Femicide
Monitor de Feminicidios en Puerto Rico (2020 – 2022)

MONITOREO:
- Datos abiertos
- Confiables
- Tiempo real
- Modelo LA

INCIDENCIA POLITICA
- Prensa
- Redes sociales
- Web
- Foros internacionales

CAMBIO SOCIAL (LOGROS)
- Declaración Emergencia VBG (2021)
- Ley Feminicidio y Transfeminicidio (2021)
- Protocolo Investigación Policía (2022)
- Sistema Estadísticas Femicidio (2022)
- Dashboard Datos Nacionales VBG (2021)
- Cultura transparencia y fiscalización


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PERPETRATORS OF FEMICIDE IN SOUTH AFRICA

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INTRODUCTION
❖ Femicide is the most severe form of GBV
❖ Global South has limited research on Intimate Partner Femicide
❖ In 2009, 57% femicides were committed by Intimate Partners in South Africa
❖ Globally 58% of all femicides were committed by both intimate partners and other family members in 2017
❖ There is limited knowledge on the distinct characteristics and context of family, friends, and strangers as femicide perpetrators.

METHODODOLOGY
❖ Retrospective national mortuary-based study for 2017 femicide cases
❖ Mortuaries divided into three strata (small, medium, large)
❖ 81 mortuaries sampled and weighted
❖ Sample: Murdered females (14+ years)
-Phase 1: Extracted victim data from mortuary registers and autopsy reports.
-Phase 2: Interviewed police investigators.

RESULTS
❖ 2407 femicide cases were identified from the mortuaries
❖ 82.2% cases were successfully followed-up with police and in 68% perpetrators were identified
❖ 93% were male perpetrators
❖ Nearly 50% (42.8%) were between the ages of 25-34 years
❖ Nearly 54% of the intimate perpetrators were current boyfriends
❖ 8% of perpetrators committed suicide soon after the murder of which majority (90%) were intimate partners.
❖ Police indicated 40% of perpetrators were under the influence of alcohol at the time of incident.

CONCLUSION
❖ The most common perpetrators of femicide in SA are intimate partners (56%)
❖ Combined Intimate Partner and family member perpetrators were higher in SA compared to the global estimate (67% vs 58%)
❖ Family-related murders remain an unfathomable crime
❖ Urgent research on potential elderly abuse within families is required
❖ Further understanding of family murders is critical for investigation and prevention of all forms of femicide.
Violence against women prevention and costing
WINGS: An Evidence-based SBIRT Model to address GBV/IPV

- WINGS is a 1-2 session IPV/GBV screening, brief intervention, and referral to treatment/service (SBIRT model) for women who use drugs.
- WINGS has been shown to be effective in identifying and reducing IPV and GBV as well as reducing drug use with women who use drugs in two RCTs in U.S. as well as in intervention studies in Kyrgyzstan and India. Also been shown to reduce drug use and psychological distress.
- WINGS may be delivered using a computerized self-paced tool or by a facilitator (Both modalities effective).
- WINGS is currently being implemented in U.S., India, Kyrgyzstan, and Ukraine with plans to expand to Kazakhstan, Indonesia and Kenya.
- WINGS has been adapted for sex workers, internally displaced women/migrant women and women living with HIV. Current efforts to adapt WINGS for transgender women.
- Lessons learned – WINGS is low threshold, doable and scaleable.
- For more information, please see projectwings.org and contact me at lg123@Columbia.edu.

COLUMBIA School of SOCIAL WORK
UN Women and BIT partnered to find innovative interventions to address violence against women and girls online. Developed communications informed by behavioral sciences.

Tested messages through an online randomized controlled trial with 5,077 men in Bolivia and Guatemala.

Three out of four messages increased intention to intervene to stop the perpetrators.

Engaging Men as Allies in Preventing Violence Against Women and Girls
Gakey Lamtoen, Path to Happiness

Intervention:
- Adaptation of “Shaping our Futures” intervention for young adolescents and caregivers
- 1st primary prevention project in the country
- Renamed Gakey Lamtoen, meaning ‘path to happiness’ in Dzongkha

Components:
- 19 session workshop series for 13-15 year old adolescents
- 12 session workshop series for caregivers (parents, teachers, and others who care for adolescents)
- 3 x 2-day social innovation camps

Key stakeholders: Adolescents and caregiver participants, facilitators, multisectoral steering committee

Mixed methods evaluation:
- Quantitative: baseline (n=149, 56% girls), endline (n=94, 54% girls)
- Qualitative: FGDs with adolescents (n=94, 53% girls), caregivers (n=10, 70% women), and facilitators (n=8, 25% women)
- Adolescents: positive improvements in attitudes toward equitable gender roles, more equitable behaviours and practices
- Caregivers: increased knowledge, improved communication skills
- Facilitators: became passionate advocates for gender equality and non-violence
Learning from Practice: Prevention Series
Lessons from civil society organizations funded by the UN Trust Fund to EVAW

Mobilising Women: from Beneficiaries to Agents of Change
Adolescent Focused Approaches
Community Mobilisation
Engaging Faith-Based & Traditional Actors
Training for Behaviour Change

Co-production, co-creation and consultation with 2500+ practitioners, researchers and donors in English, French, Spanish, Arabic and Russian

Exploring Intersectional Approaches
Working Together for Law & Policy reform & implementation
Working Together for survivor centred, multi-sector responses
Resistance and Backlash
Adaptive Programming

What is the GenderPro Initiative?

A multi-component initiative that aims to professionalise and standardise the field of gender within international development.

The GenderPro Initiative includes four components:
1. An online capacity building course
2. An online credential exam, endorsed by an alliance of respected organisations
3. An open-source, online resource library
4. A training centre for organisations to customise GenderPro content for internal training

Learn more: genderpro.gwu.edu
Reach out: deviyanidixit@gwu.edu
Applying intersectionality in practice: Lessons from CSOs

Conceptual framework of intersectional approaches to VAWG prevention

**Identifying intersecting vulnerabilities** is the starting point for the ten projects, where they identify a specific group or specific groups of women and girls that are seen as particularly vulnerable to violence due to overlapping aspects of their identities or circumstances (e.g., lesbian, bisexual or transgender women; migrant women; girls and women with disabilities).

**Intersectional design and implementation** includes intersectional analysis of the project context, which feeds into initial programme design. Intersectional design moves beyond simply targeting certain groups of women, by also listening to their needs and priorities and including them in programme design and implementation.

**Intersectional practice** focuses attention on the structures, systems and power relations that create and reinforce the inequalities that maintain women’s and girls’ compounded vulnerabilities to violence (e.g., transforming social norms, working with perpetrators, addressing discriminatory structures).
‘Now we are not afraid, our courage has grown’ – A qualitative study of drivers of collective action to address VAW in Mumbai, India

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- Societal factors
  - National policy on VAW
  - Transparency of institutions
  - Gender roles & norms
  - Mass & social media

- Community factors
  - Justifiability of intervening
  - Emotional resonance
  - Sense of empowerment
  - Perceived benefits over cost
  - Fear of backlash

- Relational factors
  - Household agency
  - Relationship to perpetrator
  - Relationship to survivor
  - Solidarity with other women
  - Individual reputations

- Individual factors
  - Presence of violent crime
  - Social cohesion & trust
  - Prosocial & privacy norms

- Participation in collective action to address VAW
  - Perceived benefits over cost
  - Fear of backlash

- Justifiability of intervening
  - Emotional resonance
  - Sense of empowerment
  - Perceived benefits over cost
  - Fear of backlash
Distribution of research

- A large part of the evidence is from North America and Africa
- Intervention types cluster geographically
ECONOMIC COSTS OF VAW IN VIET NAM

Ms. Quynh Anh Thi Ha – UNFPA
Ms. Loan Bich Tran - MOLISA
Dr. Kristin Diemer – University of Melbourne
Dr. Nata Duvvury – National University of Ireland
Costs of Violence Against Women and Girls

- Productivity loss from lost labour
  - Economic growth
  - Investment in prevention and response

- Out-of-pocket expenditure from help seeking
  - Equity in access to services
  - Social protection strategies

- Service provider expenditures
  - Efficient service Provision
  - Improved financial planning/budgeting

- Financial shocks to households
- Systems financing indicator
NO MORE
TOGETHER WE CAN END DOMESTIC & SEXUAL VIOLENCE

WASHINGTON SAYS NO MORE

UK SAYS NO MORE

CYPRUS SAYS NO MORE

SOUTHWEST PA SAYS NO MORE

AUSTRALIA SAYS NO MORE

CHICAGO SAYS NO MORE

MEMPHIS SAYS NO MORE

SIGN THE PLEDGE

ECUADOR SAYS NO MÁS
It works.

1. Integration is a solution and a potential progress accelerator to development challenges in other sectors (e.g., livelihoods, environment, social cohesion, broader government services).

2. There are multiple routes and entry points
   1. Some are easier and quicker (such as embedding GBV in a Women Economic Empowerment project with a 10% increase of total budget)
   2. Others are more complicated, challenging, and require more inputs.

It works best when:

1. There is adherence to key principles and processes (e.g. GBV expertise, whole team engagement, GBV risk management, vigorous MEL, etc.).

2. It builds on the evidence-base of effective GBV prevention approaches.

3. Safety and ethical principles are paramount.
The transition from Pilot to operational program: Insights from IMAGE Adaptation In South Africa, Tanzania and Peru

Lufuno Baro (MPH): IMAGE Technical Advisor; Dr Meghna Ranganathan: Assistant professor, Gender Violence and Health Center (GVHC), LSHTM.

**Introduction**
- Globally increased need to implement and scale-up proven IPV and HIV prevention interventions (e.g., microfinance or cash plus).
- The Intervention with Microfinance and Gender Equity (IMAGE) pilot project of 800 women operational program of 40,000 women. 3 provinces in South Africa over 12 years.

**Aim**
To identify program elements to transition from pilot to larger operational programs and for effective adaptation to a different context.

Our findings are meant to inform programs that are looking to adapt and expand their GBV prevention efforts.

**Method**
This qualitative inquiry was based on IMAGE transition in SA and adaptation to Peru and Tanzania. We used focus group discussions and key informant interviews with program implementers in South Africa, Tanzania, and Peru to understand their experiences and perspectives on the key elements for a successful transition from a pilot to a fully operational program and key considerations for adaptation. Data were audio-recorded, transcribed, and analysed thematically.

**FINDINGS: 6 Core elements for IMAGE adaptation**

1) **INTERVENTION CORE PACKAGE:**
(Context specific, Microfinance, gender Training curriculum, integrated delivery)

2) **IMPLEMENTING AGENCIES:**
(Partnership model, expertise, local knowledge & regular) groups meeting.

3) **RESOURCES:**
(Funding, time, skills)

4) **CURRICULUM**
(participatory, reflective, timely)

5) **FACILITATOR TRAINING :**
(Reflective, ongoing mentorship and support)

6) **MEAL :**
(Track key indicators of progress, quality, impact)

**Conclusions**
- Elements identified for adaptation are essential for effective adaptation.
- The adapted intervention has the potential to achieve similar impacts as in the pilot.

**Recommendations**
The elements are of limited effect when implemented at face value; upholding their underlying principles, structures and processes is of critical importance for an effective adaptation process and sustainable impact.

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Figure 1.
Gender training during loan repayment meetings.
Tu’Washindi na PrEP reduced IPV through partnership-level HIV prevention awareness

Future IPV prevention interventions should improve hope, relationship self-efficacy, and sexual relationship power

Design: cluster randomized trial • Population: 103 adolescent girls & young women • Location: Siaya County, Kenya • Time: 2019-2020

Proposed mechanisms:

**Intervention**
- 1. Male partner HIV pre-exposure prophylaxis (PrEP) sensitization
- 2. PrEP education for couples
- 3. PrEP adherence support clubs

**Individual level:**
1. Hope for the future

**Partnership level:**
2. Partner PrEP knowledge
3. Partner disclosure of use/interest
4. Relationship self-efficacy
5. Sexual relationship power

**Community level:**
6. Social assets
   a. Peer support
   b. Resources for navigating problems

IPV reduction

Nicole K. Kelly, Miriam Hartmann, Kawango Agot, Alexandra Minnis, Sophie Otticha, Sarah T. Roberts

Contact: Nicole Kelly, University of North Carolina, Department of Epidemiology, nicole.kelly@unc.edu
Enhancing the role of media in GBV prevention

Begoña Castro Vázquez

Video on Desktop / https://youtu.be/QH9H0S7A3z0