No woman should suffer violence alone

Research on the effects of psychological and legal support for survivors of gender-based violence though an innovative volunteer solidarity network

The Importance Of Solidarity And Care For Women At Risk As A Strategy To Overcome Gender-Based Violence
Presenters

Enrica Duncan
Project Director, Enrica is a political scientist with a diverse international background. She is a part of the Facebook Women’s Safety Expert Committee and the Global Shared Research Agenda on GBV. Enrica is currently an MA candidate for Conflict Resolution in the United Nations University for Peace and holds a specialization on Gender Policy from CLASCO.

Gabriela Silva
Mapa do Acolhimento’s Service Provision Manager, she is an anti-racist feminist psychologist with a degree from the Pontifical Catholic University of São Paulo (PUC-SP). Gabriela has a specialization in collective health and the care of women in situations of gender-based violence with a focus on Maria da Penha Law, Public Services, NGOs and family violence.

Ana El-Kadri
Mapa do Acolhimento’s Institution Development Manager. She worked in family/domestic law at the Pinheiros Forum Family Court, where she was exposed to the challenges faced by women in accessing justice and the obstacles of the Brazilian judicial system. Since then, she specialized in the care of women in situations of GBV at the Brazilian Institute of Criminal Sciences (IBCCRIM) and is a postgraduate student in Practice for a Feminist Advocacy at the Escola Superior de Direito (ESD).

Lívia Merlim
Mapa do Acolhimento’s Campaigns Manager. Responsible for creating mobilization campaigns aimed at strengthening women’s rights in Brazil, Lívia holds a degree in International Relations from the Federal University of Rio de Janeiro with a specialization in Ecoliteracy from the University of Coimbra and UNESCO. Before joining Mapa, she worked on gender, sustainability, and human rights projects in organizations such as Actionaid and Amnesty International.
Research Project

The present research aimed to identify the effects of the care provided for women who suffered Gender-Based Violence (GBV) and were supported by a national network of volunteer psychologists and lawyers fostered by the project "Mapa do Acolhimento" in Brazil. The objective was to understand the experience of this support and the effects of the case study's intervention on these women's lives.

MAPA DO ACOLHIMENTO IN PRACTICE

Mapa do Acolhimento is a platform that connects women who suffer GBV all over Brazil to a network of volunteer lawyers and psychologists who provide them specialized services and care free of charge. The project is present in all 27 states of the country and it is estimated that tens of thousands of hours of support were granted through the intervention.
Research Strategy

The research strategy was developed integrating triangulation of methods, which included quantitative and qualitative approaches.

Three main subjects interviewed were:

- core team
- beneficiaries (women at risk who suffer/ed GBV)
- volunteers who provide legal and psychological services.

Quantitative approach:

- Online Questionnaire with beneficiaries/women at risk;
- Online Questionnaire with volunteers, specifically to evaluate effects of the GBV training in practice;

Qualitative approach:

- Organizational Ethnographic;
- In-depth interviews with beneficiaries/women at risk;
- Crossed Focus Groups with volunteers who provided support for the beneficiaries who took part on the qualitative research.

COVID-19 CONTEXT

The covid-19 pandemic restrictions resulted in a feel challenges, including changing the methodology that was suppostably to be conducted in person it was changed for online interviews and questionnaires.
GBV Context in Brazil

- Brazil has one of the highest rates of GBV in the world;
- It is estimated that 1 in every 4 Brazilian women have already suffered some type of GBV
- In 2021, one case of femicide registered every 6.5 hours
- Between 2008-2018, while GBV cases in general had a slight decrease, the same type of violence against black women increased 12.4%
- In 2020, two out of three victims of femicide in Brazil were black women, representing 61.8% of all deaths
- GVB cases increased over 20% during the Covid-19 pandemic

Public Response to Tackle GBV

- Only 10.3% of victims sought a Women’s Police Station after an episode of violence between 2018-2019.
- 78% of femicide victims had already tried to access public services
Qualitative Research

Identity Profile

Women supported by the project registered in the project between July, 2018 and July, 2021

Over 18 years old, based in Brazil, low income and suffering or having suffered from GBV

For the purpose of this research, we have 20 selected, beneficiaries:

Who have been beneficiaries of the project for +6 months

From 5 different States
*the ones that strategically reflect the regions most affected by GBV in Brazil

Race diversity:

<table>
<thead>
<tr>
<th>Race</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>White</td>
<td>51.4%</td>
</tr>
<tr>
<td>Black</td>
<td>12.3%</td>
</tr>
<tr>
<td>Brown</td>
<td>32.9%</td>
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<tr>
<td>Yellow</td>
<td>2.8%</td>
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Gender identity:

<table>
<thead>
<tr>
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<th>Percentage</th>
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</thead>
<tbody>
<tr>
<td>Cisgender</td>
<td>98.6%</td>
</tr>
<tr>
<td>Transgender</td>
<td>0.9%</td>
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Age range:

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Percentage</th>
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</thead>
<tbody>
<tr>
<td>16–29</td>
<td>29.7%</td>
</tr>
<tr>
<td>30–49</td>
<td>60.1%</td>
</tr>
<tr>
<td>50–71</td>
<td>10.3%</td>
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Survivors of all types of GBV, mostly psychological, physical and financial

Most of them learned about the project through recommendations from friends, family and/or social media groups

Their overall goal seeking help from Mapa was to get guidance and support to keep their aggressors away
Qualitative Results

SOCIOECONOMIC CONTEXT
About women interviewed...

A significant group is still undergoing some kind of social vulnerability

Most of them currently earns their own income and are financially independent

Some of them are still financially dependent, main reason why they hesitate to report the violence or leave the aggressor

Their average income is 1-3 minimum wages

All of them have private access to internet

Many of them only acknowledged they were suffering GBV after the first episode of physical aggression

Most of them could not identify/recognize the violent situation until the first psychological support session occurred

In most cases, the aggressors were their intimate partners

These women were manipulated by their aggressors through psychological violence to undermine their confidence...

"He used to tell me I was over, that I would not be able to find anyone else if I left him"
Qualitative Results

VIOLENCE ESCALATION
About women interviewed...

At first, violence tended to be around threats, which led 90% of women to realize they were at risk....

“If you ever try to leave me, I will go after you day and night until you come back”

Once they sought help to deal with the violence they suffered, in virtually all cases the aggressors started physical attacks and persecutions...

"Seemed that as my awareness of the situation increased, so did his violent behavior"

Besides the trauma generated on these women, the GBV cycle also affects and violates everyone around. All women who are mothers and had their children present in violent moments reported they fear for their kids mental health...

"My son got to the point of attacking his father to protect me"
Qualitative Results

**REVICTIZATION**

About women interviewed...

Beneficiaries who could identify they were at risk and sought family or religious support reported to have suffered additional situations of violence, including revictimization, discrediting and blaming...

"My mother liked him so much that last time we got back together was because of her. I had to hide from her as well because I was afraid she would tell him where I was"

"The priest said a wise woman structures her house and prays so evil won't approach. For him, what I was reporting was a demonstration of devil's temptation"

Over 25% of the women who sought support in public services/institutions, reported they felt as if they had to "beg for help". In police stations, many received recommendations not to fill official complaints on formal reports and solve the problem by "talking"— normalizing situations of violence as "couple's fight"...

"In the police station, they would only register the report if you were stabbed or bleeding"

"I heard from the police officer that reporting would lead nowhere, that I was better off coming back home and talking to him, that I would solve this by talking."

*"Revictimization" is a term to designate the violent situation a survivor of GBV faces when forced to revive/retell several times the traumatic experiences she went through.*
Qualitative Results

LEGAL VS PSYCHOLOGICAL SUPPORT EVALUATION

Women who received both psychological and legal support evaluate that in 90% of the experiences they felt taken care of. However, 50% reported the legal support was not as good as the psychological one.

Meanwhile, psychological support on the other hand is positively evaluated by all women interviewed, all of which highlighted how much it strengthened them.

DIRECT EFFECTS OF THE PROJECT’S INTERVENTION

Unanimously, women highlighted how much the psychological support provided by “Mapa do Acolhimento” made a significant difference in their lives. According to the beneficiaries, they felt stronger and more resilient after the services offered through “Mapa do Acolhimento”.

The research observed that the intervention seems to be able to handle well the effects of multiple violences on the lives of Brazilian women, taking into account GBV’s subjectivities and intersectionalities that impact women in different levels.
DIRECT EFFECTS OF THE PROJECT'S INTERVENTION

The research concluded that services provided by the project were highly effective at producing social and subjective improvements in these women's lives, generating direct effects over their mental and relational health — as well as helping them understand their needs and master the tools to take care of themselves.

Once fear and insecurity were the main drivers for silence, the project's provision of psychological support was essential not only for women to recognize but also to actively break violent patterns...

"I was too afraid of everything"

"I thought I wasn't capable of being in a healthy relationship"

Beneficiaries highlighted self-awareness as one of the main challenges for them to establish boundaries in their relationships. All women said the project helped them see their situations of violence from outside the victim's lenses — removing guilt and blame from themselves and firming ground to start the process of breaking the cycle of violence...

"Imposing boundaries was one of the hardest lessons to learn, but also one of the most important. To put myself in a priority zone. To take care of myself and preserve my health."

"Being able to name the situations I've suffered make a huge difference in my life, and I can only do that because of "Mapa do Acolhimento"s work"
**Recommendations for Internal Development**

- Increase the number/proportion of black women assisted by the project in order to guarantee racial representativeness according to the country's reality;

- Add processes to regularly follow up with cases and their unfoldings;

- Dig deeper to understand the volunteer's perspective on "intersectional approach".

**Recommendations for Policy Papers**

- Urgent development of an institutional public policy for GBV capacity-building within the public services of the network to combat VAW in Brazil;

- Implementation of data collection and KPIs system to monitor and evaluate the beneficiaries experience;

- Establishment of partnerships with social sector organizations to develop educational content related to GBV to be broadly disseminated;
What We Have Done So Far

The findings and discoveries of the research resulted in deep changes and improvements on Mapa do Acolhimento’s intervention, increasing its impact on service provision and on tackling gender-based violence in public policy.

- Improving service provision by creating follow-up methodologies, strategies to increase the diversity of the women's supported and volunteer base, and adding social workers into the specialized team;
- Expanding training, making it mandatory;
- Structuring mobilization campaigns area to address Policy Papers' Recommendations focused on the defense of women's public policies and women's rights.
Obrigada!
Thank You!

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