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HIAS supports women, girls, and LGBTQIA+ communities to access their full potential and live free from violence by supporting survivors, mitigating risks, and transforming beliefs that perpetuate gender-based violence. Together Let us End Gender Based Violence

Purpose of this Toolkit

This toolkit is designed to enhance service providers' understandings of gender awareness and specific cultural considerations when supporting Congolese Newcomers. It is intended to support person-centered, trauma informed care. The information contained in this toolkit was generated from cultural advisors who recommended areas of attention that service providers should bear in mind to ensure culturally and linguistically responsive services. The United States and the Democratic Republic of the Congo share many commonalities and yet also have different social and cultural norms, along with differing gender dynamics, role expectations, and expectations of behavior.

Key Concepts

Culture is a set of shared values, beliefs, and norms in each society. Culture is dynamic and changes as societies adapt to new information, challenges, and circumstances. Although culture can form from group characteristics, even within the same cultures, individuals can have different social positions, ages, incomes, health statuses, class positions, and migration journeys.

Gender roles refer to the socially constructed expectations, behaviors, activities, and attributes that a given society considers appropriate for individuals based on gender identity. As gender is socially constructed, gender expectations change over time. Gender, like culture, is dynamic. While gender identity and presentation is prolific and multifaceted, many cultures view gender on a binary of men/ women and boys/girls and dictate roles based on this limited binary.1

Gender-sensitive describes an approach in which the different needs, abilities, and opportunities of all individuals—regardless of their gender identity—are identified, considered, and acknowledged.

Gender awareness describes being conscious that individuals experience their culture, environment, opportunities, and setbacks differently based on their gendered experience moving through the world.

Survivor describes an individual who has experienced violence or harm (this may include physical, emotional, economic, and other forms of harm). In the context of GBV, 'survivor' is used as short-hand for a survivor of genderbased violence. While some survivors may prefer other terms to self-identify (such as 'victim'), best practice suggests using the term survivor rather than victim when addressing an impacted person or individual. In this toolkit, we use survivor-centering principles and survivor-led care to inform best practice and recommendations.²

Gender-Based Violence (GBV) affects all

- Gender-based violence is prevalent globally, in all societies in the world.
- In the Unites States, 1 in 4 women and 1 in 10 men experience intimate partner violence $(IPV)^3$
- We must be led by the survivor's choices and consent as to who the survivor wants to know what is happening in the survivor's life.
- We follow GBV guiding principles of the survivor's right to confidentiality, safety, self-determination and respect and nondiscrimination in all our actions.

Gender-Based Violence Programming Tips

How might you ensure that any **GBV** programming is culturally appropriate and responsive?

- Review listening guides for cultural communities.
- Adjust scenarios to match the Congolese refugee community.
- Have follow up questions for potential responses to questions.

Survivor-Centered Care

While this guide may be written to support our knowledge about working with individuals from the Democratic Republic of the Congo, it is important to remember that each survivor is unique and is the expert of their own life.

We aim to provide empowering, survivorcentered services by truly listening to each survivor's desires, presenting options but not advice, allowing the survivor to make their own decisions and determine all courses of action and support.

What are important considerations when communicating about GBV to refugees, asylees, and immigrants?

Develop promotional materials: include brochures, posters, and videos, all of which should be culturally sensitive and tailored to the specific needs of Congolese refugees. Consider incorporating familiar imagery, symbols, and languages that resonate with the community. Ensure that the content reflects the cultural nuances and values related to GBV prevention and response.

Specific materials for adaptation: Engage community members and stakeholders in the development process to ensure relevance and accuracy of specific materials.

Presentations preparing other materials for dissemination: When disseminating GBV programming, presentations should be prepared in a way that respects and reflects the cultural practices and communication styles of Congolese refugees. Incorporate storytelling, visual aids, and interactive elements that engage the audience and promote understanding. Use culturally appropriate language and terminology, ensuring that the information is accessible and relatable to the community.

Use simple and understandable language to convey information about GBV. Avoid jargon or technical terms that may be unfamiliar to the target audience.

Embedded scenarios/examples: Provide reallife scenarios or examples that illustrate different forms of GBV, their impact, and available support services. This helps to make the message relatable and facilitates understanding.

How can you make GBV support inclusive to all?

- · Focus on behavior and harm: Frame discussions around GBV by emphasizing the harmful nature of the behavior and its impact on individuals and communities. This approach helps to shift the focus from stigmatizing individuals to addressing the problem itself.
- Promote empathy and understanding: Foster empathy by emphasizing the importance of supporting survivors and creating a safe and inclusive environment.

Encourage community members to recognize that anyone can be affected by GBV, and that support should be provided without judgment or blame.

- Focus on systemic and cultural underpinnings: Highlight the underlying social, cultural, and systemic factors that contribute to GBV. By emphasizing that GBV is rooted in broader societal issues. the message becomes less targeted toward men individually and encourages collective responsibility.4
- Focus on behavior, not labeling individuals: Avoid labeling individuals as "bad people" or assigning blame. Instead, emphasize that certain behaviors are harmful and that everyone has a role to play in challenging and preventing those behaviors.
- Frame the discussion around opportunities and challenges: Rather than focusing solely on the perceived "shifts" in gender expectations, highlight the opportunities and challenges that arise in the new context. Discuss the advantages of both women and men contributing to the workforce, such as increased financial stability, shared responsibilities, and opportunities for personal growth and independence.
- Acknowledge economic realities: Help community members understand the economic realities and costs of living in the United States. Discuss the rising costs of living, the need for education and skills to secure employment, and the changing dynamics of the labor market. Emphasize the importance of adapting to these realities for the well-being and stability of the family. Create workshops that teach financial literacy.
- Address concerns and challenges: Provide a platform for community members to express their concerns, fears, or challenges related to shifts in gender expectations. Address their concerns openly and provide information or resources that can help alleviate their worries. Offer support and guidance in



navigating the new cultural landscape while preserving their cultural values and identity.

- **Highlighting benefits for men:** Emphasize the benefits that men can experience when sharing household responsibilities and financial burdens. Discuss how this can lead to stronger family bonds, more time for personal pursuits, and reduced stress from being the sole provider, especially on minimum wage.
- Include scenarios and role models: Share success stories of individuals and families who have adapted to new gender expectations and found positive outcomes. Highlight role models who have challenged traditional gender norms and achieved success in various aspects of life.

Cultural Considerations

Culture is not static or universal—it is constantly changing over time. In many cultures, age and gender may influence an individual's power, status, or expected role and authority in society. Cultural factors, including attitudes and beliefs, can determine the type of support an individual can anticipate receiving from their family, community, and society when it comes to experiencing violence in the family, or community. The following aspects of culture influence how someone is expected to think, behave, and act. These may influence how

someone experiences gender-based violence (GBV), and their expectations of how persons may respond.

Cultural adjustment: Refugees who recently arrived may face greater challenges in terms of language barriers, unfamiliarity with local systems, and limited social networks. They may require more assistance in navigating available services and understanding their rights. In contrast, refugees who have been in the country for a longer period may have had more opportunities for integration, language acquisition, and building social connections, which can influence their ability to seek and access support for GBV.

Language barriers may prohibit access:

Limited English literacy can create a language barrier, making it difficult for refugees to communicate their experiences of GBV effectively or seek support. It can be their primary obstacle obstructing their ability to understand and navigate available support services, legal processes, and resources related to GBV. Low English literacy levels may limit access to written information, including educational materials, awareness campaigns, and support materials related to GBV, making it harder for refugees to access the information they need.

Language access and support: Offering language access support services, such as interpreters or bilingual staff, can bridge the language barrier. Interpreters who are fluent in the refugees' native languages can assist in effectively communicating accurate and culturally sensitive information between survivors and service providers.

Common Congolese languages: Most Congolese newcomers will speak Kinyarwanda, Kiswahili, and Lingala. These languages may have certain cultural nuances and terms that reflect cultural beliefs and societal attitudes around gender norms related to GBV. Accommodating responses to specific languages and cultural contexts is essential

Multilingual Resources

Creating multilingual resources, including written materials, videos, or audio content, can enhance accessibility for refugees with limited English literacy. Translating important information into languages spoken by the refugee population can help them access vital GBV-related resources and services.

to ensure effective support and prevention strategies are met.

French was a colonial language that many Congolese may have learned. French terminology may influence the discussion around GBV in terms of legal frameworks, policies, and interventions, drawing from its use in education, corporate, and governmental spaces.

These languages can impact the accessibility and effectiveness of support services, as they determine the availability of resources, counseling, and legal aid for survivors. It can affect the level of awareness, understanding, and cultural sensitivity in addressing GBV issues

Do not assume that refugees from this region are illiterate: Literacy rates vary depending on the educational background of each individual person. Refugees with higher literacy levels may be more empowered to seek support, understand legal processes, and navigate available resources. In contrast, refugees with lower literacy levels may require alternative approaches such as visual aids, community workshops, or guided assistance to convey information effectively and support survivors.

Familiarity with research: Some prevention and response services may include research or research orientated methods. Participatory

processes are a preferred way of engaging Congolese community members, who may be more inclined to place more value on traditional or religious beliefs over researchderived knowledge. Those who have had exposure to research and other evidencedbased findings may be more open to them and more willing to incorporate them into their understanding of GBV and response strategies. However, regardless of educational level and socioeconomic status, there is a mistrust of Western research. Skepticism toward research can be attributed to several reasons, including cultural beliefs, past negative experiences, or distrust in institutions or external influences, and should be considered when disseminating prevention and response materials.

To address skepticism toward research: involve key community stakeholders in the research process and ensure that research findings are communicated in a culturally sensitive and accessible manner, preferably by trusted people in the community.

Congolese learning and processing styles fall more into the holistic and multi-dimensional learning style. It is important to note that this varies from individual to individual. It is imperative to take an inclusive and adaptive approach in responding to GBV among refugees from Congo.

Providers are advised to include visuals. storytelling, and audio to enhance accessibility and comprehension of key information and provided support. For the Congolese community the past is always present, therefore it is important to name the context and interconnectedness of various factors contributing to GBV so that it resonates with them. Share the "bigger picture" or "why" behind learning or addressing GBV. Some possibilities can be quality of life and well-being of the survivor and their children as they try to attain a better future, including education, career aspirations, and pursuit of happiness.

It is okay to share the social norms of the new home country so that newcomers are better equipped to navigate it.

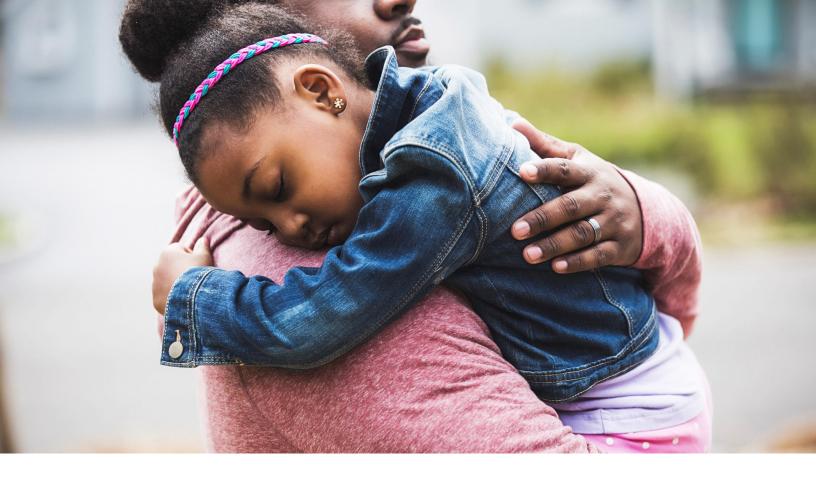
Explain Western monochronic culture: The Western world views time as fixed, linear, and segmented. Detail the potential consequences of not meeting scheduled meeting or events and share how to communicate tardiness.

Polychronic cultures: Many African cultures view time as fluid, flexible, and less rigidly structured. Tardiness, for example, is accepted and often understood specifically in nonbureaucratic spaces. These cultures prioritize relationships, interconnectedness, and enjoying the present moment over strict adherence to schedules.⁶ In the context of GBV response, this can influence the pace and approach of interventions and program design.

Responses should place greater priority on building trust, establishing rapport, and allowing survivors to share their experiences at their own pace. The focus may be on providing ongoing support and creating safe brave spaces7 where survivors can feel heard and understood. Responses may prioritize community engagement, collective healing, and long-term sustainable practical solutions.

Balancing urgency and cultural sensitivity: While addressing GBV requires timely responses,

it is important to balance the need for immediate action with cultural sensitivity. This can involve providing survivors with information about available resources and support options while allowing them the autonomy to decide when and how to seek help.



Communication Styles

Talking over people is acceptable: In cultures in which talking over people is considered acceptable, communication can be more dynamic and interactive. However, in the context of GBV response, this communication style may pose challenges in ensuring that survivors' voices are heard, and their experiences are given the necessary attention. It may require additional efforts to create a safe and supportive environment where survivors feel comfortable speaking up and are not interrupted or dismissed. When engaging in community work, establishing co-created community agreements can be helpful.

As a reminder, cultures that are **expressive** may tend to use gestures, facial expressions, and emotional displays to communicate their thoughts and feelings. Service providers need to be sensitive to these expressions of emotions and provide a safe space for survivors to openly express their feelings. Active listening, empathy, and validating survivors' emotions can help build trust and encourage survivors to share their experiences more openly.

Importance of Relationships, Family, and Friends

Strong family and community ties: Family is very important in the Congolese context. Community members and close friends can play an active role in providing emotional support to survivors of GBV. It is imperative to create programs and response initiatives that can connect Congolese refugees to established communities in their local area or support new Congolese populations in creating those community networks for themselves.

Collective responsibility: Friends are viewed as extended family. An example of this close connection is in the ways that adults not related to a child are permitted to discipline someone else's child. GBV prevention and response efforts can cater to these values by cultivating community-wide awareness, participation, and accountability.

Power dynamics: Cultural norms specific to status and roles within interpersonal relationships can influence the response to GBV. It is important to know that heterosexual men, elders, and economically advantaged members of the community are revered and often remain unchallenged. Efforts to address GBV should have this understanding in mind and should proactively create spaces of equals so that people can be vulnerable in given spaces without the pressure of filtering their opinions and expressions to cater to those in privileged roles in the community.

Traditional authorities: In Congolese communities, elders and community leaders play an essential role in influencing the overall community. Engaging trusted leaders and elders in the community in relaying information on GBV can help increase community participation and change harmful behaviors.

Display of respect and general etiquette:

Recognizing cultural norms around respect and etiquette is important in building rapport and engagement from the Congolese community. Each tribe is different in how they navigate one another; however, some things are universal. Greet everyone in the room to showcase respect, especially the elders present. Women who are mothers are often referred to as "mama followed by first child's name," but there is some flexibility. In the initial meeting of community members, allow space for everyone (including yourself and program personnel) to introduce themselves and where they're from [in Congo]. Referring to adults by their first name is often a sign of disrespect so using phrases like Mama+ family last name or Papa + last name is standard. Model the same by using the American version of Mr./Mrs./Ms./Mx. + last name.

Gender roles and Expectations

Women and girls: Traditional gender roles, power dynamics, and social norms can perpetuate GBV against women and girls. Responses need to respectfully challenge harmful gender norms, empower women and

girls, and promote gender equality. Cultures that disempower women and restrict their agency can affect their ability to seek help or report violence. Empowering women and girls to exercise their rights and access support is critical.8

Daily life: There is an imbalance of power and division of labor between the different genders (note: although there are many genders most Congolese folks recognize two, i.e., men and women. Anyone outside of the binary is shunned and persecuted). Men dominate and hold authority in the family, with women expected to be obedient.9

Gender norms and expectations: The Western concept of the "second shift" in which women are expected to not only work outside of the home but also attend to childcare and domestic chores also applies to the division of labor in Congolese households.¹⁰ The eldest daughter in the household is expected to raise her younger siblings, do well academically in school, and attend to household chores. These imbalances are often not challenged in the community as they are normalized and expected of "good" women and girls. 11 In unhealthy relationships women are often dissuaded from pursuing careers that take them away from the household or place her in a higher position than her husband. This often does not extend to the girls in the family, as they are told to excel in their education and career in the United States, however a daughter's true success is recognized once she is married and becomes a mother.

The added pressure of being in an unfamiliar country and navigating a new language and job type make these unchallenged gender roles and responsibilities harmful, as it leaves little room for women and girls to manage their mental health and engage in self-care activities. Creating space for women and girls to do something fun and facilitate de-stressing can be built into meetings and programs for these communities and other refugee communities.

Ideas and expectations about sexual orientation, gender identity, and expression (SOGIE):

LGBTQIA Stigma and Discrimination and Lack of Legal Protection: LGBTQIA individuals may face stigma and discrimination due to cultural and religious beliefs that do not accept diverse sexual orientations and gender identities. 12 This can create additional barriers for Congolese LGBTQIA folks in seeking help or support. In certain states and private institutions in the United States, laws and policies may not adequately protect LGBTQIA individuals from GBV, making it more challenging to seek justice or access support services.

Ideas about reproduction and decision making, as well as sexual and reproductive health:

Women tend to have less say regarding their reproductive health and decision-making. Considering the imbalance in power, they are often pressured to bear children and may be removed from financial decisions even if contributing to family income. For this reason, GBV responses should create space for women and girls to practice decision making within the program or meeting. Cultural norms and taboos around reproductive health should

Provider Tip

Incorporating culturally relevant socioemotional learning components can support women and girls in gaining valuable skills in advocating for themselves, gaining autonomy, and learning systems of managing stress and mental health issues. Do not assume that living in the United States shifts these notions of gender roles and expectations, as there are many gender role issues in institutions (church, governments, legal system etc.,) media, and society at large in the U.S.



be addressed in a responsible way as to not embarrass or further harm women, girls, and LGBTQIA+ individuals.

Help-seeking: many survivors will not seek formal systems (police, legal system, etc.,) for help or support on issues that they perceive as bringing shame to their family or to themselves. They view many issues as family matters to be dealt with informally; matters may be restricted to the nuclear household or involve religious or traditional figure heads (often men in the community).

Religious or spiritual beliefs: Among the Congolese, many practice Abrahamic faiths specifically Christianity and Catholicism.

Support systems within religious communities:

Faith communities often provide social support networks for their members. Religious institutions and leaders can play a crucial role in offering community, guidance, and support services to survivors of GBV.13 It is always best to get a sense of how gender-based violence issues are perceived by any faith or trusted community leader.

Role of forgiveness and reconciliation: Christian and Catholic teachings emphasize forgiveness and reconciliation. While these principles can be important for healing and moving forward, it is essential to ensure that survivors' rights and safety are prioritized. It is crucial to address any misinterpretations or misconceptions that may lead to victim-blaming or disregarding survivors' experiences. Encouraging forgiveness should not undermine the need for justice, accountability, and ensuring the safety and well-being of survivors.

Women and Girls with Disabilities

People with disabilities may face multiple formsof discrimination and marginalization based ontheir disability and other social identities.

Responses to GBV need to consider the unique needs and challenges experienced by individualsat this intersection. Services and support systemsneed to be accessible for people with disabilities, including physical accessibility, communicationsupport, and accommodations for various disabilities.

Cultural beliefs and attitudes toward disabilitycan influence how GBV is perceived and addressed. Negative stereotypes or infantilization of people with disabilities may lead to their experiences being trivialized or dismissed.

If using religious leaders or faith-based organizations to support GBV survivors in this community, you must ensure a vetting process to not include people or groups who inadvertently perpetuate harmful practices or beliefs. Vetting religious leaders helps identify any potential biases, harmful attitudes, or practices that may undermine efforts to address GBV.

In many cultures, beliefs regarding the cause of distress are related to one's explanatory belief system. Some people may hold beliefs related to mental health or disability as being caused by karma, an imbalance of energy, problems in the spirit realm, witchcraft, and more. What one believes may be causing harm may then dictate what one believes to be supportive for their health and wellbeing. Understanding the belief system of one's clients offers allows for tailored support that considers the needs and wellbeing of the whole person. As a general consideration, Arthur Kleiman's eight questions designed for providers to better understand medical patients offers a helpful model for better understanding individuals and their needs within the resettlement context as well. As with survivor-led care, Kleinman's approach centers the individual seeking support and encourages the provider to set aside assumptions and implicit biases while striving for cultural humility.¹⁴

Dr. Arthur Kleinman's **Eight Questions:**

- What do you call your problem? What name do you give it?
- What do you think has caused it?
- Why did it start when it did?
- What does your sickness do to your body? How does it work inside you?
- · How severe is it? Will it get better soon or take longer?
- What do you fear most about your sickness?
- What are the chief problems your sickness has caused for you (personally, family, work, etc.)?
- What kind of treatment do you think you should receive? What are the most important results you hope to receive from the treatment?

Resources

Gender Inequality and Social Institutions in the D.R.Congo

Culture & Customs of Congo by Tshilemalema Mukenge

CIA World Factbook - DRC

Global Conflict Tracker

Beyond pluralizing African childhoods: Introduction

Violence, Well-Being and Level of Participation in Formal Education among Adolescent Girls in Eastern Democratic Republic of the Congo: The Role of Child Marriage

UN Expert On Violence Against Women Expresses Serious Concerns Following Visit To Democratic Republic Of Congo

Arthur Kleinman's Eight Questions (hhs.gov)

Contributors

Christelle Tambwe, BA (she/her), Congolese Cultural Advisor for HIAS.

Ruxandra Marcu, PhD (she/they), GBV, Child Safety & Wellness Program Manager, HIAS.

Amy Neiman, MSW, MPH (she/her), Gender and GBV Consultant for HIAS.

Sasha Verbillis-Kolp, LCSW, MSW (she/her), Mental Health, Psychosocial Support and Holistic Services Senior Program Manager, HIAS.

Endnotes

- The Trevor Project. "Understanding Gender Identities." https://www.thetrevorproject.org/ resources/article/understanding-gender-identities/
- USAID. "How to implement a survivor-centered approach in GBV programming." https:// makingcents.com/wp-content/uploads/2021/01/ CARE-GBV-03-Survivor-centered-v9-508c.pdf
- National Coalition Against Domestic Violence Fact Sheet. https://assets.speakcdn.com/ assets/2497/domestic_violence-2020080709350855. pdf?1596828650457
- Freedman, Jane. 2011. "Explaining Sexual Violence and Gender Inequalities in the DRC." Peace Review 23 (2): 170. doi: https://doi.org/10.1080 /10402659.2011.571601. https://www.proquest. com/scholarly-journals/explaining-sexual-violencegender-inequalities/docview/873526080/se-2.

- Central Intelligence Agency. "Congo, Democratic Republic of the." The World Factbook. Washington, DC: Central Intelligence Agency, 2024. https:// www.cia.gov/the-world-factbook/countries/congorepublic-of-the/
- 6. John S. Mbiti, *African Religions and Philosophy* (New York: Heinemann, 1969).
- Little, Samuel B. & Stubbs, Victoria D. Creating A Brave Space for Difficult Dialogue and Critical Thinking. https://socialwork.howard.edu/sites/ socialwork.howard.edu/files/2021-08/Race_ Monograph.pdf
- 8. Simon-Butler A, McSherry B. Defining Sexual and Gender-based Violence in the Refugee Context. IRIS, Institute for research into superdiversity, University of Birmingham, *IRIS Working Paper Series*, No.: 2/2019; 2019. Available from: https://socialequity.unimelb.edu.au/__data/assets/pdf_file/0020/3012176/Defining-Sexual-and-Gender-Based-Violence-in-the-Refugee-Context.pdf. Accessed September 20, 2020.
- Slegh H, Barker G, Levtov R. Gender Relations, Sexual and Gender-based Violence and the Effects of Conflict on Women and Men in North Kivu, Eastern Democratic Republic of the Congo. Results from the international Men and Gender Equality Survey (images) final report - 2014. https:// promundo.org.br/wp-content/uploads/2014/12/ Gender-Relations-Sexual-and-Gender-Based-Violence-and-the-Effects-of-Conflict-on-Womenand-Men-in-North-Kivu-Eastern-DRC-Results-from-IMAGES.pdf
- 10. Brines, Julie. *Journal of Marriage and Family* 52, no. 1 (1990): 278-79. https://doi.org/10.2307/352858.
- 'Culture of Democratic Republic of The Congo,'
 Countries and Their Cultures website. http://www.
 everyculture.com/Bo-Co/Democratic-Republic-of-theCongo.html
- Immigration and Refugee Board of Canada, "Democratic Republic of the Congo: Situation of homosexuals, including legislation and support services; treatment of homosexuals by society and government authorities (2008 - February 2011)," March 3, 2011, COD103703.FE, https://www. refworld.org/docid/4db7c4272.html
- 13. E. Le Roux, J. Corboz, N. Scott et al., "Engaging with faith groups to prevent VAWG in conflict-affected communities: results from two community surveys in the DRC," *BMC International Health and Human Rights* 20 (2020): 27, https://doi.org/10.1186/s12914-020-00246-8.
- 14. Kleinman, A., Eisenberg, L., & Good, B. (1978). Culture, illness, and care: clinical lessons from anthropologic and cross-cultural research. Annals of internal Medicine, 88(2), 251-258. https://thinkculturalhealth.hhs.gov/assets/pdfs/resource-library/arthur-kleinmans-eight-questions.pdf



Global Headquarters

1300 Spring Street, Suite 500 Silver Spring, MD 20910 USA +1 301.844.7300

> info@hias.org hias.org