



***Transcript – Equity and Gender-based Violence – United States and Sub-Saharan Africa, December 1, 2021***

**Roslyn Brock:** [Welcome to the Equity and] Gender-based Violence: Linking Prevention and Response webinar. As you know, today is world AIDS day, and we know that there are important links between HIV, equity and gender-based violence and we'll touch on some of that in our discussion this morning. The WHO's theme is end inequalities in AIDS and the U. S based government's theme is ending the HIV epidemic: Equitable access, everyone's voice. So, lots of institutions along with Abt are recognizing today as an important day that equity is a key piece of ending the AIDS epidemic. The focus of our webinar is on gender-based violence.

At Abt Associates, we are marking 16 Days of Activism Against Gender Violence with a series of conversations. We're also releasing our new global equality, disability and social inclusion framework this week. The framework takes an anti-racist, feminist and inclusive approach to gender, disability and social inclusion, including the links between gender-based violence and gender, racial and disability inequality. This is the 2nd session in our webinar series. Our Australia and Pacific-based colleagues hosted a session, a successful session, last night and you'll have an opportunity to receive an email with links to both of these sessions.

Now before we get started I'd like to share a few housekeeping and ground rules. First, please mute yourselves if you're not talking. The chat box is provided for you for questions. And you can have your questions be made anonymous. We will introduce 16 Days of Activism Against Gender-based Violence theme and why it's important to Abt. And next, I'll give a brief introduction of our panelists and then we'll have opportunities for attendees to ask questions and answers as you see fit. So, let's get started.

First, I'd like to introduce to you, joining us from the USA, Samantha Isabel Calero is an expert and intimate partner and community violence, prevention, and trauma-informed care and communities of color. As a survivor of violence herself, Samantha brings a unique blend of lived and over 13 years of professional expertise to address intersectional issues of risk and safety for marginalized communities.

She is a member of Mijente, a national, political and cultural home for Latinx and Chicanx organizers, and serves on the board of the Muslim Justice League, which focuses on police and prison abolition. She also serves as a strategic advisor for We are Better Together, the Warren Daniel Harrison project, an organization that works with mothers on both sides of community harm and incarceration to deliver a new version for justice and violence prevention. Thank you for being with us, Samantha.

Next, we have Sunday Alumo Viola. She joins us from Uganda. Viola is the senior behavioral change and communications coordinator from the USAID ICAN activity for the Karamoja region in Uganda. She is passionate about creating change in the lives of young girls and boys, children and mothers. She raises participatory approaches to empowering adolescent girls and young women to become leaders, raise their voices and participate in community meetings and decision making, both at household and community meetings, and at the community level. She also works closely with cultural and formal leaders to mobilize communities for action through integrated gender and social inclusion, livelihoods, nutrition, governance, and social behavior change interventions. Let's welcome Viola.

Next, we have Maureen Ogada-Ndekana. She's joining us from Tanzania. She is a health system development professional who has dedicated 14 years of her career bolstering health systems and the East African region through public-private engagement, both social enterprise marketing, health project management and policy advocacy for health providers. She has set up development projects, managed development project teams,



developed health markets and built multiple alliances on behalf of international organizations working across several health areas including RMNCH and HIV and AIDS.

And last, but certainly not least. We are happy to have Henry Love with us, joining us from the USA. Henry Love as a Senior Analyst at Abt Associates, and a PhD candidate in developmental psychology. His experience spans a wide range of anti-poverty programs and policies, including homelessness prevention, self-regulation development, youth trauma and implicit racial bias. Henry is committed to developing and testing new programs to improve the lives of BIPOC families, children and youth living in poverty. He has lived experience as a survivor of intimate partner violence. As well as growing up as an African American youth, navigating the extreme levels of racial inequity in Detroit ignited his passions for equity and reducing child poverty. Before joining Abt, Henry oversaw a program that identified, addressed and managed multiple systemic, intergenerational, and logistical barriers to improve school attendance among children experiencing homelessness in New York City shelters. Henry has worked closely with the New York City mayor's office to end domestic and gender-based violence, to research and develop innovative strategies to support survivors experiencing housing instability.

So you see, we have a stellar cast of thought leaders on our panel today and I'm so excited to have this opportunity to engage them in conversation so that we can share 'what do we need to do on behalf of the international development community in order to eliminate gender-based violence?' So, let's get started. Henry, I'm going to start with you. Can you tell us a little bit about the work that you are doing in gender-based violence?

**Henry Love:** Sure, so over the past several years, much of my work is focused on family homelessness prevention. And so I've done a lot of work and you mentioned the attendance program and so many of the kids that we work with and young people that had the worst attendance were a part of families that were going through domestic violence and intimate partner violence and so that was really key aspect to that intervention. And then moving forward, a lot of work I've been focused on has been on these two big drivers of family homelessness in New York City, which are mothers having babies and those who are fleeing domestic violence. And so I've worked really closely with, as you mentioned, with the mayor's office in domestic and gender-based violence to think about innovative solutions that we can do to keep folks stably housed, keep them in their current place, provide protective mechanisms. To really sort of address this issue of the domestic violence system, sort of feeding into the family homeless shelter system. So yeah.

**Roslyn B:** Great. Thanks. Sam, Samantha?

**Samantha Isabel Calero:** Thank you Roslyn. So I started my career many years ago as a youth worker and community organizer in Boston, and immediately, was faced with issues of community violence. And while this in some important ways is very different from my own experiences with domestic violence, I recognized over time working with these young people, how different systems impacted their access to safety, justice, long-term wellbeing. So over the years, I got the opportunity to work in the juvenile justice system. in child welfare here in Massachusetts, and coming to Abt to now, a lot of my work is with the youth homelessness demonstration project for Housing and Urban Development.

I'm also working with a fantastic team to develop a guidebook and other capacity building tools, around the Violence Against Women Act reauthorization. I work with the prevention services clearing house as well to think through issues of equity in preventing children from entering into foster care. And then another piece of my work is deepening Abt's impact in technical assistance and implementation. And what I would say throughout all of



these different domains, I am constantly aware of how our work has the opportunity to impact safety and justice for survivors of violence. I think it can be easy to say survivors are everywhere. Indeed we are. At the same time, there are deep inequities in terms of how folks can access more stable and safer environments, protective factors, build resiliency over time. And so thinking about how we're developing just, equitable and trauma-informed systems is always front of mind for me.

**Roslyn B:** All right, thank you, Samantha. Maureen?

**Maureen Ogada-Ndekana:** Thank you very much. So my experiences are more, you know, in the field in Tanzania, so, as mentioned in the introduction, I'm the former chief of party for the SHOPS Plus project, and our approach in Tanzania was more through, catalytic, private sector work, taking a systems approach to basically prime private sector participation in key areas, you know, GBV included. So specific to, you know, gender-based violence, there were several barriers that the project identified. That we're resulting in limited, you know, participation by private sector in offering GBV services. Most were at community level. So considering quite a number of women in Tanzania speak, they seek women- specific services, such as reproductive health family, planning services from the private sector. There are obvious limitations to this.

So, as a project, we worked with the government and local stakeholders to identify gaps and lack of capacity amongst private sector providers came up top. So, what we did was that we facilitated a series of orientation programs for private sector administrators and trainings for private providers, and joined follow-up supervision. And we did all this you know, working with the private sector and the public sector, both at national and local government levels. And you know, basically, with the aim of integrating gender-based violence services, as well as services related to violence against children within private facilities. And especially, like I said, private facilities within communities, those, those that are a first entry point into the health system.

And you know, I think it's also important to mention that one of the, one of the key things for us, as a project, within the project was you know, the linking of these services with other already existent you know, priority services within the private sector. So, you know, basically, considering, how do we link GBV and, and services with family planning services? How do we link them with maternal health services? How do we link them with HIV services? So, that way, we're giving, you know, we are giving basically you know, in this case, women, who are our target, a safe entry point, so, as they go you know, basically, they are sort of you know, getting these cases are getting identified within, you know related clinics. So they're not, it's not it's not so obvious because one of the things that we may think is, you know, a safe space. So they might want to go and report one to one talk to someone, they might want their case to be identified. But then they want you to be in a safe space. They don't want you to look too obvious. So, integrating within these services was a key element as well.

**Roslyn B:** Thank you very much. Sunday. Viola.

**Sunday Alumo Viola:** Oh, thank you, Roslyn. My work has been, mostly in the community settings and with the USAID ICAN project it's basically a project that is looking at the enhancing the resilience for vulnerable houses to include increasing the economic opportunities and then improving that nutrition for women and children, and they didn't have a feeling is strengthening the local governance systems. So, this is done through a facilitated approach, but pays a particular attention to gender, social inclusion, adolescents, and with strong social behavior change component. In particular looking at the what we're doing in relation to gender or GBV.



We are targeting, the youth. We are working over 5,000 youth, across 3 regions. We work in 3 regions of Uganda. That is the Cholu, Karamoja and Kigezi region. So what we do with the youth is we conduct youth camp engagements, which is in sequential learning and this program includes youth engaging with the peers, role models, mentors, and linking the youth to the community resources and skills building. Now, it's basically looking at empowering the youth so that their voices are heard and gaining the positive skills. And then professional relationships. They are also looking at choice the youth being able to make choices this includes the adolescent girls and boys. And then taking control of their lives, their professional goals, enterprising and financial literacy skills.

We also have what you call the youth leadership curriculum now, and this is basically about leadership. The youth haven't been able to speak up and it helps them explore, you know, being able to present at the lead. And then also have their opinions listening to. We also work with the cultural leaders just like it was introduced earlier on. In the different regions, we have the local, the elder structures, or the local structures that are very strong in decision making. And when we look back into the African setting, particularly in Uganda, and in the regions where we're working. The decision drivers are the cultural leaders. And they have a very strong hold in influencing behavior or gender-based violence. So we work with them, they whole dialogues, they conduct campaigns, and part of these elders are involved in the referral pathways. So instead of the communities keeping where they present issues and to them, and they're able to resolve issues locally within their communities.

And we also use the media, and then the local radios, like dialogues and this has been a platform for the youth, the women to share their experiences, especially on gender-based violence related issues. And as the general community on that views, and also, of course, a campaign including some of this. These are the issues that come up within the community. Yeah. Okay.

**Roslyn B:** Thanks so much Viola. As you all know today Abt is launching their GEDSI Framework which is a way for us to ensure a systems approach to eliminating GBV. So, can you each talk to me a little bit about how broader exclusion issues and negative social norms enable GBV and how we can see more diverse and inclusive local responses when we're doing this work? Do you have any thoughts on that Maureen or Viola?

**Maureen O-N:** Thank you very much. You know, in my experience in Tanzania, I think probably you know, I'd like to speak more to negative norms and how, you know, in our setting they are a conduit to GBV. So specific to Tanzania for, and for settings that have similar social standing to Tanzania, I think it's becoming very apparent that for GBV programs to really facilitate the change that they need to facilitate, there is need to first, you know, understand and then to go on and address the underlying causes and drivers of violence against women and girls and do this on the ground and at community level. And, you know, one of these drivers is these, you know, social norms that we're talking about.

So now, in our setting in Tanzania, negative social norms is one of the key reasons as to why gender-based violence continues to remain one of the most prevalent and one of the most persistent issues for women and girls in the community. And some of the social norms include societal and really institutional expectations as well, of described and very prescriptive, I would say, appropriate behaviors that are expected of women and girls. And, you know, some of these include guarding sexual purity, or permissive balance in the name of protecting family honor. And in some instances, you know, the authority that male partners have as family disciplinarians.



In many instances, a partner's physical abuse is seen as love or protection, or even acceptable love as jealousy. And socially, there are social expectations that women don't report these cases in order to protect family honor or family dignity. But really in totality, these harmful social norms, and the fact that they continue to be there, and they continue to be acceptable.

So, these social norms and this personal beliefs, in some instances, you know, they don't only maintain and tolerate sexual violence, which I know many times as programmers when we're talking about this we talk about these social norms as maintaining and tolerating sexual violence or gender-based violence and other forms of violence against women and girls and community. But really truth is they also protect the perpetrators of such violent acts and, you know, they're permissive and they encourage the continuity of gender-based violence and, you know, acts of violence against women, girls, and even children.

**Roslyn B:** Thank you. Viola, do you have something to add?

**SA Viola:** There actually are [unclear audio] that excludes or [unclear audio] the social norms that promote gender-based violence. And this starts right away from the household level. When we look at the discriminative way of raising children and then we have these children growing up, seeing parents who are fighting, or a parent who is being abused every now and then. Now, that takes a child or you know, into seeing how everything connects so it moves on how they are willing to consider the value of the other person. And this zeros down to the cultural aspect. In most African countries, and in particularly in Uganda, women and youth in the communities meetings are normally excluded. [Unclear audio] geared towards the male.

And then the elders, just like I said work with the elders, hardly everyone. So, this goes back to the cultural setting where men are considered to be the decision makers. And then women, sometimes just sit and listen to whatever has been discussed, even if they have pressing issues. You know, they just sit and all they do is listen and then sometimes they are hardly called upon if, for example, there is a need for a community activity. And then they need labor, then women are involved that way. So that is one of the negative cultural. And then the other one is of exclusion of [unclear audio] you look at education and you look at the leadership opportunities. And this also is one of relates back to the social norms that men are always the leaders and [unclear audio] in particular school retention and ensuring girls at least complete primary level education. And most of the girls tend to be married off once they reach a teenage stage.

And with the COVID situations, it's totally a different story, because it makes it more complicated when children adolescents continue to stay at home. Normally like it's a shifted the negative cultural norm, because the parents marry off these young girls. Some, even at the age of 13 years. And this is a young child, who doesn't even know how to take care of a husband, doesn't know how to address issues at household level or will always listen. I mean, stay quiet, even if he or she is becoming, she's being abused, you know, in the marriage. The perceived male dominance, especially, you know, men are considered the brave ones, you know, that the decision makers that the risk takers that the initiators. So, this puts women in a situation where they just have to wait for men to decide. Even on aspects of safe sex. Now HIV, for example, is on high prevalence. Just because women still leave men also to decide on such issues, especially on condom use. Yeah, thank you.

**Roslyn B:** Yeah, that's a good segue to our next question. As I shared earlier today is, uh, World AIDS Day, and so can you talk a little bit about the connections between GBV and HIV? Sam? Samantha?



**Samantha IC:** Sure, thank you. So, I think it's this is related to your last question. You know, it's important to name transmisogyny and heterosexism and other topes of oppression that specifically impact the LGBTQIA community. It's a direct and multifaceted driver of HIV and AIDS morbidity and mortality. There is so much work to do to undo the trash ideologies that are legacies of colonialism, of imperialism, of the trans-Atlantic slave trade, of the attempted genocide of indigenous peoples. And also, I think we have a lot of work to do to become both more expansive and more specific in how we understand gender-based violence, particularly with its relationships to other social determinants of health. And one of those is HIV and AIDS.

Access to affirming, safe, consistent care that is culturally responsive is a huge inequity. And it's directly tied to other determinants that further reproduce violence and trauma. So when we think about access to housing, access to education, all of these other facets that make up the social safety net, these are policy decisions. These are implementation decisions. We have an opportunity to look at who are the most marginalized in our society. Who are the most impacted? Not, you know, because we need to be all things to all people in our interventions, but I think we really require a shift to do different.

In my work with survivors of violence you know—and I think the term that I'm looking for here is coined by Kimberle Crenshaw—intersectionality. And of course her work is rooted in and informed by generations of Black women leaders and other leaders of color, but thinking about how there is no single solution to a single issue. We lead multi-issue lives, right? And so, when we're developing an intervention or a policy solution, how are we looking at the other barriers that folks are experiencing to safety and wellbeing? So it's never just violence. It's never just HIV/ AIDS. How do the two interact and compound each other? And when you start to peel back the onion layers, it becomes so clear, so fast that there are then typically many others. And that's where we start to see the inequities. And that's where we start to see years off of people's life, which is preventable. And I think that's our challenge in the coming years to shift and think of centering the margins rather than just working from the middle.

**Roslyn B:** Powerful, powerful Samantha, thank you for sharing. Henry, you want to weigh in on that?

**Henry L:** Yeah, I mean, Sam, I mean, you hit all those points and just perfectly teed up my response. But, you know, from my own personal experience growing up in a Black southern family in Detroit. And growing up between Detroit and Georgia in the deep South, and really the amount of social stigma just around LGBTQI persons in that identity. Specifically that, and then compounded with Blackness and then you know, the whole social stigma around HIV. And so I think about, you know, as I was navigating, you know, these spaces of the Black gay men and, you know, really running away from the stigma of HIV. And it wasn't until I came to New York where there was a very different sort of environment—not to say that New York doesn't have its issues, because it does—but a very different environment about how we engage these issues. And I finally feel comfortable enough to engage care and I finally was diagnosed with being positive in New York. And through that process as a social scientist, it really led me to question what was happening?

Lots of the things that the research speaks about in terms of depression, whatnot, my way of coping with it was like to do research. And that led me to some colleagues, Vicky Fry and Dustin Dunkin at Melman at the Community School of Medicine, who have been doing some extensive, incredible work on this. And really Duncan's work, it was about how do we take an intersectional lens to these issues and work from those margins like, Sam is saying. And as we do that it forces us to go and think about communities like men who have sex with men, but being even





more specific about that - so subgroups in terms of Black, African American men. And when we start to have the intersectional lens, and we look at those populations of folks who are in the deep South.

And Duncan is working on an amazing thing now, but he had a piece that was published in 2019 that sort of was looking at specifically in Mississippi, the Delta, Louisiana, Georgia, what is sort of going on with HIV care and treatment. And, you know, if the current trends continue one in two to Black gay men will be diagnosed with HIV in their lifetime. Right? So, like for me, that, like, finding was incredibly shocking. It's like, so half the people I know pretty much will be positive. And, like, why is that? And it's all of these things that Sam is talking about. And then there's this other layer that, you know, that's put on top of it that comes out of a lot of Duncan's work too, is this connection with intimate partner violence. And 37, in the study that he did in 2018, almost 40% of men who identify as having sex with men in the US in the sample, had experiences with intimate partner violence. So these rates are super high. And that wasn't even broken down into when we think about these groups within certain racial groups and communities. And so, how do we, I think is what's so important about this is how do we begin to center voices who have been systematically excluded from this, in these conversations. So, in particularly Black trans women, as they deal with these issues.

**Roslyn B:** I just so appreciate the transparency of this panel. With which, because that's where the sharing and the learning happens, when we're able to bring our full selves to these conversations in order for us to advance the thought leadership and to address the solutions. And so I appreciate all of you for sharing very intimately your lived experience. It's not what something you heard about. But it's something that, you know, intimately and you're working to eradicate across our society. So, thank you so much. Maureen do you want to add anything to this conversation?

I think Maureen may be having some connection issues. So let's go on to the next question.

Lots of GBV work is rightly focused on the needs of women and girls who are disproportionately impacted. But, as you all know, GBV impacts people of all genders and I think Henry, you spoke to that. And we need men as allies in this work. So, how do you see men stepping up to address the GBV epidemic?

**Henry L:** Yeah, and I'm glad Sam teed it up again with Crenshaw. Because I think when we talk about intersectionality, too often, it's just like people think these two things intersected. But when we talk about it really mean the Crenshaw interpretation of intersectionality. And so I think what's so important about that is, yes, thinking about how men can be allies of course, but also thinking about the prevalence of GBV, intimate partner violence in LGBTQ+ communities. As a member of the Black LGBTQ+ community, I focus on that, but these issues are ones that are not localized. These are things that I see with my dear friends in the West Bank. I see with my friends in Cambodia, where you know, as people who identify as a part of the LGBTQ+ community, their identities are complex and their gender identities, and their gender constructions are complex.

And I think, you know, for us as Abt and as a global company, I think what's so important is to think about how we think about gender, and men and women in that binary way. It's often much more complicated than that, even domestically, but internationally. And so, when we don't come in with that link, we miss those folks in the conversations. And so again, like, I point to Duncan and really thinking about how do we expand what our notion of who the victim is in these issues, and really thinking about really understanding the relationship between IPV, sexual risk behaviors, and some of these other outcomes that are so interconnected. You know, there's, you know, lots of work has been done around sort of these intersections that are coming out now, but it's incredibly



important, I think, to also think about more broader interpretations of how we think about violence, how we think about interpersonal violence, community violence, systematic violence, right? It's not by happenstance that like the Delta. Is like a hotbed for this for, like, Black LGBTQ plus people right? Like the Delta was also the center of, like, plantation slavery in America. So there's these linkages that are there that I think are really important for us to recognize.

**Roslyn B:** Great, great comments. Viola.

**SA Viola:** So just like Henry has said, I think to some extent the aspect of gender as being you know, understood differently by a smaller category of people, and this includes men and women. You know, they referred to it as a female-focused intervention, and that women are being employed and male/men are left out. But the reality is, I would really think basically about empowering the women, uplifting them to a level where they able to make their own decisions, be employed you know, and have an equal access to certain services, just like, you know, the men have.

So, this brings us, back into engaging the men. As normally, one thing that has kept on coming up in my engagement, in the community meetings, where we all gender related issues, the issues of GBV, one thing that keeps coming up is the men think, gender is basically a women-related intervention. And I think men stepping forward as allies is really, really a very crucial issue if we are to have gender-based violence addressed. And then this can be looked at, in terms of men appreciating the efforts of women whether at home or at work. When you look at the family setting in most cases if a woman is not working, and then the bread winner is actually considered as you know, as the main person and this takes us back to, to the gender-based violence. At the end of the day, it is the man who takes the overall opportunity. So, if men learn to appreciate the unpaid work, that the woman does at home—all day a woman is busy doing work—but then, at the end of the day you get these responses locally, domestically within my community, what have you been doing all day? So those are some of the instances. And then the perception that women empowerment, or addressing some of the gender-based violence is basically a threat to the male dominance. And this is also keeps coming up within the community that I work with. And then men have to conform to certain behaviors to be able to be considered as men in certain communities. So it makes it a little bit hard, you know, because they men also have to protect themselves from community criticism, even if it's an educated man.

Just early in the introduction, I think some other varieties have like there is more gender-based violence going on in literate communities. In the illiterate communities, it's more pronounced. It becomes hard because they complain and then when you get this educated family, they tend to do to keep quiet with the issue. You know, a woman comes to work and she's having a bruise on the face, but she's trying to protect it. She's not speaking out because they want to protect that family. So, involving men in the dialogues and campaigns against women's sexual reproductive health and rights, most things, when you look at most of the community meetings, like the savings group, a majority of the participants are normally women. And if men are involved, because women get a lot of knowledge from these groups. And then you can't go back home and you're trying to discuss with your husband. And if you've never been doing it, because you've been empowered from a community meeting and then the man doesn't know where does it come from?

So that's one issue that needs to be addressed so that you know, it's not harmful, you know, to the construction of male, of the masculinity of the male. And then appreciating males role as protectors of the family. We need to recognize them. And then also bridging or streamlining the gap between boys and girls, especially the growing





unemployment rates. This is also another issue that needs to be streamlined. Like, most of the interventions are focusing on girls, girls, girls, girls. And at the end of the day, where are these youth going, we need to consider both categories of youth. Both girls and boys. Yep.

**Roslyn B:** Alright, thank you so much.

**Samantha IC:** May I add one more thought to this?

**Roslyn B:** Sure.

**Samantha IC:** I think it, particularly in the American context, it's absolutely critical that we ask which girls and women, and which victims. It is absolutely important that men join in, reaffirm in being allies and preventing an intervening upon violence. And also in so many caring professions, which are dominated professionally by women, and places that are very segregated like Boston. There is huge segregation in terms of who is being served, or seen, and who is working in the field. And some of the most pervasive pipelines to the juvenile legal system and incarceration, to child welfare and children being removed from the home—both for issues of trauma and poverty and intimate partner violence—we have segregated I think, understandings of who deserves safety and who deserves punishment. Of who deserves slowing down and thinking through what resources might be helpful, and who says “well, I just need to mandate report. I need to call the police.” We cannot mandate report. We cannot incarcerate and police our way out of this issue.

And as long as we have, I think these segregated understandings of how safety is arrived at, we're going to continue missing the bus. Homicide rates, femicide rates particularly for white women, have been dropping precipitously over the years. And that inequity has grown for women of color who've been killed by their intimate partners. You know again, there are policy drivers behind that, not just at the legislative federal and state level, but also within health care organizations, within school districts that create exacerbated unsafety in those situations.

You know, there are policy and resource reasons why victim services are so much more funded than trauma response services for little children or abuse education and intervention programs. Violence begets violence. When little children see that type of harm in their homes and in their communities, before they start externalizing it they internalize it. There's no child that grows up and says, “oh, I want to beat up my girlfriend” or “I want to be, you know, a violent father when I grow up.” But in so many ways, insidiously and overtly, that gets codified and normalized. And I think we do have more opportunities to intervene upon that and prevent that starting with prenatal care. Before, you know, at the end of the line we're, like, how is this happening? This is so high risk.

**Roslyn B:** You're on mute, Henry.

**Henry L:** Sorry and just Sam and I think you, you hit the nail on the head again and I think you know, and my again lived experience as a member of the black LGBT plus community, I've had a partner who passed away four years ago due to someone committing an act of violence. And, you know, as a psychologist, I think my first response was really to like, what is the mechanisms for this behavior? Like, what is getting someone to a point where they feel it's a rational decision to like, shoot someone when they're upset. And it really goes back to all those points that you're referring to Sam. And it was like, I think as these things were happening and, like, even going to the funeral there was an interesting like, energy of people not understanding why I wasn't like vehemently upset at this



person that shot him. Because it's like, you go to their Instagram and then you could see like, he had been crying out for help for a long time.

And so, when we think about like, again, going back to these intersectional connections of like, what are the, what are the systemic effects of extreme poverty? What are the systemic effects of racism, homophobia, classism? All of these different things compounded in conjunction with how we're thinking about regulatory decisions and being able to regulate our emotions and our feelings in those moments of heat. And so I think, you know, what I think is so important is for people to really begin to think about, like how do we address these things systematically and communally to get at this larger issue? Because at the end of the day, like Sam said, we can't arrest our way out of this. We can't mandate report our way out of this, right? Like, it's fixing maybe something that's more immediate. But how do we take a more holistic and systematic approach to what's actually at the root of this and of these issues that are much more ingrained.

And only the other thing I would just add to that is too is again, centering those who are the most marginalized in these systems—and I think about my black, my Afro Latinx trans sisters—who are you know, as they walk out of their homes being faced with violence. You know, as soon as they walk down the street, right? And so thinking about, like, so what does this mean in those contexts too, for them? And thinking about solutions that not just support them in the moment as the person that's experiencing that violence. But how do we think about overarching understandings about how do we, as a country, as a community as a human race response to folks who are different than us?

**Roslyn B:** This conversation is just so rich, and it really speaks to the issues of always coming to issues around justice and equity with the lens that allows us to unpack the multiplicity and myriad of issues that are brought to this space and it's never just one issue. And that's why it's just so critical that we have diversity in teams, in thinking, and experiences, so that we can really get to the root causes of where all of this comes from.

We've talked about the trauma and the social impact that is a result of the societal racism, poverty, illiteracy, homelessness that we find in our nation, and in our world. But we really have to think critically about what is it all stemmed from. We've got to go upstream and just cannot look at things in a vacuum and say that it's just, it just happened today in this isolated incident. And so that's why this whole intersectionality—and I love what Samantha said that, you know, we all have multiple layers of issues that are brought to bear... But when we think about these issues, particularly gender-based violence, poverty issue, homelessness, you name it in our society, we always go to the kind of the most dramatic, you know. What is the result and the social impact on society of these dastardly acts?

But in your work, I'd like for you to share with that audience and talk about, and elevate and lift some of the positive examples that you are seeing across communities, both domestically and internationally, what are people doing? How our communities banding together, diverse communities banding together to eliminate, to eradicate, to reduce gender-based violence in our communities? What kind of lens are they using? Are you seeing success in any area? Because I'd really like to not only just talk about the problems, but let's just highlight support and elevate some of the powerful solutions that are happening

And Viola, I'm going to start with you because it's not always exporting our knowledge from the US to our international development sisters and brothers. There's a lot that we can learn from them as we bring that information back into our own domestic work here on, you know, on our shores about what could be done to



address some of these issues, particularly from a cultural perspective and an intersectionality. So Viola, I want to start with you and see what you have to say about this issue, and then see whether or not if Maureen has been able to rejoin us, and if she has any commentary on this. Viola?

**SA Viola:** There are a number of examples of looking created spaces for women to respond to gender-based violence. In the USAID ICAN activity what we are doing currently and has registered, some success is having problems, I mean, programs that target women and youth. Giving them the ability to be able to speak up and taking up leadership roles. So, the program is basically building that self-esteem and openly talking about issues that affect them. Now, here we have both the male and the girls, or the females involved. But when you look at the cultural setting, it's in such a way that a lady normally finds it very difficult to talk when the men are present. And then this curriculum is trying to empower them and give them the confidence so that they freely bring out issues that affect them, instead of keeping quiet about it and basically leaving it to the men to decide for them. And then, uh, men as agents of change, and also having men advocate for gender based violence. Even in employment R&Rs, and, like we are here today, we are talking about gender-based violence.

Now, seeing men as advocates for gender in different organizations, in managerial positions, in institutions, for example, makes it easier for everyone to respect each other and also respond to gender-based violence issues. You know, often times it's like a response. The response to GBV, gender-based violence, stands out more strongly in institutions and development agencies. But even now this down and have the communities, you know, having that big of voice of the men supporting the women, it makes it easier to resolve it. And this has come out where we have the structures and the elders signing pledge cards to fight against gender-based violence and have a community GBV-free. And then viewing GBV as an inclusive issue. It doesn't only affect women. It's both. If a woman is not fine then the family definitely is not, you know, everyone doesn't enjoy. So looking at gender-based as well as, as an inclusive issue where both parties are affected, not physically, women. Hopefully this can help men share that vulnerabilities too you know.

And then the involvement of men in the referral pathways. And then having systems strengthening. It must have men involved in the referral pathways, especially on gender-based violence issues. But then these systems need to be strengthened. This has been made more better with other local governance structures. And then involving the influential leaders in handling issues of gender, gender-based violence.

**Roslyn B:** Great Thank you. You know, we are almost coming down to the end of our time together. And what I want to do right now is, just as we kind of close this section of our discussion I really want to have an opportunity for you, just really briefly before we turn over to the question Q, and A in the chat, what insights you know, what is the one thing that you'd like to leave with those who have taken the time to share with us on this webinar? What can they do to address gender-based violence in their communities specifically. Samantha, I'm going to start with you.

**Samantha IC:** I think professionally we all have an opportunity to consistently interrogate and shine a light on how inequities and oppression are being replicated at different phases of our work, from understanding what the problem is and how that is named and what is missing from that to solution ideation all the way through, you know, the end of the project. Who's at the table and who's missing? Are there different realities that are being debated in understanding what the issues are and what the solutions are?



I deeply believe that the people closest to the problem, who are most impacted, should be leading the solutioning and being supported with concrete resources to develop local solutions. So we have ways to shift that on a personal level. I know there are a bunch of folks on the webinar probably from all over the place. And again, I'm speaking in the context of Boston, Massachusetts. It's a very segregated city. And even Boston to the outlying suburbs are incredibly segregated. When you're thinking about who is being elected to your school boards. What types of policies around affordable housing. Supporting treatments for the opioid epidemic. All of these different pieces as a citizen in your town—are you passively reinforcing segregation or are you promoting leadership to increase equity and undo some of the structural harm?

I think we both have “work work” and we have homework and it takes a both/and approach to show up in many different ways to build the world that we all dream of what we could live, leave for you know, our great grandkids many years down the road,

**Roslyn B:** Right. I really want to be true to some folks who have written raising some really great issues in the chat. And those who registered wanted to know, and didn't have an opportunity to weigh in on this—so any one of you who want to take, who would like to take this—what is the links between disability and gender-based violence and eliminating that? Does any one of you, can you speak to that very quickly? Because several of the folks who registered for our webinar wanting to get some thought leadership around that issue. Does any one of you want to weigh in around disability: The links between disability and gender-based violence?

**Samantha IC:** I feel like I've been taking up a lot of space, so I wanna pause if anybody else of you...

**Roslyn B:** No, you can. We've got just a short period of time if you'd like to Samantha, that's great.

**Samantha IC:** Okay, I mean, so again thinking about social determinants, thinking about intersectionality, disabled people experience higher rates of gender-based violence, of intimate partner violence. People living with disabilities are more systematically excluded from housing, from education, from these other systems that could have huge opportunities in stabilizing and developing resiliency and other protective factors of community connectedness. People with disabilities are overrepresented in our carceral state, so in prisons and jails. In the child welfare system, they're more likely to have their kids removed. All of this is both intimately linked to the interpersonal violence that we've been talking about today, and we have to look at the systems violence and the institutional violence that is both gendered and related to a person's ability or disability. And we've got to hold all of that otherwise we're gonna we're just going to keep missing it.

**Roslyn B:** And that's why I'm just I'm so privileged, as I know as we all are, to work for Abt. and the organization who are challenging the social norms and the stigmas and have included in our definition of equity a very broad definition that is inclusive of gender. It's race, it's around disability, you know, it's a part of the fabric and the rubric of what we do and localization as we think about it for our international partners. We are pushing the envelope in this area. And lest we forget that the intersectionality brings it all together when we're talking about the social determinants of health. And yes, faith leaders have a role in addressing and elevating, and speaking to the issues of gender-based violence, as well as racial issues, disability issues, all across the board. And then, you know, how do we respect and affirm the other. It's really about saying “I see you and I affirm you” and that's what's so important.

You know, I appreciate all of you for your commentary, for being here. So thank you so much Samantha for your powerful words. Viola, thank you for bringing our international perspective here. Also Maureen. We apologize that



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she's had some technical difficulties being with us, but we are Abt, an international organization. It's part of our one global Abt. We want to ensure that we bring all voices to the table. And Henry we certainly thank you for being and bringing the perspective of, gender, a male in this conversation, because it takes all of us to really move this conversation forward to have courageous conversations if, in fact, we want to improve the well-being and quality of life for people worldwide. That's who we are. That's what we do. And that's equity at Abt.

And so, thank you all for being part of this conversation. Please make sure that you have an opportunity to look at the session that was hosted last evening by our colleagues in Australia. And look for more equity-related webinars coming from us as we find our voice and move forward together. We're stronger together. And that's who we are at Abt: Bold thinkers, innovative thinkers who are bringing this conversation to life. Thank you so much and we'll see you next time.