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INTERACTIVE EXPERT PANEL

Elimination and prevention of all forms of violence against women and girls

EMERGING PRACTICES IN PROVIDING SUPPORT SERVICES AND PRIMARY PREVENTION OF VIOLENCE AGAINST WOMEN AND GIRLS

by

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PATH is an international nonprofit organization that creates sustainable, culturally relevant solutions. PATH's mission is to improve the health of people around the world by advancing technologies, strengthening systems and promoting healthy behaviors. In 2003, in coordination with other allied organizations, PATH created the Inter-American Alliance for the Prevention of Gender Violence from a Health Perspective (InterCambios). The Alliance's aim is to help improve the capacity of the health sector in Latin America and the Caribbean to respond to gender violence with a public health and human rights based approach.

InterCambios brings together people and organizations working in different spheres to respond to the problem of violence against women and girls (VAWG), as well as to facilitate greater inter-institutional collaboration and coordination. InterCambios' strategies are based on the recognition and dissemination of successful experiences and the identification of lessons learned with a view to contributing to new knowledge and approaches.

I.   Current context

There have been major political, legislative and regulatory advances, and greater sensitization about the problem of violence against women and girls, but it has proved difficult to operationalize these at the local level. The most frequent question asked by service providers is "How do I do it?" (PATH 2011). This reveals a need for grounding at the local level, which is even more complex in rural areas with almost no institutionality and particularly difficult when ethnic and cultural factors or the distances involved provide further obstacles to access and responses.

Access to justice is still a pending challenge, given the prevalence of prejudices, revictimization and lack of information (IACHR/OAS 2011) (UN Women 2011). As a response, in recent years new approaches have been developed for integrated models for attending to victims. But while they do contribute to more expeditious care, they are predominantly urban and removed from the community, and accessing them therefore implies emotional and economic costs for both the victims and those accompanying them. (Dávila Molina, et al. 2011)

All of the above establishes a context in which women, female adolescents and girls are on their own and uninformed when experiencing violence and searching for support. (Jubb, et al. 2010) In this reality, community human rights organizations and women's groups play a vital role in the community, but it is also an enormous burden for them as they are identified by both institutions and the population in general as the only recourse for protecting and accompanying women and girls in the community. The women who work for these organizations and groups therefore bear the responsibility for the costs of accompanying the victims, as well as having to deal with threats and risks to themselves and their families.

II.   Responses based on the lessons learned

A. Work with the health sector

Putting women and girls at the center of the strategies by strengthening violence against women and girls as a risk variable, not an isolated problem. In this sense, the MDGs provide an ideal

framework (WHO 2005). A key element in our practice has been making the people who provide services recognize the detection of violence against women and girls as an opportunity to prevent critical health situations like suicide, the non-use of contraceptive methods, and even maternal mortality. The following were some of the key aspects of the process with service providers:

1. **Working with local decision-makers to ground the regulatory frameworks** in the local reality, considering the existing resources, as well as the existence (mapping) of allies for coordination or referral.
2. **Working with a risk-focus approach both in health units and communities.** This guarantees the active detection of the problem among the most vulnerable groups as part of existing strategies (those most commonly prioritized have been pregnant women, female adolescents, contraceptive users and emergency service users). It also involves differentiation by urban/rural location.
3. **Strengthening victim protection capacities**, promoting the use of tools such as risk measurement and safety plans that allow women to analyze their own reality and devise protection and support strategies based on their own resources.
4. **Reviewing the registration and early notification systems**. This is one of the main challenges. There is a need to avoid creating new forms that require more paper work and are not sustainable. Instead, the existing ones should be analyzed and opportunities envisaged to register the problem as a risk variable (e.g. family planning forms, daily registration, managerial census of pregnant women).

Year	Positive screening	Negative screening
2007	38	-
2008	**44**	**1,927**
2009	**1,088**	**9,857**

Screening in the Tegucigalpa Metropolitan Health Region, Honduras, 2007-2009

5. **Ensuring the training sessions and sensitization processes are as effective as possible, tailoring them to local resources and reality**. We have found out that the mass training of service providers is not effective. There is a need to differentiate between sensitizing (the entire personnel), training (those who are in contact with the victims or can promote detection) and more specific training (for those who will provide direct care and attention to detected victims). In our experience, this approach allowed more effective management of already limited resources.
6. **Viewing community strategies as an extension of the comprehensive models, guaranteeing the response beyond the institution in itself** and grounding it in the existing community base. This creates an ideal framework for preventing situations of greater risk and for early warning, but these strategies require political will for coordination and linkage.
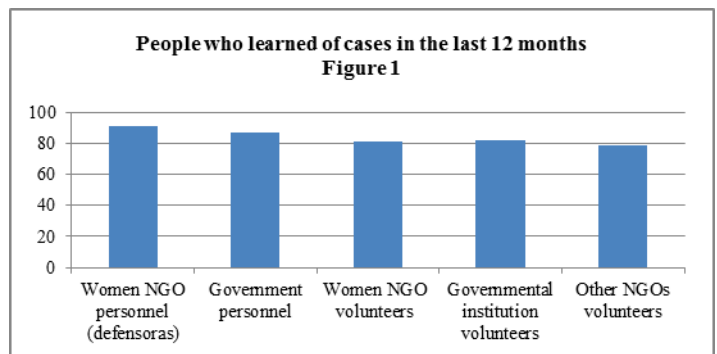
B. Communities protecting women's lives within a framework of shared social responsibility

VAWG demands an institutional, community and family response within a framework of shared social responsibility. This is particularly relevant in those places where distance, limited

institutionality, ethnicity and poverty delay the institutional response, very often resulting in a loss of time and evidence, which can be determining factors in promoting access to justice and the prevention of after-effects (in the case of sexual violence, for example). This does not imply "doing the State's work for it," but rather, on the contrary, strengthening existing resources to guarantee the greater channeling of situations of violence from the community level to the corresponding institutions. Enhancing the role of the communities envisages:
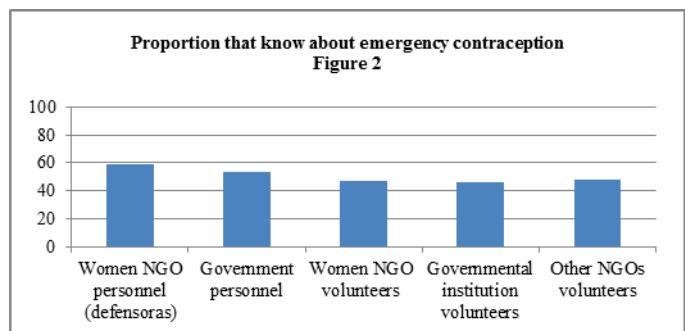
1. **The involvement of community agents/leaders that have not traditionally been linked to the response (health volunteers, indigenous healers, religious leaders, etc.)**, but who are community reference figures that women have historically sought out. Strengthening such people can help improve the response, reduce the social permissibility of violence and minimize lost opportunities, thus guaranteeing the sustainability of the strategies.

A study conducted in Nicaragua (PATH 2011) found that the actors that had identified and supported women victims of violence included not only "activists from women's organizations," but also other agents, including volunteers from other NGOs and institutions (see Figure 1). One relevant figure is the percentage of men (18%) in the total number of people that provided support in situations of violence against women and girls.

People who learned of cases in the last 12 months
Figure 1

2. **Sexual violence as a medical emergency; community networks as an opportunity for prevention and improving access to justice**. Health and promotion networks can promote local level actions to prevent major reproductive health consequences for women who experience situations of sexual violence, providing effective guidance on what to do in the first 72 hours, if possible. This essentially implies appropriate guidance and counseling (WHO 2002).

Another finding in the same study is the community agents' limited knowledge of how to prevent after-effects in cases of sexual violence (see Figure 2). This is of particular concern considering that Nicaragua is one of the countries that has recently abolished therapeutic abortion, even in cases of rape.

Proportion that know about emergency contraception
Figure 2

Sexual violence is a pending issue in the communities: Community agents are permeated by traditional gender attitudes, expressed in prejudices such as blaming mothers for the sexual violence experienced by their children or justifying sexual violence due to the victims' "improper" behavior. The main training needs expressed were how to attend to and where to refer cases of sexual violence. Strategies promoted at the community level include dissemination and training in the use of safety plans and risk measurement. The aim is to promote the self-recognition of danger and the victims'

self-protection through the identification of support, while also providing them with important information to prevent after effects in the case of sexual violence and to facilitate access to justice.

3. **Promoting the protection of protectors, beyond legal measures.** One relevant aspect to consider in the community context is the risk run not only by the victims, but also by those who accompany them. Different studies have revealed this situation, illustrating the need to promote programs that generate greater social support for both the women and their accompaniers. In the Nicaraguan study, the percentage of people who accompanied women and had also been the victims of threats or violence varied between 40% in the case of activists from women's groups and 20% in the case of volunteers from state institutions. Based on strengthening the support from other actors in the community, we hope to improve the accompaniment for women and girls, ensure that the activists are less isolated, and to produce other changes in the social perception of VAWG.

4. **Strengthening the use of evidence for local-level advocacy and M&E**. Despite the large increase in the number and breadth of interventions to address violence against women and girls in the last decade, there has been a dearth of rigorous evaluation to assess the impact of such interventions on women's safety and well-being. Consequently, the ability to demonstrate 'what works' continues to be limited (UNDP 2006). Our experience has shown us that research, monitoring, evaluation and the tools to implement them have generally been seen as academic or very specialized and therefore beyond the reach of organizations conducting community or political processes.

Based on this analysis, we have conducted different processes to strengthen the organizations' research skills and monitoring and evaluation capacity in order to promote the generation of more systematic information on the contributions they make and the impact of their interventions on women's lives. This will allow them to transcend "the anecdotal level," strengthening their reports and dissemination processes both for advocacy and for international donors, thus increasing their accountability. This process has included the promotion of linkage between academic institutions and civil society organizations, and has also created a great environment for disseminating a primary prevention focus based on evidence and lessons learned.

C. Communication for social change

One of InterCambios' aims is to promote and strengthen communication efforts to help change paradigms, understanding violence as a systemic problem and employing an ecological approach. In this sense, one of the lessons learned has been the need for materials and methodologies that enhance the work being implemented in this area. Right from the start, PATH/InterCambios decided that the priority was not producing new materials, but rather identifying educational materials on gender violence—including videos, fact sheets, and brochures—that had been rigorously reviewed and received good feedback evaluation. These could then be widely disseminated in the different sectors for their incorporation into the work of institutions and organizations.

The methodologies promoted include:

"In Her Shoes" (PATH/InterCambios Alliance): This is an awareness-raising and training methodology adapted to the Latin American context. A total of 1,500 sets have been disseminated; 1,300 training workshops have been held in 12 countries in two continents; and the methodology has also been adapted for African English speaking countries. Monitoring and evaluation results show that it allows the analysis of violence against women through personnel reflection; the analysis of

myths and prejudices related to violence against women; the identification of the role of institutions and support networks in facilitating or limiting women's decision making; and the highlighting of links between gender-based violence and other aspects of general and reproductive health (e.g. STIs, HIV/AIDS, unwanted pregnancy).

"The María Luisa Booklet": The result of a process of collective construction, this booklet responds to the need to strengthen the capacities of those facilitating training processes on violence, which was one of the gaps identified in the region.

Enhancing capacities in communication for social change: While real advances have been made in this line of action, the development has not been homogenous. One of the gaps identified in the work with local networks and with institutions has been the limited development and capacities formed in the field of communication. This results in materials whose images or contents are not very appropriate, or do not incorporate the lessons learned to date. This gap is even more notable in materials or methodologies for rural areas, ethnic populations or people with limited reading ability. In response, we have identified the work promoted by Raising Voices (Uganda) to strengthen community capacities in this area, while at the same time promoting South-South collaboration.

The following are some of the lessons learned in the area of communication: 1. Coordination with local networks and interagency commissions is the best way to achieve successful distribution, as they already have communication and distribution channels that allow the more effective use of materials or methodologies; 2. Organizations and institutions have very little time to keep themselves up to date, so it is important to enable them to access information and evidence through "user friendly" versions; and, 3. Electronic mechanisms are a good alternative for maintaining a presence (newsletters, social networks, web pages).

D. *Working with girls and boys: a change is possible*

The promotion of gender equality is an essential part of violence prevention. This involves a range of family, school, community and media interventions with the aim of promoting gender equality and non-violent relationships by addressing gender stereotypes that allow men more power and control over women. These include some well-evaluated interventions, but more evaluations are needed that use measures of actual violent behavior as an outcome rather than improvements in attitude or knowledge, whose relation to violent behavior may be unknown (WHO 2009).

The comprehensive approach of work in the communities also represents an opportunity for developing processes with girls and boys, aimed at changing gender relations early on. The following are some of the lessons learned in our work with pre-adolescents (10- to 14-year-olds) (Peña, Quintanilla, et al. 2008):

1. The importance of working jointly with girls and boys, providing arenas that allow them to strengthen their capacity to manage more equitable gender relations.
2. The importance of involving adults (both men and women) who serve as "reference figures" in the family and community. This is particularly important in the case of girls, whose freedom to go out is more restricted.

3. Establishing alliances with mothers or carers (Peña, Quintanilla, et al. 2007) and being able to work with them as reference figures for their daughters is critical at this stage of adolescence. This also creates an arena for the prevention of violence that is inter-generational as well as among genders.

4. The conducting of multi-strategy processes (Peña, Quintanilla, et al. 2008)—e.g. peer groups, working with mothers/fathers, a social communication strategy—could be more effective than working on strategies in an isolated way.

5. Working with male "reference figures" has proved difficult and is therefore still a pending challenge. One solution could be to adjust the strategies to times and places that facilitate their participation.

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