Programmes to prevent intimate partner violence (IPV) must also consider the safety and support needs of women experiencing abuse. This is especially important for programmes that raise awareness of violence in communities with limited knowledge of, or access to, services. Indashyikirwa, an IPV prevention programme in Rwanda, established women’s safe spaces, where women and men could disclose and discuss IPV, and be referred or accompanied to health, justice or social services.

This brief is aimed at those interested in providing informal support services as part of a comprehensive IPV prevention programme.

**BACKGROUND**

- Indashyikirwa is a four-year programme implemented by CARE Rwanda International, Rwanda Men’s Resource Center (RWAMREC), and Rwanda Women’s Network (RWN) over the period 2014–2018. Indashyikirwa is funded by DFID Rwanda, across 14 sectors in the Eastern, Western and Northern provinces of rural Rwanda.
- The programme aims to reduce IPV, shift social norms and attitudes condoning violence, and provide more empowering responses to survivors.
- In many of the study areas, there was limited access to, or awareness of, available response services.
- The Indashyikirwa programme established 14 women’s safe spaces (one per study area) managed by RWN.
- Research with safe space facilitators, attendees and RWN staff suggest that these spaces facilitated disclosure of IPV, enhanced attendees’ well-being, and served as an essential bridge between IPV prevention and response.
OPERATION OF THE INDASHYIKIRWA WOMEN’S SAFE SPACES

The Indashyikirwa women’s safe spaces draw on RWN’s experience with designing and managing the Polyclinics of Hope, centres that RWN established in 1997 to provide comprehensive services to survivors of gender based violence (GBV) (1). By contrast, the Indashyikirwa Safe Spaces do not house formal services, but provide a space for community members to share and meet informally. They also maintain a regularly updated list of local healthcare, justice and social service sites for GBV survivors. Three mornings per week, the safe spaces are open for women or men to disclose abuse and receive private, confidential support from specially trained Women’s Space Facilitators (WSFs). The facilitators also offer referrals and/or accompany attendees to other services as needed.

In the afternoons, WSFs conduct participatory reflection groups around uses of power, gender equality, women’s rights and IPV, adapting some of the by SASA! materials designed by Raising Voices, an anti-violence NGO in Uganda (2). Collective income-generating activities (IGAs), such as weaving or handicrafts, also take place in the afternoons.

TRAINING OF SAFE-SPACE FACILITATORS

At each safe space, 22 female community members were elected to act as women’s safe-space facilitators (WSFs). They all completed a two-week training programme, facilitated by RWN staff.

Drawing on the SASA! programme, the training helped WSFs to understand the four different types of power: ‘power within’ ‘power with’ ‘power to’ and ‘power over’. The first three are positive expressions of power, whereas the last (‘power over’) represents a harmful form of dominance. The training moved WSFs incrementally through shifts in knowledge and attitudes while it also built skills and encouraged actions. There were also modules on the roles of WSFs, participatory facilitation, reporting, and the foundations of advocacy.

The curriculum was initially pre-tested in one location over a month. External researchers observed several sessions, and after each session, focus groups were conducted with participants, and interviews with each RWN facilitator, to debrief. Insights were used to refine the WSF training. WSFs received support and refresher trainings from RWN staff throughout the programme.

RESEARCH METHODOLOGY

A qualitative evaluation of the women’s safe spaces was conducted as part of the UK AID funded, What Works to Prevent Violence against Women and Girls Programme (What Works). The evaluation assessed how the safe space activities were being implemented and how they were experienced by attendees and WSFs:

How?

Three rounds of qualitative interviews accompanied by observations of activities at the safe spaces were conducted across three different women’s safe spaces. Two rounds of interviews were conducted with RWN staff.

Where?

One women’s safe space from each of the intervention provinces was selected to represent a diversity of peri-urban and rural sites. RWN staff were recruited across intervention locations.

Who?

In 2016, interviews were conducted with three WSFs (one per space), six female safe-space attendees (two per space), six RWN staff and six activities (two per space) were observed.

In 2017, interviews were again conducted with three WSFs, six female safe-space attendees, two male safe-space attendees, six RWN staff, and six activities were observed across the three spaces (two per space).

In 2018, interviews were conducted with three WSFs, four female safe-space attendees and three activities were observed across the three spaces (one per space).

What?

The research assessed:

- The impressions of the WSFs of the training and motivations for engagement.
- The attendees’ motivations for attending the safe spaces.
- The impact of the spaces; whether and how the spaces catalyse more supportive responses towards survivors of IPV.
KEY FINDINGS AND LEARNING

Training and motivation of WSFs

RWN staff and WSFs found the participatory curriculum informative and engaging. Staff and WSFs generally reported having benefited from the training and thus demonstrated high levels of dedication as volunteers. The status of the role and the money they received to cover transportation costs sustained their motivation.

Observations of safe-space activities found that WSFs had good facilitation skills, but ongoing support and training were essential. Regular monitoring by RWN staff and refresher trainings were critical for strengthening the participatory facilitation, listening skills, reporting mechanisms, and confidence of the WSFs.

Motivations to attend Women’s Safe Spaces

Women were motivated to attend the safe spaces to seek support for marital problems or abuse at home, and to connect with other women. Some women were initially reluctant to attend due to the stigma surrounding IPV but the positive framing of the spaces as places to help build healthy families and relationships helped them overcome this reluctance.

Women appreciated learning about their ‘power within’ and their rights, including their right to live free from violence and their legal right to co-own property with their spouses. The fact that WSFs came from the intervention communities appeared critical to their ability to build trust and rapport.

Although not a formal programme component, income-generating activities were initiated at all the safe spaces by women who encouraged savings and taught each other skills such as basket-weaving. In a context with high poverty levels, this was an additional incentive for many women to regularly attend the spaces.

However, many women reported that their regular attendance could be upset due to transport costs or long travel distances. This highlights the disadvantages of having only one women’s safe space per area.

Disclosure of IPV at the Safe Spaces

The majority of attendees expressed their preference to disclose IPV to the safe spaces over other more formal options such as the police or local authorities. They appreciated having dedicated times for reporting and confidential and non-judgmental responses; Even more importantly, the WSFs ’offered solutions’, without fear of consequences – such as having their experience shared publicly, being fined, or having their partner arrested.

Another woman will never stop and listen to that problem, in some cases she might even laugh at those having problems. On contrary, the WSFs will stop by, listen, understand and provide solutions.

Male safe-space attendee

Attendees said the WSFs improved their access to formal services both by raising women’s awareness of what is available and accompanying them there if they so desired.

Attendees were also encouraged to provide feedback to WSFs on the quality of services they accessed, in order to identify areas that need improvement. One key advocacy success of the programme was convincing health-care providers to offer services to GBV survivors free of charge, as required by policy, rather than charging for them.

LEFT: A WSF offering support to a women’s safe space attendee
Photo: Peter Caton
Inclusivity at the Safe Spaces

Although the safe spaces primarily target women survivors of IPV, the safe spaces are open to men to provide responses to male survivors of IPV and to encourage men to support women's access to the spaces. At the beginning of the programme, WSFs reached out to men via home visits; later some became engaged after disclosing their own experiences of IPV.

Throughout the programme, the team critically reflected on the project's approaches to engaging men at the safe spaces and modified these over time. For instance, several attendees and WSFs requested that their male spouses be more actively engaged to support joint changes in their relationships.

If I understand that I have power within but my husband can't allow me do everything I want, he is still controlling me. They were saying it is better if you could be with our partners here so they can have the same understanding.

RWN staff

RWN staff responded to this request by inviting spouses of married WSFs to one of the refresher training sessions. The safe spaces also established dedicated days where men (including attendees' spouses) were invited to the group dialogues. However, in some observed activity sessions, men appeared to heavily dominate the discussions.

Some staff and WSFs indicated the importance of having dedicated days for men at the spaces, to facilitate their engagement and to leave some 'women-only' time. Interviews with two male safe-space attendees indicated their appreciation of the safe spaces. They also provided suggestions for more active engagement, like having male safe-space facilitators.

Few adolescent girls accessed or used the spaces, and the programme team realised the need for more targeted engagement of adolescents. During the last year of the programme, 20 girl champions at each space were selected with the support of the National Youth Council. They received training around power and GBV, and were connected to WSFs for continuous mentorship. Girl champions were supported to conduct community discussions, and encourage female youth to attend the safe spaces.

WSFs conducted home visits to encourage engagement and offer dedicated support to people living with disabilities, acknowledging that they are more likely to face barriers in accessing the safe spaces. In collaboration with the National Council of Persons with Disabilities, all Indashyikirwa programme staff and WSFs were trained on disability inclusion and mainstreaming.

Impacts of the Women's Safe Spaces

Interviewees shared numerous positive impacts of the safe spaces on their lives. Firstly, attendees and WSFs reported greater awareness of the different types and consequences of IPV, and greater openness around IPV. The majority of WSFs and attendees also related how their self-confidence improved when they reflected on their 'power within'. This helped challenge inequitable gender norms, such as feeling unable to achieve economic growth or speak in public, with many women feeling better equipped to take on these roles. For many attendees, this translated into a commitment to ensure their sons and daughters received equal opportunities, including prioritising education for both.

The support and care received at the safe space were also said to help combat loneliness or anxiety, and strengthen hope, self-worth and well-being of many attendees.

When one has been victim of violence, he/she feels useless. When you have been a victim of violence you even lose hope. So that is exactly the way I was feeling when I came here, I had lost hope and I was feeling that I was unable to do anything but the spaces have helped me. I have regained more strength gradually.

Female safe-space attendee

WSFs and attendees also appreciated the skills-building focus of the safe spaces, which included an emphasis on improving relationship skills through constructive communication and non-violent conflict resolution, as well as access to handicraft and income-generating skills. Sessions which identified triggers of IPV were also highly valued.

Many of the WSFs and attendees interviewed reported reduced personal experiences of IPV, indicative of how the safe spaces play a role in both response and prevention of IPV.
KEY LESSONS

The safe spaces were a valuable platform for IPV disclosure and support and were generally preferred over formal IPV services. Importantly, they served to improve the quality of and linkages to formal services. The spaces offered valued opportunities for collective solidarity and livelihoods skills training. They also supported more equitable gender norms and prevention of IPV. The Indashyikirwa programme yielded important lessons including:

■ The success of the WSFs recruitment process and initial training, highlighted the value of adapting effective evidence-based programming (e.g. SASA!).
■ Framing safe spaces in a positive light (i.e. to develop healthy families), helps counter stigma of disclosing IPV and attending the spaces.
■ Ongoing mentoring and training for WSFs is critically important.
■ Safe-space programmers must consider how best to engage men while preserving the unique value of women-led spaces. Programmes must also be tailored to accommodate the specific needs and interests of women living with disabilities, and those of adolescent girls.
■ The integration of income-generating opportunities may be critical in settings where IPV survivors require economic support; it also encourages regular attendance.
■ Programmes benefit from having real-time input and feedback collected through on-going evaluation research (i.e. identifying support needs of WSFs).
INTEGRATION OF SAFE SPACES WITHIN INDASHYIKIRWA

The safe spaces are one component of the broader Indashyikirwa programme which also includes: i) a 20-session couples’ curriculum designed to encourage healthy non-violent relationships, ii) a community activism component, led by a sub-set of the couples who completed the curriculum and then received additional training in community mobilisation, iii) training and ongoing engagement of opinion leaders (i.e. service providers, government, religious leaders) around IPV prevention and response.

The programme critically ensured linkages between its various components, including through hosting quarterly meetings among WSFs, community activists and opinion leaders to facilitate planning and learning.

The safe spaces were a critical referral point for the community activists and opinion leaders. These linkages allowed WSFs to relay information to opinion leaders around improving formal services for IPV survivors.

RECOMMENDATIONS

1. Although the use of safe spaces has limitations and challenges as outlined above, they can be a key component of comprehensive GBV prevention programming.
2. Programming of safe spaces should carefully consider inclusion and exclusion, and how to use spaces for different activities (i.e. receiving individual cases, group activities).
3. Prevention programming should give attention to integrating informal sources of GBV response, given their preference for reporting.
4. GBV response mechanisms need to be integrated into prevention programmes and interventions should have strong awareness of referral pathways.

REFERENCES


PROGRAMME TEAM

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Generating new knowledge to help prevent violence against women and girls with disabilities in LMICs

Our knowledge about the lives of women and girls with disabilities is largely based on research from the Global North; the lives of women and girls with disabilities in the Global South need more attention. The inclusion of disability questions in What Works evaluation tools, combined with planned qualitative research, will enable us to:

• Track the participation of people with disabilities in our interventions.
• Assess the barriers and enablers to full participation for participants with disabilities, as well as their experiences of the extent to which the programmes are relevant to their lives.
• Use our follow-up data to explore the bi-directional linkages between violence and disability among intervention participants, i.e. the extent to which disability increases risk of violence and vice versa.
• Compare the impact of the programmes between women, men, and youth with disabilities and non-disabled peers.

In these ways, we hope to contribute to the evidence on the optimal balance on mainstreamed versus targeted prevention programmes for preventing violence against women and girls with disabilities, as well as describing which violence prevention strategies are most effective for people with disabilities.

The What Works to Prevent Violence against Women and Girls Programme is a flagship programme from the UK Department for International Development, which is investing an unprecedented £25 million over five years to the prevention of violence against women and girls. It supports primary prevention efforts across Africa and Asia that seek to understand and address the underlying causes of violence, and to stop it from occurring. Through three complementary components, the programme focuses on generating evidence from rigorous primary research and evaluations of existing interventions to understanding what works to prevent violence against women and girls generally, and in fragile and conflict areas. Additionally the programme estimates social and economic costs of violence against women and girls, developing the economic case for investing in prevention.

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