



A CALL TO ACT:

ENGAGING RELIGIOUS LEADERS AND COMMUNITIES IN ADDRESSING GENDER-BASED VIOLENCE AND HIV



AUGUST 2009

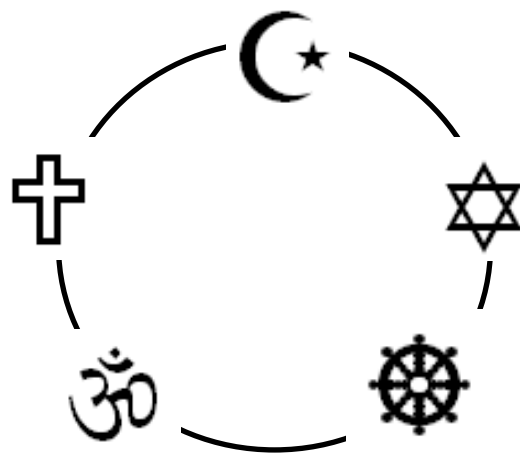
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The views expressed in this publication do not necessarily reflect the views of the U.S. Agency for International Development or the U.S. Government.

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¹ To learn more about this activity, please see: Herstad, Britt. 2009. *The Role of Religious Communities in Addressing Gender-based Violence and HIV*. Washington, DC: Futures Group International, Health Policy Initiative, Task Order 1. Available at: www.healthpolicyinitiative.com .

ABBREVIATIONS

AIDS	acquired immune deficiency syndrome
FGC	female genital cutting
GBV	gender-based violence
HIV	human immunodeficiency virus
IRC	Inter-Religious Council
STI	sexually transmitted infection

PREFACE

This guide was conceived and developed as the result of a USAID | Health Policy Initiative, Task Order 1, activity focusing on building the capacity of religious leaders—including women of faith—to address gender-based violence (GBV) in their communities, particularly in relation to HIV. The Health Policy Initiative strives to improve the enabling environment for health, especially family planning/reproductive health, HIV and AIDS, and maternal health. With a focus on policy dialogue, the Initiative empowers new partners to participate in the policymaking process. With an additional focus on policy implementation, the Initiative helps countries and organizations translate policies, strategic plans, and operational guidelines into effective programs and services, especially for the poor and other under-served groups.

The Health Policy Initiative is committed to working to eliminate GBV and its root cause of gender inequity. The project carries out GBV-focused interventions related to HIV and reproductive health that range from the formulation and implementation of global, regional, and national policies and strategies, to advocacy and community mobilization to combat GBV, to coordination of activities among stakeholders at multiple levels. The activity that supported the creation of this guide was implemented by Initiative partners, Futures Group International and Religions for Peace, along with its Global Women of Faith Network.

Futures Group International

Specializing in providing assistance in the design and implementation of public health and social programs for developing countries, Futures Group International has implemented projects in more than 100 countries. It works collaboratively with in-country counterparts to improve policies and programs that address population issues, reproductive health, HIV, infectious diseases, and maternal and child health. Futures Group provides services to support policy development, advocacy, monitoring and evaluation, computer modeling, strategic planning, and social marketing.

Religions for Peace

Religions for Peace is an international coalition of representatives from religions around the world dedicated to promoting peace. Religions for Peace creates multi-religious partnerships to confront the issues of stopping war, ending poverty, and protecting the earth. Religions for Peace builds and equips Inter-Religious Councils (IRCs) at the local, national, regional, and international levels to achieve consensus on common problems and engage the power of religious communities at the grassroots level.

Religions for Peace has an established Global Women of Faith Network as part of its Women's Mobilization Program to build, equip, and network women of faith all over the world so they can work together on common concerns. The Women's Mobilization Program has convened and launched regional women of faith networks in Africa, Latin America and the Caribbean, South and Southeast Asia, and Southeast Europe. Through their national women's networks or women's committees, IRCs are linked to these regional and global bodies so as to share experiences, exchange best practices, and participate in their efforts to address issues that cross borders. In Africa, Religions for Peace's African Women of Faith Network works with more than 500 organizations of women of faith, representing all of the diverse religions and nations of Africa.

OVERVIEW

While undertaking the gender-based violence (GBV) and HIV activity with religious leaders, the USAID | Health Policy Initiative discovered a lack of GBV information aimed specifically at this audience. There are more resources for HIV because religious leaders have begun to address this issue in a more vocal manner, due to its devastating impact on their communities. Recognizing this gap, the team decided to create an advocacy guide for working with religious leaders. The guide can be used by religious leaders, communities, and institutions to learn about GBV and HIV, why they should address the issues, and how they can address them through specific activities and approaches. Secular organizations working on GBV and HIV also can use this guide to find examples of how to collaborate with religious leaders, communities, and institutions. Thus, this guide helps to take an issue that traditionally is kept silent and private—particularly in religious communities—and places it on the agenda of religions throughout the world as they seek to address HIV in an effective and holistic manner.

Note: This guide aims to include examples of religious texts and materials from a range of religious faiths. However, it is difficult to find materials on GBV and HIV from a wide range of religious faiths. For this reason, some faiths may be over-represented in this guide. Please note that any of the materials in the annexes can be adapted to fit a particular faith's beliefs.

Why Engage Religious Leaders and Communities in GBV and HIV?

Religious leaders possess an ordained role of leadership in their institutions and communities, serving as role models of care and compassion. As religions around the world speak to the inherent sacredness of human life, religious leaders and their communities have the moral authority to raise awareness about GBV and a moral responsibility to prevent violence, provide support and care, and strive to transform societal or religious norms or practices that perpetuate such violence and vulnerability to HIV. While leaders can call upon these communities to assist women who are facing GBV and at risk for HIV, they also can offer support, counseling, and guidance to those who perpetrate violence as the voice of accountability in communities. Leaders also can take advantage of faith networks and work across faiths to remind communities that GBV violates dignity and human rights and that their faiths call upon them to be merciful, caring, and loving toward all.

“As the guardians of the religious texts, religious leaders are best placed to guide and influence their communities...it is recommended that religious leaders be exposed to education and awareness in respect of GBV and the link between HIV and AIDS in communities.”

—Recommendations from the participants of the Regional Training on GBV and HIV/AIDS for Religious Leaders, Nairobi, August 2007

Religious leaders are well situated to address social issues and have the capacity to bring communities together. As community spokespersons, they often are successful in mobilizing for positive social change. These leaders can play an important role in shifting their communities' beliefs, attitudes, and behavior related to GBV, as they have already started to do for HIV. As the impact of HIV has been increasingly felt around the world, religious leaders, organizations, and institutions have recognized the importance of addressing the issue in their communities. It is estimated that 40 million adults and children worldwide are currently living with HIV. Witnessing the impact of the pandemic, religious leaders around the world have taken steps to address HIV on a variety of levels and play a key role in fighting it. In a regional assembly in 2002, African religious leaders created a plan of action related to children and HIV. The following statement by the diverse group of religious leaders exemplifies how faith communities can make public commitments to address vital social issues:

“We commit ourselves to promote and develop a theology of compassion, love, healing, and hope that can break through the judgment, shame and fear so often associated with HIV/AIDS...we will speak publicly at every opportunity, particularly from our pulpits, to counter such stigma and discrimination and affirm the God-given dignity of all persons.”²

Religious leaders can build from their existing commitments to address HIV and begin to look at the importance of confronting GBV in their communities. By learning about GBV and taking steps to address it, religious leaders and communities can work to improve women’s lives and reduce their risk of acquiring HIV.

Women Leaders

Since women are not always in formal positions of authority in religious institutions, they often are overlooked. However, religious women are effective leaders in their own right. They often are very active in religious organizations and institutions through different avenues. They play critical roles in women’s faith networks and organizations, often providing direct services to the community. Women may have a personal understanding and stake in addressing issues such as GBV and HIV. For example, in their roles as caretakers, women often provide support and care to those experiencing GBV or suffering from HIV. Since women are a crucial group of advocates and implementers in addressing GBV and HIV in their religious communities, they must be included in any institution- or community-led efforts.

² 2002. *Plan of Action from the African Religious Leaders Assembly on Children and HIV/AIDS, June 2002.*

WHAT ARE THE ISSUES?

What Is Gender-based Violence?

Gender-based violence is violence involving men and women, in which the female is usually the victim; and which is derived from unequal power relationships between men and women. Violence is directed specifically against a woman because she is a woman, or affects women disproportionately. It includes, but is not limited to, physical, sexual, and psychological harm...It includes that violence which is perpetuated or condoned by the state.³

Research has shown that globally, at least one out of every three women has been beaten, coerced into sex, or otherwise abused in her lifetime—and usually the abuser is someone known to her.⁴ According to the World Report on Violence and Health, 40 to 70 percent of all women who are murdered are killed by a (male) intimate partner.⁵ Thus, women are more likely than men to experience violence inside the home. While men and other vulnerable groups or marginalized populations also experience GBV, this guide focuses on violence against women as a key aspect of GBV.

There are a range of different forms of violence that fall under the category of GBV:

- Intimate partner violence (physical, sexual, psychological, and economic)
- Sexual coercion
- Childhood sexual abuse
- Rape, including that occurring in conflict settings
- Trafficking
- Harmful traditional practices, such as female genital cutting (FGC), dowry murder, honor killing, and early marriage

Women are disproportionately affected by violence. This is the result of social and cultural norms that often subordinate women. For example, many laws and customary practices create and perpetuate women's unequal status. This can be seen in women's legal, social, and economic status, including norms such as polygamy, FGC, and inheritance rights. Societal attitudes also perpetuate GBV. Some of the societal attitudes that justify GBV include the idea that men have the right to control wives' or partners' behavior and can discipline them in many ways. Attitudes also include believing that there are just causes for violence. As a result, GBV survivors often are blamed for the violence they have experienced—both by men and by women themselves. For example, research from the Zimbabwe Demographic and Health Survey reveals that slightly fewer than half of women (48%) believed that a husband is justified in beating his wife for at least one of the following reasons:⁶

- Going out without telling him—33%
- Neglecting the children—30%
- Arguing with him—26%
- Refusing to have sexual intercourse with him—24%

³ UNFPA Gender Theme Group. 1998. *Violence against Girls and Women: A Public Health Priority*. UNFPA Gender Theme Group, Interactive Population Center.

⁴ General Assembly. 2006. *In-Depth Study on All Forms of Violence against Women: Report of the Secretary General*. A/61/122/Add.1. 6 July 2006.

⁵ Krug, E.G., L. L. Dahlberg, J. A. Mercy, A.B. Zwi, and R. Lozano. 2002. *World Report on Violence and Health*. Geneva: World Health Organization.

⁶ Central Statistical Office (CSO) [Zimbabwe] and Macro International Inc. 2007. *Zimbabwe Demographic and Health Survey 2005-06*. Calverton, Maryland: CSO and Macro International Inc.

- Burning the food—12%

When asked the same questions, men were less likely to report that they find violence against women justifiable. Thirty-seven percent of surveyed men agreed with at least one of the reasons for why a man is justified in beating his wife. Twenty-three percent agreed that beating a wife is justified if she goes out without telling him, 22 percent if she neglects the children, and 21 percent if she argues with him.

Gender-based violence can have a range of significant health consequences, ranging from injuries to death. In addition, GBV affects mental health. Violence and abuse increase the risk of depression, social isolation, post-traumatic stress disorder, and emotional distress. Furthermore, violence against women is associated with adverse pregnancy outcomes, such as miscarriage and low birth weight, and sexually transmitted infections (STIs), such as HIV.⁷ This guide focuses on GBV in relation to HIV, which is a crucial health issue around the world. This is particularly true in countries and areas that face generalized epidemics.

Women’s Vulnerability to HIV

Research has shown that women and girls are particularly vulnerable to HIV, as evidenced by increasing numbers of women contracting HIV in sub-Saharan Africa, surpassing the rates of men. For example, in South Africa, young women (ages 15–24) face greater risks of becoming infected than men. They account for approximately 90 percent of new HIV infections.⁸ Gender inequalities play a central role in the impact of HIV on women and their lives, including the following:

- Women often do not have as much decisionmaking power as men, affecting their ability to make decisions regarding when to have sex, whether or not to use a condom, whether or not to get pregnant, and whether or not to get tested for HIV or other STIs.
- Lack of education and information for women about sexual and reproductive health issues and HIV prevention limit their ability to make decisions.
- Extreme poverty may force women into exchanging sex for money, school fees, or food.
- Lack of economic resources and/or decisionmaking power can limit women’s ability to purchase condoms and/or medication for treatment.
- Girls’ initiation rites may include FGC or sexual initiation by an older man.
- Inheritance laws that deny women land or resources when their husbands die can increase their vulnerability to illness and sex work.
- Sexual violence against women, including trafficking in women and rape, puts them at high HIV risk.
- Expectations that women should care for others before themselves may decrease the likelihood of seeking treatment for STIs/HIV.

Religious leaders have begun to recognize the impact of HIV on women and girls in their communities. In the following excerpt from the Plan of Action, multi-faith leaders draw attention to this important dynamic in the HIV epidemic:

“We advocate the rights of women to reduce their vulnerability to HIV/AIDS.”
—Cairo Declaration of Religious Leaders in the Arab States⁹

⁷ World Health Organization. 2008. *Violence against Women*. Fact sheet No. 239.

⁸ UNAIDS. 2008. *Report on the Global AIDS Epidemic*. Geneva, Switzerland: UNAIDS.

⁹ 2004. The Cairo Declaration of Religious Leaders in the Arab States in Response to the HIV/AIDS Epidemic.

“We commit to...Focus on the particular vulnerability of girls in the face of HIV/AIDS and give them special protection, and address gender roles and relations in our communities that contribute to the vulnerability of women and girls to HIV infection.”¹⁰

How Is GBV Related to HIV?

Since violence can expose women to HIV infection directly and indirectly, it has become increasingly important to consider the links between GBV and HIV. With the growing recognition of the importance of addressing GBV, and the disproportionate impact of HIV on women, research on these issues is increasing. As a result, there is more global evidence that violence and threats of violence are important factors in fueling the HIV epidemic among women.¹¹ GBV and HIV have been linked in the following ways:

- Forced or coercive sex with an HIV-infected partner (without condom)
 - Girls who experience rape are more vulnerable to acquiring HIV because of their immature genital tracts, which are more likely to tear.
- Women’s inability or limited ability to negotiate condom use with abusive partners
 - Men’s use of violence is linked to their own sexual risk taking, such as having multiple partners.¹²
- Experience of physical or sexual abuse during childhood, which can lead to risky behaviors
 - Abused girls are more likely to have sex at an early age, have multiple sex partners, use alcohol or drugs, or engage in transactional sex.
- Exploitation of girls and women by men (often older), including transactional sex and trafficking
 - Violence and the threat of violence are used to control women; this keeps women from leaving relationships.
 - Girls who marry at a young age to older men are at a higher risk for acquiring HIV. Older men are likely to have a history of sexual partners through another wife/wives or previous marriages; young girls are vulnerable to unequal power dynamics.
 - Some men believe the myth that having sex with girls/babies will cure one from HIV/AIDS.
- Fear of violence, which can prevent women from accessing services
 - Women may not seek HIV testing.
 - Women may not disclose their HIV status to their partner.
 - In many cases, women are blamed for bringing HIV into the household.
 - Women who disclose a positive status often face violent reactions.
- Partners’ household and economic control, which may limit women’s ability to access treatment
 - Women who may obtain ARVs often are forced to give them to their partners.
- Cultural practices, such as FGC, widow remarriage, and discriminatory inheritance laws
 - When using the same cutting instrument repeatedly without sterilization, FGC may put girls and women at risk for acquiring HIV.¹³
 - Girls and women who are not allowed to inherit property are denied the opportunity to own the means of production and may become vulnerable to manipulation by men with money.

¹⁰ 2002. *Plan of Action from the African Religious Leaders Assembly on Children and HIV/AIDS*, June 2002.

¹¹ IGWG of USAID. 2008. *Addressing Gender-based Violence through USAID’s Health Programs: A Guide for Health Sector Program Officers*. Second Edition. Washington, DC.

¹² WHO and Global Coalition for Women and AIDS. Not dated. “Violence against Women and HIV/AIDS: Critical Intersections. Intimate Partner Violence and HIV/AIDS.” Information Bulletin Series, Number 1. Available at: <http://www.who.int/gender/violence/en/vawinformationbrief.pdf>.

¹³ WHO. 2008. *Eliminating Female Genital Mutilation: An Interagency Statement*. Geneva, Switzerland UNAIDS, UNDP, UNECA, UNESCO, UNFPA, UNHCHR, UNHCR, UNICEF, UNIFEM, WHO.

Furthermore, particular religious beliefs or practices can affect women's vulnerability to HIV, including the following:

- Polygamy—multiple partners place women at risk for acquiring HIV.
- Condom use—some faiths do not condone condom use.
- Marriage—some religions call on women to obey their husbands, which often means they cannot refuse sex with an HIV-positive husband.
- Authority of male religious leaders—some religious leaders abuse their power.

With such links between GBV and HIV, it is important that in areas where there are generalized HIV epidemics, such as sub-Saharan Africa, GBV initiatives include attention to HIV. This is particularly relevant to the growing interest in discordant couples (couples in which one partner is HIV infected and the other is not), and the recognition of these couples as a source of new infections. In addition, since some religious beliefs and practices are often forms of GBV themselves, it is crucial for religious leaders and communities to critically examine their own beliefs and practices so as to begin to address GBV and its relation to HIV. This examination can be done across faiths, with leaders working together to reflect on their beliefs and the messages they send, along with the impact they have on women's and families' lives.

ADVOCACY AND SOCIAL MOBILIZATION

This guide aims to inspire religious leaders to initiate approaches that spur social mobilization in their communities on GBV and HIV and help advocate for social change to address violence and inequality. They can target both other religious leaders and their communities at a range of levels: local, national, and international. Advocacy can involve many specific, short-term activities, which together combine to create a long-term vision of change. Advocacy and social mobilization can be undertaken to achieve some or all of the following results:

- Raising awareness or informing oneself of an issue
- Helping to recognize an issue's importance
- Mobilizing a community to understand its role in addressing the issue
- Establishing linkages with other actors on the issue
- Setting a positive example for others to emulate
- Initiating or participating in social dialogue on an issue
- Mobilizing a leader or community to enact issue-related change
- Promoting an enabling environment for sustainable social change

Successful advocates are able to articulate issues in ways that inspire others and motivate them to action. Religious leaders often use these skills in their roles as institution and community leaders and educators. The advocacy process typically involves the following steps:¹⁴

- Select an issue or problem you want to address
- Analyze and research the issue/problem
- Develop specific objectives for your advocacy work
- Identify your target audience
- Develop messages and communication
- Build support/identify your allies
- Identify your resources
- Create an action plan
- Implement the plan
- Monitor and evaluate the plan

The following section includes various approaches that religious leaders can use to mobilize communities in addressing GBV and HIV and advocate for social change.

¹⁴ International HIV/AIDS Alliance. 2003. *Advocacy in Action: A Toolkit to Support NGOs and CBOs Responding to HIV/AIDS*. Brighton, United Kingdom: International HIV/AIDS Alliance. Available at: http://www.aidsalliance.org/graphics/secretariat/publications/adv0602_Advocacy_toolkit_eng.pdf.

RESPONDING TO GBV AND HIV: WHAT CAN RELIGIOUS COMMUNITIES AND LEADERS DO?

As public leaders and decisionmakers in communities and institutions, religious leaders and their communities have available a large number of approaches for striving to reduce GBV and HIV. All, however, involve breaking the silence around GBV and HIV. The issues can be introduced through the following advocacy approaches:

- Educate people within religious institutions and communities, and across faiths
- Offer spiritual support to those affected by GBV and HIV
- Provide GBV and HIV prevention and support programs
- Commit publicly to addressing GBV and HIV
- Institutionalize support for addressing GBV and HIV

When responding to GBV, clergy and faith leaders should base their actions on the following guidelines:

- Do no harm. Ensure first and foremost that all actions and activities respect survivors' safety and autonomy.¹⁵
- Confidentiality must be maintained to protect those affected by GBV and HIV.
- Be aware of GBV dynamics, particularly related to families, and use this information to evaluate the situation.¹⁶
- Be well informed about the issues—this is critical for informing faith communities.
- Use your expertise as a religious authority and spiritual leader to illuminate the positive value of religious traditions, while clarifying that they do not justify or condone violence or abuse.¹⁷
- GBV and HIV require multisectoral responses; collaboration with health and other services enables a holistic response.
- Dialogue facilitates communication on difficult issues.

Educate People within Religious Institutions and Communities, and Across Faiths

Religious leaders bear a great responsibility for educating their worshippers, teaching them the central tenets of their faiths and ways they can live in harmony with those beliefs. From this position, religious leaders can begin by educating themselves on specific issues, such as GBV and HIV. These leaders can read materials targeted at religious leaders, attend trainings and workshops on the issues, and discuss the issues with experts and other colleagues (see Annexes A–H for examples) to explore how their faith responds to or addresses the issues.

Once they have explored the issues, leaders can educate worshippers and communities on GBV and its links to HIV. Religious leaders can draw upon their religious texts to argue for behavior change related to GBV and to prevent HIV infection and its transmission to others. Values and messages often explored by religious leaders, such as compassion, God's love, acceptance, self-discipline, tolerance, mercy, forgiveness, patience, care, and support in times of crisis lend themselves well to discussions about GBV

¹⁵ IGWG of USAID. 2008. *Addressing Gender-based Violence through USAID's Health Programs: A Guide for Health Sector Program Officers*. Second Edition. Washington, DC.

¹⁶ Fortune, Rev. Marie. n.d. *A Commentary on Religious Issues in Family Violence*. Available at: http://www.mcadsv.org/faith/Section%20Three/a_commentary_on_religious_issues_in_family_violence.pdf.

¹⁷ Fortune, Rev. Marie. n.d. *A Commentary on Religious Issues in Family Violence*. Available at: http://www.mcadsv.org/faith/Section%20Three/a_commentary_on_religious_issues_in_family_violence.pdf.

and HIV. In addition, religious leaders can focus on messages about women's and men's equality and the promotion of peaceful and harmonious families. For example, the Qu'ran includes the following verses supporting peaceful families and marriages:

And among His signs is this: that He created for you mates from among yourselves so that you may dwell in tranquility with them. He has put love and mercy between your hearts; in that are signs for those who reflect. (Qu'ran 30:21)
...either remain together on equitable terms, or separate with kindness...(2:229)
...live with them on a footing of kindness and equity...(4:19)

To do this, leaders can study their religious texts and verses for messages that call upon them to address GBV or that can be used to perpetuate GBV (see Annex A for sample religious texts addressing GBV). Religious texts and verses are sometimes misused to justify physical abuse and other forms of GBV against wives and women.

Religious leaders and scholars can review such texts and verses, placing them in the context of when and where they originated, and provide contemporary interpretations of them. Leaders can then share these messages and lessons from the pulpit and through responsive readings in services (see Box 1 for an example related to HIV). Addressing the issue in this public arena will reflect the gravity and importance of the issues. In doing this, religious leaders can send a clear message that their religious institutions do not tolerate gender-based violence and that it is a problem they have made a priority, reinforcing the idea that their institution is a place of healing, support, and reconciliation.

“We have a responsibility to preach and teach the biblical truths about God's love, which binds women and men together as equals rather than ordering them in a hierarchy. As long as we refuse to fully carry out our pastoral duties, victims of domestic violence will continue to crumble emotionally, psychologically, and spiritually underneath the weight of brutality and scriptural misinterpretations, which no human deserves.”¹⁸ —Reverend Al Miles

Box 1

Example: A Responsive Reading on AIDS in Africa¹⁹

LEADER: The HIV/AIDS epidemic has so devastated southern African countries that there are now more than a million orphans, with their numbers expected to double by the year 2010.

Response: *Dear God in Heaven, help us.*

LEADER: Many orphans have no place to live and, due to the deaths of so many adults, no one to care for them.

Response: *Dear God in Heaven, help them.*

LEADER: About 20 percent of the population (one in every five persons) is infected with HIV.²⁰

Response: *Dear God in Heaven, help us to see how to help them.*

LEADER: The AIDS situation is worsened by poor economic conditions and high unemployment—a situation based on economic realities imposed by such groups as the International Monetary Fund and the World Bank.

Response: *Let us be partners with people of good will.*

¹⁸ Miles, Reverend Al. 2000. *Domestic Violence: What Every Pastor Needs to Know*. Minneapolis, MN: Augsburg Fortress.

¹⁹ Cucuzza, C. and L. Moch. 2003. *Faith Community Responses to HIV/AIDS: Integrating Reproductive Health and HIV/AIDS for Non-Governmental Organizations, Faith-Based Organizations and Community-Based Organizations, Volume II*. Washington, DC: CEDPA and Enabling Change for Women's Reproductive Health Project.

²⁰ These data depend on the country and the year. Access current epidemiological information at <http://www.unaids.org/en/KnowledgeCentre/HIVData/default.asp>.

LEADER: To form a united front and alter the course of the epidemic, an International Partnership Against AIDS in Africa, composed of African governments, donor countries, UN bodies, civil society and the private sector, is being established.

Response: *Let us be partners with people of good will.*

LEADER: The hope is that churches in Africa, augmented by help from others, can help resettle children orphaned by AIDS back into their extended families or with foster mothers in the same community. The Christian Council of Churches in Zambia for example has started a home-based program focusing on both prevention and care of HIV/AIDS sufferers and also is providing education and counseling.

Response: *Dear God in Heaven, help us to see how to stand with them.*

LEADER: Yet we are far from powerless against AIDS in Africa. With strong political leadership, openness about the issues, and broad crosscutting responses, and with the help of outside human and financial resources, clear success is being demonstrated.

Response: *Dear God, forgive us our apathy, our self-preoccupations, our abundant waste of resources, our often hardened and indifferent past.*

LEADER: Let us be comforted in the sure faith that God indeed forgives those who repent.

Let us hear the reassuring words of Jesus, “Go and sin no more.” Let us hear some ancient words of wisdom echoing through the centuries.

What does love look like? It has the hands to help others. It has the feet to hasten to the poor and needy. It has the eyes to see misery and want. It has the ears to hear sighs and sorrows. That is what love looks like.

—St. Augustine

Leaders, including women and other informal leaders, also can use other venues for educating their communities, such as Bible studies, informal group talks, and women’s meetings.²¹ These types of educational gatherings can include discussions around the

forms of GBV and its relation to HIV. They also can include exploring negative cultural practices or re-examining certain religious practices. In some cases, cultural practices are confused with religious practices and the boundaries between the two are blurred. Religious leaders can reflect on these issues with their communities by posing the following questions:

- What can I do in my faith community to support those affected by HIV and GBV?
- What do my texts say about stigma and discrimination? How do stigma and discrimination affect GBV? HIV?
- What elements of stigma and discrimination do I allow to go unaddressed in my community?
- How would my God want me to serve those affected by HIV?
- Does my faith support any practices that put women at risk for GBV? Why?

Faith leaders can also use their role as educator to introduce sensitive topics that factor into GBV and HIV. For example, they can discuss the pressure men may feel to act as risk-takers, resulting in their having multiple sex partners or sex without condoms. Similar gender norms dictate that men be strong,

God has told you, O mortal, what is good; and what does the Lord require of you but to do justice, love kindness, and to walk humbly with your God?
—Micah 6:8

²¹ Note: Religious leaders should be aware of stigma and discrimination related to both GBV and HIV and the importance of confidentiality. If religious leaders draw upon real-life examples of people living with HIV or women affected by GBV, they should not use the actual names of anyone in their communities. Furthermore, anything mentioned in a sermon about a specific HIV or GBV scenario or example should be so disguised that community members cannot identify the persons involved.

which may prevent them from seeking healthcare. These issues can be addressed through small educational groups or in larger trainings. Religious leaders also can sponsor trainings or workshops on these issues for their members and communities, both women and men. For example, the Health Policy Initiative held a multi-faith, regional training on GBV and HIV for women of faith and male religious leaders, held in Nairobi, Kenya in 2007 (see Annex B). Participants from eight countries were drawn from the African Women of Faith Network (AWFN) and the National Inter-Religious Councils, established by Religions for Peace. As a follow up to the training, the Health Policy Initiative held a regional senior leadership forum in Dar es Salaam, Tanzania in 2007 (see Annex C). This forum was also designed to raise senior leaders' awareness of GBV and HIV and discuss how they can collaborate to address them. In addition, participants from the regional training reconvened at this forum to share information from the activities they had implemented through their action plans, as designed at the regional training. These action plans included multi-faith workshops on GBV and HIV in each of the participants' countries (see Annex D for a press release announcing the workshop). For such programs, it is important to also include as partners local GBV experts and service providers, in addition to women's organizations.

Workshops can cover a range of issues related to GBV and HIV. The Peaceful Families Project created a workshop with the objective of raising awareness among Muslim leaders and activists about domestic violence (see Annex E). Specific topics include the following:

- Signs of Abuse and How You Can Help
- Quarnic Model of the Muslim Family
- Perspective of Shariah on Family Abuse
- The Muslim Marriage Contract.

The multi-faith training by the Health Policy Initiative included activities designed for religious leaders, such as asking participants to discuss the ways in which their religious texts and/or beliefs perpetuate or address GBV and/or HIV (see Annex F). A CEDPA and Enabling Change for Women's Reproductive Health Project resource for working with faith communities to respond to HIV also includes case studies for this purpose (see Annex G).

Offer Spiritual Support to Those Affected by GBV and HIV

A central aspect of religious leaders' duties is to provide spiritual support. As counselors, religious leaders play a central role in providing support for those affected by GBV and HIV. Religious leaders can help HIV-infected individuals cope with accepting and living with their positive status, including dealing with stigma and discrimination. They also can provide counseling and support for families and friends of people with HIV and those who are survivors of GBV. It is particularly important for leaders to note how the two issues can coincide. For example, women may fear violence as a result of disclosing a positive status and may need support from their faith leaders to work through the disclosure process.

"The loving care offered by God's people, not the tasks that are performed... is the feature of the church's ministry in the HIV/AIDS crisis that distinguishes it from the services provided by governments and secular agencies."²²
—Earl Shelp and Ronald Sunderland

Individual Counseling

While religious leaders generally are skilled at counseling, it is important that they receive specific training on counseling survivors and perpetrators of GBV. Undertaking any effort to address GBV,

²² Shelp, Earl E. and Ronald H. Sunderland. 1992. *AIDS and the Church: The Second Decade*. Louisville, KY: Westminster/John Knox Press.

including counseling, must adhere to the principle of “do no harm.” Religious leaders and others who offer spiritual support must understand that even people who mean well can inadvertently endanger women and children through misinformed advice or actions. Thus, it is crucial to receive training or technical guidance from professionals. These professionals serve as a support system for religious leaders, who also may need it. This link is also important for leaders in providing referrals to a secular resource—such as social or medical services—for additional support or to deal with the specifics of abuse, intervention, and treatment. In some cases, a woman may not feel comfortable talking to a male religious leader about her experiences and may wish to be counseled by another woman.

Group Counseling

People affected by HIV and GBV also need care and support from their broader faith communities. While religious leaders can set a tone for the environment, it is the larger faith communities that must work to ensure that their places of worship are safe spaces for those affected by HIV and GBV. Their behavior has the power to create an open environment of trust and acceptance, which sustains supportive efforts such as prayer meetings for those affected by HIV and GBV (see Box 2 for an example of a prayer addressing GBV). Community efforts also can promote support groups, including multi-religious support groups for GBV survivors. As with all GBV support groups, leaders would need to take preventive measures to ensure confidentiality among the group members, as well as address stigma.

Box 2**Example: Excerpt from Jewish prayer²³**

May God Who blessed our patriarchs, Abraham, Isaac and Jacob, Moses, Aaron, David and Solomon, and our matriarchs, Sarah, Rebecca, Rachel and Leah; Who hears our cries that are caused by our oppressors and Who knows our sorrows, bless, protect, strengthen and heal our brothers and sisters, fellow Jews, men and women, boys and girls, holy and pure souls, who are abused, tormented and violated in body and soul by parents or teachers, husbands or wives, neighbors, friends or strangers. May God protect them from the treacherous deeds and violent acts of their abusers, and from the perverseness of their tongues...May our God Who is close to the broken hearted and Who saves those whose spirits are crushed, save them and redeem them from their pursuers. May God make known to them the ways of peace and lead them in paths of justice. May there be peace in their homes and tranquility in their families. May they dwell in security, and may none make them afraid. And may the verse be fulfilled for them, "You shall forget your misery, and remember it like waters that pass away... And you shall be secure, because there is hope; you shall look around you, and you shall take your rest in safety" (Job 11:16, 18). May the Merciful One who answers the broken hearted, answer us. May the Merciful One who answers the humble of spirit, answer us. Now, swiftly and soon, and let us say, Amen.

—Rabbi Mark Dratch

Couples' Counseling

Finally, religious leaders can include discussions of violence and abuse in any premarital counseling sessions they may offer. These sessions can include discussions of emotional, psychological, and financial abuse. They also can include discussions of physical health as it relates to GBV and HIV risk. Sessions focusing on couples' health needs can include the tenets of constructive men's engagement in health—men as clients of health services, men as supportive partners for women in obtaining healthcare, and men as agents of change related to social and cultural norms. In addition, counseling sessions can help to identify signs of abuse and discuss options in case it occurs. Engaging couples in such discussions before marriage encourages exploration of what makes a healthy marriage in accordance with their faith. It also serves to reinforce that the institution does not condone abuse.

Provide GBV and HIV Prevention and Support Programs**Working with Communities**

Beyond providing education and spiritual support, faith leaders can initiate and promote GBV and HIV prevention and support programs, including community interventions. In their roles as community, national, and global leaders, faith leaders play a crucial role in demonstrating the ways in which communities can live according to their faiths. When faith leaders endorse and/or create GBV and HIV prevention and support programs, they send a message to their communities about the need to love and care for their neighbors. These interventions should be based on a theology that upholds women's equal status in families and calls upon followers to love each other and treat each other with respect. With faith leaders modeling this behavior inside and outside of religious institutions, communities can begin to examine and question norms around GBV and HIV and take steps to make changes among themselves and their communities.

²³ Retrieved on July 20, 2008, from <http://www.faithtrustinstitute.org>.

“The Lord, peerless is He, hath made woman and man to abide with each other in the closest companionship, and to be even as a single soul. They are two helpmates, two intimate friends, who should be concerned about the welfare of each other.”
—Bahá’í Principles

Working with Health Providers

As previously discussed, GBV has serious consequences for women’s health, including possible transmission of HIV. Religious leaders and organizations can work collaboratively with health services to promote GBV and HIV prevention and support programs. This can include programs for testing and counseling for HIV. Religious institutions can offer their spaces to host weekly or monthly HIV testing and counseling events, in partnership with local health services. Faith leaders

can promote the events or programs within their institutions, calling upon their congregations to participate and share information with their families and communities.

Faith leaders and their communities can create, implement, or help support a variety of assistance programs. Religious leaders, in particular, are in decisionmaking positions and can initiate and support such programs by allocating human, material, and financial resources to them. They also can advertise the programs in their institutions on message or bulletin boards or in flyers. This can include flyers on what religious leaders can do to address GBV. For example, the Peaceful Families Project designed a list on “How Imams and Leaders Can Help” (see Annex H). This list can be adapted and made specific to other faiths. These types of programs include the following:

- Provide shelter and counseling services to survivors through existing religious structures.
- Create multi-religious centers where GBV survivors and PLHIV can receive legal advice and other types of assistance.
- Support legal assistance by training paralegals from diverse religious backgrounds to give free advice to GBV survivors.
- Partner with health services and other direct service programs related to GBV and HIV.
- Collaborate with social justice and advocacy programs on GBV and HIV.
- Collect donations (cash, food, clothing) to help those affected by GBV and HIV.
- Support widows and orphans who may be at risk of losing property by talking with tribal leaders and assisting them with legal representation, if needed.
- Initiate or support microfinance programs to assist women in earning their own money.

When religious institutions are not able to meet survivors’ needs, leaders also can create and promote referral systems to local programs or women’s organizations that provide assistance. These can include multi-faith networks addressing GBV and HIV, local shelters, legal assistance programs, legal authorities, and healthcare facilities. In addition, these leaders can assist mainstream service providers in understanding the various cultural and religious issues that are relevant to different religious groups. Otherwise, secular programs and services may not be culturally sensitive or appropriate, and so could have a negative impact.

Commit Publicly to Addressing GBV and HIV

Since religious leaders are in well-respected positions of authority and guide communities to live according to theologies of caring and compassion, their commitment to addressing issues and making public statements about them can have a significant impact. These statements not only draw attention to the issues at various levels—community, national, global—but they also can result in concrete action that addresses the issues. Faith leaders can use these types of statements to lobby for policies within their religious structures or organizations to address vital social issues affecting their communities. For example, leaders can call upon their religious institutions to adopt policies that hold religious leaders responsible for any type of GBV they might perpetrate. As with any policy or public statement, leaders and communities should hold each other accountable for enacting these commitments. Boxes 4 and 5 provide examples of statements about HIV that can be adapted for GBV. In addition, Religions for Peace drafted the “Religious Leaders Call: The Moral Obligation to End Violence against Women,” which makes the public statement, “We, leaders of the world’s religions...call on all governments to take effective action to eliminate violence against women” (see Annex I). This statement focuses on HIV and violence against women; poverty and violence against women; and war, conflict, and violence against women.

When religious leaders participate in trainings or workshops focused on these issues, they can work together to create these types of public declarations. The participants of the Health Policy Initiative regional training created “Participant Recommendations for Religious Leaders on GBV and HIV,” (see Annex J). The document includes background information, followed by specific recommendations for the following stakeholders: religious leaders; government; religious institutions; and the African Women of Faith network.

Religious leaders and communities also can undertake or endorse public awareness campaigns or initiatives to draw attention to the issue and take a public stance against it. For example, the United Nations Development Fund for Women (UNIFEM) has initiated a “Say NO to Violence against Women” campaign (www.saynotoviolence.org). Religious leaders have joined in this effort through Religions for Peace (see Annex K for press release), making public statements about the importance of working together to end this violence. While this is a global initiative, similar campaigns can be carried out on a smaller scale, working within particular communities or regions.

Leaders also can use their positions to work with their villages, towns, or cities to advocate for enforcement of laws to protect community members and increase financial support for local programs. They also can work with local policymakers and other decisionmakers to create and adopt new policies

Box 3

“Our apathy, denial, exhortations, ignorance, and misinterpretations of the Bible have added to women's pain and suffering and placed them in even greater danger. The time is long overdue for us pastors to stop turning our backs on domestic violence and begin speaking out against this sin.”

—Reverend Al Miles²⁴

Box 4

“We raise our voices to call for an end to silence about this disease – the silence of stigma, the silence of denial, the silence of fear. We confess that the Church herself has been complacent in this silence. When we have raised our voices in the past, it has been too often a voice of condemnation... Our Christian faith compels us to include those who are living with HIV/AIDS, who are made in the image of God and are children of God.”

— From a statement of Anglican primates [bishops] on HIV/AIDS, Canterbury, United Kingdom, April 2002

²⁴ Miles, Reverend Al. 2000. *Domestic Violence: What Every Pastor Needs to Know*. Minneapolis, MN: Augsburg Fortress.

and programs that support addressing GBV and HIV. This type of active civic engagement—policy dialogue—serves to inform the secular community that religious organizations and institutions also are addressing these issues and can serve as resources for assistance or guidance.

Box 5

“We emphasize the need to break the silence, doing so from the pulpits of our mosques, churches, educational institutions, and all the venues in which we may be called to speak. We need to address the ways to deal with the HIV/AIDS epidemic based upon our genuine spiritual principles and our creativity, and armed with scientific knowledge, aiming at the innovation of new approaches to deal with this dangerous challenge.”

—Cairo Declaration of Religious Leaders in the Arab States

Institutionalize Support for Addressing GBV and HIV

Like other organizational bodies, religious institutions and organizations have policies and guidelines to govern themselves. Religious leaders can formalize their institutions’ commitment to addressing GBV/HIV through institutionalized educational and support programs within religious bodies and structures. At the highest level, formal bodies can adopt policies that prioritize addressing the issues, such as institutionalizing education and training on GBV and HIV in educational systems for religious leaders. These educational efforts can include formally adopting GBV-related messaging (as discussed on pages 9–12), such as reflections on religious texts related to GBV and/or HIV, for inclusion in regular worship or other types of services or meetings.

In addition, institutions and organizations can create policies to hold themselves accountable for providing appropriate responses to survivors and perpetrators of violence, such as confidentiality. Policies can also hold religious leaders accountable for any violence they may perpetrate themselves.

In 2001, the Anglican Church held the All Africa Anglican Conference on HIV/AIDS in South Africa to discuss how to address HIV across the region. This type of process can serve as a model for a standard way of addressing GBV. Strategic plans are important for ensuring that issues are addressed in a systematically across large structures or bodies. During the conference, the participants

- Crafted a vision statement;
- Developed and enacted a Strategic Planning process and documented that process;
- Agreed on six focal areas of concern that would guide the planning process;
- Identified three at-risk or vulnerable populations of particular concern: women, orphans, and people living with HIV;
- Set a template for Strategic Planning that could be used throughout Africa and would be available for use across the worldwide Anglican Communion; and
- Formulated policies that would guide the worldwide Anglican Communion’s response to the HIV/AIDS pandemic.

Similarly, the Bahá’í have created guidelines on domestic violence for Bahá’í communities²⁵ to provide explicit guidance to their Local Spiritual Assemblies on forms of domestic violence and assist them in addressing it through

- Establishing the spiritual basis for addressing domestic violence in the context of Bahá’í beliefs;

²⁵ National Spiritual Assembly of the Bahá’ís of the United States. 2003. *Guidelines for Spiritual Assemblies on Domestic Violence: A Supplement to Developing Distinctive Bahá’í Communities*. Retrieved July 15, 2008, from <http://www.bahai.us/domestic-violence>.

- Making available a common set of definitions, consistent with field research, for what constitutes domestic violence;
- Providing insight into the relationship between gender inequality and domestic violence;
- Clarifying the general role of laws, punishment and education as they relate to dealing with situations of domestic violence;
- Identifying Bahá'í laws, principles, and exhortations that apply directly to situations of domestic violence;
- Contrasting and clarifying the roles of individuals and Local Spiritual Assemblies in relation to domestic violence;
- Identifying the responsibilities of Local Spiritual Assemblies under both civil and Bahá'í law to protect those who are abused, discipline those who commit abuse, and foster and support the spiritual transformation and character development of every soul; and
- Providing a basis for educating the Bahá'í community about domestic violence.

Religious bodies also can respond to GBV and HIV by increasing political and financial support to women's religious networks or organizations, or institutionalizing them. Women's organizations often prioritize working on issues such as gender-based violence and are well equipped to create programs through their existing mechanisms. By increasing support of women's networks, religious bodies and institutions can demonstrate their commitment to helping to reduce GBV. In addition, religious bodies can make a concerted effort to include more women, such as representatives from affiliated networks or organizations, thus increasing their responsibilities and including them in decisionmaking that affects institutions.

CONCLUSION

Given religious leaders' experience in and commitment to addressing HIV in their communities and the links between HIV and GBV, it is vital that religious leaders, women of faith, and faith communities promote the reduction of GBV and HIV. With theologies rooted in love and kindness, world religions are called to reach out to their communities to address these issues, based on their own particular beliefs. In looking at religious beliefs connected to gender-based violence and HIV, it is evident that all faiths promote harmonious marriages and relationships and encourage care for the weak and sick. Thus, religious leaders and communities have the opportunity to lead by example, following the teachings of their faiths that discourage violence against women, and can then help to prevent the risk and spread of HIV. Furthermore, religious leaders and communities can go beyond simply following these teachings and serve as educators to others, guiding them to follow their beliefs and take action on the issues. It is recommended that religious leaders take the following advocacy approaches to addressing GBV and HIV:

- Educate people within religious institutions and communities, and across faiths
- Offer spiritual support to those affected by GBV and HIV
- Provide GBV and HIV prevention and support programs
- Commit publicly to addressing GBV and HIV
- Institutionalize support for addressing GBV/HIV

This guide provides many examples from various religions and countries. It is intended to serve as a source of inspiration and ideas that can be adapted as appropriate.

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Additional Resources

Tools

- The AIDS National Interfaith Network. 1997. *The AIDS Ministry Handbook: A Resource Guide for Faith Communities and AIDS Ministries*. Washington, DC: AIDS National Interfaith Network.
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Religious GBV and HIV Resources

Bahá'í Faith: <http://www.bahai.us/domestic-violence>

Faith Trust Institute: <http://www.faithtrustinstitute.org/>

Jewish Women International: <http://www.jwi.org/>

Peaceful Families Project: <http://www.peacefulfamilies.org/>

Secular GBV and HIV Resources

GBV Prevention Network: <http://www.preventgbvafrica.org/>

International Community of Women Living with HIV/AIDS: <http://www.icw.org>

Men Can Stop Rape: <http://www.mencanstoprape.org/>

Raising Voices: <http://www.raisingvoices.org/>

Sexual Violence Research Initiative: <http://www.svri.org>

We Can End Violence against Women, South Asia Regional Campaign:
<http://www.wecanendvaw.org/>

ANNEXES A–H: TRAINING-RELATED MATERIALS

ANNEX A: SAMPLE RELIGIOUS TEXTS

Qur'anic Verses Addressing GBV²⁶

Community Responsibility to Stand for Justice

You are the best community that has been created from mankind. You enjoin what is right and forbid what is wrong. (3:110)

Individual Responsibility to Stand for Justice

O you who believe! Stand out firmly for justice as witnesses to God, even if it is against yourselves, or your parents, or your relatives; and whether it is against someone who is rich or poor. (4:135)

And why should you not fight in the cause of God and for those who, being weak, are ill-treated and oppressed? Men, women, and children, whose cry is, 'Our Lord! Rescue us from this place where there are oppressors, and raise for us from You one who will protect and help! (4:75)

Responsibility Towards the Oppressed and the Oppressor

If two parties among the believers fall into a quarrel, make peace between them. But, if one of them transgresses beyond bounds against the other, then all of you should fight against the one that transgresses until the person complies with the command of God; but if the person complies, then make peace between them with justice and be fair, for God loves those who are fair and just. (49:9)

Christian Texts

Matthew 25:31-44 (New International Version)

The Sheep and the Goats

31"When the Son of Man comes in his glory, and all the angels with him, he will sit on his throne in heavenly glory. **32**All the nations will be gathered before him, and he will separate the people one from another as a shepherd separates the sheep from the goats. **33**He will put the sheep on his right and the goats on his left.

34"Then the King will say to those on his right, 'Come, you who are blessed by my Father; take your inheritance, the kingdom prepared for you since the creation of the world. **35**For I was hungry and you gave me something to eat, I was thirsty and you gave me something to drink, I was a stranger and you invited me in, **36**I needed clothes and you clothed me, I was sick and you looked after me, I was in prison and you came to visit me.'

37"Then the righteous will answer him, 'Lord, when did we see you hungry and feed you, or thirsty and give you something to drink? **38**When did we see you a stranger and invite you in, or needing clothes and clothe you? **39**When did we see you sick or in prison and go to visit you?'

40"The King will reply, 'I tell you the truth, whatever you did for one of the least of these brothers of mine, you did for me.'

41"Then he will say to those on his left, 'Depart from me, you who are cursed, into the eternal fire prepared for the devil and his angels. **42**For I was hungry and you gave me nothing to eat, I was thirsty and you gave me nothing to drink, **43**I was a stranger and you did not invite me in, I needed clothes and you did not clothe me, I was sick and in prison and you did not look after me.'

²⁶ <http://www.peacefulfamilies.org/>.

44"They also will answer, 'Lord, when did we see you hungry or thirsty or a stranger or needing clothes or sick or in prison, and did not help you?'

ANNEX B: AGENDA FOR RELIGIOUS LEADERS TRAINING ON GBV AND HIV



USAID | HEALTH POLICY
FROM THE AMERICAN PEOPLE INITIATIVE



AGENDA—Regional Training on Gender-based Violence and HIV/AIDS for Religious Leaders July 30-August 3, 2007, Nairobi, Kenya

TIME	ACTIVITY
DAY ONE: 30/07/07	OFFICIAL OPENING
08:30-09:15	Dr. Mustafa Ali —Secretary General/Africa Representative ACRL, Religions for Peace Ms. Angeline Siparo —Country Director, Health Policy Initiative (HPI) Kenya Mr. Peterlis Nyatunga —Director of Gender Commission, Ministry of Gender and Sports, Kenya Professor Miriam Were —Chairperson, National AIDS Control Council, Kenya Rev. Dr. Mvume Dandala —AACC General Secretary
09:15-10:00	His Eminence, Sheikh Shaban Mubajje —Grand Mufti of Uganda, Co-Chair ACRL Introductions/Review of agenda and objectives
10:00-10:30	Shared faith values and workshop norms Defining gender-based violence (GBV)
10:30-11:00 Session Break	
11:00-11:45	Why focus on GBV?
11:45-12:15	Prevalence of GBV
12:15-01:00	Life Cycle of GBV
01:00-02:00 Lunch Break	
02:00-04:30	Types and forms of GBV Consequences of GBV
04:30-05:00 Session Break	
DAY TWO: 31/07/07	Reflection/Prayer
08:30-09:00	Recap of previous day
09:00-09:45	Gender and HIV/AIDS
09:45-10:30	HIV/AIDS prevalence rates among women
10:30-11:00 Session Break	
11:00-12:00	Links between GBV and HIV/AIDS
12:00-1:00	Vulnerable populations to GBV and HIV/AIDS
01:00-02:00 Lunch Break	
02:00-02:30	GBV and HIV/AIDS in conflict settings
02:30-04:30	Multi-religious approach to GBV and HIV/AIDS
04:30-05:00 Session Break	
DAY THREE: 01/08/07	Reflection/Prayer

08:30-09:00 09:00-10:30	Recap of previous day Analyzing faith beliefs
10:30-11:00 Session Break	
11:00-01:00	FBO activities/country reports
01:00-02:00 Lunch Break	
02:00-03:30 03:30-04:30	Communication strategies for awareness campaigns Advocacy and awareness campaigns
04:30-05:00 Session Break	
DAY FOUR: 02/08/07 08:30-09:00 09:00-10:30	Reflection/prayer Recap of previous day Faith-based action to address GBV and HIV/AIDS
10:30-11:00 Session Break	
11:00-01:00	FBO action planning by country
01:00-02:00 Lunch Break	
02:00-03:00 03:00-03:45	Action planning plenary with feedback Adoption of communiqué and workshop evaluation
NETWORKING PARTY—07:00-08:00	
<p>Dr. Mustafa Ali—Secretary General/Africa Representative ACRL, Religions for Peace Mrs. Nyaradzai Gumbonzvanda—Regional Director, East and Horn of Africa, UNIFEM Mr. Fred Nyabera—Director, FECCLAHA Ms. Gail A.W. Goodridge—Director, ECA ROADS Project, Family Health International Ms. Cheryl Sonnichsen—Acting Chief, USAID Kenya Hon. Njoki Ndung'u—Nominated member of Parliament, Kenya Dr. Agnes Abuom—Director, TAABCO, Co-President, Religions for Peace World Council Rev. Fr. Vincent Wambugu—Secretary General, Kenya Catholic Secretariat</p>	

ANNEX C: AGENDA FOR RELIGIOUS LEADERS FORUM ON GBV AND HIV



USAID
FROM THE AMERICAN PEOPLE

**HEALTH POLICY
INITIATIVE**



Religious Leaders Forum on Gender-based Violence and HIV/AIDS November 28-29, 2007, Dar Es Salaam, Tanzania

TIME	ACTIVITY
DAY ONE: 28/11/07 09:00-09:45	OFFICIAL OPENING Welcome Remarks: Dr. Mustafa Ali— <i>Secretary General/Africa Representative ACRL, Religions for Peace</i> Keynote Speeches and Opening Remarks Ms. Katumi Mahama— <i>Federation of Muslim Women of Ghana and IWCC Member</i> Rev. Gertrude Kapuma— <i>Coordinator All African Council of Churches for Southern Africa and IWCC Member</i> Ms. Halima Shariff— <i>Health Policy Initiative Country Director, Tanzania</i> His Eminence, Sheikh Shaban Mubajje— <i>Grand Mufti of Uganda, Co-Chair of the African Council of Religious Leaders</i> Emma Kang'ethe— <i>African Women of Faith Network Project Director, Religions for Peace</i>
09:45-10:30	Introductions/review of agenda and objectives Overview of the GBV and HIV/AIDS project
11:00-11:45	GBV and human security
11:45-01:00	Intersections between GBV and HIV/AIDS – <i>panel and plenary</i>
02:00-03:00	Faith-based approach to GBV – <i>panel and plenary</i>
03:00-04:30	Mobilizing communities to prevent GBV – <i>panel and plenary</i> Site visit
DAY TWO: 29/11/07 08:30-09:00	Reflection/Prayer
09:00-10:30	Recap of previous day Country reports on advocacy campaigns
11:00-12:00	Media conference, statement/recommendations of religious leaders addressing GBV (and OVC)
12:00-1:00	Reflections: what religious leaders can do to address GBV and HIV/AIDS
02:00-04:30	Advocacy strategy on GBV and its impact on the spread of HIV

ANNEX D: PRESS RELEASE FOR WORKSHOP ON GBV AND HIV

Africa Women of Faith Network (AWOFNET)-Ghana Chapter Ghana Conference of Religion and Peace (GCRP)

August 12, 2008

To All the Media Houses (Print and Electronic)

Subject: Workshop on Gender-Based Violence and HIV

The HIV pandemic has had devastating effects on humanity. Most statistics point to the fact that women are mostly affected and constitute over 60% of HIV infected persons in Africa. The phenomenon is alarming as women play very vital roles in sustaining humanity. A lot of research has also pointed out to the fact that women experience various forms of violence which leave them with very little power to make decisions about their lives. Women's inability to make firm decisions have contributed to the high rate of the HIV pandemic as gender-based violence is experienced by over 33% of women in Ghana (Dorcas Coker- Appiah and Kathy Cusack).

In July 2008, some religious leaders and some members of faith-based organizations (FBOs) met in Nairobi, Kenya to deliberate on the increase of gender-based violence and its relationship with the increase of HIV in Africa. Ghana was a participant at the workshop. A resolution was adopted at the workshop mandating each national Chapter of the FBOs and Women of Faith network to organize a gender sensitization/training workshop to discuss the issue of GBV and HIV.

In view of the above, the African Women of Faith Network Ghana Chapter (AFWONET-Ghana) in collaboration with the Ghana Conference of Religion and Peace (GCRP) has the pleasure of inviting three representatives from the Ahmadiyya Council to participate in a three (3) days' workshop on the topic: Gender-Based Violence and the HIV/AIDS pandemic. The workshop is scheduled to take place at the Ghana Registered Nurses Association from August 26-28, 2008.

Participants will comprise decision-makers from the nine (9) religious/faith-based organizations in Ghana such as the Christian Council of Ghana, The Ghana Catholic Bishop's Conference, The Muslim Council, The Council of Independent Charismatic Churches, The Council of Apostolic Churches, and The Independent African Traditional Religions, etc.

Purpose of the Training

To provide a forum for faith-based organizations and AWFONET to understand the concept of gender and mainstream it in the religious programs in Ghana

Objectives:

- Come to a common understanding on the link between gender and HIV
- Jointly analyze what FBOs in Ghana are already doing in terms of gender: policies, activities, etc (mapping);
- Reflect on gender mainstreaming as a concept, and how it would work in practice in the FBOS and particularly among African Women of Faith Network (AFWONET-Ghana) context; and

- Jointly develop action plans for implementation of the gender mainstreaming among AFWONET-Ghana and FBOs.

Expected Outcome:

- Shared understanding on the interconnection between gender and HIV/AIDS;
- Analysis of what FBOs are doing to eradicate gender-based violence thus reducing the HIV pandemic;
- The Leadership of FBOs are involved in gender mainstreaming process and provides recommendations to the AFWONET Gender Working Group;
- AFWONET-Ghana will develop their own gender action plans, for implementation in their respective faith-based organizations.

Content of the training:

- Review the basic concept of gender and gender mainstreaming, and exploring the link between gender, active nonviolence, and HIV;
- Review gender policies or plans that are available among the FBOs;
- Learn and share experiences of GBV and HIV programs in the various FBOs; and
- Develop of AFWONET action plans for the implementation of gender mainstreaming in religious activities.

I am by this letter kindly inviting your media house to cover the event which starts on August 26th -28th at 8.30am-5pm each day.

Yours sincerely,

ANNEX E: SAMPLE WORKSHOP OVERVIEW FROM PEACEFUL FAMILIES PROJECT

Workshop Objectives²⁷

- Raise awareness among the Muslim leadership and activists about domestic violence.
 - Increase understanding of the Islamic stance on conflict resolution in marriage, divorce, and family relationships.
 - Begin identifying acceptable and effective interventions.
 - Build bridges between religious leaders and professionals in the field.
- Begin to identify commonalities and conflicts between Islamic and American law.

Workshop Topics (A Sampling of Topics Offered)

- Emotional, Verbal, and Physical Abuse
- Signs of Abuse and How You Can Help
- Quranic Model of the Muslim Family
- Perspective of Shariah on Family Abuse
- Impact of Abuse on the Family
- The Cycle and Spiral of Violence
- Legal Effects of Violence on All Family Members
- The Mind of the Batterer – Real Life Cases
- Prevention, Intervention, and Conflict Resolution
- Marriage and Divorce in Islamic and American Law
- The Muslim Marriage Contract

See the Muslim wheel of domestic violence at: <http://www.peacefulfamilies.org/dvwheel.html>

²⁷ Available at: <http://www.peacefulfamilies.org/workshop.html#>

ANNEX F: SAMPLE ACTIVITIES FOR TRAINING RELIGIOUS LEADERS ON GBV AND HIV

Sample activity from *Gender-based Violence and HIV: Training Module for Religious Leaders and Women of Faith*, USAID | Health Policy Initiative.

Activity: Personal Beliefs/Reflections on GBV—“Vote with your feet” (45 minutes)

1. Tell the participants that we are going to discuss some statements about GBV. Explain to them that in this activity they are going to explore their own views and beliefs about gender-based violence.
2. Inform the participants that you are going to read a statement, and they need to decide if they agree or disagree with it. Designate one side of the room for those who agree and the other side for those who disagree. Tell the participants that when they decide, they have to move to the side of the room that matches their response. Ensure that participants know this is just to generate discussion and there is no “right” or “wrong” answer.
3. Read each statement twice to ensure all participants have heard it. After the participants make their choice, ask one side why they are standing there. Generate responses and probe further with additional questions. When you are through with one group, put the same question to the other group.

Examples of Statements (only read 2 or 3)

1. In some instances, women provoke violent behavior.
2. Gender-based violence is too culturally sensitive an issue to be discussed in HIV/AIDS projects.
3. Men sometimes have good reasons to use violence against their wives.
4. Religious texts or teachings contribute to men’s violence against women.
5. Religious organizations are mandated or called to address gender-based violence.
6. It is not appropriate for religious leaders to discuss matters relating to women and sexuality.

Facilitator’s Note: With this activity, we want to understand the variety of personal and institutional beliefs/norms/values related to GBV through the participants’ personal reflections. Part of this includes individuals and cultures holding contradictory values—being aware of these contradictions is important when working on GBV. Even though we may be familiar with GBV and the importance of addressing it, some of the issues may be difficult for us to work on. Looking at our socialization and how our cultures feel about violence towards women and girls may influence the way we address this issue in our faith activities, or even if we’ll address it at all.

Sample Activity: Film—SASA! A Film about Women, Violence, and HIV (90 minutes).

Available at: www.raisingvoices.org/women/Sasa_film.php.

1. Inform the participants that we are going to watch a film on gender-based violence and HIV. This will be an introduction to the focus of tomorrow’s topics and themes.
2. Tell them to keep in mind the previous discussion about different forms of GBV, sites of violence, and consequences of the violence.
3. Show the video. After watching the film, divide the participants into three groups and assign each of the groups three of the following questions to discuss:
 - What is your initial reaction to the film?

- Could you relate to Mama Joyce’s and Josephine’s stories? Did they remind you of something you have experienced or witnessed in your communities?
 - The film talks about power and about how men generally have more power than women in relationships and communities. What do you think of this analysis?
 - How were women in the film using their power positively? How were men in the film using their power positively?
 - Why is support important? Who do you think needs support—only women, or men as well?
 - There were many examples of support in the film. Which do you think would work in your community? What are some other ideas?
 - What do you think prevents people from taking action to prevent violence? What prevents you? How can we overcome these barriers?
 - The film gives many suggestions for taking action. How could you take action?
 - There is a real urgency to prevent violence against women and HIV. What can you do NOW?
4. Bring the large group back together and have the small groups report out. Then, ask for additional comments or questions.

Facilitator’s note: Ask the participants to focus on the last question and to be very concrete and realistic about what their faith communities can offer to such women.

Sample Activity: Analyzing Faith Beliefs Related to GBV and HIV (90 minutes)

1. Ask participants to break into small groups based on religion. If there are too many participants of one faith, find a way to separate them into smaller groups. There should be about 4 members per group.
2. Tell participants we are interested in discussing their own religious beliefs and how they relate to the issues at hand.
3. Ask participants to think about/look at their own religious texts and/or beliefs and discuss with one another:
 - a. The ways in which these texts/beliefs **perpetuate gender-based violence**.
 - b. The ways in which these texts/beliefs call believers to help **address gender-based violence and/or HIV/AIDS**.
4. Tell the participants they will have 40 minutes to identify 2 examples for both a. and b.
5. During the 40 minutes, visit each group to see how they are doing. Make sure they are focusing on GBV and not just gender.
6. When 40 minutes is up, ask the groups to present their examples to the whole group for discussion.
7. Record their responses on flipcharts and facilitate a discussion on themes or commonalities or differences.
8. Ask participants
 - a. Did you disagree on any of the examples you discussed?
 - b. How can these examples facilitate discussion of these issues with your own religious organizations or communities?

Facilitator’s Note: Ensure that participants cite the religious texts and record them as references to be used when working on action plans.

ANNEX G: SAMPLE CASE STUDIES FOR TRAINING RELIGIOUS LEADERS ON GBV AND HIV

*Emanuel the Pastor*²⁸

Emanuel is a pastor in a neighboring community. He is an admired spiritual leader in his village and respected by his congregation. Nearly everyone feels welcome in his church where sermons are delivered with energy and conviction. However, upon learning that one woman in his congregation was recently diagnosed with HIV, Emanuel lets the woman's family know she is no longer allowed to attend church activities. Emanuel tells them "I don't want that sick woman infecting anyone else in my church!"

The next Sunday he dispenses a sermon in which he characterizes people with HIV as "prostitutes and tainted by the Devil." Soon many in the community refuse to talk with the family of the woman with HIV, even the woman's husband leaves her and takes her children away. Few people stop by their courtyard and some avoid working in the fields with them. Soon after that event you see Emanuel at a regional gathering of religious leaders.

Questions:

How do you feel about this pastor's response to the HIV-positive woman?

How can other religious leaders intervene in this situation?

What would be a good resolution for the woman and for the community?

*Natasha*²⁹

Natasha is a 15-year-old girl from a local farming community. Her parents are farmers and the last crop did not do well. The family has little money for school fees. Lately, the local postmaster has been greeting her and asking her to go for walks with him. He told her if she would be his girlfriend he would help pay for her school fees. Natasha has never taken a boyfriend before because she is afraid of getting pregnant. The man assures her he will pay for the pill. She is thinking of giving in to him because she feels she can keep the relationship a secret and she needs the money her family can no longer provide to study to become a teacher.

Questions:

How does Natasha's scenario relate to GBV and/or HIV?

What could Natasha's faith community do about her situation?

²⁸ Cucuzza, C. and L. Moch. 2003. *Faith Community Responses to HIV/AIDS: Integrating Reproductive Health and HIV/AIDS for Non-Governmental Organizations, Faith-Based Organizations and Community-Based Organizations*, Volume II. Washington, DC: CEDPA and Enable Project.

²⁹ Cucuzza, C. and L. Moch. 2003. *Faith Community Responses to HIV/AIDS: Integrating Reproductive Health and HIV/AIDS for Non-Governmental Organizations, Faith-Based Organizations and Community-Based Organizations*, Volume II. Washington, DC: CEDPA and Enable Project.

ANNEX H: HOW IMAMS AND LEADERS CAN HELP

How Imams and Leaders Can Help³⁰

- **Prepare to Be a Resource:** Research Qur'an, Sunnah and fiqh to better understand and respond to abuse from an Islamic perspective. Receive training from professionals in the fields of sexual and domestic violence.
- **Become a Safe Place:** Make your mosque a safe place where victims of domestic violence can come for help. Display brochures and posters which include the telephone number of the domestic violence and sexual assault programs in your area. Publicize the National Domestic Violence Hotline number: 800.799.SAFE.
- **Educate Community Members:** Provide ways for members of your mosque to learn as much as they can about domestic and sexual violence. Routinely include information in monthly newsletters, on bulletin boards, and in marriage preparation classes. Sponsor educational seminars on abuse in your mosque.
- **Lead by Example:** Volunteer to serve on the board of directors at the local domestic violence/sexual assault program or attend a training to become a crisis volunteer.
- **Speak Out:** Speak out about domestic violence and sexual assault in your khutbah's. As an imam or community leader, you can have a powerful impact on people's attitudes and beliefs.
- **Offer Space:** Offer meeting space for educational seminars or weekly support groups, or serve as a supervised visitation site when parents need to safely visit their children.
- **Partner with Existing Resources:** Include your local domestic violence or sexual assault program in donations and community service projects. Adopt a shelter for which your mosque provides material support, or provide similar support to families as they rebuild their lives following a shelter stay.
- **Use Zakat to Help:** Earmark a percentage of zakat funds to specifically help victims of domestic violence.
- **Support Professional Training:** Encourage and support training and education for imams and community leaders, hospital and university chaplains, and Islamic Studies students to increase awareness about sexual and domestic violence.
- **Address Internal Issues:** Encourage continued efforts by mosques and Islamic centers to address allegations of abuse by Muslim leaders to insure that religious leaders remain a safe resource for victims and their children.
- **Intervene:** If you suspect violence is occurring in a family, help the victim plan for safety and encourage accountability of the abuser. Let each know of the community resources available. Do not attempt couples counseling unless you have been trained in domestic violence, and only after the safety of the victim has been ensured.

³⁰ Peaceful Families Project (PFP), <http://www.peacefulfamilies.org/tipsleaders.html>. Above adapted by PFP with permission from the Nebraska Domestic Violence and Sexual Assault Coalition and Faith Trust Institute.

**ANNEXES I-K: ILLUSTRATIONS OF INSTITUTIONAL
COMMITMENT TO GBV AND HIV**

ANNEX I: RELIGIOUS LEADERS CALL: THE MORAL OBLIGATION TO END VIOLENCE AGAINST WOMEN



Religions for Peace 
Global Women of Faith Network

RELIGIOUS LEADERS CALL: THE MORAL OBLIGATION TO END VIOLENCE AGAINST WOMEN 25 SEPTEMBER 2008

We, leaders of the world's religions, meeting on the occasion of the United Nations High-Level Event on the Millennium Development Goals (MDGs) in New York, call on all governments to take effective action to eliminate violence against women. It is urgent that the ending of violence against women and girls be placed high on their agenda for action. It is also directly related to ending poverty by achieving the MDGs and attaining peace.

Each of our faith traditions speak to the fundamental value of all human life. Violence against women denies their God given dignity and their related inalienable rights. It also distorts and threatens the well being of communities and societies. We have the moral responsibility to prevent this violence, and to provide care and support to all who have suffered and endured it. We urge world leaders, governments, civil society, the private sector and religious communities to stand and act in solidarity with all women and families impacted by violence against women. We cannot afford to remain silent when so many of our women and girls suffer the brutality of violence with impunity.

We can and must take action together to address violence against women.

HIV/AIDS and violence against women

The disproportionate impact of HIV/AIDS on women and girls is related to violence against women. Violence is often part of the transmission of the virus. Moreover, women living with HIV/AIDS often suffer additional violence following the disclosure of their status. Children who are orphaned by HIV/AIDS can also become vulnerable to sexual and economic violence. This calls for urgent action. We call upon world leaders and governments to increase resources to address violence against women as an important aspect of HIV/AIDS prevention and eradication, and to provide more adequate care and support to survivors.

Poverty and violence against women

Violence against women and poverty are linked. All too often, poverty thwarts the potential of women as agents of change. It entraps them in abusive situations, especially when they have children to protect and feed. It is devastatingly connected to forced prostitution, human trafficking and sexual abuse. We urge world leaders and governments to act on their pledge to "free our fellow men, women and children from abject and dehumanizing conditions of extreme poverty" by ending violence against women.

War, conflict and violence against women

While the pervasive impact of armed conflict injures entire communities, women and girls are all too often particular targets. Violence against women is often used as a brutal combat tactic. Women and girls living in conflict and post conflict areas are especially vulnerable to rape and sexual slavery. We call upon world leaders and governments to protect our sisters, daughters, mothers and aunts from violence in conflict and post-conflict situations and to increase resources to attend to the women and girls who have suffered such violence.

We religious leaders pledge our commitment to act together in partnership within and across our faith traditions as powerful agents of prevention and protection, to provide physical, psychological and spiritual healing of survivors of violence against women. We commit to increase awareness and education so that all may understand the true magnitude of violence against women. We commit to break the silence and urgently address this violence. We will work to develop good interfaith practices and adopt fresh strategies and models in tackling the global problem of violence against women. We will work to fully honor the dignity that come from God and protect the related inalienable rights of all women and girls.

ANNEX J: PARTICIPANT RECOMMENDATIONS FOR RELIGIOUS LEADERS ON GBV AND HIV

Recommendations from the participants of the Regional Training on Gender-Based Violence and HIV and AIDS for Religious Leaders.

BACKGROUND

From 30th July to 2nd August 2007, 18 delegates from eight countries; Democratic Republic of Congo (DRC), Ghana, Kenya, Liberia, South Africa, Tanzania, Uganda and Zambia, came together to participate in a four-day regional training on gender-based violence (GBV) as it links to HIV held at the Nairobi Safari Club in Nairobi, Kenya. The training was organized by Religions for Peace (WCRP) Women's Mobilization Program in collaboration with Constella Futures, with financial support from USAID | Health Policy Initiative.

The training is part of activities that are aimed at strengthening the ongoing capacities of religious leaders and communities to take positive action to address the negative effects of GBV and HIV. Representatives were drawn from the Religions for Peace African Women of Faith Network (AWFN) and National Inter-Religious Councils. It was envisaged that following the training and subsequent follow-up activities, religious leaders and communities would be in a position to identify, validate and promote best practices on preventing and ending gender-based violence.

We shared perspectives and experiences and spiritual resources for mobilizing around the issues of GBV as linked to HIV. As part of the program, we developed concrete action plans for the implementation of advocacy work around the issues of GBV as linked to HIV in the eight countries, based on the skills gained and lessons learnt.

We are resolved to be more proactive and focus on tackling issues of GBV and HIV, by bringing the people of different faiths together to work on matters of common concern, in other words, different faiths working for common action.

As a result thereof, we, the participants of the Regional Training Program, recommend the following:

RELIGIOUS LEADERS

As the guardians of the religious texts, Religious Leaders are best placed to guide and influence their communities. Therefore, it is recommended that:

- Religious Leaders be exposed to education and awareness in respect of GBV and the link between HIV in communities
- There should be a section on GBV and HIV in the curricula of the seminaries and houses of formation
- Religious Leaders should educate their congregations by using their religious texts to promote awareness and knowledge of GBV and the role that both Religious Leaders and the community can play in eradicating GBV
- Religious Leaders should be in the forefront of the fight against stigma and discrimination against survivors of GBV and HIV
- Religious leaders are ideally placed to bring hope to the survivors of GBV
- Religious Leaders promote responsible behaviors that respect the dignity of all persons and defend the sanctity of life

GOVERNMENT

- There should be political will on the part of political leaders and officials to enact legislation in relation to GBV and HIV
- Government should put in place mechanisms to ensure the bringing of perpetrators of GBV to justice
- All Government Ministries, particularly the Ministry of Gender, should be involved in the implementation of working towards the eradication of GBV and HIV
- Department of Education should include awareness and information of GBV into the life-skills curriculum in schools
- Governments should ensure that measures are in place for the protection of the survivors of gender-based violence

ADVOCACY AND LOBBYING

FBOs are well placed to be the leaders in advocacy and lobbying, concerning GBV and HIV. Therefore it is recommended:

- All sectors of the FBOs—religious leaders, men, women, and youth, need to be involved in the advocacy and lobbying campaign to urge governments to implement the laws relating to GBV
- Religious leaders must speak out in their places of worship to totally condemn GBV and point out the links between GBV and HIV
- An advocacy and media campaign should be launched to ensure more skills and sensitivity in the standard of media coverage on GBV, and to undertake lobbying all media to assist in an education campaign on GBV and its link to HIV
- FBOs need to lobby for the eradication of advertising that demeans women and promotes GBV, as well as creating gender stereotyping of women as sex objects

RELIGIOUS INSTITUTIONS

Within the Religious Institutions there are many programs that can be implemented relating to the many sectors and target areas of GBV and its links to HIV. Some of these are:

- All sectors
 - Initiate programs to revitalize family life and family values
- Survivors
 - Set up support groups and systems need to be put into place for the survivors and their children
 - Safe houses should be set up in all communities to provide immediate protection and care
- Men
 - Set up rehabilitation programs for perpetrators of GBV
 - Set up “Man to Man” programs to enable men’s contribution to eradicating GBV and HIV
 - Launch “Men in Partnership against GBV and HIV”
- Women
 - Create space for women to come together to share experiences and to talk to one another
- Youth
 - Education and awareness programs on relationships, GBV and the link to HIV
 - Realizing the importance of the role played by youth in promoting awareness and sensitizing communities, particularly the impact they have on their peers, youth should be involved in the organization of programs on GBV and HIV in their communities

RELIGIONS FOR PEACE AFRICAN WOMEN OF FAITH

To ensure regular communication, it is recommended that:

- The sharing of information and best practices be strengthened and enhanced with a focal point to disseminate information to member organizations
- Set up an online newsletter for African Women of Faith as a regular means of networking with all partners
- Implement an outreach GBV program showing the links to HIV, targeting men and adolescent boys at all levels of society in all countries All countries should have a liaison officer with the AWFN

DIFFERENT FAITHS, COMMON ACTION!

Signed this 2nd Day of August 2007

The Participants from Democratic Republic of Congo (DRC), Ghana, Kenya, Liberia, South Africa, Tanzania, Uganda and Zambia, participating in the Workshop on Gender-Based Violence and the Link to HIV and AIDS, held in Nairobi, Kenya from 30th July to the 2nd August 2007.

ANNEX K: PRESS RELEASE: RELIGIONS FOR PEACE AND UNIFEM PARTNERSHIP TO STOP GBV

Religious Leaders of Different Faiths ‘Say NO to Violence against Women’

Religions for Peace and UNIFEM launch partnership to stop gender-based violence.

For immediate release

Date: 25 September 2008

Media Inquiries:

Oisika Chakrabarti, Media Specialist, UNIFEM Headquarters, +1 212 906-6506,
oisika.chakrabarti [at] unifem.org

United Nations, New York — Senior religious leaders of different faiths from Religions for Peace, the world’s largest and most representative multi-religious coalition, today pledged to help stop violence against women. They recognize this commitment as a moral imperative rooted in their respective religious traditions.

The religious leaders from Africa, Asia, and North America — representing such diverse faiths as Buddhism, Christianity, Hinduism, Judaism and Islam — stood together to address one of the most pervasive human rights violations in the world today, violence against women. The religious leaders expressed support for the goals of the “Say NO to Violence against Women” campaign (www.saynotoviolence.org) being advanced by the United Nations Development Fund for Women (UNIFEM). This campaign is aligned with the UN Secretary-General’s multi-year, system-wide global campaign UNiTE to End Violence against Women.

Today marked the launch of a new partnership between Religions for Peace and UNIFEM that will work to engage communities of faith around the world to lead efforts to end violence against women.

“People of faith around the world believe that it is a moral responsibility to end violence against women,” said Dr. William F. Vendley, Religions for Peace Secretary General. “While religious traditions vary, it is clear that religious men and women around the world are increasingly convinced that their respective traditions call them to work as partners to end this violence.” Dr. Vendley also underlined the irreplaceable role of women as front-line agents in efforts to end extreme poverty. “Ending violence against women is both a moral imperative and one of the single most important ways to help end extreme poverty by achieving the Millennium Development Goals.”

“Violence against women and girls is a crime and an internationally recognized human rights violation — stopping it is one of the great challenges of our time,” said UNIFEM Executive Director Inés Alberdi. “Engaging religious leaders and communities of faith is essential to weaving a fabric of equality and respect for all persons, their potential, and their right to live a life free from violence.”

His Grace John O. Onaiyekan, Roman Catholic Archbishop of the Archdiocese of Abuja, Nigeria, and Co-President, Religions for Peace, said: “All of the major religious traditions cherish human dignity as a sacred right, and violence against women and girls is robbing people of this right each day. As people of faith, we must listen to survivors’ voices and help break the silence about all forms of gender-based violence.”

Dr. Vinu Aram, Director of Shanti Ashram, a well-known Gandhian institution in India, and Vice-Moderator of Religions for Peace, said: “Violence against women and girls is disturbingly related to increasing rates of HIV/AIDS infection in women and girls around the world. As people of faith, we must respond with compassion and urgency to end violence against women and its links to HIV/AIDS.”

H.E. Dr. Din Syamsuddin, Secretary General of the Indonesian Council of Ulama and Honorary President, Religions for Peace, said, “Religious leaders and communities of faith have the power to break the silence about all forms of violence against women and girls and put an end to unnecessary suffering.”

Ven. Dr. Grace Chung Lee, President, Won Buddhist International in Korea and World Council Member of Religions for Peace, said: “For too long, religious leaders and individual people of faith have been silent before the facts of violence against women. It is time to break the silence and act. All people of faith are called to say NO to violence against women and girls.”

Violence against women and girls is a problem of pandemic proportions. Worldwide, on average, about one in three women are beaten, coerced into sex, or otherwise abused during her lifetime — with the abuser all too often someone she knows. However, there has been significant progress in the last two decades. Some 89 countries now have specific legislation on domestic violence and a growing number of countries have instituted national plans of action.

The Religions for Peace–UNIFEM partnership will stimulate awareness, reflection, and provide concrete opportunities to affirm values of equality, harmony, and respectful treatment for girls and women. It will work nationally and locally to engage cooperation among men and boys and women and girls to work together to stop violence against women and girls; focus on prevention and care for survivors in their communities; and nurture communities where women and girls can live free from violence.

(Photos of the event are available on request; please contact [oisika.chakrabarti\[at\]unifem.org](mailto:oisika.chakrabarti@unifem.org).)

http://www.unifem.org/news_events/story_detail.php?StoryID=739

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