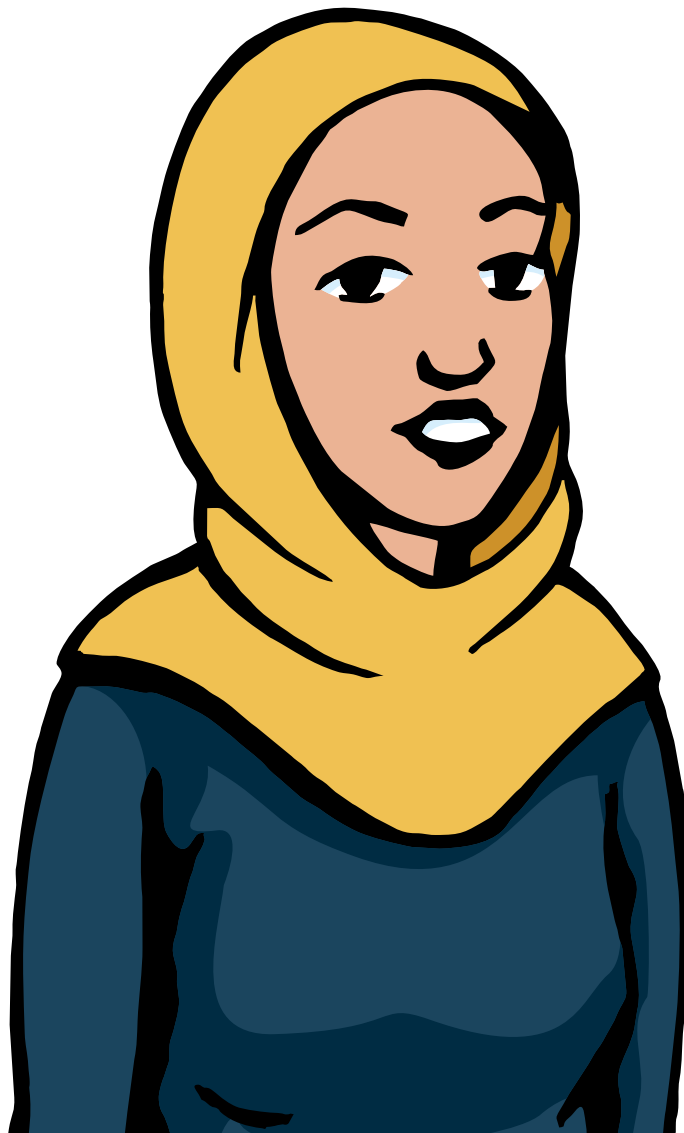


SAFE^{AT} HOME

MODULE 3: WOMEN AND CHILDREN WITH DISABILITIES AND OLDER PERSONS SAFE AT HOME



Part 3D: Intimate Partner Violence through the Lifecourse

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MODULE 3

WOMEN AND CHILDREN WITH DISABILITIES AND OLDER PERSONS SAFE AT HOME

Part 3D: Intimate Partner Violence through the Lifecourse

1. Introduction.....	4
2. Inclusive Adaptations.....	5
SESSION 1: Intimate Partner Violence	9
SESSION 2: IPV in Adolescence	13
SESSION 3: IPV in Young and Middle Adulthood	23
SESSION 4: IPV in Older Age	35
SESSION 5: What Have We Learned About IPV? (Optional Session).....	41

1. Introduction

Intimate Partner Violence Through the Life Course is a module intended to be used in diverse community settings to raise consciousness and promote critical reflection on violence against women and girls within their intimate relationships, otherwise called intimate partner violence (IPV). The module acknowledges that violence can begin at a young age and continue through older age, and thus takes a life course perspective. It includes four core sessions and one optional session that promote understanding of violence risks, each approximately 2 to 3 hours. Using a human rights perspective, the module aims to shed light on the social norms and values that continue to put women and girls in an inferior position to men and boys in their intimate relationships and aims to develop some skills for social support (for women) and prevention (for men).

MODULE OBJECTIVES:

- Participants understand how risks of IPV may change through the life course
- Participants support girls, women, and women who are older to access services

MODULE TARGET AUDIENCE:

- Adult men's and women's groups (including parents/caregivers)
- Service providers
- Women-led organizations

REQUIREMENTS FOR IMPLEMENTATION:

- For men's groups, this module should be implemented as a complement to one of the following program approaches. The sessions listed in the relevant program approach are considered prerequisites for this session.

Program Approach	When To Implement
Safe at Home	After completion of Safe at Home Foundations Men's Curriculum Session 16
Families Make a Difference Curriculum for Caregivers of Adolescents	Session 2: IPV in Adolescence, can only be used after Sessions 8 and 9 of the curriculum
Engaging Men in Accountable Practice	After Session 10 of the Men's Curriculum

- For women's groups, these sessions can be completed after GBV core concepts training.

HOW TO USE:

- Implement in sex segregated men's and women's groups.

2. Inclusive Adaptations

Consider the following communication tips from the Women's Refugee Commission and International Rescue Committee Toolkit, "[Building Capacity for Disability Inclusion in Gender-based Violence Programming in Humanitarian Settings](#)."¹

Persons Who Are Deaf/deaf or Hard of Hearing:

- Find out how the person/people prefer to communicate. People who are hard of hearing or D/deaf may use a combination of writing, lip reading, and/or sign language. This can be determined by observing their interactions with others or by using simple gestures to suggest communication options.
- If participants in the session are D/deaf, make sure to include a sign language interpreter or another person who habitually interacts with them to support interpretation, if this is requested by the participants. Plan for this in advance by consulting the people who are hard of hearing or D/deaf who are attending.
- Alternatively, the person may read lips. If this is the case, pay attention to how the space is set up. You may want to habitually set up the space with persons sitting in a circle, for example, so that everyone can see each other when speaking.
- Get the person's attention before speaking, by raising your hand or waving politely.
- Face and talk directly to a person who is D/deaf, not to the interpreter (as they are only facilitating the communication).
- Speak clearly—do not shout or exaggerate words as this will make it more difficult to lip read.
- Try not to sit or stand with your back to the light; this can put your face in the dark and make it difficult to lip read.
- If you are doing an activity requiring movement and working with lip-reading individuals, facilitators should pay attention to how they and participants are moving around the space and who they are facing.
- Do not cover your mouth or eat while talking. This will make it difficult to lip read.
- Allow the person who is D/deaf or hard-of-hearing to choose the best place to sit at a meeting to be able to see people clearly and communicate more easily.
- In sessions, ensure the interpreter can hear the presenter and the rest of the group. They should also be visible to the individual for whom they are interpreting.
- A note about sign language: Like spoken languages, sign languages are different in different countries and regions. Some people also use unofficial sign language, and in these cases a family member or friend may need to interpret. Ask them to teach you some simple signs (e.g., good, bad, and thank you) and try to include these in your discussion with a person who is D/deaf.

¹ Women's Refugee Commission and the International Rescue Committee. (2015). Building Capacity for Disability Inclusion in Gender-based Violence Programming in Humanitarian Settings."

Persons Who Are Blind or Partially Sighted:

If participants in the session are blind or partially sighted, make sure to adapt your facilitation approach per activity. Consider the following communication tips from the Women's Refugee Commission and International Rescue Committee Toolkit, "Building Capacity for Disability Inclusion in Gender-based Violence Programming in Humanitarian Settings."²

- Always introduce yourself and any other people in the group by name.
- If the person has arrived at a new place, tell them who is in the room or group, and offer to describe the environment.
- When you are setting up for different activities that require people to move around in the room, make sure to describe verbally how people should move and describe verbally what is happening in the room. For example, "We are all going to stand now and move to the left-hand side of the room." Or "We have all now arrived at the left-hand side of the room and will stop moving now."
- Avoid vague language, such as "that way" or "over there" when directing or describing a location.
- When referring to drawings or flip chart, describe what words or images people are looking at. Do not use language like "What do you see here?" Instead say things like "Here we have a picture of a human body with a brain and a heart. What do you think about this image?"
- Ask each participating individual with difficulty seeing or who is blind if they would like a support person to help them move around the room during the sessions, and for each movement, always ask the person first before assisting them to move from one place to another.
- Ask for instructions on how the person would like to be assisted and where they would like to go. Some people prefer verbal guidance, whereas others may prefer for you to physically guide them.
- If you are asked to physically guide someone with difficulty seeing or who is blind, they may want to hold your arm just above the elbow. This will allow them to walk slightly behind you, following you as you turn or step up or down onto steps.
- If a person uses a support pet or guide dog to assist them, do not distract or pet the animal while it is working.
- Ask persons who are blind or partially sighted if they would like documents in alternative formats, such as Braille or large print. In some contexts where people have access to computers, persons with difficulty seeing or who are blind may prefer electronic documents that are accessible through screen reader software (e.g., Word documents).

² Women's Refugee Commission and the International Rescue Committee. (2015). Building Capacity for Disability Inclusion in Gender-based Violence Programming in Humanitarian Settings."

Persons With Physical Disabilities:

If participants in your session have a physical disability, consider the layout of your space. Can persons in wheelchairs or with assistive devices easily move around? Consider how you can set up the space so that everyone can participate equally.

Consider the following tips from the Women's Refugee Commission and International Rescue Committee Toolkit, "Building Capacity for Disability Inclusion in Gender-based Violence Programming in Humanitarian Settings," when interacting with someone with a physical disability:³

- Do not lean on or move someone's wheelchair or assistive device without their permission.
- Discuss transportation options for activities and events. Consider what is going to be safest, most affordable, and the least amount of effort for the individual and family.
- Check that venues and spaces for activities are accessible (including toilet facilities, etc.) and have sufficient space for people with mobility aids to move around the room.
- When arranging meetings with a participant who uses a wheelchair, provide space at the table for a wheelchair (i.e., move one chair away) and ensure there is enough space for them to move around the room freely.

Persons With Intellectual Disabilities:

Prior to beginning the sessions, take some time with the person(s) with intellectual disabilities individually. Ask them how they like to learn new things and what types of learning activities are useful and interesting for them. Take their lead and adapt the activities as they suggest. You may even wish to meet with them before the module starts to get their feedback on how activities can be changed.

Additionally, try to simplify your language as much as possible. No need to sound like a teacher, try to speak as plainly and clearly as possible, this will help all participants, not just persons with intellectual disabilities.

Consider the following communication tips from the Women's Refugee Commission and International Rescue Committee Toolkit "Building Capacity for Disability Inclusion in Gender-based Violence Programming in Humanitarian Settings."⁴

- Communicate in short sentences that convey one point at a time.
- Use real-life examples to explain and illustrate points. For example, if discussing an upcoming medical visit, talk the person through the steps they are likely to go through both before and during the appointment.
- Give the person time to respond to your question or instruction before you repeat it. If you need to repeat a question or point, then repeat it once. If this doesn't work, then try again using different words.

³ Women's Refugee Commission and the International Rescue Committee. (2015). Building Capacity for Disability Inclusion in Gender-based Violence Programming in Humanitarian Settings."

⁴ Women's Refugee Commission and the International Rescue Committee. (2015). "Building Capacity for Disability Inclusion in Gender-based Violence Programming in Humanitarian Settings."

Persons With Speech Impairments:

Consider the following communication tips from the Women's Refugee Commission and International Rescue Committee Toolkit "Building Capacity for Disability Inclusion in Gender-based Violence Programming in Humanitarian Settings."⁵

- Plan more time for communicating with people with speech impairments.
- It is OK to say, "I don't understand." Ask the individual to repeat their point, and then say it back to them to check that you have understood it correctly.
- Don't attempt to finish a person's sentences; let them speak for themselves.
- Try to ask questions that require short answers or yes/no gestures.
- If you have tried several ways of understanding a person without success, ask if it is okay to communicate in a different way, such as through writing or drawing.

⁵ Women's Refugee Commission and the International Rescue Committee. (2015). "Building Capacity for Disability Inclusion in Gender-based Violence Programming in Humanitarian Settings."

SESSION 1:

INTIMATE PARTNER VIOLENCE

Duration:

Approximately 2 to 3 hours

OBJECTIVES:

By the end of the session, participants should be able to:

- ☒ Understand why IPV occurs.
- ☒ Explore root causes of IPV.
- ☒ Understand that IPV is selective.

SESSION OVERVIEW:

Session Activity	Time
❶ Welcome and Introduction to the Module	⌚ 12 m
❷ We Are Superheros!	⌚ 45 m
❸ We Are a River	⌚ 45 m
❹ Closing and Evaluation	⌚ 10 m

MATERIALS REQUIRED:

- Flip chart
- Markers
- Box
- Rocks

PREPARATION REQUIRED:**For Men's Session:**

- Please refer to EMAP Implementation Guide, pg. 237 (Intimate Partner Violence Session).

For Women's Session:

- Spend some time thinking about female superheroes in your context. A superhero is a character or personality with special powers or unique characteristics that make them special. Consider personalities or persons from comic books, radio, TV, folklore, etc. The concept of superhero should be wide here, but it needs to speak to women!
- Draw a river on a flip chart, or across several flip charts, and display it prominently on the wall. Make sure your river has the following components: (1) headwaters or springs where it starts, (2) calm places where they form a wide pool, and (3) other places of turbulence (represented by boulders, rapids, or waterfalls).

POSSIBLE SESSION MODIFICATIONS:

No session modifications are available for this session.

**HELPFUL TIPS!**

To complete this session with men's groups, please use session 10 of the EMAP Curriculum. Complete activity 1 below, and continue with the rest of activities in session 10 of the EMAP curriculum. Please refer to pg. 237 of the EMAP implementation guide. Use the below two activities (Activity 2 and 3) with women's groups only.

ACTIVITY 1:

WELCOME AND INTRODUCTION TO THE MODULE

🕒 15 minutes

1. Welcome participants to the first group meeting. Tell participants how happy and excited you are to see them. Thank the group members for their interest in participating in the group meetings.
2. Introduce yourself; explain why you have decided to volunteer as a facilitator. Tell the group one funny thing about yourself or something they might not know about you (for example, that you love to sing loudly or that avocados are your favorite fruit).
3. Explain that you work with (organization name) and are here to talk to the group about intimate partner violence (IPV), otherwise known as violence committed by husbands towards their wives.
4. Explain that you will explore what IPV is, its causes and consequences, what it might look like, and how we can prevent it at different stages of a woman's life.
5. Explain to participants that IPV can start from a very young age (often in adolescence) and continue through older age.
6. **For female participants:** Explain to the group that participation in this module provides an opportunity for participants to learn more about IPV and how to support other women, their daughters, and female family members.

For male participants: Explain to the group that participation in this module allows men to go deeper in their ally-ship to women and girls in the community.
7. Explain that it's very important that participants attend all sessions because the learning from one session to another builds upon each other.
8. Ask if any participants have any questions or concerns.

ACTIVITY 2:

WE ARE SUPERHEROS!

🕒 45 minutes

1. Pass out crayons, markers, and other materials to women.
2. Ask women to draw pictures of themselves as superheroes. If women don't know what superheroes are, you can give them examples. You can print pictures from the internet as well. Make sure to choose context-relevant superheroes, ideally women! Consider personalities/ persons from comic books, radio, TV, folklore, etc. The concept of superhero should be wide here, but it needs to speak to women! If women aren't comfortable drawing themselves, you might ask them to come up with a song or poem about being a superhero.
3. Give examples of what superheroes do—they may be able to fly, they may have magical powers, etc.
4. Give women 15 to 20 minutes to draw pictures of themselves as superheroes (or create a song or poem).

5. Ask for volunteers who would like to share what they created.
6. Explain that sometimes bad things happen to girls and women in their relationships with men, and that it is never their fault.
7. **SAY:**
 - a. "In the next three sessions we will talk in more depth about how women and girls are hurt by men close to them. This can be sad to talk about, but we do it so that we can think about ways we can support girls and older women and help each other."
 - b. "It's important to remember our inner strength; although we may not be able to fly, or have magic powers, we women—by the nature of our experience in the world and what we have to endure—are already superheroes. So, we want you to keep this picture and remember that."

ACTIVITY 3:

WE ARE A RIVER!

🕒 45 minutes

1. Begin the activity by asking participants to think about a river. Name some nearby rivers or famous rivers in the country.
2. Point out key points on the river: (1) headwaters or springs where it starts, (2) calm places where they form a wide pool, and (3) other places of turbulence (represented by boulders, rapids, or waterfalls).
3. Explain that we should think of our life as rivers, beginning at a spring, and emptying into a larger body of water.
4. Divide the river into three parts—a beginning, middle, and end—and explain that each of these represents the life course of a woman.
5. Ask participants to think of the first part of the river as the girl child before she turns 20, the second part as an adult until about 50, and the last part as an older woman.
6. Ask participants to name some of the main experiences of girls and women in these time periods. Draw some images that represent the experiences the women are describing.
7. **ASK:**
 - a. "What do relationships look like with an intimate partner in each of the life stages?"
 - b. "In adolescence, what do intimate relationships look like for girls?"
 - c. "In adulthood, what do intimate relationships look like for women?"
 - d. "In older age, what do intimate relationships look like for older women?"
8. As participants respond, puts up sticky notes or draw on the river. You may need to prompt participants. For example, ask them to describe some characteristics of the relationship or some major life events that might happen in that time period.
9. Thank participants for all their input and explain that we will come back to the river drawing throughout the module.

ACTIVITY 4:

CLOSING AND EVALUATION

🕒 10 minutes

1. Tell participants that you have now come to the end of your time together. Ask participants if they have any questions.
2. Thank the group and summarize the discussion using the key points below.
3. Remind them of the next meeting day and time and explain that we will now do a quick evaluation of the session.
4. **ASK:**
 - a. "What did you like best about the session?"
 - b. "What questions would you have liked to ask but did not have the opportunity to ask?"
 - c. "How was this session helpful?"
 - d. "Do you have any other comments or suggestions for improving this session?"
5. Note down the participants' responses. You will need to record them in the post-session monitoring sheet.

SESSION 2:

IPV IN ADOLESCENCE

Duration:

Approximately 3 hours

OBJECTIVES:

By the end of the session, participants should be able to:

- ☒ Reflect on their gendered attitudes towards IPV in adolescence.
- ☒ Reflect on how the changing bodies and minds of adolescents, boys and girls, can contribute to risk of IPV perpetration and victimization.
- ☒ Understand consequences of IPV on adolescent girls.
- ☒ Stop blaming adolescent girls who experience IPV.
- ☒ Identify risk mitigation activities they can undertake as parents.

SESSION OVERVIEW:

Session Activity	Time
① Getting Comfortable With Being Uncomfortable!	⌚ 15 m
② Changing Bodies, Changing Minds, Changing Hearts	⌚ 45 m
③ Unpacking Our Attitudes About Relationships in Adolescence	⌚ 45 m
④ Consequences of IPV in Adolescence	⌚ 20 m
⑤ My Role as a Parent in Preventing IPV Against Adolescent Girls	⌚ 45 m
⑥ Closing and Evaluation	⌚ 10 m

POSSIBLE SESSION MODIFICATIONS:

No session modifications are available for this session.

MATERIALS REQUIRED:

- Flip chart
- Markers
- Basket or box
- Post-its

PREPARATION REQUIRED:

- ☒ Tape flip charts together, the length of a human body.
- ☒ Prepare a list of consequences of IPV written out on slips of paper.

**HELPFUL TIPS!**

This is quite a long session that may spark a lot of debate and discussion in your group. Some group members may have strong reactions to the session, indicating that adolescent girls should never have relationships outside of marriage. If this is the case in your setting, it is important to acknowledge that as adults, we certainly do not wish to see girls having relationships before they are ready, but this does happen nevertheless. In some contexts, early marriage may be prevalent in the community, and girls who marry as adolescents may even be the norm. Where early and forced marriage is common, you should use this session to highlight the increased risk of IPV that married adolescent girls face. Explain that this session is really about how we can support adolescent girls to mitigate risks when they enter relationships and demonstrate to them from a young age that they have the right to live free from violence.

In some contexts, this subject matter may be perceived negatively in the community. Facilitators should assess on a case by case basis the appropriateness of this discussion, assuring it doesn't put facilitators or the organization they represent at risk. For contexts where the discussion may be perceived negatively, early and forced marriage could be a helpful entry point into this discussion.

As this may be a difficult topic, you may choose to break it up into two sessions, completing Activities 1–3 in the first session and 4–6 in the second session.

ACTIVITY 1:

GETTING COMFORTABLE WITH BEING UNCOMFORTABLE

🕒 15 minutes

1. Introduce the session by explaining that we will pick up from last week's session by focusing on IPV in adolescence today.
2. **SAY:**
 - a. This can be a difficult topic to talk about for two main reasons. One, we may feel that adolescents, and in particular adolescent girls, should not be having relationships before they have completed school/a training program and acquired sufficient maturity, usually around the age of 18.
 - b. Or, by contrast, we may feel that it is our duty to make sure adolescent girls are married, and therefore protected, at an age before they are physically, emotionally, and socially ready. It's important as parents (or future parents) to understand that this age poses a unique risk for IPV, and in particular, married adolescent girls face heightened risks of IPV."
6. Explain that we will start with an activity to identify our attitudes first.
7. Ask the group if they have any questions or concerns.

ACTIVITY 2:

CHANGING BODIES, CHANGING MINDS, CHANGING HEARTS

🕒 45 minutes

1. Explain to participants that we will now talk about how adolescents are going through a period where both their bodies and their minds are changing rapidly.
2. Present flip charts that have been taped together, and lay them out on the floor.
3. Ask for one volunteer who would be willing lie down and we will draw an outline of their body. For women's groups, they will be drawing and reflecting on women first and vice versa for men's groups.
4. Put the outline of the body on the wall and **ASK:**
 - a. "What type of changes do you think adolescents (ages 10 to 19) are experiencing in their bodies, minds, and hearts?"
5. Ask participants to think about their responses, write them on the post-its, and place them on the outline. For low literacy participants, you can simply ask the question above and write notes on the outline yourself or draw symbols to reflect what the participants said.
6. Thank participants for their contributions, and **SAY:**
 - a. "Adolescents are going through a period of life called puberty. Puberty is marked by physical, social and emotional changes."
 - b. "Some of the physical changes we may see among girls include:
 - 1) Growth—increased height

- 2) Development of breasts
 - 3) Widening of hips, more body fat, etc.
 - 4) Start of monthly menstruation or “period”
 - 5) Growth of hair in the genital region and under arms
 - 6) Oilier skin and development of pimples or acne
 - 7) Showing an interest in people of the opposite sex
 - 8) Changes in mood
 - 9) Possible interest in sex and sexual activities
 - 10) Engagement in sexual activities
 - 11) Growing concern about other people’s opinions, and need for acceptance, especially peers’ opinions and acceptance
 - 12) Desire for greater independence and responsibility, which may clash with families wanting to keep adolescent girls closer to home
 - 13) Thinking more about their identity and who they are as a person
 - 14) Increased awareness of society and the world around them
 - 15) Increased interest in and concern about appearance.”
- c. “Some of the physical changes we may see among boys include:
- 1) Growth—increased height, muscle mass, and body fat
 - 2) Growth of hair in the genital region, legs, chest, face, and under arms
 - 3) Change in voice (it breaks and gets deeper)
 - 4) Oilier skin and development of pimples or acne
 - 5) Spontaneous erections and “wet dreams” at night
 - 6) Changes in mood
 - 7) Showing interest in people of the opposite sex
 - 8) Possible interest in sex and sexual activities
 - 9) Engagement in sexual activities
 - 10) Growing concern about other people’s opinions, and need for acceptance, especially peers’ opinions and acceptance
 - 11) Desire for greater independence and responsibility; may want to spend less time with family
 - 12) Thinking more about their identity, and who they are as a person
 - 13) Increased awareness of society and the world around them
 - 14) Increased risk-taking
 - 15) Increased interest in and concern about appearance.”

- d. "This is also a period where brain development is still ongoing. It is a period of time associated with more risk-taking because the part of the brain that controls decision-making is not fully developed."
- e. "As we said earlier, this is a period where both boys and girls are more interested in their peers; they may start to experiment with risk behaviors such as drinking alcohol, using drugs, smoking cigarettes, or getting into fights."
- f. "In this period, both girls and boys may desire to have romantic relationships, followed by first sexual activities."

- 7. Ask participants if they have any questions about puberty, adolescent girls, and relationships.

ACTIVITY 3:

UNPACKING OUR ATTITUDES ABOUT RELATIONSHIPS IN ADOLESCENCE

🕒 45 minutes

1. Explain that we will now do an activity that requires us to move around the room. Put up signs labeled "disagree" and "agree" on the wall. For low literacy participants, you can choose different color papers to represent "agree" or "disagree" or draw symbols to represent these concepts.
2. Explain to participants that you will read them a list of statements. If they agree with the statement they should stand by the sign "agree" and if they disagree by the sign "disagree" Explain that each statement will be discussed as a group.
3. Explain that for this activity we are generally referring to adolescents around age 13 and above, although adolescence spans from 10 to 19.
4. Read each statement and ask participants to move around the room. Make sure to ask participants who "agree" and "disagree" why they have that opinion and ask for several volunteers to share their opinion for both "agree" and "disagree" before moving to the next statement. After the volunteers have shared their point of view for all the statements, make sure to cover the talking points below each of the statements.
5. Statements:
 - a. "It is normal and acceptable for boys to flirt with girls in their adolescence."
 - b. "It is acceptable for boys to have romantic relationships while still living at home."
 - c. "Boys who have relationships before marriage are considered 'fast' or 'sluts' (insert local derogatory term for girls who have relationships before marriage)."
 - d. "It is acceptable for adolescent boys to have relationships with older women."
 - e. "It is normal and acceptable for girls to flirt with boys in their adolescence."
 - f. "It is acceptable for girls to have romantic relationships while still living at home."
 - g. "Girls who have relationships before marriage are considered 'fast' or 'sluts' (insert local derogatory term for girls who have relationships before marriage)."
 - h. "It is acceptable for girls to have relationships with older men."

6. Begin the debriefing with a question for the group, ASK:

- a. "Did you notice, as we went through this activity, any differences in beliefs about adolescent boys versus adolescent girls? Why do you think that might be?"

7. SAY:

- a. "It is normal for boys and girls to want to explore romantic relationships in adolescence. This is part of adolescent development as adolescent minds and bodies are changing."
- b. "It's important to think about some of the different attitudes we have towards adolescent girls and boys."
- c. "We sometimes say or believe things like 'boys will be boys' or expect boys to want to explore relationships with girls, but then expect girls to NOT want the same thing. Or, we might expect that it is a girl's role to say 'No.'"
- d. "We might also expect that girls are somehow responsible for the advances boys make towards them. We may believe that the way girls act in a situation with an adolescent boy is somehow reflective of their character or their family upbringing."

8. ASK:

- a. "Did you notice how most people thought that it was not okay for an adolescent boy to have a relationship with an older woman but felt differently about adolescent girls?"
- b. "Have you noticed this? Why do you think we have different expectations for adolescent boys and girls?"
- c. "How do you think these expectations could put girls at risk of violence in their relationship?"

9. SAY:

- a. "By telling girls they can't have relationships, by putting the idea that they are responsible for family honor on them, and by not doing the same for boys, we are reinforcing ideas that women and girls should not have the same rights and freedoms as men and boys, and that they are therefore inferior."
- b. "Many of our ideas about adolescent girls penalize them for being born female and reinforce men and boys' power and privilege."
- c. "We also force girls to enter into relationships in secrecy, and this may also make girls feel like they have to hide anything bad that is happening to them in their relationships."
- d. "There are some specific risks for adolescent girls in this period that are important to talk about. First, it is important to know that adolescent girls who are forced into their first experience of sex are more likely to experience violence in their lifetime. Second, this may also be a period when girls enter into non-consensual relationships, for example girls with older men. Third, this is a period where there may be a risk of early or forced marriage."
- e. "Early and forced marriage happens because society wants to control the sexuality of women and girls and prevent them from having relationships."
- f. "The reason these specific risks exist for adolescent girls and not for adolescent boys is because girls and women are always placed in an inferior position to men and boys in society. These risks stem from these power imbalances and a system that puts men and boys above women and girls. This system is called gender inequality." (Reference here prior discussions on gender inequality and root causes of gender inequality.)

- g. "It's important that we mention consensual relationships and what we mean by that. Consensual relationships are ones where both parties have the capacity to agree on an action or come to a joint decision. An adolescent girl never has the capacity to consent to a relationship with a much older man. There are too many power dynamics at play. Any relationship an adolescent girl has with a man above age 18 is considered non- consensual."
- h. "So let's talk about what consent does mean. Consent for an adolescent girl means that there is constant communication between the adolescent girl and her partner. It means she has the power to say "yes" and "no" to all things in the relationship without fear. It also means that her partner is actively asking her to say "yes" and does not take a lack of reply, silence, or "maybe" as a "yes." Consent implies clear and regular dialogue on all aspects of the relationship, to also include the sexual aspects of their relationship."
- i. "We want to clarify that we aren't advocating for any adolescents to enter into relationships before they are ready, but simply to shed light on our gender bias when this does happen."

10. Close the activity by asking participants if they have any questions.

ACTIVITY 4:

CONSEQUENCES OF IPV IN ADOLESCENCE

🕒 20 minutes

1. Explain that it's important to talk about the consequences of IPV towards adolescent girls because it has life-long impacts.
2. Present a basket or box to participants. Explain that in the basket are slips of paper with the consequences of IPV for adolescent girls and some of them will be true consequences and some will not be. Explain that they should get together in pairs and together select a slip of paper/object from the basket.
3. Point to the wall where there are two signs (or symbols) indicating true or false. Explain to pairs that that they should take 5 minutes to discuss the consequence they pulled from the basket and decide if its "true" or "false" and stick the consequence under that sign. For low literacy participants, you may wish to just put a number of objects in a basket and have each object represent a consequence. You should explain what each object represents to the participants who choose it.

List of Consequences of IPV Towards Adolescent Girls

- Continued experience of IPV in marital/partner relationship after the experience in adolescence
- Alcohol or substance abuse in later life
- Less likely to obtain a higher education
- Mental health challenges
- Suicide or thoughts about committing suicide
- Physical abuse of their own children when they become mothers
- Declining physical health
- Adolescent girls' belief that future violence in relationships is acceptable
- More respectful relationships in adulthood (this is false!)
- Becoming better wives (this is false!)

4. After participants have placed their consequences under each sign, take a moment to go through each consequence and see if it placed properly. Only the last two consequences above should stay under "false."
5. Take a moment to debrief the activity, **ASK:**
 - a. "Did any of these consequences surprise you? Why might that be?"
 - b. "Do you think that there is a link between the adolescent period and what happens in a woman's life?"
6. Close the activity by explaining that IPV towards girls in adolescence has lifelong effects, and although girls are resilient, we need to do more as parents to prevent IPV from happening in the first place. Explain that we will talk about that next.

ACTIVITY 5:

MY ROLE AS A PARENT IN PREVENTING IPV AMONG ADOLESCENT GIRLS

 45 minutes

1. Ask participants to form small groups, a total of 5 groups.
2. Explain that you will pass out case studies and each group should identify some of the risk factors for IPV towards adolescent girls in the case study. They should discuss different actions the parents can/ could take. You can write the case studies on paper or simply explain them to the participants. Please note below each case study here, there are both the risk factor and what parents could do differently.



CASE STUDY 1: MIRABELLE'S STORY

From a young age, Mirabelle has been witnessing physical and verbal abuse by her father towards her mother. Mirabelle, aged 14, can see that her mom is constantly stressed, and does her best to help her out at home.

There is a boy at school who likes Mirabelle. Sometimes she goes to his house to watch TV on weekends. Last time she went, the boy's parents weren't home, and they had sex. She didn't want to, but she didn't know how to say no. Mirabelle feels scared, and doesn't know who to turn to; she is afraid of what her mom will say and do if she tells her. She thinks this might be how most girls have sex for the first time, indeed she has learned from watching her parents' relationship that it is natural for boys/men to tell women/girls what to do, and that women/girls should accept this.

Risk Factors:

- (1) Witnessing IPV from her father towards her mother.
- (2) Mirabelle's relationship with her mother is not one where Mirabelle feels she can open up to her.

What parents could do differently: There is nothing Mirabelle's mother could have done to prevent the IPV she experienced from her husband. One way to prevent this situation overall would be for Mirabelle's parents to role model to Mirabelle healthy, non-violent relationships so that violence does not feel normalized and isn't something she should expect. In this case, Mirabelle's father should not have abused his wife in the first place.

Secondly, Mirabelle understands something bad happened to her, but does not feel like she has a lot of options. It may be challenging for Mirabelle's mother to create a healthy and nurturing relationship

with Mirabelle given the violence she is experiencing. In particular, Mirabelle is fearful to tell her mom what happened, and having witnessed violence between her parents, she may feel less able to open up about her own experience of violence. There is no easy solution, but if Mirabelle's mom could try to create an open and supportive dialogue with her daughter, to build a relationship of trust and confidence, Mirabelle may feel more comfortable opening up.



CASE STUDY 2: SOUHA'S STORY

Souha is a 15-year-old girl. She was maltreated as a child, constantly subject to verbal and physical abuse by her parents. She has often felt stressed, like no matter what she does, she cannot make them happy. In high school, Souha entered into a relationship with a boy. They have a lot of fun together, and Souha feels he understands her. They have a common circle of friends. Souha and her boyfriend begin to drink with their friends. At first it is really fun, but then Souha's boyfriend starts hitting her when he gets drunk. Souha knows it doesn't feel right, but doesn't know what to do.

Risk Factors:

- (1) Souha experienced abuse from her parents/caregiver which makes her think violence is acceptable.
- (2) Souha doesn't have a good relationship with her parents now, so she does not feel like she can share with them what is happening.

What parents could do differently: When we use violent emotional and physical discipline towards our children, we teach them that violence is normal and a part of everyday life. This means boys grow up thinking they should use violence to show they're strong, and girls grow up thinking that it is part of life as a woman or girl to be hurt. This is not the case. One way this situation could have been prevented would be if Souha's parents used non-violent discipline in the household. Souha's parents could also work harder to create a positive and nurturing relationship with Souha now, so that she feels comfortable opening up to them about the violence she is experiencing. This means asking her how she's doing, responding gently why she shares things the parents don't like, listening and valuing Souha.

In this scenario, parents may be tempted to blame Souha for what she has experienced because she is going out and drinking, and associating with others who use alcohol. Alcohol is NOT a cause of what Souha is experiencing; it is simply exacerbating the situation. Adolescence is a time that girls and boys may experiment with alcohol, but if we create a climate of trust in our relationships with our children, they are more likely to come forward and tell us about it and ask for advice and guidance to solve the problem. If we make our adolescent girls scared to reach out to us, even if they have engaged in a risk behavior, then we risk perpetuating a cycle of violence that Souha is experiencing, with serious life-long consequences. Parents should also explain to Souha that she is of value; she deserves to be treated with respect, and nobody should hurt her.



CASE STUDY 3: LAURA'S STORY

Laura, age 16, is in a non-consensual relationship with a much older man who promises to buy her clothes and a phone. The older man forces her to have sex. She wants to end the relationship but doesn't know how. Laura is afraid her parents will disown her.

Risk Factors:

- (1) Her family valuing family reputation over Laura's well-being.
- (2) Laura believes that her parents will disown her because their family honor is based upon Laura and her actions.

What parents could do differently: Laura's parents could work on building a climate of trust with Laura and their other children at home, so that they feel comfortable sharing things that are happening to them. Beyond that, Laura's parents should be conscious of the direct and indirect messages they are giving her about her behavior, which create the idea that she is in some way responsible for how the family is perceived. Instead, Laura's parents should try to understand that family honor and shame around an adolescent girls' behavior is bound up in gender inequality and beliefs that women and girls are inferior to men and boys.



CASE STUDY 4: JOLIE'S STORY

Hubert, aged 27, and Jolie, aged 16, are married. Hubert is regularly harassing, demeaning, and threatening Jolie, calling her names such as "good-for-nothing" "slut" and "stupid." Jolie wants to leave the relationship, but she is afraid that her parents will be angry with her and won't accept her back at home. She wants to talk to her mom, but she doesn't know how.

Risk Factor:

- (1) Early marriage: There is a significant age gap between Jolie and Hubert. Girls who marry early are more likely to experience IPV.
- (2) There is a lack of open communication in the family, so Jolie does not feel like she can reach out to her parents for support.
- (3) Jolie's parents undervalue Jolie because she is a girl.

What parents could do differently: Jolie's parents should not have supported her marriage in the first place, knowing it may put her at risk of harm, and that she is still very young. Now that Jolie is married, Jolie's parents can reinforce for their children that they want to hear about both bad and good things that happen to them. Jolie's parents should role model this positive behavior, creating a climate of trust and confidence. If we practice this style of parenting from a young age, adolescent girls may be more open to approaching their parents when/if bad things happen to them.

3. After each group has shared out their case study, including the risk factor, and what parents could do differently, **ASK:**
 - a. Are their ways parents can support their girls to prevent IPV?"
4. Generate a list, you may choose to write it on a flip chart, and it may include some following:

Parents' Role in Preventing IPV Towards Their Daughters:

- a. Value girls equally to boys.
 - b. Have an open and empathetic approach to listening to your child.
 - c. Role model positive non-violent relationships with your own intimate partner (men's group only).
 - d. Create a safe environment where adolescent girls do not feel like they will be punished for sharing.
 - e. Ask adolescent girls how they are doing.
 - f. Keep adolescent girls in school.
 - g. Allow adolescent girls to have friends and build peer networks, and to participate in activities in the community.
 - h. Identify some of the behaviors associated with IPV in adolescence.
 - i. Support girls when they seek help, and do not blame them for the violence they experience.
5. Thank parents for their participation and ask if they have any questions about this activity or the session.

ACTIVITY 6:

CLOSING AND EVALUATION

🕒 10 minutes

1. Tell participants that you have now come to the end of your time together. Ask participants if they have any questions.
2. Thank the group and summarize the discussion using the key points below.
3. Remind them of the next meeting day and time and explain that we will now do a quick evaluation of the session.
4. **ASK:**
 - a. "What did you like best about the session?"
 - b. "What questions would you have liked to ask but did not have the opportunity to ask?"
 - c. "How was this session helpful?"
 - d. "Do you have any other comments or suggestions for improving this session?"
5. Note down the participants' responses. You will need to record them in the post-session monitoring sheet.



KEY MESSAGES

It is the responsibility of the facilitator to summarize the ideas shared throughout the session and to pull out some key messages. However, below are additional key messages you can share with the group.

- Some adolescents want to explore romantic relationships with partners; this is a normal stage in development. Other adolescent girls may be obligated to enter into a marriage before they are ready (early and forced marriage) where there is higher risk of IPV.
- We must distinguish between relationships between peers and those based on sexual exploitation and abuse (such as between an adolescent girl and much older man).
- It is important to recognize our own attitudes towards relationships among adolescents, and how we reinforce gender inequality by punishing girls for these relationships and accepting/ encouraging boys.
- As parents, the best actions we can take are to: (1) provide information (2) create a climate of trust for your adolescent girl to feel comfortable reaching out to you for information and advice, or if she is being hurt.

SESSION 3:

IPV IN YOUNG AND MIDDLE ADULTHOOD

Duration:

Approximately 3 hours

SESSION OBJECTIVES:

By the end of the session, participants should be able to:

- ☒ Understand unique risk factors for IPV among women in young and middle adulthood.
- ☒ Understand that IPV is an issue primarily affecting women and girls.
- ☒ Understand community practices and beliefs that inhibit help-seeking and reinforce norms that keep women in an inferior position to men in their relationships.
- ☒ Have information to advocate for better community support in cases of IPV.

SESSION OVERVIEW:

Session Activity	Time
❶ Why Is IPV a Women and Girls' Issue?	⌚ 45 m
❷ Think, Feel, Fear (Men's Groups)	⌚ 30 m
Supporting Survivors (Women's Groups)	⌚ 90 m
❸ Consequences of IPV in Young and Middle Adulthood (Men's Groups Only)	⌚ 45 m
❹ Partners or Property? (Men's Groups Only)	⌚ 45 m
❺ Closing and Evaluation	⌚ 10 m

MATERIALS REQUIRED:

- 📌 Flip chart
- 🖍 Markers

PREPARATION REQUIRED:

- ☒ Review statistics from your country context on intimate partner violence, be prepared to share these in Activity 1.

POSSIBLE SESSION MODIFICATIONS:

No session modifications are available for this session.

ACTIVITY 1:

WHY IS IPV A WOMEN AND GIRLS' ISSUE?

🕒 45 minutes

1. Begin activity by thanking participants for joining you today, and explain that today's discussion will focus on intimate partner violence in young and middle adulthood—among women between the ages of 20 and about 50.
2. Explain that the first activity you will do together today is called “think-pair-share-debate.”
3. Divide participants into pairs and explain that all the pairs will receive an open-ended question. Participants will have 10 minutes to work together to answer the question. The pairs will then form a group of four, where each group will share their answers and then come to a group conclusion. Groups will have 10 minutes. Groups will continue to merge until there are just two groups, that will share their response in plenary. The facilitator will ask each group to defend their response and choose a group which gave the best response. That group will be declared the winner.
4. Present the question to the group. Here is the question you should discuss and answer in this activity, **SAY:**
 - a. “Why is IPV considered an issue primarily affecting women and girls?”
5. Guide participants through the activity, asking them to meet first for 10 minutes in pairs, and allowing groups to merge until there are just two groups. Make sure groups get no more than 10 minutes to discuss, in order to finish the activity in the timeframe.
6. Once there are two big groups, ask them to read out their responses to the question.
7. Spend some time debriefing, **SAY:**
 - a. “Intimate partner violence disproportionately affects women and girls. In any country in the world, statistics show women are much more likely to experience violence, and much more likely to experience severe violence in the form of physical and sexual abuse.” (Facilitator should pull stats from their country context.)
 - b. “In many places in the world, IPV is the leading cause of death among women of reproductive age!”
 - c. “We know that IPV is stigmatized and likely significantly under-reported, even at the high rates we see globally. We can assume that rates of IPV are more than twice what is reported in any context, which would be a conservative estimate. Rates of violence against men by their partners could not begin to reach these levels.”
 - d. “It is important to understand IPV as rooted in the system of gender inequality (refer back to New Planet activity from session 5 of the men’s curriculum, if the group completed Safe at Home) and its links to male power and control. For example, even in a case where we may see a female partner hit her husband, this is more likely linked to self-defense and rarely is it a part of a pattern of controlling behaviors and intimidation as it most often is with men.”
 - e. “Did you know IPV affects 1 in 3 women worldwide!”
 - f. “IPV towards women is believed to be a major threat to women’s health worldwide, while no evidence of a threat to men’s health worldwide has been concluded.”
 - g. “Women who experience IPV are often significantly discouraged from seeking help, and even pressured to stay in their relationships. Men are much less likely to be pressured by their family and community to stay in hurtful relationships.”

ACTIVITY 2A:**THINK, FEEL, FEAR (FOR MEN'S GROUPS ONLY)**

⌚ 30 minutes

**HELPFUL TIPS!**

This activity is for men's groups only, and can be skipped with women's groups!

1. Draw a heart, a head, and a question mark (?) on flip chart.
2. Ask participants to take 10 minutes, individually, to reflect on what the last discussion made them think, feel, and fear.
3. After the individual reflections, divide men into pairs and ask them to share what they were thinking about. Give each pair ten minutes to discuss.
4. After the men have discussed in pairs, bring everyone back together as a whole group. Ask for volunteers who would be willing to share what they discussed.
5. Make sure to highlight the following key points, **SAY:**
 - a. "It can be very hard to acknowledge something as significant as IPV against women and girls. We may feel ashamed, hurt, and/or attacked, and these are normal feelings."
 - b. "However, if we really want to be allies to women and girls, we have to work through and grapple with these feelings as part of our learning process."
 - c. "It's important that we understand IPV in the context of a wider system of gender inequality—that is, society-level beliefs and demands that reinforce the idea that men are superior to women."
 - d. "As allies, we all have a role to play in dismantling the system. No action is too small."
 - e. At the end of today's session, I'm going to give each of you a homework activity to reflect on women in our lives and our role in perpetrating violence against women."

ACTIVITY 2B:**SUPPORTING A SURVIVOR! (FOR WOMEN'S GROUPS ONLY)**

⌚ 90 minutes

1. Thank the women for participation in the first activity, and **SAY:**
 - a. "We know violence against women and girls is a problem all over the world."
 - b. "Today we are going to look at some case studies and discuss what the survivor in the case study may be feeling and how we can support her."
2. Divide the participants into groups of 4 to 5 and give each group one case study to review. If working with lower literacy participants, you may need to walk around to each group and read the case studies.

3. Explain to the participants that they will have 20 minutes to review and discuss the case studies and answer the following questions. **ASK:**
 - a. "What do you think the survivor in the case study is feeling?"
 - b. "Why do you think she was feeling this way?"
 - c. "What could women around her do to support her?"



CASE STUDY 1: SOLEDAD'S STORY

Soledad is a 29-year-old woman who lives with her partner, Juan. Soledad stopped working as a hairstylist after she had her first daughter, Linda, who is now 5. Juan works in a nearby factory and makes a good living. Juan and Soledad had a fast romance and got pregnant with Linda within a few months of meeting. She didn't notice it right away, but Juan is quick tempered and gets angry easily. From the beginning of their time together, he would occasionally slap Soledad when he got angry. Afterwards he would apologize profusely and promise not to do it again. These experiences always pained Soledad, but she felt it was important to stay together for the sake of Linda. In the last year or two, Soledad has noticed that Juan's temper has gotten worse. She tries to do everything she can so he doesn't get angry, but she hates this feeling of living in fear. Soledad isn't sure where she can get help. She knows that many of her friends already don't like Juan and that they had told her not to go out with him, and Soledad's parents have never liked Juan either and had advised her not to be with him.

What do you think the survivor in the case study is feeling?

Soledad may be feeling a mix of emotions: shame for having decided to enter a relationship with Juan even though her friends and family advised her against it, guilt that the relationship between herself and Juan may be affecting Linda, embarrassment that her friends and parents were right about Juan, fear that the violence could get worse, and anxiety about what she should do next.

Why do you think she was feeling this way?

Soledad likely feels overwhelmed by what she has experienced so far, and may have a sense of internalized stigma, for example, feeling she should have listened to her family about Juan. Soledad may feel this way because society tells her that women are to blame for the violence they experience at the hands of their partner; so, she may feel she is somehow responsible for it. However, this is not true, this is simply a manifestation of gender inequality that seeks to reinforce male superiority over women.

What could women around her do to support her?

For the women who know about the violence that is happening in Soledad's life, they can first offer a supportive space to Soledad by listening to what has been going on, showing support and empathy, and not judging her. Secondly, they can invite Soledad to spaces where there is women's solidarity, such as women and girl's safe spaces. Thirdly, if they know about services available to support Soledad, they can tell her about them and offer to accompany her to the service, if she would like. It's important that the women in Soledad's life don't blame her for what she has experienced, or make her feel bad about it, as this prevents her from seeking help and force her to hide violence she continues to experience.



CASE STUDY 2: JAMILA'S STORY

Jamila is a 35-year-old woman who lives with her husband, Raoul. They have three beautiful children ages 3, 6, and 8 years old. Jamila is a teacher and Raoul owns his own shop. Jamila married Raoul when she was only 17 years old, at her parent's request. Jamila's parents received a significant bride price from Raoul's family, including a large sum of money, 2 cows, 10 goats, and many beautiful plates and glasses. From the time Jamila and Raoul got married, Raoul has often been very unkind to Jamila. He regularly insults her in front of the children, calling her "ugly as a horse" or "good-for-nothing," and sometimes saying he is going to look for another wife. Jamila notices this happens any time she shares her opinions with Raoul, about household expenditures, visiting family, etc. Once or twice, Jamila has threatened to leave the marriage and in each case, Raoul has said, "After what my family paid for you, wait and see what happens if you try to leave." Knowing that her parents would be very ashamed if Jamila left the marriage, she doesn't know where to turn.

What do you think the survivor in the case study is feeling?

Jamila may be feeling a mix of emotions. She may feel scared, sad, and depressed about what she is experiencing. The payment for her dowry may make her feel stuck, and she may feel guilty that leaving the marriage will put her family's reputation at stake. Jamila may feel like she has no good options.

Why do you think she was feeling this way?

Jamila may be feeling responsible for what she is experiencing, and also like she is required to bear the burden of it for the sake of her family, both her family of origin and her children. She may feel that it is her duty as a woman to stay in the relationship no matter what. She is feeling this way because these are the messages that society sends her, that she is required to endure violence by her partner, that her bride price and his abuse is her responsibility. The reason for this is because society, based upon gender inequality, considers a woman the property of her husband, and not an equal partner and decision-maker.

What could women around her do to support her?

For the women who know about the violence happening in Jamila's life, they can first offer a supportive space to Jamila by listening to what has been going on, showing support and empathy, and not judging her. Secondly, they can invite Jamila to spaces where there is women's solidarity, such as women and girl's safe spaces. Thirdly, if they know about services available to support Jamila, they can tell her about them and offer to accompany her to the service if she would like. It's important that the women in Jamila's life don't blame her for what she has experienced, or make her feel bad about it, as this prevents her from seeking help and forces her to hide the violence she continues to experience. Additionally, Jamila's own mother can try to break the cycle of violence, shame, and stigma by supporting her daughter (together with Jamila's father) to end the marriage, despite the bride price that was paid.



CASE STUDY 3: TALIA'S STORY

Talia is a 45-year-old woman and she lives with her partner, Moaz. They have four children together, all of whom are in secondary school or grown. After joining a savings group and starting a small business selling bread, Talia has started to earn a bit of income for her family. She is very proud of this accomplishment. However, every day when she comes home from selling bread, Moaz demands to see how much she has earned for the day. She tells him, and he insists that he must verify her counting. He counts the money each day, and most days takes most or all of it. He says, "This money belongs to me; I am the head of the household." At first, Talia accepts that he is taking the money and thinks he must be putting it aside to do some repairs to the roof of their house or for something else. When she asks about it, Moaz says, "What do you care what I do with this money? It is my decision; I'm the man of the house." Talia finds this very upsetting, knowing all the time and energy that went into making those profits. Yet, she also feels he is right, and knows that if she tries to raise this with a community leader or friend, they will simply tell her he is taking what is rightfully his.

What do you think the survivor in the case study is feeling?

Talia may be feeling a mix of emotions. She may feel frustrated, sad, and angry about what she is experiencing, among other emotions. She may feel that although she is doing something she is proud of (earning income), she has no control over how the money is used. She may also feel that this is something she has to accept, that this is the way things are and should be.

Why do you think she was feeling this way?

Talia may be feeling this way because from a young age she has received messages from society that women are inferior to men, and that as a wife, she is expected to obey him. She may have internalized the idea that only men can be the head of a household, and this burden of earning money but having no decision-making power over how it is used is something she is required to bear.

What could women around her do to support her?

For the women who know about the violence happening in Talia's life, they can first offer a supportive space to Talia by listening to what has been going on, showing support and empathy, and not judging her. Secondly, they can invite Talia to spaces where there is women's solidarity, such as women and girl's safe spaces. Thirdly, if they know about services available to support Talia, they can tell her about them and offer to accompany her to the service, if she would like. It's important that the women in Talia's life don't blame her for what she has experienced, or make her feel bad about it, as this prevents her from seeking help and forces her to hide violence she continues to experience.



CASE STUDY 4: ANONG'S STORY

Anong is a 56-year-old woman. She has two adult children who are away at university. Anong has been married to her husband Somsak for more than 25 years. Since the beginning of their relationship, Somsak has always insisted that Anong have sexual relations with him whenever he wanted. If she said no, he would say, "I'm your husband, and it is your duty." Even as Anong and Somsak have gotten older, Somsak has continued to force himself upon Anong. Anong hates it, and at her age, does not feel she can continue to bear it. While wants to leave her marriage, she is fearful about the implications at her age and how to explain why she has made this decision to her children and family.

What do you think the survivor in the case study is feeling?

Anong may be feeling a mix of emotions. She may feel angry, scared, depressed, sad, and even embarrassed about what she is experiencing, among other emotions.

Why do you think she was feeling this way?

As an older woman, Anong may feel stigmatized—she may be judged because she is experiencing this type of violence at her age and also because her society believes that this is a problem she should just deal with privately, as Anong and Somsak are married. Society may have reinforced the message for Anong that rape within marriage is not considered rape, but rather a woman's burden. She may have learned she is expected to conform to her husband's expectations related to sex, and it is her job to do what he wants when he wants it. She feels this way because society continues to reinforce for her that men's wants and desires are more important than women's in a relationship, and she may feel that she is responsible for the outcome of their marriage.

What could women around her do to support her?

For the women who know about the violence happening in Anong's life, they can first offer a supportive space to Anong by listening to what has been going on, showing support and empathy, and not judging her. Secondly, they can invite Anong to spaces where there is women's solidarity, such as women and girl's safe spaces. Thirdly, if they know about services available to support Anong, they can tell her about them and offer to accompany her to the service, if she would like. It's important that the women in Anong's life don't blame her for what she has experienced, dismiss it as non-violence, or make her feel bad about it, as this prevents her from seeking help and forces her to hide the violence she continues to experience.

4. Invite the groups back together. Ask each group to share their story with the others and what they discussed as a group. Take about 10 minutes to discuss each case study. The answers to the questions for each case study are described above.
5. After the groups have all discussed, make sure to cover the following points with the group, **SAY:**
 - a. "These case studies demonstrate different types of IPV that a woman may experience. Many women feel responsible for the violence they experience, especially when it occurs in the context of a marriage or intimate relationship. It is never a woman's fault for the violence she experiences."
 - b. "Indeed, if women feel like the violence they are experiencing in their relationship is their fault, it is because they have been raised to believe that they are responsible for the relationship and that they are inferior to their partner in the relationship. This is not the case. In fact, this is what gender inequality has taught us."
 - c. "As women, we have a role to play in supporting each other. For example, we should not normalize the violence or blame the survivor, under any circumstances. We can help to break the silence by telling a survivor that what she has experienced is not okay and she has the right to live free from violence."

6. Ask the group if they have any ideas about ways they, as women, can support their fellow women who experience violence and what this may look like.
7. Close the session by thanking the women for their participation and asking them if they have any questions.

ACTIVITY 3:

CONSEQUENCES OF IPV AGAINST WOMEN IN YOUNG AND MIDDLE ADULthood (FOR MEN'S GROUPS ONLY)

🕒 30 minutes



HELPFUL TIPS!

This activity is for men's groups only and can be skipped with women's groups! It assumes that men's groups have either completed EMAP or Safe at Home pre-work. If they have not, you will need to integrate into this session the following activity: **Session 5, Safe at Home Men's Curriculum, "Consequences of Violence Against Women and Girls" Activity.**

1. Begin the activity by asking men if they remember the session they did on consequences of violence against women and girls (VAWG) more generally?
2. Pull out the list that was made in the prior session.
3. Ask the whole group to identify what consequences of VAWG would apply to IPV (all of them should!),
ASK:
 - a. What consequences of violence against women and girls would apply to IPV?
 - b. "Are there any other consequences they think should be added to the list?"
 - c. "Are there any consequences of IPV that are particularly important for women ages 20 to 50?"
4. Make sure all of the following more general effects were identified in the discussion:

Effects of IPV

- Depression
- Post-traumatic stress disorder
- Low self-esteem
- Suicide
- Physical injury (including chronic pain, gastrointestinal problems, gynecological problems, in addition to bruises, broken bones, sight and hearing damage, head injury, and so on),
- Unsafe abortion,
- Death,
- Substance abuse

Effects of IPV on Pregnant Women

- Poor pregnancy weight gain
- Infection
- Anemia

- Tobacco use
- Still birth
- Fracture of the pelvis
- Fetal injury
- Pre-term delivery
- Low birth weight

Economic Impacts of IPV

- Cannot continue participation in livelihood activity/work
- Poor productivity in economic activities
- Property loss or damage leading to lower income

Effects on Mother-Child Relationships

- Increased stress could lead to harsh discipline of children

Effects on Children

- Antisocial behavior
- Mental health problems
- Increased likelihood of victimization and perpetration in adulthood

5. ASK:

- “Is there is anything on the list you haven’t heard of before, or thought was a possible consequence?”
- “Is there anything you’d like to clarify or anything that surprises you?”

6. SAY:

- “It’s very important to understand that the effects of IPV are far-reaching beyond what is immediately seen and felt after an incident. The effects are profound and long-lasting and can impact across generations.”

ACTIVITY 4:

PARTNERS OR PROPERTY?

 60 minutes

- Explain that we are going to begin the next activity with a story of a couple, Jean and Geraldine. Recount the story of Jean and Geraldine to the group.



JEAN AND GERALDINE’S STORY

Jean and Geraldine grew up in a small town and they went to the same secondary school together. Jean and Geraldine both left school early and wanted to get married. Geraldine’s family requested that Jean pay a bride price. It wasn’t easy because his family didn’t have a lot of money or resources, but it was the tradition, and they knew they needed to respect it if Jean and Geraldine were to have a proper marriage. Jean and his family were able to give Geraldine’s family 5 goats, 1 cow, and some marriage garments. Geraldine’s family agreed that this was acceptable, and agreed to the marriage. Geraldine and Jean are married.

Two years later, Geraldine and John have one child and another on the way. Jean has become increasingly angry with Geraldine at home, frustrated by her constant requests to start a new business. One day, Jean slaps Geraldine after a very long day at work. He feels bad, but he liked her reaction; she finally saw who is in charge of the family. From there on out, he slaps her whenever he is annoyed. He knows as long as he doesn't hit her stomach, the baby will be okay.

After several episodes of violence, Geraldine can't stand the situation anymore. She goes home to her family, and explains the situation. Her mother explains, "Geraldine, this is what we women are made to do; we have to support our husbands, no matter what. This is women's work." Her father adds, "What do you expect Geraldine? They paid the bride price. You are part of his family now, so there is nothing we can do. If you are really bothered by it, go see his parents, although be careful; they will find many ways to tell you you're wrong!" Geraldine returns home, feeling defeated. When she arrives home Jean asks where she has gone, and he is surprised and angry...so angry that he beats Geraldine badly enough that she loses the baby. Geraldine is too afraid to go to the hospital, and she stays home, locked in her room for many days.

2. After you finish reading the story, pause for a minute to let it sit with participants.
3. Divide participants into small groups and have them answer the following questions:
 - a. "What cultural practice did you see in this story related to marriage and how do you think it affected the outcome of the story?"
 - b. "What cultural beliefs or practices inhibited Geraldine from seeking help from a service provider?"
4. Ask participants to briefly share out (3 minutes or less) the main points of their discussion.
5. Explain that bride price/dowry is a historical and cultural practice that occurs in many places. **ASK:**
 - a. "What is the underlying message bride price sends to men and women?"
6. Take a couple of responses and **SAY:**
 - a. "Bride price sends the message that women are like property; they can be bought."
 - b. "Are there other types of practices or beliefs in this community that send the underlying message that women are property?"
 - c. "What about messages from the Bible and Quran?"
7. **SAY:**
 - a. "When we believe women are property, we believe we have the right to do what we want with them, to control every aspect—of their bodies, their minds, and their actions. We believe we have absolute control, and we believe it is within our right to correct women when they stray from our expectations."
8. **ASK:**
 - a. "Why do you think society thinks of women as property?"
 - b. "What are the implications of this idea?"

9. SAY:

- a. "The system of gender inequality—and the beliefs, norms, practices that uphold it—reinforces the idea that women are inferior to men. Practices like bride price imply that women have lesser value, do not deserve respect, and should accept the behavior of their spouses no matter the cost."
- b. "These cultural beliefs about women as property of men, and expectations of what women should tolerate, make it difficult for them to seek help when they are hurt. Remember how the mother and father responded in the story."

10. ASK:

- a. "Why is it that a woman seeking help brings shame on her family but a man perpetrating violence does not? What does that tell you about society?"

11. Close the session with the following key points. SAY:

- a. "Our cultural practices reinforce the idea what women are property of their partners."
- b. "When women can be 'bought,' this puts them in an inferior position for the rest of their relationship."
- c. "While all violence against women and girls has a power and control dynamic, this becomes institutionalized through informal or formal processes in partnerships/marriage, making it much more difficult for women to seek help or leave the relationship."
- d. "Cultural practices and/or religious beliefs are important for making meaning of our lives, and we are not saying that they are all inherently bad; this exercise simply seeks to shine a light on how these ideas are embedded in gender inequality."
- e. (Give some local examples of practices that have changed.) "All cultural practices evolve and change, so this is an example of practices that can change when enough people believe it is time to do so."

ACTIVITY 5:

CLOSING AND EVALUATION

🕒 10 minutes

1. Tell participants that you have now come to the end of your time together. Ask participants if they have any questions.
2. Thank the group and summarize the discussion using the key points below.
3. Remind them of the next meeting day and time and explain that we will now do a quick evaluation of the session.
4. **ASK:**
 - a. "What did you like best about the session?"
 - b. "What questions would you have liked to ask but did not have the opportunity to ask?"
 - c. "How was this session helpful?"
 - d. "Do you have any other comments or suggestions for improving this session?"
5. Explain that today you will have a homework assignment. Ask participants to think about a woman in their life that they love. What do they love about her? Ask participants to take 15 minutes to generate a list of their own actions that might have intentionally or unintentionally caused this woman harm.
6. Note down the participants' responses. You will need to record them in the post-session monitoring sheet.



KEY MESSAGES

It is the responsibility of the facilitator to summarize the ideas shared throughout the session and to pull out some key messages. However, below are additional key messages you can share with the group.

- IPV is primarily an issue affecting women and girls. Globally, women and girls experience IPV in significantly higher proportion than men and boys and are more severely harmed. For example, IPV is one of the leading causes of death of women in this age range, this is not a leading cause of death for men.
- IPV in young and middle adulthood has consequences over the life course.
- One of the reasons IPV is acceptable in many places in the world is because society tells us that women are the property of men, rather than equal and valued human beings who deserve respect and equal rights.

SESSION 4:

IPV IN OLDER AGE

Duration:

Approximately 3 hours

SESSION OBJECTIVES:

By the end of this session, participants should be able to:

- ☑ Understand unique risk factors for IPV among women of older age, including the life course experience of victimization.
- ☑ Understand IPV-specific barriers to help-seeking in older age.

SESSION OVERVIEW:

Session Activity	Time
❶ Older Women in My Community	⌚ 45 m
❷ Let's Talk About Aging!	⌚ 60 m
❸ In Her Shoes!	⌚ 60 m
❹ Closing and Evaluation	⌚ 10 m

MATERIALS REQUIRED:

- Flip chart
- Markers

PREPARATION REQUIRED:

- 📋 Review session prior to implementation.

POSSIBLE SESSION MODIFICATIONS:

No session modifications are available for this session.

ACTIVITY 1A:

OPENING AND REVIEW OF THE HOMEWORK (FOR MEN'S GROUPS ONLY; WOMEN'S GROUPS CAN SKIP TO ACTIVITY 1)

⌚ 15 minutes

1. Welcome men back to the session.
2. Ask them if they have any questions from the last session?
3. Ask for volunteers to share out what they did for the homework assignment.

ACTIVITY 1:

OLDER WOMEN IN MY COMMUNITY

⌚ 45 minutes

1. Begin the discussion with following question. **ASK:**
 - a. "At what age would we consider a woman old or older in this community?"
2. Collect participants' responses and try to gather agreement what age defines an older woman.
3. Explain that ideas about older age vary globally. Normally, older women are considered to be women above 60, but in some places, it may be as low as 50 years.
4. Divides participants into 4–5 groups and each group should answer each of the following questions. They can take notes and write on a flip chart, or simply brainstorm.
 - a. "How are older women expected to behave here in our community?"
 - b. "What are some of the positive and negative ideas associated with older women?"

5. After all the smaller groups have discussed, invite participants to come back together and share out what they discussed.
6. Takes notes on the flip chart under each of the questions above.
7. Facilitator might identify some of the following:

How Older Women Are Expected To Behave

- Mediators and peace makers
- Autonomous/Hold some power/Can be outspoken
- Role models

Positive Ideas Associated With Older Women

- Holders of cultural norms and practices (good and bad)
- Hold the family together
- Source of advice
- Healers
- Wise
- Honorable

Negative Ideas Associated With Older Women

- Less valuable because they can no longer have children
- Burdensome because may require caretaking without contributing to household income
- Difficult to deal with
- Set in their ways/Traditional
- Incoherent

8. After the brainstorming is complete, **ASK:**
 - a. "Do you think these perceptions of older women vary depending on whether they are married or not?"
 - b. "Do you think these perceptions of older women vary depending on whether they have children or not?"
 - c. "How do you think positive and negative ideas are linked to perceptions about how older women should behave?" (Reference the list you came up with together as a group.)
 - d. "How do you think expectations and perceptions of older women affect how they experience IPV and whether/how they seek help?"

9. Collect participant responses and explain that we will see more in the next activity.

ACTIVITY 2:**LET'S TALK ABOUT AGING!**

🕒 60 minutes

1. Divide participants into groups of 4 to 5 each and gives each group a case study to review. Facilitator may also read them aloud for low literacy groups.
2. Ask each group to identify risk factors, or put in other words, what might make the women in the story particularly vulnerable to IPV.
3. Give participants about 15 minutes to discuss and then invite each group back to share out their case study and what they identified as contributing to the violence the woman in the story is experiencing.

**SCENARIO 1: LISBETH'S STORY**

Ronaldo and Lisbeth are an older married couple. Some activities such as washing the dishes and cleaning are not happening around the house the way they used to. Ronaldo is routinely yelling at and demeaning Lisbeth, saying she is "lazy," "stupid," and "useless." Lisbeth has cognitive decline and is often forgetful.

Risk Factors: (1) cognitive decline and (2) women not upholding gender expectations

**SCENARIO 2: ANJALI'S STORY**

Anjali and Vijak are an older married couple. Anjali and Vikram's daughter, Neelima, notices her mother is not herself, not going out, not wanting to participate in community life. Anjali is suffering from mental health challenges related to years of physical and emotional abuse from Vijak. Anjali was also abused as a child by her parents.

Risk Factors: poly-victimization, meaning abuse that cumulates over the lifetime

**SCENARIO 3: ESMERALDA'S STORY**

Julio and Esmeralda are an older married couple. Esmeralda begins experiencing physical abuse as her husband's cognition declines. She wants to seek help, but is fearful because of the shame it will bring her family, especially her adult children and her son who is a prominent doctor in the community.

Risk Factors: family honor/stigma

**SCENARIO 4: MARIE-CLAIRE'S STORY**

Martin and Marie-Claire are an older married couple. Marie-Claire begins to have health problems and can no longer walk well; this means she can no longer cook or clean. Martin becomes increasingly frustrated with Marie-Claire as he sees the household declining. He starts to yell at her a lot, telling her she looks like a dog, or asking why she doesn't just put herself out of her misery.

Risk Factors: (1) onset of impairment and (2) gender expectations



SCENARIO 5: MILDRED'S STORY

Oscar and Mildred are an older married couple. They live in a remote area, and are often alone at their home for days on end. Mildred continues to be physically and emotionally abused by Oscar, something that started when they were much younger. Mildred feels like she has no one to turn to.

Risk Factor: (1) low social support and (2) isolation from the community

4. Invite participants to come back to the whole group and share out what they discussed.
5. After sharing out, write out a list of risk factors on a flip chart.
6. Clarify again that a risk factor is different than a root cause. A risk factor heightens the likelihood or contributes to the outcome of violence. However, IPV itself is always a result of abuse of power and gender inequality.

Risk Factors for IPV in Older Age

- Parental violence and intergenerational transmission of violence
 - Low social support and isolation
 - Cognitive decline (meaning losing memory)
 - Declining health and onset of a disability
 - Low socioeconomic status
 - Cultural values favoring gender hierarchy, family honor/ shame (mostly on the level of help seeking and secondary prevention)
7. Ask participants if they have any questions about the activity before closing and going to the next activity.

ACTIVITY 3:

IN HER SHOES

🕒 60 minutes

1. Draw a picture of an older woman on a flip chart.
2. Explain that you will read a scenario regarding the IPV the woman has experienced.



SCENARIO: JANET'S STORY

Janet is the mother of three adult children, still living with her husband Richard as a couple. Janet's son is an influential business owner in the community, who has been doing very well. Richard has been abusing Janet intermittently for many years, but lately it has gotten worse as Janet finds her ability to keep up with husband's demands difficult and wants to spend more time in women's group activities. Janet was recently beaten and is having a hard time walking, but thinks seeking help could be a bad idea.

3. Facilitator should explain that each person should take 5 minutes to come up with one thing that the woman is thinking about when deciding whether or not she should seek help. Participants should really try to put themselves in Janet's shoes.
4. Each participant should write down on a post-it one thing they would be thinking if they were Janet facing this question. For low literacy participants, facilitator or another participant can write their idea down on the post-it. They may also color or use a symbol to reflect the thought.
5. Ask participants to place their post-it around the woman's head on the flip chart to reflect her thoughts. After all the post-its are placed, the facilitator reads them aloud, grouping ones that are similar.
6. Examples might include:
 - What will my family think if I seek help?
 - Will fewer people frequent my son's business?
 - Will I (or my family) lose respect in the community?
 - If I seek help, what change will it bring anyway? (feelings of powerlessness and hopelessness or lack of faith in quality of services)
 - Will people make fun of me? (service providers, others who find out)
 - If this happened, I must have brought it upon myself, what can a service provider really do? (self-blame)
 - If I report it, will my husband stop me from seeing my friends/doing activities in the community? (social isolation)
 - If I seek help, will I no longer be able to see my children/grandchildren?
 - If I report, will it make the violence worse?
7. After going through examples, make sure to mention any of the above that aren't listed.
8. Explain that, compared to younger women, women who are older may seek help much less often.
9. **ASK:**
 - a. "How do you think we can support older women survivors of IPV to seek help?"
10. Draw up a short list of suggestions from the group and close the activity.

ACTIVITY 4:

CLOSING AND EVALUATION

🕒 10 minutes

1. Tell participants that you have now come to the end of your time together. Ask participants if they have any questions.
2. Thank the group and summarize the discussion using the key points below.
3. Remind them of the next meeting day and time and explain that we will now do a quick evaluation of the session. If the participants will not complete the optional session, proceed with certificates and a closing ceremony, as appropriate.
4. **ASK:**
 - a. "What did you like best about the session?"
 - b. "What questions would you have liked to ask but did not have the opportunity to ask?"
 - c. "How was this session helpful?"
 - d. "Do you have any other comments or suggestions for improving this session?"
5. Note down the participants' responses. You will need to record them in the post-session monitoring sheet.



KEY MESSAGES

It is the responsibility of the facilitator to summarize the ideas shared throughout the session and to pull out some key messages. However, below are additional key messages you can share with the group.

- IPV has compounding consequences in older age where women may be experiencing unique changes in their physical health, relationships, and social networks.
- Many women in older age experience poly-victimization, meaning they have been experiencing IPV and other abuses prior to older age which now have a cumulative effect on their health and well-being.
- Many women in older age do not seek support for IPV because they feel uncomfortable accessing services where they see mainly younger women.
- Family pride and shame plays a major role in blocking older women from seeking services, so as a community, we need to work on changing our attitudes to reduce stigma.

SESSION 5:

WHAT HAVE WE LEARNED ABOUT IPV? (OPTIONAL SESSION)

Duration:

Approximately 2 hours

SESSION OBJECTIVES:

By the end of this session, participants will be able to:

- ☑ Identify their key takeaways from the module.

SESSION OVERVIEW:

Session Activity	Time
➊ Getting to the Essence	🕒 120 m

MATERIALS REQUIRED:

- Flip chart
- Markers

PREPARATION REQUIRED:

- 📋 Prepare certificates and a closing ceremony, as appropriate.

POSSIBLE SESSION MODIFICATIONS:

No session modifications are available for this session.

ACTIVITY 1:**GETTING TO THE ESSENCE**

🕒 120 minutes

1. Thank participants for joining you in today's session and explain it is the last session of the curriculum.
2. Take about 15 minutes and ask participants to reflect silently on what they learned from the module.
3. Ask participants to prepare a summary of what they learned—it can be a list of key words, a role play, a poem, a written summary, whatever the participants would like. They may do it in groups or as individuals.
4. Give participants 40 minutes to prepare.
5. Invite participants to share out their key takeaways in creative form.
6. Re-iterate the key messages of the module (found in the Key Messages boxes in the sessions).
7. If appropriate, have a closing ceremony or pass out certificates of completion of the module.