilities have been discussed.

Activity: Helpful or harmful?
Instructions:

1. Ask participants to sit in a circle. Give each participant a rock and a piece of coral. Make sure that they are easy to distinguish from each other.
2. Explain that you are going to read out some scenarios. For each scenario, ask participants to close their eyes, listen to the scenario and decide whether the reaction of the leader is "helpful" or "harmful". If they think it is **"helpful"**, place the **piece of coral** on the table/ground in front of

them. If they think it is **"harmful"**, place the **rock** on the table/ground in front of them. Once all participants have made a choice, ask everyone to open their eyes.

3. Reflect on the responses from the group (e.g. how many have chosen "helpful", how many "harmful"?). Ask participants who have chosen "helpful" why they chose it. Ask participants who have chosen "harmful" why they chose it. Facilitate a debate around each scenario.
4. Give out the correct answer to the participants and explain why it is likely "helpful" or "harmful".
5. Repeat for all scenarios.
6. At the conclusion of the activity, summarise using the key messages.

Scenario	**Helpful or harmful?**	**Explanation/Reason**
Bislama: Wan village health woka hemi luk Margaret long Aid Post. I luk olsem hand blong Margaret I broke mo hemi gat sam mark long han mo neck blong hem. Hemia ino fes taem we Margaret I kam long Aid Post wetem ol kill. Village Health Woka I talem long Margaret se i klia se hemi no sef long haos mo hemi mas lego man blong hem nao ia. Margaret I no talem eni samting. Village Health Woka hemi kolem police mo VWC. **English:** A Village Health Worker sees Margaret at the Aid Post. It looks like Margaret's arm is broken and she has bruising across her arms and neck. This is not the first time Margaret has visited. The Village Health Worker tells her that she is not safe at home and has to leave her husband. Margaret says nothing in response. The Village Health Worker calls the Police and Vanuatu Women's Centre immediately.	Harmful	The Village Health Worker should not contact the Police or VWC without Margaret's agreement. Supporting victim-survivors of GBV requires using a "do no harm approach". The Village Health Worker can helpfully provide information on the services available and offer to support with contacting them. However, contacting the Police may compromise Margaret's safety or put her or her family at further risk. The Health Worker must respect any reasons Margaret may not wish to access support.
Bislama: Mimi mo Leimata oli bin save tufala long skul mo oli ol gud friend. Mimi hemi move go long narasaed long aelen taem we hemi maret mo naya tufala I no luk tufala tumas. Mimi hemi go long taon mo hemi luk Leimata. Mimi hemi talem long Leimata se hemi missim hem we. Mimi I talem se man blong hemi I no stap	Helpful	Leimata has listened carefully to Mimi's story. She is able to put aside her past personal knowledge of Mimi's husband and offer information and advice. She does not force Mimi to take any particular decision and she assures her that

lettem hem blong luk ol fren o family we oli stap long taon. Leimata I sek. Hemi bin save man blogn Mimi bifo we oli maret mo hemi bin ting se hemi wan gudfala man. Leimata I bin ting se Mimi I happy wetem hem. Hemi kamaot long wan gudfala family. Leimata I bin ting se hemi no stap luk Mimi from Mimi I busy tumas. Leimata I sidaon wetem Mimi mo lisen long hem taem we hemi sharem storian blong wanem we man blong hem I stap mekem. Taem Mimi hemi finis, Leimata I explenem se wanem we Mimi I stap go tru long hem, hemi vaelens. Leimata I talem se VWC I save helpem Mimi blong save ol rod we hemi save folem. Leimata I talem se hemi save helpem Mimi sapos Mimi I wantem. Leimata I promisem se bae hemi no talemaot storian blong Mimi long eni wan. **English:** Mimi and Leimata have been friends since school. Mimi moved across the island when she got married to her husband and they don't see each other often. Mimi recently saw Leimata during a shopping trip to town. Mimi tells Leimata how much she missed her. She says her husband won't let her visit friends, or her family back in town. Leimata is very surprised. She knew Mimi's husband before they got married and had always got on well with him. He is from a very good family. Leimita had assumed Jane had just been busy. She sits with Mimi and listens carefully as she shares her story. When she is finished, she says that what Mimi has been experiencing is violence. She says that the Vanuatu Women's Centre could help Mimi think through her options. She offers to help Mimi to contact them if she would like. She assures her she won't share her story with anyone.		what she has shared will be kept confidential.
Bislama: Juliana hemi muv I go long village taem we hemi maretem man blong	Harmful	The Pastor has blamed Juliana for the violence she has experienced. He has

hem. Juliana hemi go plante long Jioj mo hemi mekem fulap wok insaed long Jioj. Hemi stap toktok smol wetem Pastor mo talemaot long hem se hemi stap fesem had taem long haos blong hem. Man blong hem I no stap helpem hem wetem ol wok long haos mo ol pikinini mo hemi stap kros mo singaotem hem ol rabis nem taem we Juliana I no save mekem hem I glad. Juliana hemi stap tingting blong lego man blong hem. Hemi talemaot tingting blong hem long Pastor. Pastor hemi lisen mo talemaot long Juliana se man blong hem I mas gat wan reason blong mekem ol fasin ia. Hemi talem se Juliana nao hemi gat risponsibility blong mekem ol wok long haos mo Juliana I no stap try hard blong lukaotem gud man blong hem. Pastor I talem se man blong hem I stap try hard blong wok blong fidim family mo hemi nidim sapot. Pastor I talem se hemi sorry se wan memba blong jioi I save tekem wan disisen olsem we Juliana I wantem tekem. **English:** Juliana moved to the village when she married her husband Silas. She is a very active member of the Church community. She has mentioned several times to the Pastor that she is finding it very hard at home. Her husband does not help her with any of the household work or the children and gets very angry and calls her awful names whenever it doesn't meet his expectations. After thinking hard about her options, Juliana has decided to leave. She comes to share her decision with the Pastor. The Pastor listens and tells Jane that there is always a reason for her husband's behaviour. She is responsible for household work and likely has not tried hard enough to look after him. He has a stressful job and needs to be supported. He is sad to hear such a devout woman such as Juliana take this decision.		reinforced harmful gender norms (that women should do all household work) and has suggested that her faith makes a decision for her well-being and personal safety impossible. Violence is never the fault of the victim-survivor. There are many barriers that can impact a decision to leave a violent relationship. The decisions and wishes of a victim-survivor must be respected.

Bislama: Man blong jane I bin killim nogud hem yestedei. Jane I gat tu smol pikinini. Hemi bin fraet blong stap long haos mo hemi bin ron go long haos blong friend blong hem, Regina. Taem we ol parents blong Regina oli bin wekap mo luk Jane long haos, Mummy blong Regina I bin wantem harem wanem we I bin happen. Taem we Jane I finis blong talemaot storian blong hem, Mummy blong Regina I bin sek sekem hed blong hem. Hemi talem long Jane se hemi save se life I hard, be Jane hemi gat wan risponsibility blong lukaotem family mo pikinini blong hem. Hemi talem se I gat fulap wei blong mekem wan man I harem gud – hemi sharem ol tingting ia mo hemi wokbaot wetem Jane mo ol pikinini blong hem blong putum olgeta go back long haos. **English:** Jane was badly beaten yesterday. She has two small children. She was terrified to stay at home and took her children to her friend Regina's house in the next village to seek shelter. When Regina's parents woke up to find Jane in the house, Regina's mother sat down with her to hear what had happened. When Jane was finished, she shook her head. She told Jane that she understands that life can be hard. However, Jane has a responsibility to her family and her children to make this relationship work. There are lots of tricks to help make husbands happy. Regina's mother shares some ideas as she walks Jane and her children home.	Harmful	Regina's mother has reinforced harmful gender norms (e.g. women must submit to their husbands and couples, irrespective of violence, must stay together for their children). She has potentially put the safety of both Jane and her children at further risk.
Bislama: Cynthia hemi askem man blong hem, Jeffrey, blong lukaotem baby blong tufala long Thursday from hemi wantem go long birthday blong gudfala friend blong hem long nekis village. Jeffrey hemi kros – hemi talem se I no wok blong hem blong lukaotem pikinini. Hemi singaot strong mo hemi slappem Cynthia plante	Helpful	The Chief has a strong knowledge of GBV and has personal experience of how it has affected his community. He recognises the important role that a kastom ceremony has in restoring peace. He also ensures that Cynthia understands and explores other

taem. Cynthia hemi ron mo hide andanit long bed kasem taem we Jeffrey hemi aot long haos. Long nekis dei, Jeffrey hemi kambak long haos – hemi sorry mo fes blong hem I luk olsem se hemi bin cry. Hemi wantem talem sorry long Cynthia long fasin blong kastom mo askem Jif blong mekem reconciliation. Bifo we Jif I mekem ceremony, hemi askem blong toktok long Cynthia hem wan. Jif I askem Cynthia sapos we hemi stap tingting blong mekem eni ripot long polis from fasin ia. Hemi givim infomesen long Cynthia long saed blong vaelens agensem ol woman mo tu hemi tokbaot se hemi wantem wan community we I no gat vaelens long hem. Jif I wantem wok wetem ol narafala sevis olsem polis mo VWC blong daonem vaelens. Hemi talem long Cynthia se hemi save givim ol kontak long Cynthia sapos hemi wantem. **English:** Cynthia asked her partner Jeffrey to look after their baby on Thursday so that she could attend the birthday celebration of her best friend in a nearby village. Jeffrey said that looking after children was not his responsibility. He screamed and slapped Cynthia repeatedly. Cynthia hid under the bed until he left the house. The next day, he arrived home. He had clearly been crying. He wanted to apologise to Cynthia in person and through a kastom ceremony. Before the ceremony, the Chief asks Cynthia whether she has thought about making any other report of the incident. He shares information on GBV, including his vision for a peaceful, GBV-free community. He wants to work with other service providers, including the Police and Vanuatu Women's Centre to eliminate GBV in his community. He offer to provide contact details to Cynthia.		options for reporting the incident if she wishes.

Activity: Review of the Story: Sera and John in "GBV services and referrals"
Instructions:

1. Remind participants of the story (Sera and John) from Module 4: Session 2 (GBV services and referrals). If any participants did not attend the previous day, re-read the story.
2. Ask the group to review the actions of each of the community members. How do they feel about them now? If their views have changed, what do they think now? Why / why not?
3. Explain what each person in the story could have done to support Sera.

Key messages

- **Violence is never acceptable. A person is never responsible for the acts of violence against them and should never be blamed or made to feel like they deserved to be abused.**
- Normalisation of violence as an acceptable way to discipline a person means that often, instead of why the perpetrator chooses to use violence, people will focus on what the victim did to provoke the violence. This is victim-blaming and allows the perpetrator to avoid responsibility for their choice to use violence.

- All community members can support victim-survivors of GBV by ensuring that they never blame them for the for the violence they have experienced and/or make them feel that they deserved the violence they faced / or are facing.

- **Community leaders can play a key role in:**

    - **modelling rejection of a victim-blaming** to community members,

    - emphasise the **negative mental health and psychosocial impacts of GBV** (stress, trauma),

    - **offer (where they have relevant skills) basic mental health and psychosocial support**, and

    - **hold perpetrators accountable for their choice to use violence**.

- Specific community members can provide additional support:

    - **Family members:** reject and discourage victim-blaming; irrespective of marriage (in Church or kastom) welcome family members facing violence back into their homes (where this is possible) and/or support them in exploring alternatives (e.g. access to service providers, safe houses, living and working arrangements)
    - **Chief / Community leaders:** reject and discourage victim-blaming; reject bride price as a marker of ownership or reason for violence; stress the negative MHPSS impacts of GBV; hold perpetrators of violence to account; offer information on, and support to, access MHPSS and GBV service providers and respect the decisions of those facing violence
    - **Pastor / Church leaders:** reject and discourage victim-blaming; reject marriage as a marker of ownership or reason for violence; hold perpetrators of violence to account; offer information on, and support to, access GBV service providers and respect the decisions of those facing violence

- **Health workers:** reject and discourage victim-blaming; offer MHPSS to victim-survivors of GBV; offer information on, and support to, access GBV service providers and respect the decisions of those facing violence
- **Friends & community members:** reject and discourage victim-blaming; offer (where you feel able) MPHSS to victim-survivors; offer information on, and support to, access GBV service providers and respect the decisions of those facing violence

- **Remember that a victim-survivor's decision must always be respected, even in cases where they choose to stay with a violent person.** They might be facing some or all of the barriers we explored in Sera's story. If a person remains at risk of violence, you might provide the guidance at **Annex B (7 point Safety Plan)**.
- Remember that **supporting victim-survivors of GBV can be stressful or lead to secondary trauma**.
- There are many ways people cope with difficulty, depending on their culture, previous experiences, social support networks, and more.
- The BASIC PH, a map of coping mechanisms developed by Prof. Mooly Lahad, can give us a few examples of different coping styles. BASIC PH stands for: Belief, Affect, Social, Imagination, Cognitive, and Physical.
    - **Belief:** Spirituality and having a belief system is personal and unique to each individual, and is a very common coping style. Spiritual and belief systems, such as belief in God or belief in the good in people, are found to be supportive in coping with stressors in life and are beneficial to mental health.
    - **Affect (feelings or emotions):** Emotional expression can be useful in times of difficulty. Sharing emotions with someone that you trust can bring a sense of togetherness, reduce loneliness and help with emotional regulation.
    - **Social:** Social support networks were found in research to be the most valuable coping style in times of difficulty. Being able to connect, share, and be supported (both emotionally and in other aspects of life) is very important and can help people overcome difficult situations.
    - **Imagination:** Some people use imagination or other forms of creativity to soothe themselves, express emotions, and cope with difficulty. Children use this coping mechanism a lot, but a lot of adults also find comfort and relaxation in guided imagination, arts and crafts and other forms of creative expression.
    - **Cognitive:** Some people use thoughts and logical thinking to solve problems and cope with difficulty. The thinking process around the situation can help people understand it and cope with it in a more adaptive way.
    - **Physical:** Physical activity helps to relieve physical tension and can help cope with stress. Physical activity can vary from sports, taking walks, household chores, and more.
- To avoid the impact of **secondary trauma** or **burnout** we can adopt self-care strategies and cultivateour coping styles. Some examples are:
    - Practice breathing exercises
    - Practice grounding exercises (refer to BASIC PH and Resilient Together training)
    - Get enough sleep

- Take breaks
- Exercise
- Eat a balanced diet
- Connect with others
- Use spiritual resources
- Balance work, play, rest
- Allow yourself to receive support as well as give
- Pay attention to early warning signs of distress
- Consult with your peers
- Get professional help if it is needed and possible

Session 4: Why address GBV?

Session objective/s: At the completion of this session, participants will be able to:

- Develop and share their vision for a community without GBV
- Develop key messages to support their leadership and advocacy to community around reducing GBV

Materials:

- Flipchart paper and markers AND/OR access to natural materials (leaves, rocks, sticks, flowers, sand)
- Key messages for community (**Resource M**)

Activity: Visioning: A community without GBV

Instructions:

1. Divide participants into 2 groups (5/6 per group).
2. Ask participants to reflect on everything that they have learnt and discussed about GBV over the course of the workshop. Invite participants to close their eyes and imagine what their community might look like if there was no GBV. How would the lives of women be different, including those with disabilities? How would the lives of men be different? How might it impact the experiences of children? What would it mean for community life and work? What would it mean for community leaders?
3. Give participants a few minutes to share what they imagined with the other members of their group.
4. Invite participants to draw / choose materials and work together to create an image of their community without GBV.
    a. If you are in a workshop location with lots of natural materials close by (e.g. bush, beach, flowers), participants can create their picture
    b. If easier / preferable to draw, share flipchart paper and markers with each group.
5. Bring the groups back together and visit each picture. Invite the group who created it to briefly explain what it depicts. Ask other participants to ask questions or identify any similarities / differences to their own picture.
6. Summarise the discussion referring to the key messages.

Activity: Key messages for community

Instructions:

1. Divide participants into three groups (3/4 per group).
2. Ask participants to reflect on their experiences throughout the workshop. As community leaders, what key messages do they feel that the community need to know about GBV? Ask each group to write down some key messages.
3. Bring the groups back together. Invite each group to share a key message and write it onto a piece of flipchart paper at the front of the room. If a previous group has already shared a key message,

select another one. Continue to rotate through the groups until all key messages have been shared and a single list compiled. Clarify any key messages and ensure they reflect the key messages throughout the Facilitator Manual.

4. Explain to the participants that you have compiled some key messages for them to take home. If possible, offer to update these with the work they have done today and share back with them at a later date.
5. Distribute the key messages at **Resource M**.
6. Summarise the discussions referring to the key messages and invite any final comments or questions.

Key messages

- **As explored throughout the workshop activities, it is important that everyone speak out about GBV because:**
    - Gender-Based Violence has tremendous *negative consequences* on individuals and families, communities, and society as a whole (refer to Module 2: Session 4)
    - If we do not fight and speak out against Gender-Based Violence, perpetrators will continue to act without being punished. As a result, victims/survivors will continue to suffer, and families will continue to live in fear.
        - Vanuatu's Women's Centre have found that 60% of women have experienced physical or sexual intimate partner violence, and one in three girls under the age of fifteen have experienced sexual abuse with the majority of the perpetrators being an intimate partner or family member. However, not all of these women and girls reported the violence to an authority such as the police.
        - When a functional protection system is in place across all sectors and including all actors, awareness of Gender-Based Violence crimes is raised and there is more incentive to prosecute perpetrators. This leads to a deterrence in committing acts of Gender-Based Violence. The lower the rates of Gender-Based Violence in communities, the safer the environment is for all women and children, which benefits society as a whole.
    - Gender-Based Violence is a violation of human dignity and human rights
        - Laws in Vanuatu (refer to **Annex A**) and regional and international human rights laws prohibit all forms of violence and discrimination, including Gender-Based Violence.
        - Under Vanuatu's Constitution, all women have the right to live safely, free from violence and discrimination.
        - The Family Protection Act 2008 created the criminal offence of 'Domestic Violence'
- **Community leaders and health workers have a critical role to play in setting an example for other community members by (refer to Resource L).**

Annex A: Gender-Based Violence in Vanuatu: Understanding the Policy and Legislative Framework

International (and regional) human rights law prohibits all forms of violence and discrimination, including Gender Based Violence. Any form of Gender Based Violence constitutes a serious violation of human rights. There is a clear policy and legislative commitment by the Vanuatu government to the elimination of violence against women and girls, as outlined in the following section.

Key policies that address Gender-Based Violence

In a community setting, you do not need to outline detailed information about policies. This resource has been included because, as a facilitator, it can be helpful to understand the Government's commitment to ending gender based violence. Some community members may perceive the information you give as being driven by foreign influence/not of Vanuatu's culture. However, understanding the Vanuatu Government commitments can assist in your responses to questions and highlight the extent of Vanuatu's policies and legislation that uphold gender equity.

Some of the key Government policies that deal with gender-based violence include:

1. ***The National Sustainable Development Plan 2030 'The People's Plan' – this is Vanuatu's highest level policy framework. Aspects of the NSDP that address gender equality include:***

Pillar 4: Social Inclusion	**An inclusive society which upholds human dignity and where the rights of all Ni Vanuatu including women, youth, the elderly and vulnerable groups are supported, protected and promoted in our legislation and institutions**
Policy objectives:	
SOC 4.1	Implement gender responsive planning and budgeting processes
SOC 4.2	Prevent and eliminate all forms of violence and discrimination against women, children and vulnerable groups
SOC 4.3	Empower and support people with disabilities
SOC 4.4	Define the roles, responsibilities and relationships between the state, churches, traditional leaders and communities in safeguarding human right and protecting traditional values and Christian principles
SOC 4.5	Ensure that all people, including people with disabilities, have access to government services, buildings and public spaces
SOC 4.6	Provide opportunities, support and protection services for youth and children as valued members of society
SOC 4.7	Encourage participation in physical activities and develop a safe and inclusive sports system that serves as a vehicle for community cohesion, education, health, leadership and fair play

Other key national policies include:

2. *National Gender Equality Policy 2020 – 2030* – Strategic Area 1 of this policy is "Eliminating discrimination and violence against women and girls" – primary policy document relating to GBV and gender equality in Vanuatu
3. *National Child Protection Policy 2016 – 2026* – Policy Vision: "A safe and secure society where children of, or living in Vanuatu are free from all forms of abuse, exploitation, neglect and violence enabling them to enjoy a fulfilling childhood and productive life regardless of their gender, religion, age, ethnicity, disability, health status and cultural background"
4. *National Disability Inclusive Development Policy 2018 – 2025* – Policy vision includes a focus on protecting people with disabilities from crime and abuse. Strategic areas include access to justice and addressing the multiple forms of discrimination faced by women and girls with disabilities
5. *Vanuatu Justice and Community Services Sector Strategy* – Overarching strategy document for the justice sector – heavy focus on improving access to justice for vulnerable groups

The Legislative Framework

Vanuatu's legislative framework clearly prohibits all forms of gender-based violence and provides for gender equality.

The Constitution - 'Mama Loa'

Vanuatu's highest law – the Constitution – contains fundamental rights for all citizens of Vanuatu in Article 5. These are rights granted to all citizens of Vanuatu without discrimination. Importantly, all citizens in Vanuatu have the right to freedom from discrimination, equal treatment before the law and safety and security of the person.
These rights have been part of Vanuatu's Constitution since it was passed in 1980, demonstrating that all women have the right to live safely, free from violence and discrimination.

The Family Protection Act
The Family Protection Act was passed in 2008. This legislation was fundamental to explicitly prohibiting all forms of family violence. Some of the important aspects of this act include:

- The criminal offence of 'Domestic Violence'
    - 'Domestic violence' is any kind of violence (physical, psychological, sexual, stalking/harassment, property damage, threats to commit violence) committed between family members.
    - 'Family members' includes spouse (married or living together), child (biological, adopted or stepchild), brothers/sisters, grandparents, parents and parents-in law, ex-partner if there are children in the relationship and any other person treated like a family member.
    - The offence of domestic violence is punishable by up to **5 years in prison**, a fine of up to 100,000 vatu or both imprisonment and a fine.

- Created 'Family Protection Orders '
    - Civil protection orders granted by the Magistrate's Court.
    - No fee applies to FPO applications under the Act.

- Breaching a family protection order is a criminal offence, punishable by up to 2 years in prison, a fine of 50,000 vatu or both a imprisonment and a fine.
- Created the position of 'Authorized Persons' – community members who are appointed to issue FPOs in their communities

The Family Protection Act imposes obligations on police and courts to respond quickly to criminal reports and applications for family protection orders. It also gives additional powers to police in relation to offences – police do not need a warrant to make an arrest or enter a premises where they have a reasonable belief that an offence of domestic violence is taking place or has taken place.

The Penal Code

Many offences that constitute domestic violence are also offences under the Penal Code and have been since 1980. This demonstrates that gender-based violence violence, since independence, has not been allowed or accepted under Vanuatu's legal framework. The Penal Code is the law in Vanuatu which contains most of Vanuatu's serious crimes against the person.

The penalties in the Penal Code can be significantly higher than the penalty for domestic violence under the Family Protection Act. Prosecutors are responsible for charging offenders under relevant legislation. Often an offender may be charged with both domestic violence and a crime under the Penal Code (it doesn't have to be one or the other).

Many offences that constitute gender-based violence, are sexual offences. The table below outlines some of the most common sexual offences under the Penal Code and the maximum penalties for these offences.

English Toktok	**Bislama Toktok/Mining**	**Panismen/Penalti anda long Loa blong Vanuatu**
Sexual intercourse without consent	Rep – hemi minim taem wei yu fosem wan nara man o woman blong gat seks taem we hemi no agri blong gat seks wetem yu, o yu mekem seks wetem wan pikinini we hemi yang tumas blong agri blong gat seks.	**Life Imprisonment/ful laef taem long kalabus**

Incest	Hemi minim taem wei wan mama o papa e gat seks wetem pikinini blong hem (inkludem adopted pikinini); brata i gat seks wetem stret sista, o abu i gat seks wetem stret bubu blong hem	● Sapos tufala oli ova 16 yia mo tufala I agri blong gat seks: **15 yia long kalabus** ● Sapos tufala oli ova 16 yia, be wan I fosem narawan blong gat seks: **20 yia long kalabus** ● Sapos wan hemi anda 16 yia, hemia we hemi ova long 16 hemi save go **laef taem** long kalabus
Unlawful Sexual intercourse	Hemi taem we wan man o woman hemi gat seks wetem wan pikinini we hemi anda long 15 yia. **Hemia hemi wan kraem, nating sapos pikinini hemi agri blong gat seks o no.**	● Sapos pikinini hemi ova long 13 yia be anda long 15 yia: **15 yia long kalabus** ● Sapos pikinini hemi anda long 13 yia: **laeftaem long kalabus**
Sexual intercourse with child under care or protection	Taem we wan man o woman hemi gat seks wetem wan pikinini we hemi stap lukaotem we hemi anda long 18 yia (exampol wan step-pikinini o wan pikinini we I kam live wetem family blong go long skul). **Hemia hemi wan kraem, nating sapos pikinini hemi agri blong gat seks o no.**	**10 yia long kalabus**
Act of Indecency without consent / Act of Indecency with a young person	Taem we wan man o woman hemi mekem wan eni fasin blong seks we hemi no rep long wan narafala wan we hemi no wantem hem blong mekem, o long wan pikinini. Exampol: tajem ol tabu pat blong bodi, toktok nogud, fosem blong luk rabis pikja o movie	● Sapos oli mekem long wan we hemi ova long 15 yia: **7 yia long kalabus** ● Sapos oli mekem long wan we hemi anda long 15 yia: **10 yia long kalabus**

Indecent act in public places	Hemi minim taem wei wan man mo woman i mekem eni fasin blong seks long paklik ples, o long ples wei ol man e stap wokabaot long hem, eg; rod blong ko lo Karen	**2 yia long kalabus**

Links for further information

- *National Sustainable Development Plan* https://www.gov.vu/index.php/resources/vanuatu-2030
- *National Gender Equality Policy*: Not yet available online but can be requested from the Department of Women's Affairs
- *National Child Protection Policy*: https://mjcs.gov.vu/images/policy/Vanuatu_National_Child_Protection_Policy_2 016-2026_FINAL_Nov16.pdf
- *National Disability Inclusive Development Policy*: https://mjcs.gov.vu/images/policy/DID_Policy_2018-2025.pdf
- *Justice and Community Services Sector Strategy*: https://mjcs.gov.vu/images/reporting/JCSSS_2018-2021_-__28.03.18.pdf
- *National Mental Health Policy*: Not yet available online but can be requested from the Ministry of Health

Annex B: 7 Point Safety Plan[2]

Introduction

The MHPSS and GBV Community Awareness aims to build the knowledge and skills of community leaders members to support victim-survivors of violent relationships in accessing relevant support. **A person is not responsible for the acts of violence against them**. It should always be a victim-survivor's choice to leave a violent relationship. They should never be blamed or made to feel like they deserved to be abused, even in cases where they have chosen to stay with a violent person. As explored in Module 3: Session 2 (GBV Services and Referrals), it is important to remember that in Vanuatu, people living on remote islands, where typical support systems are less evident, may have fewer choices about removing themselves from a violent situation.

Who should use this plan?

This safety plan might be useful for victim-survivors who are currently living in violent situations. The plan outlines things that a person can do to reduce the likelihood or severity of violence, or to assist them in removing themselves from violent situations should they occur.

1. <u>Know your man/woman</u>

Be aware of the signs that indicate a partner is likely to turn to violence:

- Breathing may have quickened, or they might be grunting or sighing.
- Their jaw might be clenching, or fists balling.
- They may have gone silent or might be speaking more loudly or yelling.
- They might be throwing things, punching walls, hitting or kicking animals.

If you are seeing an increase in tension or in uncontrolled behaviours, look for opportunities to have the person move outside. Maybe to calm down, maybe to do some activity that will help them relax. If it looks like violence is imminent, then moving yourself into the open can offer you a greater chance for avoiding injury, and for others to assist you.

If your man is at the Nakamal drinking kava or if a person has been drinking alcohol recognise that there is a potential for violence when they return to the house. Think about whether there is somewhere you can go before they return (relative, friend, church…). Is there a friend or family member who can come over and stay with you? If you think that your children are in danger, can they go to some relatives for a time?

2. <u>Find a safe place</u>

If you are in a fight, move away from rooms like the kitchen or bathroom, where there might be sharp objects or items that could be used to inflict injury.

If you have the opportunity, identify a safe room that you can go to in order to get away from the violent person. It is better if the room can be locked. If you need assistance, call 111 or other trusted people and stay in the room until help arrives.

3. <u>Have a phone ready</u>

[2] Adapted from World Vision's 7 Point Safety Plan

Have a phone ready and call 111 if you are in danger. Make sure the phone is charged and kept somewhere safe and hidden. Keep some spare credit with it so that you can always make a call. Consider leaving it with a neighbour if you are unable to keep it in your house.

4. Talk to people you trust and make a plan

Talk to people that will listen, support and help you. Friends, relatives, church leaders, chiefs, elder women. Find people who will accept your story and not force you to go back to the dangerous situation until it is safe to do so.

Make a list of the people that you trust, including their phone numbers, and any important information that is relevant (i.e., they might work through the day, or spell on another island – when you are in a stressful situation you might not remember these things, so write them down).

5. Hide all sharp objects

Hide all sharp objects and tools in the house. Make sure that it is hard to find knifes, scissors, hammers, or any other item that can be used to stab or hit you.

6. Prepare a bag with important documents and leave with a trusted friend

Prepare an 'escape' bag. Include identification, a passport, an emergency phone with credit, a small amount of money to get you by for a few days and any medicine you require. Make a list of all numbers for friends, family, or transport in case you don't have your phone. Keep this bag in a safe place that can be accessed quickly. If it is not possible to keep it in your house, then arrange to keep it with a close and trusted friend, neighbour or family member.

7. Seek help

There are several that you can receive help if you are struggling with Gender-Based Violence. It is important to understand that there is support available to you, from family and friends, to trained counsellors, to the legal system. If you are in danger, or under threat of violence, reach out, talk to someone, and get help.