



FINAL REPORT ON GBV DIALOGUE TOOL (FOR THE LITERATE) AND GBV DIALOGUE TOOL (FOR THE ILLITERATE)



Submitted to:
CARE International in Vietnam
June 2013

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ABBREVIATIONS

CASI	-	Civil Action and Social Inclusion Program
CBO	-	Community-Based Organisation
DV	-	Domestic Violence
FMW	-	Female Migrant Worker
FSW	-	Female Sex Worker
GBV	-	Gender-based Violence
GSO	-	General Statistics Office
LARC	-	Livelihoods and Rights Club
LGBT	-	Lesbian, Gay, Bisexual and Transgender (Sexual Minorities)
PWID	-	People Who Inject Drugs
PLA	-	Participatory Learning and Action
PLHIV	-	People Living with HIV
REM	-	Remote Ethnic Minorities
WHO	-	World Health Organisation
WU	-	Women's Union
VND	-	Vietnam Dong (Vietnamese Currency)



EXECUTIVE SUMMARY

While women can experience violence in all aspects of their lives, by far the most common form of violence is the one that occurs within the home. It is estimated that around the world, a third of all women, have at some point in their life, or are currently experiencing domestic violence¹. Experience from many different places in the world has shown that, while some men do experience domestic violence, most of the domestic violence is suffered by women and children².

CARE in Vietnam's Strategy identifies the empowerment of women as a key pathway to equity; moreover, Gender Based Violence (GBV) has been identified as one of the barriers to achieve significant and lasting change for Socially Marginalized Groups (SMG) – including people living with HIV (PLWHA), people who inject drugs (PWID), sex workers (FSW/MSW), sexual minorities (LGBT), and female migrant workers (FMW) in urban settings and Remote Ethnic Minority (REM), which are CARE in Vietnam's Impact Groups.

In February 2013 CARE sought the support of an international consultant to further its work in GBV in Vietnam, with funding from the Royal Norwegian Embassy in Hanoi. The scope was the development of tools to be utilised to initiate dialogue on GBV in communities/groups in Vietnam, with a specific focus on DV against women. The **GBV Dialogue Tool** targets REM women who are literate and the **GBV Dialogue Tool for Illiterate Women** targets REM women who have no literacy.

Each tool had the same focus and underpinning concepts, but the modality in which these concepts are explained is different, making use of illiterate specific tools for the GBV Dialogue Tool for Illiterate Women, mainly adapted from participatory learning and action (PLA) principles³.

The tools progress from giving an understanding of gender and gender roles, to building a common understanding of DV, to helping the participants analyze the human cost of violence, moving into the analysis of the monetary cost of violence for families and communities, to finish with a practical module designed to help the groups organize community advocacy activities related to DV.

Pilot testing of the GBV tools have demonstrated that they are highly relevant to the context and were effective in generating a constructive dialogue amongst participating women.

From the implementation of these tools an important step can take place because preventing domestic violence in homes and communities requires individuals to identify the problem of domestic violence, consider its importance, evaluate their own behaviour, and then begin making changes in their lives. These tools purport to do exactly that, initiate the process of realisation, which is at the base of the process of change.

Key Recommendations for CARE in Vietnam future involvement in GBV:

- Further testing should be carried out in how to successfully integrate the tools in CARE in Vietnam programming. Staff from various programs at CARE in Vietnam

¹ Ending Violence Against Women , *Populations Report*, Volume 11, Series L (Heise et Al., 1999)

² Violence Against Women: A Priority Health Issue (WHO, 1997)

³ Participatory Learning and Action Principles (<http://www.fao.org/docrep/006/AD424E/ad424e03.htm>)



should be involved to build their understanding of the tools and their potential use in program plans and implementation.

- ToT for future implementation of the tool should be carried out by CARE staff and rolled out to community-based groups or communities facilitators. Considering the low local capacity and experience of the group members, additional facilitation skills training should be incorporated in the training.
- In the adaptation of the GBV Dialogue tool for use of different vulnerable groups, such as PLHIV, TOT should be delivered to club's leaders and then rolled out to club's members. Case studies and stories in the tools should be adapted to better reflect the specific contexts of each vulnerable group. The facilitator should understand best practices in discussing violence to groups and be aware of the risks involved in placing blame on abused women and the dangers in understanding men's abusive behavior as biological and unchangeable.
- CARE's future interventions in GBV should happen in the context of a holistic programmatic intervention.
- A systematic needs assessment of the ethnic communities under CARE in Vietnam programs is necessary. The assessment should take into consideration primary and secondary intervention needs:
 - Primary prevention: promote community awareness and GBV prevention.
 - Secondary prevention: addressing physical, mental and reproductive health care needs.
 - The engagement of men should be also part of the needs assessment.
- Further research in the set-up of avenues of support for women, and the referral systems amongst existing support services (such as referral to safe houses) is critical. It should be carried out separately for ethnic minorities and other different women vulnerable group populations as their needs and social set-up are very different.



INTRODUCTION

CONTEXT ANALYSIS

While women can experience violence in all aspects of their lives, by far the most common form of violence is the one that occurs within the home. It is estimated that around the world, a third of all women, have at some point in their life, or are currently experiencing domestic violence⁴. Experience from many different places in the world has shown that, while some men do experience domestic violence, most of the domestic violence is suffered by women and children⁵.

Domestic violence is often protected by family secrecy, cultural norms, fear, shame, or the community's reluctance to get involved in what is seen as a domestic affair. Domestic violence severely impacts women's physical and mental health, relationships, and sense of security in the family and community. It also negatively affects the quality of relationships between women and men, the health and development of children, families and communities. Thus, while women experience many other types of gender-based violence (GBV), CARE in Vietnam's GBV Dialogue Tools focuses on domestic violence. CARE decided to limit its focus to domestic violence and specifically target ethnic minority groups in remote rural communities because:

1. It is a key problem in Vietnam
2. It keeps the scope of the project manageable and practical
3. It is an entry point to later on work on other forms of GBV, and can be adapted to other vulnerable groups
4. It complements efforts by Government in DV and by the UN such as the study "Estimating the Costs of Domestic Violence in Vietnam" carried out by UN Women in 2010.

Domestic violence in Vietnam has started receiving more attention. Recent data suggests domestic violence is a pervasive phenomenon in the country panorama. According to the National Study on Domestic Violence against Women in Viet Nam, conducted by the GSO in 2010⁶, overall, 32 per cent of ever-married women reported having experienced physical violence in their life and 6 per cent had experienced physical violence in the past 12 months.

It is more difficult for women to disclose experiences of sexual violence compared with experiences of physical violence. Nevertheless, 10 per cent of ever-married women reported in interviews that they experienced sexual violence in their lifetime and 4 per cent in the past 12 months.

Emotional and economic abuses, though no less significant than physical or sexual violence, are more difficult to measure in a survey. The results show that 54 per cent of women in Vietnam report lifetime emotional abuse and 25 per cent current emotional abuse, perpetrated by husbands.

⁴ Ending Violence Against Women , *Populations Report*, Volume 11, Series L (Heise et Al., 1999)

⁵ Violence Against Women: A Priority Health Issue (WHO, 1997)

⁶ Results from the National Study on Domestic Violence Against Women in Vietnam Summary Report (GSO, 2010)



About 15 per cent of women subjected to physical or sexual violence by husbands reported that their health was “poor” or “very poor” compared with 9 per cent of women who had never experienced such violence. Women who had experienced partner violence also were more likely to have recent problems with walking and carrying out daily activities, pain and memory loss, abortions and miscarriages. Significantly abused women were three times more likely to report emotional distress and suicidal thoughts than women who had not experienced partner violence.

BACKGROUND

In adopting CARE International’s program approach, CARE in Vietnam has shifted the focus of its work from changes at the sectoral or geographical levels, to that of impacts for particularly marginalised and vulnerable groups of people – the program Impact Groups. CARE recognises that the key to achieving equitable development outcomes lies in shifting deeply rooted, structural underlying causes of poverty, which contribute to exclusion and vulnerability of particular groups in society. CARE’s programs aim to achieve lasting impact at a broad scale with these specific groups through addressing underlying causes of poverty, including vulnerability to disasters, gender inequality and social injustice through a set of coherent interventions.

Two programs have been designed by CARE in Vietnam. One focuses on significant and lasting change for Remote Ethnic Minorities (REM) - who are land poor, have weak resilience to hazards and shocks, and in particular women; and the other focuses on Socially Marginalized Groups (SMG) – including people living with HIV (PLWHA), people who inject drugs (PWID), sex workers (FSW/MSW), sexual minorities (LGBT), and female migrant workers (FMW) in urban settings. This program seeks lasting change for socially marginalized groups in urban settings who experience denial of realization of multiple rights, live and work in unsafe environments.

CARE in Vietnam’s Strategy identifies the empowerment of women as a key pathway to equity; moreover, GBV has been identified as one of the barriers to achieve significant and lasting change for both impact groups. CARE in Vietnam conducted deeper analysis⁷ investigating the vulnerabilities with both impact groups and found conventional gender norms and structures for women and men confined and resigned them to strict gender roles and unequal power distribution⁸.

Recent GBV research in Vietnam has produced quality data sets on GBV prevalence and incidence. However, the data is often not disaggregated by ethnicity or other factors such as HIV status.

In February 2013 CARE sought the support of an international consultant to further its work in GBV in Vietnam, with funding from the Royal Norwegian Embassy in Hanoi. The scope was the development of tools to be utilised to initiate dialogue on GBV in communities/groups in Vietnam, with a specific focus on DV against women.

This report outlines the development process for these tools, analyses the results of pilot testing and offers guidance on their use in future CARE programmes.

⁷ *Gender and Power Analysis for the Socially Marginalised program*, CARE Vietnam July 2011; *Women’s Empowerment and Remote Ethnic Minorities program analysis*, CARE Vietnam; *Socially Marginalised program Vulnerability analysis*, CARE Vietnam, June 2011; *SMP Policy and Institutional Analysis*, CARE Vietnam, March 2013.

⁸ CARE in Vietnam ToT for Costing Tool Methodology, February 2013.



METHODOLOGY

OVERVIEW

CARE in Vietnam sought to investigate the feasibility of adapting a GBV costing methodology developed and tested by CARE in Bangladesh⁹. This tool consisted of a costing methodology that seeks to demonstrate the monetary effects of violence on communities, with an aim to quantify and collect evidence for claiming compensation for damages due to domestic violence, and to act as a policy advocacy tool to promote budget allocation and accountability of government institutions for violence prevention.

The initial scope of the proposed mission was expanded from the original focus on the framework of the Bangladesh costing tool. A GBV tool was to be developed targeting remote ethnic minorities, one of CARE in Vietnam's main target groups. The tool in future could also be adapted for the other impact groups targeted by CARE. The tool was designed to help communities and groups in Vietnam to reflect and discuss domestic violence and how it affects their communities and groups. A second tool was also developed targeting ethnic minority women who were illiterate. It was decided the development of a second tool specific for illiterate women was necessary due to the high prevalence of illiteracy in rural areas in Vietnam.

The second tool consists of an adaptation of the GBV Dialogue Tool, making use of specific pedagogy for the illiterate.

The tools were named respectively the **GBV Dialogue Tool (in separate Annex 1)** and the **GBV Dialogue Tool for Illiterate Women (in separate Annex 2)**.

The two tools' contents include:

- Background (the definition of GBV, different types of GBV with examples, and a facilitation guide).
- Gender roles and inequality dialogue exercise.
- Social cost of violence dialogue exercises.
- Mapping exercise to determine help-seeking behaviour.
- Easy-to-use one page costing tool analysis (condensed from CARE in Bangladesh's 6-page costing analysis) for the GBV tool for literate women.
- Costing tool analysis dialogue exercise for the GBV tool for illiterate women.
- Community plan of action and advocacy exercise.

After the tool development, members of the Livelihoods and Rights Club (LARC) group based in Bac Kan and provincial and district WU's members were trained in a Training-of-Trainers (ToT) in Hanoi and they also provided feedback on the tool. The CARE team trained four leading members of the LARCs ethnic minority community-based organization in Bac Kan to facilitate the GBV Dialogue Tools. The LARC group model was chosen as it comprised of ethnic minority women who had had exposure to training in livelihoods and were familiar with facilitation. Moreover the group had established monthly meetings, making it ideal for the use of the tool after each normal LARC meeting.

⁹ COVAW Toolkit: Understanding the Monetary Cost of Domestic Violence (CARE in Bangladesh, 2012)



Two additional pilots were consequently organised with two separate groups of ethnic minority women who were part of villages who had LARC members, although some of the women in each pilot did not participate in LARC.

Each pilot was followed by adjustment of the tools based on the feedback received.

INFORMED CONSENT AND CONFIDENTIALITY

At the beginning of the workshop, the facilitators discussed the length of the workshop, why the participants were selected and their voluntary role in helping CARE test a tool for GBV discussion. The women were requested to share their honest opinions about the tool and about information they didn't understand. Participants were informed that the workshop was a safe space to share their ideas and opinions, which would be kept confidential and used to inform the development of the GBV Dialogue Tools. Unfortunately, formal informed consent and confidentiality permissions were not sought in these pilots. However, forms securing both informed consent and confidentiality have since been included in the revised versions of both GBV Dialogue Tools.

TARGET BENEFICIARIES

Each tool has specific target beneficiaries:

GBV Dialogue Tool (for the literate): the target is rural ethnic minority women with low educational level. This tool can also be adapted to work with other marginalised groups such as PLHIV, FSW and MSM. The changes pertain mainly to the context specific case studies utilised in the tools, which are in this case for rural settings. Research need to be done to adapt the stories to realities corresponding to the relevant target groups.

GBV Dialogue Tool (for the Illiterate): The target is illiterate rural ethnic minority women.

DEVELOPMENT OF GBV DIALOGUE TOOL AND GBV DIALOGUE TOOL FOR ILLITERATE WOMEN

Each tool had the same focus and underpinning concepts, but the modality in which these concepts are explained is different, making use of illiterate specific tools for the GBV Dialogue Tool for Illiterate Women, mainly adapted from participatory learning and action (PLA) principles¹⁰.

The tools pull together a combination of different approaches, which, step-by-step, support a process of analysis. The approaches are:

- Case studies (mainly in GBV tool for Illiterate women)
- Mapping (both tools)
- Role Playing (predominantly in GBV tool for illiterate women)
- Plenary Discussions (predominantly in GBV tool for Illiterate Women)

¹⁰ Participatory Learning and Action Principles (<http://www.fao.org/docrep/006/AD424E/ad424e03.htm>).



- Small Groups Discussions (mainly in GBV Dialogue Tool)
- Energizers (both tools)

The foundations of the tools lie in the use of a participatory methodology. This approach is based on the belief that people can learn more effectively when their own capacity and knowledge is valued and when they are able to analyze their experiences in a safe group environment. The role of a trainer is to facilitate the learning process rather than to teach. This approach also tries to build up people's own capacities for analyzing their circumstances of living, their potentials and their problems, in order to actively decide on changes.

The training process is divided into five different modules, and each module interconnects with and leads to the next, and each is aimed at giving deeper perspective on domestic violence. Each module has an exercise that facilitates the introduction of a concept and leads to a deeper understanding.

The tools take the participant into a journey that analyses the multi-faceted context of violence and then leads the woman to the analysis of the problem related to herself and the community.

Preventing domestic violence in homes and communities requires individuals to identify the problem of domestic violence, consider its importance, evaluate their own behaviour, and then begin making changes in their lives. Although each individual is unique and will come to an understanding of domestic violence differently, the process of how individuals change often follows a similar pattern.

The approach underpinning guiding principle is the **The Stages of Change Theory**¹¹:

Stage 1: Pre-contemplation

An individual is unaware of the issue/problem and its consequences for her/his life.

Stage 2: Contemplation

An individual begins to wonder if the issue/problem relates to her/his life.

Stage 3: Preparation for Action

An individual gets more information and develops an intention to act.

Stage 4: Action

An individual begins to try new and different ways of thinking and behaving.

Stage 5: Maintenance

An individual recognizes the benefits of the behaviour change and maintains it.

The tools progress from giving an understanding of gender and gender roles, to building a common understanding of DV, to helping the participants analyse the human (and social?) communities, to finish with a practical module designed to help participants organize community advocacy activities related to DV.

¹¹ Adapted from the Transtheoretical Model of Change, "5 Stages of Change Theory." (Prochaska & Velicer, 1997)



MODULES CHOICE

The tools are divided into 5 different modules designed to be run in separate sessions over the period of 5 months (one session/month).

Module 1

The first module seeks to address the root causes of violence against women by introducing a gender-based analysis of domestic violence¹². This means recognizing women's lower status and power imbalances within intimate relationships as the root causes of domestic violence. This type of gender-based analysis is crucial and can lead to sustained change; it is important to emphasize the unequal power relations between women and men, which begins with the socialisation of girls and boys, and results in women's low status and the belief that women have less worth than men. When individuals and communities place less importance and value on women, they fail to respect women's fundamental human rights. Violence occurs in a relationship when a man feels entitled to violate a woman's rights, does not see her as an equal human being, and feels he has authority over her. Perpetrators of domestic violence do not recognize that women have a right to make their own decisions and are entitled to human rights and dignity as are men. These roots causes of domestic violence must be explored if meaningful change is to occur in the community.

Module 2

The second module analyses how domestic violence is conceptualized, using a broad definition of domestic violence. It is divided into physical, sexual, emotional, and economic violence. This vocabulary is not new but has been useful for activists working to prevent domestic violence and for women to understand and name what they are experiencing and why it is unacceptable¹³.

Therefore the domestic violence definition used here is one that includes how women experience their intimate relationships. While this approach may not have the precision required for quantitative research studies or an academic definition, it has the power to describe the lived experience. Domestic violence, therefore, encompasses the spectrum of abuse women experience from their partners. It can refer to the level of fear in a relationship, the absence of mutuality, the low status of the woman, the presence of injustice, and the level of disrespect. Thus, domestic violence can be understood as the context of, rather than an event in, a woman's life.

Module 3

The third module analyses the common attitudes prevalent in society towards domestic violence, as well as the price we pay in society because of domestic violence, how it affects families, children, and future generations. Behaviour is a result of our experiences, attitudes, and beliefs, and thus it is deeply linked to the prevailing belief system in the community. The attitudes and actions of neighbours, friends, co-workers, police, greatly influence an individual's behavioural choices and collectively create the social climate in the

¹² Mobilizing Communities to End Domestic Violence: A Resource Guide (Lori Michau and Dipak Naker, Raising Voices 2004).

¹³ Prevalence of Intimate Partner Violence (Heise et al, WHO, 2006)



community. This brings participants to expand their concept of domestic violence bringing it into the community arena, making it an issue that affects the entire community.

Module 4

The fourth module focuses on a dual analysis: cost analysis of violence and mapping of women's help seeking behavior for future advocacy. There is very little information, even qualitative on Ethnic Minority women's help-seeking behavior in this respect. The economic costs of domestic violence— on women themselves, their families, and social and economic development – are considered by researchers to be enormous¹⁴. The focus in this module is the translation of the Costing Tool developed by CARE in Bangladesh into the rural Vietnamese context and its adaptation. Moreover the addition of help-seeking behavior mapping of those experiencing violence is a crucial component of defining who and what is included in the estimation of costs of violence.

According to many DV experts, the most effective solutions to preventing domestic violence lie in mobilizing communities to transform norms on the acceptability of violence within families¹⁵. To this end, cost estimates demonstrating to families the drain of resources that domestic violence imposes on household economies is particularly important. Many civil society groups working to prevent and respond to domestic violence in developing countries are acutely aware of the costs of such violence and highlight such costs in their awareness-raising campaigns. The lack of monetary estimates is a big constraint in demonstrating the enormous impact domestic violence has on household economies¹⁶. The cost analysis of domestic violence can be used as an educational tool to demonstrate the effects of violence to communities, to calculate evidence for claiming compensation for damages due to domestic violence, or as a policy advocacy tool to promote future budget allocation and accountability of governmental institutions for violence prevention¹⁷.

In regards to mapping of help-seeking behaviour, the fundamental question is: What are the different response strategies of those who experience domestic violence? The violence literature indicates that a majority of women who experience violence, in fact, rarely seek help, suffering in silence instead¹⁸. Among those who do seek help, the overwhelming majority turn to non-formal networks, such as family, friends, neighbours, religious institutions, or local leaders¹⁹.

Therefore mapping of help-seeking behaviour of rural women is important to determine the relevant services to consider for future funding or capacity building towards GBV prevention/response in Vietnam. The small numbers of women engaged in mapping offers a more qualitative perspective, but it is nonetheless very useful in the context of a complete lack of information that exists at present on the situation of Ethnic Minorities. The mapping also gives information on the services available for victims of domestic violence and their efficacy.

Module 5

¹⁴ Domestic Violence against Women: Cost to the Nation 2011. CARE in Bangladesh. (Siddique, K., 2011).

¹⁵ Prevalence of Intimate Partner Violence (Heise et al, WHO, 2006)

¹⁶ Cost of Intimate Partner Violence at the Household and Community Level (ICRW, 2004)

¹⁷ COVAW Toolkit: Understanding the Monetary Cost of Domestic Violence (CARE in Bangladesh, 2012)

¹⁸ Ending Violence Against Women. *Population Reports*. School of Public Health, PIP. Baltimore: John Hopkins University (Heise, L, M Ellsberg, et al., 1999).

¹⁹ Women-Initiated Community Level Responses to Domestic Violence: Summary Report of Three Studies. Washington, DC. (ICRW, 2010).



By Module 5 the tools have firmly established that domestic violence is in fact *not a woman's problem but a concern for the whole community*.

Since gender inequity is the root cause of violence and gender is a result of the community's beliefs about women and men, everyone needs to participate in changing this core value system that undervalues women and their equality.

Changing community norms is a process, not a single event. Projects based on an understanding of how individuals and communities naturally go through a process of change can be more effective than those that thrust haphazard messages into the community. Thus, efforts to try to influence social change must be approached systematically with a long-term vision. Organisations that attempt this work can become skilled facilitators of individual and collective change by working with, guiding, and supporting the community along a journey of change²⁰. This last module attempts to plant a seed of change by asking the community what it thinks could benefit it in the long run. This module can have great importance in the future of CARE in Vietnam's programming in ethnic minorities.

PILOT TESTING

The final part of the methodology consisted in the undertaking of testing and piloting of the tools in the field, to validate them and make the necessary adjustments. One ToT and two pilots were undertaken:

- **Hanoi TOT Workshop** - test of the GBV Dialogue Tool and future facilitators training and selection. Eleven participants.
- **Bac Kan (Phuc Loc village) Pilot 1** - pilot of the GBV Dialogue Tool, facilitation by H'mong ethnic minority facilitators for CBO members from H'mong and Dao ethnic groups. Five participants.
- **Bac Kan (Phuc Loc Village) Pilot 2**– pilot of the GBV Dialogue Tool for Illiterate Women by a H'mong ethnic minority facilitator with H'mong community members. Different participants were selected for this pilot. Eight participants.

Hanoi TOT Workshop

Logistics and participants

The GBV Dialogue Tool was first tested on ethnic minority members and provincial and district WU's representatives. The pilot took place from the 26th to the 28th of March 2013 at the Sunset Lake Hotel in Hanoi. During the workshop two facilitators were selected, in order to later pilot the tool in Bac Kan province in April 2013. The workshop was facilitated by the CARE team.

11 participants took part in the pilot:

From CARE: Ms. Hien, Project Manager in Bac Kan

From Bac Kan: Mrs. Oanh, Retired WU member, 1 provincial level WU, 2 district level WU, 1 commune level WU coordinator, and 2 people/club (LARC chair and facilitator).

²⁰ Mobilizing Communities to End Domestic Violence: A Resource Guide (Lori Michau and Dipak Naker, Raising Voices, 2004).



The TOT workshop's aim was to test the GBV Dialogue Tool on future facilitators and adjust the tool accordingly. The participants originated from the province of Bac Kan, and are involved in the LARC project, a livelihoods club that is set up and supported by CARE staff. The LARC is organized in groups of average 50-60 women per group, originating from the same village, and meeting once a month. It is run by a chair and a facilitator, usually members of the local commune Women's Union. The WU is also involved at district and provincial level for organization and support of the LARCs.

During the pilot all the modules were tested, and feedback was received from the participants. The findings will be discussed later in the **Findings Section**.

Bac Kan Pilot 1 – GBV Dialogue Tool

Logistics and participants

This GBV Dialogue tool pilot took place Phuc Loc Commune, Ba Be District, Bac Kan Province from the 8th – 10th of April 2013.

Facilitators and interpreters were selected during the pilot in Hanoi in March 2013.

Facilitators and Interpreters			
	Name	Ethnic Minority	Role & Organization
1	Hoang Thi Trang	Tay	Facilitator Babe District WU
2	Hoang Thi Ty	Tay	Local logistics organizer Chairwoman of Phuc Loc Commune Woman Union
3	Ly Thi Sai	H'mong	Facilitator Head of Phuc Loc LARC
4	Ly Thi Xuan	H'mong	Co-facilitator LARC Member
5	Ly Mui Sinh	H'mong	Interpreter LARC member

Before the pilot began, refresher training was provided in English with translation into Vietnamese to the pre-selected Kinh-speaking Women's Union/LARC leadership facilitators by the CARE team (English-speaking facilitator/expert, Vietnamese translator, and note-taker).

Training was given in H'mong and Vietnamese. Translation was given from Dao to Vietnamese by Ms Trang and from H'mong to Vietnamese by Ms Sinh. The CARE team coached the facilitators.

The Bac Kan pilot's aim was to test the GBV Dialogue Tool with future facilitators and see how it performs in the field with ethnic minorities. The facilitators and the participants originated from the province of Bac Kan, and are involved in the LARC project.

All participants are LARC members:



Name	Ethnic	Vietnamese Level	Age	Family status
Female 1	H'mong	Fair: (understand around 70% Vietnamese), can read & write	26	Married with children
Female 2	H'mong	Illiterate	29	Married with children
Female 3	H'mong	Illiterate	23	Married with children
Female 4	Dao	Illiterate	32	Married with children
Female 5	Dao	Illiterate	23	Married with children

The tool was designed for a literate audience; therefore prior to the pilot the consultant had requested that all participants had some form of literacy. This was not possible, probably due to the high level of illiteracy in these communities. It did make the implementation of the tool much harder. These women live in very isolated small hamlets and do not regularly interact with each other and were therefore shy. In this particular case, their lack of spoken Vietnamese further compounds their situation and contributes to isolation. Therefore, they find it very difficult to speak about sensitive subjects such as domestic violence. After the second module the participants seemed to relax more, but they were acutely aware of their literacy inadequacy, as reported by the facilitators. This seemed to make them nervous and restrained up to the end of the pilot.

During the pilot all the modules were tested, and feedback was received by the participants on each of them. Results are in the **Findings Section**.

Bac Kan Pilot 2 – GBV Dialogue Tool for Illiterate Women

This GBV Dialogue Tool (Illiterate Audience) pilot took place in Phuc Loc Commune, Ba Be District, Bac Kan Province from the 3rd– 6th of June 2013.

Facilitators and interpreters were selected from the previous pilot in Bac Kan in April 2013.

Facilitators and Interpreters			
	Name	Ethnic Minority	Role & Organization
1	Hoang Thi Trang	Tay	Logistics Babe District WU
2	Hoang Thi Ty	Tay	Local logistics organizer Chairwoman of Phuc Loc Commune Woman Union
3	Ly Thi Sai	H'mong	Interpreter Head of Phuc Loc LARC
4	Ly Mui Sinh	H'mong	Facilitator LARC Member

Before the pilot began, the CARE team provided refresher training in English with translation into Vietnamese. The same LARC facilitators were utilized from Pilot 1 who took on the following roles: one H'mong facilitator, one H'mong interpreter, and two Tay logistics and support persons. The CARE team took detailed notes during the refresher training and pilot.

Training was given in H'mong. Translation was from H'mong to Vietnamese.



Participants:

Name	Ethnic	Vietnamese Level	Age	Family status
Female 6	H'mong	No knowledge of Vietnamese	35	Married with children
Female 7	H'mong	No knowledge of Vietnamese	42	Widowed with children
Female 8	H'mong	No knowledge of Vietnamese	43	Married with children
Female 9	H'mong	No knowledge of Vietnamese	40	Married with children
Female 10	H'mong	No knowledge of Vietnamese	35	Married with children
Female 11	H'mong	No knowledge of Vietnamese	38	Married with children
Female 12	H'mong	No knowledge of Vietnamese	37	Married with children
Female 13	H'mong	No knowledge of Vietnamese	36	Married with children

The Bac Kan pilot's aim was to test the new tool with future facilitators and see if it was catering to the needs of illiterate women. Facilitators originated from the province of Bac Kan and are involved in the L.A.R.C project.

The participants are all H'mong women who live in isolated small hamlets. They are all married with children (with the exception of one who was widowed). This group of women demonstrated a very high level of participation from the start and talked about issues of violence and personal issues very easily. They all greatly enjoyed the tool and thanked CARE for giving them the possibility, for the first time in their lives, to discuss such matters.

METHODOLOGY LIMITATIONS

Facilitation

The tool is designed to be used at community level and facilitated by a local resource person. However, if the skills of the facilitator are too minimal, the risk is that the substance of the tool will be diluted and some important notions, such as gender equality, will not be understood. The participants are also not familiar with the concept of participation and are used to a top-down "lecture" system. The ToT should be carried out by experienced trainers able to discuss with future facilitators the complexity of some of the concepts, such as gender equality. They also must build on facilitation skills and confidence because most of these women are not confident about their own knowledge and experience and feel anxiety to share or to voice their opinion.

No Plan on Follow-up



The tool is limited to opening discussion. However, it is important that concrete follow-up actions are implemented to ensure momentum is maintained.

FINDINGS

This is a summary of the key findings; for a detailed analysis see annexed pilot reports (Appendices 1 – 2 – 3).

TOOLS RELEVANCE

- **Relevance for DV situation.** Both tools seem to have high relevance for the ethnic minority sample involved in the pilots. DV is defined by them as a constant in their lives and, outside of this forum, it is still considered a private matter that is not to be discussed with anyone, even family and friends. The participants contributed with lively debate in discussions, and welcomed the opportunity to have an outlet for their problems and experiences. The fact that they could, for the first time in their life, freely talk about this subject and their daily life in the context of violence, was very important to them. They all agreed that this platform is an important new tool that could have many other women benefitting from it.
- **Relevance of the contents**
All of the case studies utilized in the tools directly resonated with the real life stories of these women, by their own admission. This probably made their involvement and discussion even more pronounced.

It must be noted that, notwithstanding the relevance of this approach, when such tools are utilised to open the discussion in communities that have never discussed DV, it is important that organisations that aim to address domestic violence are prepared to follow through. The work of preventing domestic violence challenges the status quo and encourages community members to re-evaluate their position on critical issues, which takes courage, strength, and perseverance. It inevitably raises hopes and expectations in the community. The significant emotional investment of community members must be respected. Therefore, it is essential that the organisation is present and visible to support, facilitate, and encourage this change.

TOOLS EFFECTIVENESS

GBV DIALOGUE TOOL

Generally the tool sparked much debate and elicited response, in spite of some uneasiness of the Pilot 2 group with the first modules. It is the opinion of the consultant that the GBV tool for Illiterate Women would be more appropriate for ethnic minorities, as it is based on more simplified approach to the concepts. It is also to be considered that when using the tool in the future, it will be probably difficult to have separate groups of literate and illiterate women, and therefore with a mix it is surely preferable to use the Illiteracy Tool.

The GBV Dialogue Tool is divided into five modules that can be run once a month during the LARC's usual meeting. The average exercise is two hours long and it can be shortened, depending on the facilitator. During the pilot it became apparent that the tool can also be



easily implemented in five consecutive sessions in one single workshop. In fact this set up seems to facilitate understanding and disclosure. The tool maintains its effectiveness and in fact enhances the understanding of the concepts by exposure.

The GBV Dialogue Tool may be appropriate, with the necessary changes, for the other impact groups targeted by CARE, such as PLHIV, FSW and MSM. This is due to the fact that generally these groups have a slightly higher educational background and more familiarity with the concepts.

GBV DIALOGUE TOOL FOR ILLITERATE WOMEN

The GBV Dialogue Tool for the Illiterate had a high relevance for the women involved and seems to match their educational background with precision. The tools received a great response from the women.

It is recommended that:

- **Ethnicity and Language uniformity is maintained** – The second pilot group participants were H'mong, as was the facilitation language. This most likely helped women feel more at ease and reduced awkwardness given by repeated translations.

ANALYSIS OF MODULES

GBV DIALOGUE TOOL

This tool was designed for use with a literate audience. However, during pilot testing there were some illiterate women in the group which limited their full participation. Nevertheless, all women were able to take part meaningfully in the course and therefore the findings were not significantly affected.

MODULE 1: Gender roles

The first exercise, aimed at introducing gender roles and gender inequality, is able to lead women to understanding the issues behind gender inequality.

The facilitators had difficulties with Module 1 in the beginning. Even though the module had been rehearsed and tested previously, they still found it difficult to introduce the concept of gender inequality and instead started with the concept of violence. Very often the exercise would become a lecture, and correction by the coaches was necessary.

For the participants the exercise with the guided imagery was a bit complex as they found it difficult to abstract and think hypothetically, even when guided to think about their own situation. However after the initial problems, both facilitators and participants were able to discuss the issues and follow the exercise. It created a debate on what issues lie behind gender inequality, participants were in agreement as viewing of women as unequal to men in society and unable to access the same rights/services/possibilities and options in life.

Key issues regarding the understanding of gender inequality

- The issue of the understanding of the roots of inequality, which lie in power imbalance in favour of men, is difficult for the participants and the elaboration on their side of this concept requires a lot skill on the side of the facilitator.



MODULE 2: Domestic Violence Definition

This module is designed to give participants a basic understanding of how domestic violence is conceptualized, how violence against women is a world problem and how there are different kinds of violence that characterize it: physical, emotional, sexual and economic.

The exercise sets the stage for the participants to come up with a common and agreed definition of domestic violence, without giving a pre-constructed one. The women were divided into 2 groups and two facilitators worked with them because they could not read and write and to give them some confidence. The exercise leads the participants to the understanding of 4 different kinds of DV. With the help of the facilitators the women came up with definitions.

The exercise was rated as useful once the stumbling block of literacy had been solved by assigning two facilitators to the participants' groups. However, this problem remained when the definition of domestic violence had to be read, as the women could not read Vietnamese.

Even amongst literate women only few were able to read or write Vietnamese.

Key issues regarding the understanding of Domestic Violence:

- Women in Bac Kan are acutely aware of the fact that men beat them because they have the power to do so and not for reasons such as alcoholism and poverty, as it is often believed by many people. This is interesting as it is very different from what participants expressed during the Hanoi pilot, when participants attributed DV to the fact that men drink, rather than to gender inequality and power imbalance.

MODULE 3: Social and Human Cost of Violence

This module leads the participants to reflect on the social cost of violence in their families and communities.

Initially this was designated to be Module 4. However, after the first pilot in Hanoi, it was edited to precede Module 3, because the flow of the tool would be more convincing if the social cost of violence was discussed immediately after the domestic violence module. It also would set the stage for discussion around help-seeking behavior and monetary cost. The social cost of violence introduces concepts useful in the discussion of monetary costs. The exercise makes use of a case study to have the participants reflect on how DV affects their communities. Participants then engage in role play, in which one of them has to explain to the head of the local People's Committee why DV limits the growth of the community.

MODULE 4: Mapping exercise of help seeking behavior and monetary cost of violence.

This module deals with the mapping of existing services. This will help in the future to advocate for changes in the system and strengthening of government agencies and structures to help women. The exercise leads to a reflection on the monetary cost that DV has on families and on the community. The reflection analyses the direct costs to women,



such as the medical treatments, cost of accessing the justice system or the indirect cost of violence, such as loss of income.

The first part of the exercise makes use of different help seeking behaviour visual maps (Appendix 4) to give examples of the choice of services that could be accessed. The exercise seems to work well and participants seem to appreciate the use of visual tools. The second part of the exercise makes use of a condensed and simplified version of the costing tool developed by CARE in Bangladesh.

Feedback on the exercise was very positive; it was highly rated by all participants and elicited a high level of participation. Women felt at ease discussing concrete problems.

This exercise highlighted that these women **hoped for a great deal of practical help**. When conducting the mapping, participants requested future support from CARE.

MODULE 5: Community Advocacy Plan

In this session the group explored what people can do together to advocate change. The module leads the group through brainstorming activities that could be PRACTICALLY implemented in their community to improve awareness and the situation of DV.

During the pilot in Hanoi, members of the WU participated very actively in this exercise. However once in the field, ethnic minority women did not have the confidence to suggest activities, as they live their lives in relative isolation in their homes, and do not feel empowered enough to actively engage to decrease DV in their community.

. They requested **external interventions**, such as:

- CARE future intervention in the province
- Raising awareness on DV for men and women (separately) organised by law enforcement of the Women's Union
- Organise events on gender equality
- Provide shelters
- Police intervention with punishment for men

GBV DIALOGUE TOOL FOR ILLITERATE WOMEN

MODULE 1: A man and a woman

The first exercise, aimed at introducing gender roles and gender inequality was very successful and was able to lead women to understanding the issues behind gender inequality. The exercise is very dynamic and interactive and participants rated it very highly. The exercise seems to be well calibrated for this level of participants and facilitator alike.

Key issues regarding **the understanding** of gender inequality:

- The issue of the understanding of the roots of inequality, which lies in power imbalance in favour of men, was clear for this group of participants.



MODULE 2: Domestic violence definition

This module is designed to give participants a basic understanding of how domestic violence is conceptualized, how violence against women is a world problem and how there are different kinds of violence that characterize it: physical, emotional and sexual and economic.

Key issues regarding the understanding of DV:

- Women in Bac Kan expressed their resignation to a life of violence, because most of them say, a life with a bad husband is better than a life without a husband. Divorce is very stigmatised and none of the women recollected anyone choosing divorce in their community or any other community to their knowledge.

MODULE 3: Social and human cost of violence

The exercise makes use of a case study to make the participant reflect on how DV affects their communities. The participants then engage in role play in which one of them has to explain to the head of the village why DV deters the growth of the community. The participants became very engaged in the exercise. The case study was deemed as very similar to their life story and elicited much talking. Role play posed some problems at first, women felt a bit shy to perform in front of other women, but they then overcame their uneasiness and carried out the task well.

Key Issues regarding the situation of **social cost** of violence:

- DV deeply affects children and taints their future relationships, as witnessing violence in the family normalises violence in relationships.

MODULE 4 - Mapping exercise of help seeking behavior and monetary cost of violence.

This module deals with the mapping of existing services and the monetary cost of violence.

The first part of the exercise made use of different visual maps to give examples of the choice of services that women use when suffering from DV. The exercise seems to work well and participants seem to appreciate the use of visuals adapted from the original narrative map. The second part of the exercise makes use of a story to demonstrate the costing tool developed by CARE in Bangladesh. This exercise was highly rated by all participants and elicited a lot of input.

Key issues emerged during the exercise regarding the **present situation** of existing services and cost:

- Majority of women will not report to ANY service/authority/friend or social service.
- **There are no avenues of support for women**
- **Cost of services is very high** and that women why women do not go and look for help when beaten/abused.



MODULE 5: Working together to help domestic violence

In this session the group explored what people can do together to advocate change. The module first involves women engaging in an exercise that forces them to work as a team and then encourage them to experience teamwork. The exercise then leads the group to brainstorm activities that could be practically implemented in their community to improve awareness and the situation of DV.

This module elicited great enthusiasm and participation. Women said they appreciated the importance of working together towards the same goal. The exercise was very successful with participants who also clearly appreciated the parallel of building a tower of straws in a team with the importance of working together in a team to build future capacity against DV.

Their suggestions of future activities were very limited as they feel there are not a lot of opportunities for action for the following reasons:

- They are isolated from community life
- They feel there would be no support from local authorities or any other organisation

They suggested

- Women group meetings to discuss DV and support each other as they experienced during the pilot.
- Involve their husbands in meetings that would teach them about DV

Key issues emerged during the exercise regarding **the present situation of awareness of DV**

- No awareness on DV has ever been carried out in ethnic communities.

EMERGING KEY ISSUES

During the pilots in Hanoi and Bac Kan, participants shared thoughts about the situation of women and domestic violence. Although it is a small sample, it is nevertheless important and informative qualitative data.

GENDER INEQUALITY

Key issues regarding **the present situation** of gender inequality are:

- Majority of women do not speak Vietnamese and this keeps them out of productive livelihood opportunities. They cannot go to the market and sell products and improve their economic situation.
- Women have a right to decide on minor domestic financial issues, but men have the final say.
- Women's lack of education keeps them in a vicious cycle of inequality.
- Men have total control on the income generated by women.
- Women have no control of sexual reproductive health and are forced to be "baby machines" in many instances.



DOMESTIC VIOLENCE

Key issues emerged during the exercise regarding **the present situation in Bac Kan** of domestic violence:

- DV is pervasive in communities in Bac Kan and is present in all four forms. **Sexual violence is far more frequent than physical violence**, as explained by all participants in the different pilots.
- DV is considered a private matter, to be kept in the family and not shared outside it.
- Women have nowhere to turn in case of DV. Sometimes the perpetrator is not only the husband but also the woman's mother-in-law.
- The DV Prevention law is virtually unknown in the province and awareness needs to be raised regarding it.
- In sexual matters, men often refuse to wear condoms and force their wives to have abortions if they get pregnant and men do not want another baby.
- Women are often forced to abort baby girls.
- Men have to be involved in DV prevention as they are the perpetrators. Education can help them change their behavior.
- DV is an example of the power men have over women.
- Women have nowhere to turn in case of DV.

The participants painted a very bleak picture of DV in their communities. Below in Table 1 examples of DV were provided by participants:

Physical	Psychological	Economical	Sexual
Beating	Humiliation	Breaking furniture	Rape
Slap	Forbidding her to do something she likes – like going out to meet friend	Controlling wife's money	Force to have sex
Choking	Nagging	Controlling money in general	No contraceptive
Pulling hair	Belittling	Ownership of land certificate	Force abortion
Slapping or cutting with knife	Shouting	Cost for medical treatment	Force to have baby
Burning	Call her insulting names such as sweet potato or papaya	Control the asset	Force to sell sex
Cutting and shaving woman's hair; cutting her ear off	Extreme jealousy and suspicion	Reduce the income	
Cutting neck with knife	Offence	Don't allow the woman to go to work to earn money	
Burn with hot wood sticks	No talking (referred to as "the cold war" where he doesn't acknowledge or speak to his wife for an extended period of time)		
Throw hard things at head and body	Threatening woman / children / parents		

SOCIAL COST OF VIOLENCE

Key issues emerged during the exercise regarding the present situation in Bac Kan **of social cost of violence** are similar to the ones expressed by the participants in the previous pilots:

- DV deeply affects children and taints their future relationships, as witnessing violence in the family normalises violence in relationships.
- Children who are victims of violence also grow up to be unhappy.



- All society is scared of being involved in violence and that is why neighbours do not help each other in case of violence.
- Local authority has the responsibility to intervene to help community be free of violence.

EXISTING SERVICES

Key issues emerged during the exercise regarding **the present situation** of existing services and cost:

- Majority of women **will not report to ANY service/authority/friend or social service.**
- **There are no avenues of support for battered women.**
- Reconciliation groups are not seen as helping them even when they intervene, because they force reconciliation. Some WU members felt that when a woman wants divorce they feel it is their duty to keep the family together. They believe the woman will be destitute and without assets if she leaves her husband, therefore, they pressure for reconciliation
- Reconciliation groups have NO training in either counselling or crisis intervention and women remain in an unsafe space.
- In ethnic minorities many husbands **pay dowry** when they marry- it is seen by the husband as they **own their wives because they paid for their dowry.**
- Divorce is always seen as the last resort, because women are in practice denied equal distribution of property and custody rights.
- **Cost of services is very high** and that is why women do not go and look for help when beaten/abused.
- All women testified that in many cases of divorce women would be forced to pay back dowry.

The average value of dowry in the province amongst H'mong is:

- Cost of 5-6 silver coins = 6 – 7,2 mil VND.
 - 50 litres of rice wine vine = 2 mil.
 - 30 kg of rice = 450000 VND.
 - 60 Kg of pork = 5-6 mil VND.
 - Clothes and silver jewellery = 10 mil VND.
 - 4 chickens = 1 mil VND.
- The availability of services to help women suffering from DV in the province is non-existent.
 - Women mistrust the safe address concept (a list of trusted individuals willing to house abused women) and say they would never use it. They did not state clearly why, they mainly said they would never go to an unknown person house.
 - The police are never considered an option when thinking of possible help and intervention. The police are seen as detrimental as they might take their husband away to prison. This would destroy the family and cost money. There would be no breadwinner.
 - People very often do not access the hospital because of cost, not because of perceived stigma. They have to put down a “deposit” when they arrived at the hospital to guarantee that they can pay for the services and very often they have to pay the doctors extra money to be looked after.



CONCLUSIONS AND LESSONS LEARNT

Pilot testing of the GBV tools have demonstrated that they are highly relevant to the context and were effective in generating a constructive dialogue amongst participating women.

The tools require a skilled facilitator with a solid foundation, particularly in gender equality and participatory training methodology. CARE will need to build a strong network of facilitators before roll-out of these tools. Training of the facilitator should also include a thorough explanation of Do No Harm principles.

The tool should be further developed to include an activism component so that women are not left at the awareness stage and have adequate resources, support, and knowledge to take action against domestic violence. Some suggestions would be to include a component on free legal aid provision and training to WU members who work and interact with women in communities to create a go-to advocate in the community.

The development of these tools is the first and important phase of a long process, and it is a seed of change. From the implementation of these tools an important step can take place because preventing domestic violence in homes and communities requires individuals to identify the problem of domestic violence, consider its importance, evaluate their own behaviour, and then begin making changes in their lives. These tools purport to do exactly that, initiate the process of realisation, which is at the base of the process of change.

Changing communities is a process, not a single event. Preventing domestic violence requires commitment and engagement of the whole community. Ad hoc efforts that engage isolated groups or implement sporadic activities have limited impact²¹. The literature suggests that among interventions with women and girls, reflecting critically about gender norms and the social construction of gender does not inherently add value to programmes (producing better outcomes) unless also accompanied by changes in the opportunity structure or the ability of women and girls to access resources²².

Efforts to prevent domestic violence need to be relevant and need to recognize the multifaceted and interconnected relationships of community members and institutions. This means it is important for organisations to acknowledge the complex history, culture, and relationships that shape a community and individual's lives within it. Efforts must creatively engage a cross section of community members, not just women, in order to generate sufficient momentum for change.

The tools proved highly effective at creating a dialogue and as a major step forward in opening up the issue of DV in ethnic minority communities in CARE in Vietnam programming.

²¹ Mobilizing Communities to End Domestic Violence: A Resource Guide (Lori Michau and Dipak Naker, Raising Voices 2004).

²² Engaging Men and Boys in Changing Gender-based Inequity in Health: Evidence from Programme Interventions. Geneva (WHO, 2007).



RECOMMENDATIONS

- ToT for future implementation of the tool should be carried out by CARE staff and rolled out to community-based groups or communities facilitators. Considering the low local capacity and experience of the group members, additional facilitation skills training should be incorporated in the training.
- Selection of Participants: If a pilot is required to adapt this tool for a specific group, additional research on the pilot group and their group dynamics (a pre-selection test) before selection of a final pilot group for testing is advised [for example, for sex workers, selection criteria can include similar sex, must all be literate or illiterate (do not base on level of schooling but actually literacy), similar age group, all married/partnered with children or married/partnered with no children, similar level of understanding of gender and sexuality, etc.]. Selection of similar participants creates a more interactive group dynamic and will provide more insight into how the group experiences violence and how they will also digest the information provided.
- In the adaptation of the GBV Dialogue tool for use of different vulnerable groups, such as PLHIV, TOT should be delivered to club's leaders and then rolled out to club's members. Case studies and stories in the tools should be adapted to better reflect the specific contexts of each vulnerable group. The facilitator should understand best practices in discussing violence to groups and be aware of the risks involved in placing blame on abused women and the dangers in understanding men's abusive behavior as biological and unchangeable.
- CARE's future interventions in GBV should happen in the context of a holistic programmatic intervention. People live in community with others; thus, the whole community needs to be engaged for community-wide change to occur. Therefore, efforts to try to influence social change must be approached systematically with a long-term vision. Organisations that attempt this work can become skilled facilitators of individual and collective change by working with, guiding, and supporting the community along a journey of change. CARE is very well positioned to be a leading actor role in this process. The development of a programmatic approach to DV has to be holistic in its nature.
- A systematic needs assessment of GBV amongst ethnic communities under CARE in Vietnam programs is necessary. The assessment should take into consideration primary and secondary intervention needs:
 - Primary prevention: promote community awareness and GBV prevention.
 - Secondary prevention: addressing physical, mental and reproductive health care needs.
 - The engagement of men should be also part of the needs assessment.



Engaging Men

The engagement of men in the process is important. In the last few years there has been a worldwide move to work with men. This has happened in countries where there is a long tradition of work in GBV. Many important steps and achievements have taken place in these countries, as CARE work in the fight against violence can testify in other countries²³.

However caution must be exercised when integrating action with men. Two major issues arise in this respect and they should shape programmatic intervention:

- Although very little has been evaluated and more needs to be learned about working with boys and men, a recent review of the evidence from 58 programs around the world by the WHO²⁴ indicates that they can lead to positive changes when the programming is in **holistic approach context**. Among programmes reviewed, programs with community outreach, mobilization and mass media campaigns and integrated programs (which nearly always included group education plus community outreach or services for women) seem to be more effective approaches to changing behaviour among men and boys, than single male-focused interventions.
- Some groups feel that working with men might distract from the fundamental work of empowering women, leading to competition for funding for essential services²⁵ and possibly weaken the women's rights agenda²⁶.

The latter point is of particular importance in the context of Vietnam where very little work has been done with women. **There is no basic provision of GBV services for women** yet, and very little awareness programs. Thus the provision of basic support in primary intervention (service provision, women's empowerment) is a condition *sine qua non* of working in violence and should be considered of paramount importance in program development.

In summary, the consultant believes that, only **after** strong foundations from this type of work with women, to build awareness and recognise the issue and their related rights have been implemented, should CARE begin to involve men in DV prevention. Therefore these tools should be viewed as the first step in any future CARE programming.

Once the group is ready to include men, female beneficiaries should be given the lead in deciding when and how to engage men in their communities. This will ensure that the approach is a sustainable male-targeted intervention (with dialogue and activities with men guided by male facilitators) that is ultimately female-led to ensure the voices of women are not pushed aside.

²³ <http://gender.care2share.wikispaces.net/Engaging+Men+%26+Boys>

²⁴ Engaging Men and Boys in Changing Gender-based Inequity in Health: Evidence from Programme Interventions. Geneva (WHO, 2007).

²⁵ Gender equality and men: Learning from practice. Oxford: Oxfam GB. (Ruxton, S. ed., 2004)
http://www.oxfam.org.uk/what_we_do/resources/downloads/gem.pdf

²⁶ Engaging Men in Gender Equality: Positive Strategies and Approaches. Overview and Annotated Bibliography. BRIDGE / Institute of Development Studies. Brighton: UK. (Esplen, Emily, 2006) August, 2008)



APPENDICES



Appendix 1

GBV Dialogue Tool

Report on

Literate Tool, Hanoi Workshop with Ethnic Minorities

Logistics and participants

The GBV Dialogue tool pilot place from the 26th to the 28th of March 2013 at the Sunset Lake Hotel in Hanoi. During the workshop 2 facilitators were selected, in order to pilot the tool in Bac Kan province on the 7th-11th of April 2013.

The workshop was facilitated by Stefania Rossetti and translated by Mrs. Nguyen Thi Ngoc. Mrs. Pham Kim Ngan was in charge of logistics and note taking. Hannah Lee provided critical input and technical support.

11 participants took part in the pilot:

From CARE: Ms. Hien, Project Manager in Bac Kan

From Bac Kan: Mrs. Oanh, Retired WU member (Oanh), 1 provincial level WU, 2 district level WU, 1 commune level WU coordinator, and 2 people/club (chair and facilitator).

This GBV Dialogue Tool is commissioned by CARE to help communities and groups in Vietnam to reflect and discuss about domestic violence and see how it affects their communities/groups. It is tailored for ethnic minority women, but it can be adapted to be used with other vulnerable groups, such as PLHIV or MSM.

The pilot workshop's aim was to test the GBV Dialogue Tool on future facilitators and adjust the tool accordingly. The participants originated from the province of Bac Kan, and are involved in the L.A.R.C project, a livelihoods club that is set up and supported by CARE-CASI staff. The LARC is organized in groups of average 50-60 women per group, originating from the same village, meeting once a month. It is run by a chair and a facilitator, usually members of the local commune Women's Union. The WU is also involved at district and provincial level for organization and support of the LARCs.

The GBV Dialogue Tool is divided into 5 modules that can be run once a month during the LARC's usual meeting. The average exercise is 2-hours long and it can be shortened, depending on the facilitator. The tool can also be implemented in 5 consecutive sessions although this method does not allow for enough digestion of information.

The tool progresses from giving an understanding of gender and gender roles, to building a common understanding of DV, to helping the participants analyze the human cost of violence, moving into the analysis of the monetary cost of violence for families and communities, to finish with a practical module designed to help the groups organize community advocacy activities related to DV.

During the pilot all the modules were tested, and feedback was received by the participants on each of them. In appendix 1 agenda is attached.

MODULE 1: Gender roles

The first exercise, aimed at introducing gender roles and gender inequality seems is able to lead women to understanding the issues behind gender inequality.

The exercise created a debate on what issues lie behind gender inequality, participants were in agreement as viewing of women as unequal to men in society and unable to access the same rights/services/possibilities and options in life. The participants pointed out that a lack of education amongst the ethnic minorities women in their area contribute

Key issues emerged during the exercise regarding **the present situation** of gender inequality:

- Majority of women do not speak Vietnamese and this keeps them out of the productive cycle, they cannot go to the market and sell products and improve their economic situation.
- Women have a right to decide on minor domestic financial issues, but men have the final say.
- Women's lack of education keeps them in a vicious cycle of inequality.
- Gender Equality Law exists only on paper, raising awareness on it is necessary.
- Women suffer from bad health related to gender inequality, which affect also their chances of reproductive health. Health is considered of paramount importance.

Key issues regarding **the understanding** of gender inequality:

- Participants are very aware of gender inequality in their community, and understand the issue of what makes them unequal in practical terms (lack of education/resources/access to health service). However the ROOT of inequality, power imbalance in the favour of men, is more difficult for them to pinpoint. The understanding of this fundamental concept requires a lot of skill on the side of the facilitator.

Feedback on exercise

All involved agreed that the exercise is well-designed and helps women understand gender inequality, however many noted that if the level of education of the participants is too low, it would be difficult for them to take part in the module, as they would not be able to visualise the situation of other women and will just treat it as a private matter.

MODULE 2: Domestic violence definition

This module is designed to give participants basic understanding of how domestic violence is conceptualized, how violence against women is a world problem and how there are different kinds of violence that characterize it: physical, emotional and sexual and economic. The module also explores the Vietnam situation.

The exercise sets the stage for the participants to come up with a common and agreed definition of domestic violence, without giving a pre-constructed one. It then leads the participants to the understanding of 4 different kinds of DV. This seems to work well and stimulates discussion and thinking amongst participants.

Key issues emerged during the exercise regarding **the present situation** of domestic violence:

- DV is pervasive in communities in Bac Kan and is present in all 4 forms.
- DV is considered a private matter.



- Women have nowhere to turn in case of domestic violence. Sometimes the perpetrator is not only the husband but also the woman’s mother-in-law.
- DV law is virtually unknown in the province and awareness needs to be raised about it.
- Children are often victims of DV.
- In sexual matters, men often refuse to wear condoms and force their wives to have abortion afterwards.
- Women are often forced to abort baby girls.
- Men have to be involved in the DV prevention as it is necessary for them to convince other men to stop violence.

Examples of real life DV in their area given by participants in the table below:

Physical	Psychological	Economic	Sexual
Beating	Ignorance	Breaking furniture	Rape
Slap	Forbidding her to do something she likes – like going out to meet friend	Controlling wife’s money	Force to have sex
Choking	Nagging	Controlling money in general	No contraceptive
Pulling hair	Belittling	Ownership of land certificate	Force abortion
Slapping or cutting with knife	Shouting	Cost for medical treatment	Force to have baby
Burning	Asking heavy questions	Control the asset	Being forced to have sex outside marriage (in one particular case, a woman was forced to seduce a man in her village so her husband could force the man to pay reparations for having sex with his wife)
Electric shock	Grumbling/holding a grudge	Reduce the income	Force to sell sex
Cutting neck with knife	Offence	Don’t allow the woman to go to work to earn money	
Using a hammer to hit the head	No talking (referred to as “the cold war” where he doesn’t acknowledge or speak to his wife for an extended period of time)		
Throw hard things at head and body	Threatening woman/ children/ parents		
Cutting and shaving woman’s hair; cutting her ear off	Humiliation		
Acid attacks	Abuse		

Some extreme examples of physical attacks, such as acid attacks seem to be occurring with alarming regularity, according to the participants.

Key issues regarding the understanding of DV:

- DV is often attributed to the fact that men drink, rather than to gender inequality and power imbalance. This again is a stumbling block in the conceptualisation of DV and requires skill on the side of the facilitator. The fact that some ethnic minority women cannot speak Vietnamese is also considered very important as it isolates them, and they can’t take part into commercial activities or talk to anybody outside their village.



Interestingly many women also categorised under economic violence when the husband in his rage destroys joint possessions and then forces his wife to buy them again with her own money.

Feedback on exercise

The exercise was rated as useful and well-developed. Participants say in their community it is quite difficult to elicit information about DV. It is best not approached directly, but to start by making participants feel at ease first and maybe volunteer personal issues regarding DV, this might help disclosure.

Again lack of education could be a serious problem and only 20% of women in the province can read or write Vietnamese. Visuals can be used to help in exercise.

MODULE 3: Mapping exercise of help seeking behavior and monetary cost of violence.

This module deals with the mapping of existing services. This will help in the future to advocate for changes in the system and strengthening of government agencies and structures to help women. The exercise then leads to a reflection of the monetary cost that DV has on families and on the community. The reflection analyses the direct costs to women such as the medical treatments, cost of accessing the justice system or the indirect cost of violence, such as loss of income.

The first part of the exercise makes use of different visual maps to give examples of the choice of services that women use when suffering from DV. The exercise seems to work well and participants seem to appreciate the use of visuals. The second part of the exercise makes use of condensed and simplified version of the costing tool developed by CARE Bangladesh. This module elicited a lot of passion and intervention from participants, possibly more than any other module.

Key issues emerged during the exercise regarding **the present situation** of existing services and cost:

- Majority of women will not report to ANY service/authority/friend or social service.
- When women, local authority will send a reconciliation group (from the WU) and in majority of cases force them to have a reconciliation.
- Reconciliation groups have NO training in either counselling or crisis intervention.
- If reconciliation fails, women are sent to higher level, such as People's Committee.
- Divorce is always seen as the last resort, as the WU members felt women will not be able to find another husband, she will not be able to support her children, she will lose all land and household rights (even if her name is on the land certificate, her husband will prevent her from accessing it) and she will be a pariah of society.
- Women also have no access to equal distribution of possessions and will lose everything in case of divorce.
- Cost of services is very high and that is also why women do not go and look for help when beaten/abused.

Key issues regarding **services**:

- Participants stated that reconciliation groups are reconciling couples at all costs because women that are part of it believe that a women's future is better with a husband that beats her than divorced. However at the same time they claimed that there is a strong need for services that can give women different options from abuse such as shelters and police protection.
- The availability of services to help women suffering from DV in the province is non-existent. There is however some awareness of the existence of services elsewhere,



for example the Hanoi shelter. But instead of thinking of how to best improve the links between Bac Kan and the services, the participants from the provincial WU push for a shelter in the province.

- The police are never considered an option when thinking of possible help and intervention.
- People very often don't access the hospital because of cost, not because of perceived stigma. When going to the hospital, there is a 500,000VND deposit that must be made before services are offered to ensure that payment for services can be made later.

Feedback on exercise

Feedback on the exercise is very positive, possibly the most successful module of all in terms of participation and enthusiasm.

MODULE 4: Social and human cost of violence

This module leads the participants to reflect on the social cost of violence in the families and communities. Domestic violence not only impacts women on an individual basis, but it affects the entire community they are part of. It has a social and human cost. Because of the violence or its threat, women **cannot make free** choices about issues that have a deep effect on their lives.

The exercise makes use of an exemplary story to make the participant reflect on how DV affects their communities. Participants then engage in role play in which one of them has to explain to the head of the local People's Committee why DV deters the growth of the community.

Key issues emerged during the exercise regarding **the present situation** of social cost of violence:

- DV deeply affects children and taints their future relationships, as witnessing violence in the family normalises violence in relationships.
- Children victims of violence also grow up to be unhappy.
- DV in communities makes communities unstable and fearful.
- Local authority has the responsibility to intervene to help community be free of violence.

Key issues regarding **the understanding** of social cost of violence:

The community should be mobilised and help solve the issue of domestic violence in various ways, for example the establishment of "Safe Addresses" in Bac Kan province ("Safe Addresses" is a list of volunteers who are willing to temporarily host women who are fleeing their homes and looking for shelter).

Mainly the provincial/district level WU seem to not be involved in the issue, and are actually manifesting the typical prejudices in DV (women asked for the violence by not keeping quiet- "In many cases the women talk too much"²⁷). Some of the leaders of the group seemed to

²⁷ To add further detail to understand the idea behind this phrasing, during tea break this was further explained as a situation where the husband is in a rage and his wife will continue to antagonize him. Instead of trying to diffuse the situation, they believe she escalates it by talking back to him. Then five of the participants who were discussing this matter with me shared that "We once did the same thing as these women." But now their husbands were at home watching their children for them while they attended this training and it was through relationship skills they learned that they were able to "train" their husbands to help them in household activities. They seemed to think women's relationship skills could be an appropriate solution to resolve most cases of DV. (informal discussion between participants by Hannah)

Such perceptions are important to understand how stakeholders can perpetuate individual perceptions based on personal experience as a one-off solution to women in abusive relationships.



be going through the motions of this training and seemed to only be interested in showcasing their local WU for future funding and partnership.

Feedback on exercise

The exercise was well rated by the participants. No changes or improvements were suggested.

MODULE 5: Community advocacy plan

In this session the group explored what people can do together to advocate change. The module leads the group through brainstorming activities that could be PRACTICALLY implemented in their community to improve awareness and the situation of DV. The exercise was well received and elicited great participation. Many group participants directed the exercise to giving the local WU centre stage for future DV prevention in the province.

Key activities that emerged as future possibilities in the province:

- Establish Support Groups to raise awareness on the problem of DV.
- Organise events on gender equality.
- Organise safe address list.
- Establish a shelter– in house of chairman of the commune or police.
- Training on the reconciliation skill.
- Crisis group at home.
- Village's regulation – no violence.



Example of community plan:

No	Activity	Target	Brief description	Timeline	Resource needed	Result	Implementer
1	Establish the communicator group	Help the community understand on DV	Access to club, Sub woman union, village	June to Dec 2013	Use the tool that has been trained	Having knowledge and skill to communicate	Communicators
2	Instruct the club to establish core group	Raising awareness for core group	Go to club	Jun 2013	Use the tool that has been trained	All members have knowledge and skill	Sup Woman Union at district/commune level
3	Safe address	Safe place for victims	In the house of the chairman of the village and Woman Union	Aug		Usual come to victims to help	Trust group
4	Training for the club's members	Support the members to use GBV tool	Deep training on GBV tool for capacity building for members, help club establish group to communicate on GBV	April 2013	Money for travel allowance and accommodation for participants	Know how to use the tool and have skill to manage the group	Provincial members, consultant, CARE's staff
5	Organize the Family day	Communicate between family having domestic violence and do not have DV	Sharing experience and skill for all participants Participants know how to say loving words with family members	28 June 2013	Writing script	All the members are actively participate	Provincial/commune/ district staff - Care

Feedback on exercise

This practical exercise was well received and the group gave no suggestions for changes.



Suggested changes and notes

The tool is designed to be used at LARC level, however if the skills of the facilitator are too minimal, the risk is that the substance of the tool will be diluted and some important notions, such as gender equality, might not be well understood.

Therefore the pilot in Bac Kan, taking place between the 8th -10th of April 2013 will be ideal to better understanding the working of the tool in the reality of the LARC group.

It became very apparent during the pilot in Hanoi that the level of education of the LARCs groups is possibly too low, with some minor exceptions. I would exclude the use of provincial level WU as facilitators as the tool would become a system for the advancement of the WU and not a tool for the benefit of the community. Obviously this impression is dictated by the presence of a few participants that seem to be excessively bureaucratized, and the instance might change in a difference setting. However as far as Bac Kan is concerned, this is the only possible application of the tool using WU facilitators.

In the future when adapting the tool to different vulnerable groups, such as PLHIV, it would be best to consider a high level facilitator for the TOT, such as the Gender Empowerment officer from CARE, Ms Giang. The TOT should be delivered to club's leaders and then rolled out to club's members. The facilitator should understand best practices in discussing violence to groups and be aware of the risks involved in placing blame on abused women and the dangers in accepting men's abusive behavior as biological and unchangeable.



GBV Dialogue Tool

Agenda

Pilot workshop with Ethnic minorities

1. Contents

The Pilot of the Tot will take place from the 26th to the 28th of March 2013 in Hanoi. The aim of this exercise will be to test the GBV Dialogue tool on future facilitators. The facilitators will implement a first facilitation in the Bac Kan province the following week, between the 3-5 of April 2013.

2. Participants

CARE facilitation Team

Hannah Lee - CARE GBV Research Coordinator

Stefania Rossetti - Consultant

Nguyen Thi Ngoc - Translator

Pham Kim Ngan – CARE Project Assistant (note taking and logistics)

Pilot participants:

Ms. Giang, CARE Women's Empowerment Coordinator

Ms. Hien, CARE Project Manager in Bac Kan

From Bac Kan:

Mrs. Oanh, Retired WU member (Oanh)

1 provincial level WU

2 district level WU

1 commune level WU coordinator

2 people/club (chair and facilitator)

3. Expected outputs of the workshop:

- An agreed strategy for facilitation of the GBV Dialogue tool
 - Clarity on the vision and goal of the tool
 - Agreed methodology and approach

4. **Venue:** Sunset West Lake Hotel - 491 – 493 Lac Long Quan Str., Tay Ho, Ha Noi, Vietnam

5. Facilitation needs:

- Each participant to have a note book and pen
- 20-30 coloured markers
- 4 x packs of different coloured A4 paper
- 60 sheets of A0 poster paper
- Projector and screen
- White board/ black board

6. Agenda

Day 1 (26th of March 2013)

Morning

Time	Activity	Notes
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8:00 – 8:20	Participants arrival and introduction	Distribute name tags
8:20 – 8:30	Ice breaker exercise	The participants will be asked to come up with an exercise that they feel will help them get to know each other.
8:30 – 8:50	Stefania will introduce the GBV dialogue tool – Aim and expected impact	Copies of the GBV Dialogue tool distributed and relevant Appendix
8:50 – 10:00	Gender Info sheet Module 1 –Women’s lives exercise Part A-B (shortened)	
10:00 – 10:20	break	
10:20 -11:10	Module 1 –Exercise women’s lives Part C	
11:10 – 12:00	Reflection on exercise – Participatory training methodology development	Participants will be asked to feed back on the activity – how they would improve exercise – suggestions
12:00 – 13:30	Break for lunch	

Afternoon

Time	Activity	Notes
13:30 – 13:45	energizer	
13:45 – 14:00	Domestic violence sheet explanation and discussion	
14:00 – 15:05	Module 2 – exercise what is domestic violence	
15:05 – 15:30	break	
15:30 -16:00	Reflection on exercise – Participatory training methodology development	

Day 2 (27th of March 2013)

Morning

Time	Activity	Notes
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8:30	Participants arrival	
8:30 – 8:45	Discussion on previous days training.	
8:45 – 9:30	Module 3- Help seeking behaviour mapping exercise – Part A	Distribution of Appendices
9:30 – 9:50	Tea break	
9:50 – 11:00	Module 3 - Exercise Part B and C	
11:00 -11:30	Reflection on exercise – Participatory training methodology development	
11:30 – 13:30	Break for lunch	

Afternoon

Time	Activity	Notes
13:30 – 14:45	Module 4 – consequences for the community exercise - Part A and B	
14:45 – 15:00	Break	
15:00 – 15:30	Module 4 – Part C	
15:30 – 16:00	Reflection on exercise – Participatory training methodology development	
End of Day 2		

Day 3 (28th of March 2013)



Morning

Time	Activity	Notes
8:30	Participants arrival	
8:30 – 8:45	Discussion on previous days training.	
8:45 – 9:45	Module 5- Community Action Exercise – Part A and B	Distribution of Appendices
9:45 – 10:00	Tea break	
10:00 – 11:00	Module 5 - Exercise Part C and D (shortened)	
11:00 -12:00	Reflection on exercise – Participatory training methodology development	Distribution of Evaluation questionnaires
12:00	End of Training Break for lunch	



Appendix 2

GBV Dialogue Tool

Report on
Pilot with Ethnic minorities
Bac Kan Province

Logistics and participants

This GBV Dialogue tool pilot took place Phuc Loc Commune, Ba Be District, Bac Kan Province from the 8th – 10th of April 2013. Facilitators and interpreters were selected during the pilot in Hanoi in March 2013.

Facilitators and Interpreters		
Name	Ethnic Minority	Role & Organization
Hoang Thi Trang	Tay	Facilitator Babe District WU
Hoang Thi Ty	Tay	Local logistics organizer Chairwoman of Phuc Loc Commune Woman Union
Ly Thi Sai	H'mong	Facilitator Head of Phuc Loc LARC
Ly Thi Xuan	H'mong	Co-facilitator LARC Member
Ly Mui Sinh	H'mong	Interpreter LARC member

Training was given in H'mong and Vietnamese. Translation was given when necessary. Stefania Rossetti coached the facilitators and Nguyen Thi Ngoc translated from Vietnamese to English.

This GBV Dialogue Tool is commissioned by CARE to help groups in Vietnam to reflect and discuss about domestic violence and see how it affects their group. It is tailored for ethnic minority women, but it can be adapted to be used with other vulnerable groups, such as people living with HIV (PLHIV) or the lesbian, gay, bisexual and transgender (LGBT) community.

The Bac Kan pilot's aim was to test the GBV Dialogue Tool with future facilitators and see how it performs in the field with ethnic minorities. The facilitators and the participants originated from the province of Bac Kan, and are involved in the LARC project, a livelihoods club that is set up and supported by CARE. The LARC is organized in groups of average 50-60 women per group, originating from the same village, meeting once a month. It is run by a chair and a facilitator, usually members of the local commune Women's Union. The WU is also involved at district and provincial level for organization and support of the LARCs.

All participants are LARC members:



Name	Ethnic	Vietnamese Level	Age	Family status
Female 1	H'mong	Fair: (understand around 70% Vietnamese), can read & write	26	Married with children
Female 2	H'mong	Illiterate	29	Married with children
Female 3	H'mong	Illiterate	23	Married with children
Female 4	Dao	Illiterate	32	Married with children
Female 5	Dao	Illiterate	23	Married with child

Prior to the pilot the consultant requested that all participants had some form of literacy. This was not possible, probably due to the high level of illiteracy in these communities. It did make the implementation of the tool much harder. In addition participants were very shy and frightened by the subject. These women live in very isolated small hamlets and do not mix with each other. In this particular case their lack of spoken Vietnamese further compounds their situation and isolation contributes. Therefore they find it very difficult to speak about sensitive subjects such as violence. After the second module all of them seem to relax a little, but they were acutely aware of their literacy inadequacy and this made them nervous and restrained up to the end of the pilot.

The GBV Dialogue Tool is divided into 5 modules that can be run once a month during the LARC's usual meeting. The average exercise is 2-hours long and it can be shortened, depending on the facilitator. The tool can also be implemented in 5 consecutive sessions. In the Ba Be area however, previously unbeknown to the consultants, the LARC meeting is run only quarterly, making it very difficult to implement the modules, as too much time elapses between them. During the pilot it became apparent that the tool can also be easily implemented in 5 consecutive sessions in one single workshop, in fact this set up seems to facilitate understanding and disclosure.

During the pilot all the modules were tested, and feedback was received by the participants on each of them. Agenda is attached in appendix 1.

Facilitators and introductory coaching to facilitators

The selected facilitators were very nervous of their impending role, due to inexperience and little familiarity with the subject. On the 8th of April, one full morning was devoted to facilitation coaching. It became very clear that this would not be sufficient and therefore it was agreed to have coaching lessons for 45 minutes prior to each module. The facilitators would rehearse the facilitation with the consultant and ask relevant questions, this seemed to give them enough support to carry out the task.

However as previously hypothesized, the very low level of education of the facilitators made it difficult for them to convey the most difficult concepts relating to gender equality and violence. The level of facilitation depends on the **self-confidence** of the trainer. Given the fact that all these women have very low confidence in their capacity, have not been given training in any subject before and are not used to participatory methods, it seems difficult to see how this tool can be successfully implemented in this setting. If to be used by LARC groups, the ToT should be carried out by experienced trainers with the selected LARC group members in large groups of 20-25. This would guarantee a minimum of quality control, however follow-up by CARE in the field is absolutely necessary.

The facilitators took turns with the modules and supported each other.



Hoang Thi Trang – the more confident in the group,
Ly Thi Sai – Elderly lady, she has stand in the community but she tends to lecture and impose her ideas on others.
Ly Thi Xuan – low confidence level

MODULE 1: Gender roles

The first exercise, aimed at introducing gender roles and gender inequality seems is able to lead women to understanding the issues behind gender inequality.

The facilitators had several difficulties with it in the beginning, even though the module had been rehearsed and tested previously they still found it very difficult to introduce the concept of gender inequality and instead started with the concept of violence. Very often the exercise would become a lecture, and a lot of correction was necessary.

For the participants the exercise with the guided imagery was difficult as they found it difficult to abstract and think hypothetically, even when guided to think about their own situation. However after the initial problems, both facilitators and participants were able to discuss the issues and follow the exercise. It did create a debate on what issues lie behind gender inequality, participants were in agreement as viewing of women as unequal to men in society and unable to access the same rights/services/possibilities and options in life.

Key issues discussed during the exercise regarding **the present situation** of gender inequality In Bac Kan confirmed what had emerged during the pilot in Hanoi :

- Majority of women do not speak Vietnamese and this keeps them out of the productive cycle, they cannot go to the market and sell products and improve their economic situation.
- Women have a right to decide on minor domestic financial issues, but men have the final say.
- Women's lack of education keeps them in a vicious cycle of inequality.
- Men have total control on the income generated by women.
- Women have no control of sexual reproductive health and are forced to be "baby machines" in many instances.

Key issues regarding **the understanding** of gender inequality:

- The issue of the understanding of the roots of inequality, which lie in power imbalance in favour of men, is difficult for the participants and the elaboration on their side of this concept requires a lot skill on the side of the facilitator.

Key Issues and problems with exercise

The exercise is difficult for this level of participants and facilitators alike, even though all involved agreed that they liked it. It confirmed what was noted during the pilot in Hanoi, that the level of education and self-confidence of the participants is too low, and it is difficult for them to take part in the module, as they are not be able to visualise the situation of other women. On the other hand it is impossible to simplify further the exercise, the concept of gender inequality

MODULE 2: Domestic violence definition



This module is designed to give participants a basic understanding of how domestic violence is conceptualized, how violence against women is a world problem and how there are different kinds of violence that characterize it: physical, emotional and sexual and economic.

The exercise sets the stage for the participants to come up with a common and agreed definition of domestic violence, without giving a pre-constructed one. The women were divided into 2 groups and two facilitators worked with them because they could not read and write and to give them some confidence. The exercise leads the participants to the understanding of 4 different kinds of DV. With the help of the facilitators the women came up with definitions.

Key issues emerged during the exercise regarding **the present situation in Bac Kan** of domestic violence:

- DV is pervasive in communities in Bac Kan and is present in all 4 forms.
- DV is considered a private matter.
- Women have nowhere to turn in case of domestic violence. Sometimes the perpetrator is not only the husband but also the woman’s mother-in-law.
- DV law is virtually unknown in the province and awareness needs to be raised about it.

The participants painted a very bleak picture of DV in Bac Kan. The desperation of some women is palpable and during the pilot the consultant was asked many times for practical help. The women also asked to learn a few self-defence skills in case of attack. The consultant, being trained in self-defence, gave demonstration and skills after each module. As explained to the participants, these “tips” have the aim to get them out of a dangerous situation but it is important to remember that they will create a reaction in the attacker and the women need to be ready to flee once they have managed to get out of the most dangerous moment. It became apparent that all the women in this pilot are beaten regularly and mercilessly. The difference from the Hanoi pilot is quite startling: there it was a case of DV happening to **other women**; in Bac Kan instead it is a case of one form or another of DV **happening to them all the time**.

Examples of real life DV in their area given by participants are exactly the same as the ones given in Hanoi. Below an updated table:

Physical	Psychological	Economical	Sexual
Beating	Humiliation	Breaking furniture	Rape
Slap	Forbidding her to do something she likes – like going out to meet friend	Controlling wife’s money	Force to have sex
Choking	Nagging	Controlling money in general	No contraceptive
Pulling hair	Belittling	Ownership of land certificate	Force abortion
Slapping or cutting with knife	Shouting	Cost for medical treatment	Force to have baby
Burning	Call her insulting names such s sweet potato or papaya	Control the asset	Force to sell sex
Cutting and shaving woman’s hair; cutting her ear off	Extreme jealousy and suspicion	Reduce the income	
Cutting neck with knife	Offence	Don’t allow the woman to go to work to earn money	
Burn with hot wood sticks	No talking (referred to as		



	"the cold war" where he doesn't acknowledge or speak to his wives for an extended period of time)		
Throw hard things at head and body	Threatening woman/ children/ parents		

Key issues regarding the understanding of DV:

- Women in Bac Kan are acutely aware of the fact that men beat them because they can and not for reasons such as alcoholism and poverty. This is interesting as it is very different from what participants expressed during the Hanoi pilot, when participants attributed DV to the fact that men drink, rather than to gender inequality and power imbalance.

Feedback on exercise

The exercise was rated as useful once the stumbling block of literacy had been solved by assigning two facilitators to the participants' groups, however this problem remained when the definition of domestic violence had to be read. Again lack of education could be a serious problem and only 20% of women in the province can read or write Vietnamese. Visuals can be used to help in exercise.

MODULE 4 (now 3): Social and human cost of violence

This module leads the participants to reflect on the social cost of violence in the families and communities. It was decided to have the module 4 precede the module 3, because the flow of the tool would be more convincing discussing social cost of violence immediately after the domestic violence module. It also would set nicely the stage for the discussion of the help seeking behavior and monetary cost. The social cost of violence introduces concepts useful in the discussion of monetary costs.

The exercise makes use of an exemplary story to make the participant reflect on how DV affects their communities. Participants then engage in role play in which one of them has to explain to the head of the local People's Committee why DV deters the growth of the community.

Key issues emerged during the exercise regarding the present situation in Bac Kan of social cost of violence:

- DV deeply affects children and taints their future relationships, as witnessing violence in the family normalises violence in relationships.
- Children victims of violence also grow up to be unhappy.
- DV in communities makes communities unstable and fearful.
- Local authority has the responsibility to intervene to help community be free of violence.

Feedback on exercise

The exercise was found a bit difficult by the participants. Role –play seemed to pose problems and a confidence these women do not possess. It did seem a very good exercise given the context of illiteracy.



MODULE 3 (now 4): Mapping exercise of help seeking behavior and monetary cost of violence.

This module deals with the mapping of existing services. This will help in the future to advocate for changes in the system and strengthening of government agencies and structures to help women. The exercise then leads to a reflection of the monetary cost that DV has on families and on the community. The reflection analyses the direct costs to women such as the medical treatments, cost of accessing the justice system or the indirect cost of violence, such as loss of income.

The first part of the exercise makes use of different visual maps to give examples of the choice of services that women use when suffering from DV. The exercise seems to work well and participants seem to appreciate the use of visuals. The second part of the exercise makes use of condensed and simplified version of the costing tool developed by CARE Bangladesh.

This exercises highlighted that these women are after a great deal of practical help. When doing the mapping they all asked for support from CARE and where to find help.

Key issues emerged during the exercise regarding **the present situation** of existing services and cost:

- Majority of women will not report to ANY service/authority/friend or social service.
- Women feel they have nowhere to go and are desperate for some form of practical help.
- Reconciliation groups are not seeing as helping them even when they intervene, because they force reconciliations.
- Reconciliation groups have NO training in either counselling or crisis intervention.
- In ethnic minorities many husband **pay dowry** when they marry- it is seen by the husband as they **own their wives because they paid for their dowry**.
- Divorce is always seen as the last resort, because women are in practice denied equal distribution of property and custody rights.
- **Cost of services is very high** and that women why women do not go and look for help when beaten/abused.

Key issues regarding **services**:

- All women testified that in many cases of divorce the women have to pay back the husband his dowry.
The average value of dowry for a Dao woman is:
 - Cost of 5-6 silver coins = 6 – 7,2 mil VND.
 - 50 litres of rice wine vine = 2 mil.
 - 30 kg of rice = 450000 VND.
 - 60 Kg of pork = 5-6 mil VND.
 - Clothes and silver jewelery = 10 mil VND.
 - 4 chickens = 1 mil VND.
- The availability of services to help women suffering from DV in the province is non-existent.
- Women mistrust the safe address concept (establishment of a list of trusted individuals willing to host runaway women) and say they would never use it.
- The police are never considered an option when thinking of possible help and intervention.



- People very often do not access the hospital because of cost, not because of perceived stigma.

Feedback on exercise

This exercise was highly rated by all participants and elicited a lot of input. Women felt more at ease discussing concrete problems. Feedback on the exercise is very positive, it gave women a chance to discuss practical issues, which they feel more at ease with.

MODULE 5: Community advocacy plan

In this session the group explored what people can do together to advocate change. The module leads the group through brainstorming activities that could be PRACTICALLY implemented in their community to improve awareness and the situation of DV.

Women in this group did not have the confidence to suggest activities and live their life in isolation in their homes. They did wish though for some **external interventions** to help them, such as:

- raising awareness on DV for men and women (separately) organised by law enforcement of the Women's Union.
- Organise events on gender equality.
- Provide shelters
- Police intervention with punishment for men.

Suggested changes and notes

Implementation of the tool in one dialogue workshop

The tool can be implemented in 5 consecutive modules in the LARC groups as in other groups. In certain areas of Bac Kan the LARC groups meet quarterly, therefore the implementation of the tool in a one-off is a necessity. In this case the tool could be facilitated by

The present structure, if carried out in 5 consecutive sessions, runs for 2 and half days. It would be best to shorten it to 2 full days. This could be achieved by fusing module 3 (help seeking behavior and monetary cost of violence) with module 4 (social cost of violence). This can be achieved by shortening module 4.

Facilitation and ToT

The participants are also not at all familiar with the concept of participation, being used to top-down "lecture" system. The ToT should be carried out by experienced trainers able to discuss with future facilitators the complexity of some of the concepts, such as gender equality. They also must build on facilitation skills and confidence because most of these women are very insecure and nervous of such a task. This is especially important if the tool is to be used by a group where some participants are illiterate, even though it would be best to avoid this situation.

The tool should be facilitated by CARE staff, and mainstreamed into their ethnic minority programme. This would be very useful also because the tool naturally brings participants to ask what the role of CARE is and how can the organization help them get out of the cycle of violence.



The Gender Empowerment officer from CARE, Ms Giang seems ideal. The TOT should be delivered to club's leaders and then rolled out to club's members. The facilitator should understand best practices in discussing violence to groups and be aware of the risks involved in placing blame on abused women and the dangers in accepting men's abusive behavior as biological and unchangeable.

It is also recommended that future facilitators will suggest participants give a "cover story" for the training, otherwise husbands could forbid them to participate in the training and could also put them at risk of violence.



GBV Dialogue Tool

Agenda

Pilot in Bac Kan

8th -10th April 2013

1. Contents

The aim of this exercise is to test the GBV Dialogue tool in the field with prototypical future facilitators, LARCs groups chairs. The facilitators will be coached for half day by Stefania Rossetti and Nguyen Thi Ngoc in how to facilitate the tool with their group. During the pilot Stefania and Ngoc will provide support and co-facilitation to the facilitators.

2. Participants

CARE facilitation Team

Stefania Rossetti - Consultant

Nguyen Thi Ngoc - Translator

Facilitators

From Bac Kan

Mrs. Xai, head of LAR group in Ba Be district.

Ms Xinh part of LACR group in Ba Be.

Ms Xuan part of LARC group in Ba Be (translation from H'mong to Vietnamese).

Ms Trang WU district level

3. Agenda

Stefania and Ngoc will arrive on the afternoon of the 7th of April and travel to the pilot venue on Monday the 8th of April.



Day 1 (8th of April 2013)

Time	Activity	Notes
8:30 – 11:30	Stefania and Ngoc will give facilitation skills to the facilitators	
11:30 – 13:30	Lunch break	
13:30 – 14:45	First exercise in the tool – Gender Info sheet is distributed Women’s lives exercise Part A-B Guided trip in the village exercise and guided discussion(shortened)	Facilitators will need to read carefully the Gender info sheet and be able to talk about the content with the group. Stefani and Ngoc will co-facilitate.
14:45 – 15:00	Break	
15:00 – 16:00	Continuation of Exercise Part C – The bridge and discussion	
16:00 -16:10	Recap with facilitators	

Day 2 (9th of April 2013)

Time	Activity	Notes
8:30 – 11:30	Facilitators will go through the DV info sheet. Exercise “what is domestic violence?”	Facilitators will need to read carefully the DV info sheet and be able to talk about the content with the group.
11:30 – 13:30	Lunch break	
13:30 – 14:45	Exercise “where do women go when they are hurt?” Part A – mapping	
14:45 – 15:00	Break	
15:00 – 16:00	Continuation of Exercise - PART B- Exercise on cost	
16:00 -16:10	Recap with facilitators	



Day 3 (10th of April 2013)

Time	Activity	Notes
8:30 – 11:30	Exercise on consequences of DV on the community	
11:30 – 13:30	Lunch break	
13:30 – 14:45	Community Action exercise - advocacy plan	
14:45 – 15:00	Break	
15:00 – 16:00	Discussion on facilitators – evaluation of results- issues and future.	



Appendix 3

GBV Dialogue Tool For Illiterate Women

Report on Pilot with Ethnic minorities Bac Kan Province

Logistics and participants

This GBV Dialogue Tool (Illiterate Audience) pilot took place Phuc Loc Commune, Ba Be District, Bac Kan Province from the 3rd – 6th of June 2013.

Facilitators and interpreters were selected from the previous pilot in Bac Kan in April 2013.

Facilitators and Interpreters		
Name	Ethnic Minority	Role & Organization
Hoang Thi Trang	Tay	logistics Babe District WU
Hoang Thi Ty	Tay	Local logistics organizer Chairwoman of Phuc Loc Commune Woman Union
Ly Thi Sai	H'mong	Interpreter Head of Phuc Loc LARC
Ly Mui Sinh	H'mong	Facilitator LARC Member

Training was given in H'mong. Translation was to Vietnamese. Stefania Rossetti coached the facilitators and Tuyen Mac translated from Vietnamese to English. Kim Anh Nguyen Thi took detailed notes.

This GBV Dialogue Tool for an illiterate audience has been commissioned by CARE to help remote ethnic communities to reflect and discuss about domestic violence and see how it affects their communities/groups. It is tailored for ethnic minority illiterate women.

The Bac Kan pilot's aim was to test the new tool with future facilitators and see if it was catering to the needs of illiterate women. Facilitators originated from the province of Bac Kan, and are involved in the LARC project, a livelihoods club that is set up and supported by CARE staff. The LARC is organized in groups of average 50-60 women per group, originating from the same village, and meeting once a month. It is run by a chair and a facilitator, usually members of the local commune Women's Union. The WU is also involved at district and provincial level for organization and support of the LARCs.

The participants are all H'mong women who live in the outskirts of Phuc Loc. They live in very isolated small hamlets and do not normally mix with each other. They are all married with children. This group of women demonstrated a very high participation from the start and



talked about issues of violence, also personal very easily. They all greatly enjoyed the tool and thanked CARE for giving them the possibility for the first time in their lives to discuss such issues.

There was a great difference between this group and the previous pilot's group. In the first training participants were very shy and frightened by the subject. They found very difficult to speak about sensitive subjects such as violence and they were nervous and restrained up to the end of the pilot.

The differences in participation and disclosure between the two groups seems to be due to various intervening factors, amongst which:

- **Ethnicity and Language uniformity** – The second pilot group were all H'mong and so was the facilitation language. This could have helped women feel more at ease and reduced awkwardness given by repeated translations.
- **Tool targeted for illiterate people** – in the previous pilot women were not all literate and therefore they could not fully participate in the discussion.

Facilitators and Introductory Coaching to Facilitators

During this workshop the same H'mong minority woman facilitated all sessions. She was the only H'mong facilitator that had previously attended both other pilots and had the confidence and capacity to carry it out. On the 6th of June, one full afternoon was devoted to facilitation coaching. Additionally 45 minutes coaching lessons were delivered prior to each module. The facilitator would rehearse with the consultant and ask relevant questions.

This facilitator performed far better than the previous ones. She had self- confidence and kept women interested. She kept it participatory. It was her third time to participate in this kind of training though, so it was expected that her level of facilitation would improve to a better level.

However as previously observed in other pilots, the very low level of education of the facilitator made it difficult for the facilitator to convey the most difficult concepts relating to gender equality and violence. She was not able though to control the quality of the concepts discussed.

As previously recommended the tool should be carried out by experienced trainers. The groups' composition can range up to 20-25 participants. This can also facilitate follow-up by CARE, as when the facilitation is completed all participants request information on what is going to happen after the tool and how CARE is going to be involved.

Structure of GBV Dialogue Tool for an Illiterate Audience

The GBV tool for illiterate is based on the same participatory approaches as the first tool and additionally makes use of tools commonly employed with illiterate groups, such as:

- Use of case studies to be discussed in plenary discussions
- Role-play
- Printed images in mapping
- Drawing



The GBV Dialogue Tool (illiterate audience) is divided into 5 modules that can be run once a month during the LARC's usual meeting. In the Ba Be area however, previously unbeknown to the consultants, the LARC meeting is run only quarterly, making it very difficult to implement the modules, as too much time elapses between them.

The tool can also be implemented in 5 consecutive sessions. The average exercise is 1 and half hour long and it can be shortened, depending on the facilitator. The tool can also be easily implemented in 5 consecutive sessions in one single workshop; Each module can be facilitated in half day, modules 3 and 4 can be aggregated in one session. This would bring the total duration of the tool to 2 days, which is the maximum amount of time women can take away from work in the fields.

During the pilot all the modules were tested, and feedback was received by the participants on each of them.