No woman should suffer alone; the importance of solidarity and care for women at risk as a strategy to overcome gender-based violence

Research on effects of psychological and legal support for survivors of gender-based violence through an innovative volunteer solidarity network
This presentation contains potentially triggering content for those who are sensitive to gender-based-violence. All reports and quotes below are real and were kept anonymous for safety and ethical reasons. All names have been altered, including volunteers. Recognizing the relevance of this research for different audiences, a political choice was made to present it in a format and language as accessible/democratic as possible.
Gender-Based Violence (GBV); Violence Against Women (VAW); Solidarity Network; Social Innovation; Women at Risk; Social Change; Feminist Research.

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1. Executive Summary

What you will find

Info on the research, the case-study, the team and the context of GBV in Brazil
1. EXECUTIVE SUMMARY

1.1 Research Project

GOAL

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 (more about this project below). The objective was to understand the experience of this support and the effects of the case study’s intervention on these women’s lives.
1. EXECUTIVE SUMMARY

1.1 THE RESEARCH PROJECT

PROCESS

In order to achieve the mentioned goals, it was necessary to:

- Verify the demands and motifs that drive these women who sought help from "Mapa do Acolhimento", as well as the possibilities and limitations of this intervention in its beneficiaries perspective;
- Understand the quality of interventions offered by volunteers, as well as their approaches and perspectives related to care when dealing with cases of GBV;
- Investigate the processes that allowed for the effects identified.

OUTCOMES

This research aimed to (and successfully achieved) the following outcomes:

- Subsidize adjustments to improve the efficiency of "Mapa do Acolhimento" intervention, focusing on the further promotion of access to services that protect women from GBV;
- Offer information and knowledge about the most effective manners of stimulating care for women who suffer GBV, listening to inputs from their perspectives as well as from the project’s volunteers and core team;
- Create a data-driven environment to advocate for public policies to address GBV taking into account the intersectionalities and needs of women living in different situations of violence around the country, in order to promote improvements in services and secure greater access to them;

NOTES

Due to COVID-19 restrictions through the period of this project’s execution, the application of questionnaires was conducted online, together with focus groups and interviews.

Research with women assisted for having experienced situations of violence imposes important ethical challenges. One of these challenges is related to the strict secrecy instituted by psychological and legal assistance. In this sense, the conduct of the study fully respected the intrinsic ethical limits to each of the disciplines. The other challenge is related to emotional safety, in this sense, the team conducted the research with great caution not to lead these women to triggering situations of returning to their traumatic memories.
1.2 The Case-Study: "Mapa do Acolhimento"

"MAPA DO ACOLHIMENTO" AND NOSSAS

"Mapa do Acolhimento" (commonly referred to as "Mapa") is a project incubated by NOSSAS, a Brazilian-based organization that works as a laboratory for civic engagement, since 2011 on the frontline of social innovation, fostering public participation in diverse instances. NOSSAS has been involved with women’s rights, specifically at the city-level, since the launch of its pilot projects of "Meu Rio" (2011), "Minha Sampa" (2013) and "Meu Recife" (2015) and has successfully influenced decision-makers for the advancement of policies that guarantee the rights of women. This way, "Mapa" co-exists along with a number of other interventions in the social sector that are also incubated by the same organization. That gives the project extraordinary insight into the needs of its ecosystem in Brazil, and frequent opportunities for collaboration with peer organizations. NOSSAS is a well-known and respected organization both locally and globally, it was recently awarded with the Skoll Award for Social Innovation.
1.2 THE CASE-STUDY: “MAPA DO ACOlhIMENTO”

BUILDING A SOLIDARITY NETWORK TO ADDRESS GBV

In 2016, the organization used its community management skills and technology development capacity to build a solidarity network focused on the psychological and legal assistance for women who suffered GBV. “Mapa” is built on the power of solidarity amongst women — something that the world has come to reckon within the past years, as new feminist movements have arisen and gained momentum precisely because they were built around the premise that no women should suffer alone, and that women can help each other through moments of crisis. Technology comes in as a tool to lower the engagement barriers — making it easy for volunteers to find ways to channel their energy towards helping survivors, who have access to support through an unbureaucratic process. This solidarity network model was also inspired by solidarity networks implemented in humanitarian situations like the refugee crisis in Greece and with incredible results. Psychological and legal support are important services that public institutions are not efficiently offering, so NOSSAS created a citizen-to-citizen system for a free service provision in order to address the urgent challenge of taking care of these women.

ABOUT “MAPA DO ACOlhIMENTO” IN PRACTICE

“Mapa” do Acolhimento” is a non-profit-held service structured around a community of volunteers organized through efficient, custom-made and groundbreaking technology. Objectively, with 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, women are supported in search for mental health and access to justice. This service-provision is coordinated and facilitated by a dedicated multidisciplinary core team composed of lawyers, psychologists, political scientists and social workers. Since its launch, "Mapa do Acolhimento" has registered almost 4,500 volunteers in over 1,000 cities in all five regions of Brazil. As of March 2020, there were 2,383 psychologists and 2,098 lawyers who have assisted over 11,000 women who suffer from GBV. 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.
Theory of Change

You can explore the intervention's complete theory of change through the following slides:

**PROBLEM / SITUATION**

- The seriousness of the situation of violence in which many women live in Brazil, with effects on their mental health, self-esteem and search for rights to escape the situation.
- Distance and other obstacles to women's access to public services.
- Disinformation about public services for situations of violence against women.
- Support network for women in situations of violence that are disarticulated, uninformed, with little awareness of gender issues and insufficient to welcome women from different regions of the country.

**ASSUMPTIONS**

- Critical and intersectional approach to social inequalities (gender, race and social class) is essential for the recognition of autonomy and the creation of care practices for women at risk.
- Immediate action to welcome women in situations of violence is necessary to reduce damage to their mental health and to avoid the risk of new incidents of violence.
- The development of a solidarity network mobilizes society, produces identification among members around a cause and increases pressure for changes in public policies and services.
1. EXECUTIVE SUMMARY

1.2 THE CASE-STUDY: “MAPA DO ACOLHIMENTO”

THEORY OF CHANGE

**INTERNAL AND EXTERNAL FACILITATING CONDITIONS**

- Number of potential law and psychology volunteers with interest and willingness to donate time to address gender-based violence.
- Digital and physical accessibility so that women can use the Mapa do Acolhimento webpage and make use of the available services.
- Policies that support the need for care for women at risk, as well as services that are part of the support network for women in situations of violence and show openness to requests from Mapa do Acolhimento.
- Engagement of partners from other civil society organizations.
- A mobilized civil society that is sensitive to gender inequalities and other social markers.

**SPECIFIC QUALITIES TO SUPPORT TRANSFORMATION**

- Combination of psychology and law services.
- Testing and training of volunteers in an intersectional and emancipatory perspective
- Articulation with different services.
- Concern for the safety and care of all participants.
- Supervision of service provision by trained professionals.
- Multidisciplinary performance.
- Connection to the nearest public service.
- Identification of network demands to pressure up on policies.
- Solidarity network — how to do it.
1. EXECUTIVE SUMMARY

1.2 THE CASE-STUDY: “MAPA DO ACOLHIMENTO”

THEORY OF CHANGE

**ACTIVITIES**

- Recruitment, triage and training of psychology and law volunteers
- Registration of women at risk or in situations of violence
- Mapping of network of public services that support women in situations of violence
- Connection between women, careers and public services according to location
- Monitoring service provision
- Execution of social mobilization campaigns and pressure for public policies (aid for rent during pandemic for example).

**PRODUCTS**

- Virtual platform for women’s access
- Registration of law and psychology volunteers
- Volunteer training course
- Campaigns to pressure for public services and benefits for women at risk (rent assistance, 24-hour police stations)
- Guides and booklets
1. EXECUTIVE SUMMARY

1.2 THE CASE-STUDY: “MAPA DO ACOlhimento”

THEORY OF CHANGE

EFFECTS AND RESULTS

Women Supported

- Assisted in their legal and mental health needs
- Safe
- With more resources in the production of alternatives for life and care
- With better self-esteem/self-image
- Informed about their rights, resources and equipment/support institutions

Law and Psychology Professionals

- Mobilized to fight gender-based violence
- With critical perspectives towards social inequalities that are related to GBV
- Knowing laws and the network to fight violence against women

Society and Institutions

- Strengthening the solidarity network
- Expansion of the care network for women in situations of violence
- Political representatives and servants informed about women’s needs and service gaps
The team that composed this project was diverse and multidisciplinary; including political scientists, psychologists, lawyers, data analysts and more. In addition to the core team dedicated to "Mapa do Acolhimento", an extended team was hired specifically for this project in order to guarantee the collective quality and the ethical procedures necessary to protect data and informants. An overview of each team and their members can be seen through the following slides:
PROJECT'S CORE TEAMS

Senior Team

Alessandra Orofino
EXECUTIVE DIRECTOR

NOSSAS executive director Alessandra has a degree from Columbia University in Economics and Human Rights. She was a founding team member at Purpose, a NY-based agency that designed groundbreaking institutions such as AllOut, GetUp, and Meu Rio. She also worked with GBV research in Brazil and in India, and curates AQESE, a blog focused on gender inequality for Folha, Brazil’s largest newspaper.

Gabriela Silva
PROJECT MANAGER

Gabriela is “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
PROJECT COORDINATOR

Ana is part of “Mapa do Acolhimento”‘s leadership team. She has a law degree from the Pontifical Catholic University of São Paulo (PUC-SP). For years she worked in family law where she was exposed to the challenges faced by women in accessing justice and the obstacles of the Brazilian judicial system. From that point on, she took the specialization course in the care of women in situations of GBV at the Brazilian Institute of Criminal Sciences.

Manoela Miklos
HEAD OF STRATEGY

Expert in human rights and gender studies, and an activist for women’s rights. Miklos holds a PhD degree on citizen security from the Postgraduate Program and has offered a considerable contribution to the public debate on VAW in Brazil. She was part of the Open Society Foundations team in LATAM and is NOSSAS’ head of strategy.

Enrica Duncan
PROJECT DIRECTOR

Enrica is a political scientist, specialized in History and Global Studies by the New School and a current candidate for UPeace masters program on Conflict Resolution, Peace and Development. She has been part of the leadership team at NOSSAS since 2014 and has extensive project management experience, having designed and developed many initiatives within the organization.
1.3 THE PROJECT’S TEAM

Implementation Team

Isabella Dos Santos
SERVICE-PROVISION FACILITATION

Paula Eduarda Da Silva
SERVICE-PROVISION FACILITATION

Thalita Queiroz Dos Santos
SERVICE-PROVISION FACILITATION

Vanessa Barboza
SERVICE-PROVISION FACILITATION

Research Team

Larissa Schmillevitz, Rodrigo Assis and Vanessa Fonseca
RESEARCH PROPOSAL COORDINATION

Amarilis Costa da Silva
OVERALL FIELD RESEARCH COORDINATION

Maria Julia Wotzik
STRATEGIC ANALYSIS & FINAL REPORT DEVELOPMENT

Juliana Maria Costa and Isabella Amaro
RESEARCH ASSISTANCE

Anderson Bento
DATA COORDINATION

Camila Reis
VOLUNTEER FIELD RESEARCH

Strategy Team

Juliana Martins
ADVOCACY ANALYST

Livia Merlim
CAMPAIGNS COORDINATION
In order to achieve the research goals, the team conducted a formative research by triangulation of methods, which integrated quantitative and qualitative approaches as well as in-depth analysis of documents, context, history and relationships in which the intervention is inserted. To analyse the direct effects of Mapa’s service provision, several methods to actively listen to the inputs and perceptions of three main players for the project: its core team, its beneficiaries (women at risk who suffer/ed GBV) and volunteers who provide legal and psychological services.

Throughout this presentation are showcased the results and main findings of the research conducted with all three groups. While the application of quantitative instruments aimed at dimensional aspects of the process and the result, the qualitative sources of information were used to go deeper in the stories, capturing the relational dynamics of the interventions and the appearance of unforeseen signs.

The team conducted an empirical research applying multiple techniques to achieve the results showcased in this presentation, including:

**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 Research with the project’s core team and volunteers;
- In-depth Semi-Structured Interviews with beneficiaries/women at risk;
- Crossed Focus Groups with volunteers who provided support for the beneficiaries who took part on the qualitative research
1.5 GBV Context in Brazil

Violence against women is a worldwide issue that affects both rich and poor countries, and Brazil is especially affected by this urgent and serious situation. This research also acknowledges it is impossible to talk about GBV without an intersectional approach. It is essential to note that especially race and sex are categories that lead to historically built dynamics of subalternity and discrimination, producing inequalities that are used to justify social asymmetries. GBV, in its intersection with inequalities of race, social class, and others, embody asymmetries of power that support violence and makes specific groups much more vulnerable to risk situations.

Once applied the racial lense to this issue, it becomes clear that there is also a huge meta-asymmetry to be solved. Some data below can help to grasp the dimension of the issue in the country:

GBV IN BRAZIL

- Brazil has one of the highest rates of GBV in the world; approximately 40% of femicides from Latin America happens in the country
- It is estimated that one in every four Brazilian women have already suffered some type of GBV
- There was an expressive growth of 30.7% in the number of femicides during the decade of 2007-2017
- In 2019, one case of GBV was registered every four minutes in the country
- In 2021, it was one case of femicide registered every 6.5 hours
- GVB cases increased over 20% during the Covid-19 pandemic, meaning that around 17 million women (24.4%) suffered violence that year

RACIAL LENSE

- 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
This horrifying reality is deeply rooted; violence against women (VAW) is one of the structural foundations of Latin-American societies, especially Brazil—since its colonialisminvasions in the XV century, native women have been submitted to processes of violent domination, genocide, slavery and exploitation. Justified by civilizational expansion, these women went from prestiged savants and local leaders to targets of the patriarchal colonialism, forced to subordination through oppression and violence. This way, the intersectionality between violence, gender, race and class were deeply established in the country’s social and political dynamics for centuries. It is clear how this targeted violence has been used as a key mechanism of social control, imposing submissions in both private and public spheres until the present moment.
Public Response

In 1975 the UN promoted its first gender equality conference, establishing goals to guide the protection of girls and women all over the world. In 1993, in Vienna, VAW was classified as a serious violation of rights, a position later reaffirmed in Cairo and Beijing. Yet, it took years until the Brazilian State was finally penalized by omitting and tolerating VAW (in 2001). And it was only in 2006, 23 years after Maria da Penha was victim of a double attempt of femicide, that the first set of laws addressing this kind of violence was sanctioned in the country.

This set of laws named after her, "Maria da Penha Law" is still the most important mechanism to address VAW in Brazil. Under its scope, Women's Police Stations were one of the main public policies implemented, and the of the main public policies implemented, and the first one was opened in 1985 in São Paulo, fostered especially by the women's movement. NOSSAS/”Mapa do Acolhimento” also had an important more recent role in this process, mobilizing civil society to pressure for more stations and a 24h implementation. Currently, there are 124 Women's Police Stations in São Paulo and 307 in the country — but the total number of municipalities equipped with this kind of service is still under 10%, proving that although existent, these public policies are not effectively tackling the issue as a whole.

There is even reason to believe that the staggering numbers are also a direct result of the failure of these existing institutions. Despite the effort to make these violence protection services accessible throughout the public services, a huge disconnect remains between the institutions assembled for the cause and the women that come forth to report their abuse — as can be seen by the data below extracted from a local study conducted in São Paulo, the country’s biggest city:
It can be concluded then that in regards to the public response and structure offered; the precariousness of the physical space, the lack of specialized human resources for protection and safety, the absence of service protocols (in addition to the disarticulation of the service network) are all factors that hinder women's access to institutions, and social facilities that should be in charge of taking care of them are not doing it effectively, in some cases even causing more damage.

78% of femicide victims had already tried to access public services (yet, not only were they led back into the cycle of violence, but it escalated, ultimately meaning the lost of their lives).

10.3% is the number of victims who sought a Women's Police Station after an episode of violence between 2018-2019.

68% of women stated that fear was the main the reason why they didn't report the violence.
Definition of Violence

For this research's purpose, the definition of "violence" was considered as it is written on "Maria da Penha" Law. In its content, the bill covers five types of violence against women: physical, moral, sexual, patrimonial and psychological. The latter and most socially discredited one (psychological violence) is defined as:

"(...) Any conduct that leads to emotional damage and decrease of self-esteem or harnesses and disturbs the full development or that seeks to demote or control their actions, behaviors, beliefs and decisions, through threats, embarrassment, humiliation, manipulation, isolation, constant surveillance, insistent persecution, insult, blackmail, intimacy violation, ridicularization, exploration and suppression of rights or any other mean that causes harm to psychological health and self-determination."
1.6 Research Main Findings and Insights

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.

Unanimously, women highlighted how much the psychological support provided by "Mapa do Acolhimento" made a significant difference in their lives. They highlighted self-awareness as one of the main drivers that allowed them to establish boundaries in their relationships.

According to the beneficiaries, they felt stronger and more resilient after the intervention and attribute a great part of their rebuilding progress to the services offered through "Mapa do Acolhimento".

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

Over 25% of women who sought support in public services and/or institutions, reported they felt as if they had to "beg for help", proving these structures inefficiency dealing with GBV cases alone.
1. EXECUTIVE SUMMARY

All beneficiaries interviewed evaluated the project very well and said they would recommend it to other women in need/ at risk.

The project has broad penetration: it reaches and supports women from all races, all ages (16-71 years old) and from all of the country's regions. However, there are still racial and territorial gaps to be solved in order to increase the project's efficiency and accessibility.

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 affect women in different levels.

1.6 RESEARCH MAIN FINDINGS AND INSIGHTS

Psychological support is much more requested by the project's beneficiaries than legal support. They request more (24%) of mixed support than only legal (13%), while only psychological support accounts for 62% of the demands.

There is a considerable difference between the perceptions beneficiaries hold on volunteer psychological and legal services. The different nature of each field leads to different dynamics and perceptions from all players involved.

Reports shows that legal dynamics often lead to situations of discomfort or even revictimization for women at risk, highlighting that GBV is a structural issue deeply rooted on institutions and with direct effects on daily public service-provision.
1. EXECUTIVE SUMMARY

All team members are aligned on the purpose and meaning of their work, as well as the understanding of intersectionality, respect to women's autonomy and active listening as key approaches to a humanized GBV support.

1.6 RESEARCH MAIN FINDINGS AND INSIGHTS

All volunteers emphasize how much the psychological support optimizes the legal support (and contrariwise), proving the effectiveness of combining different types of support for women at risk.

Overall, the group of volunteers (both psychologists and lawyers) demonstrate high levels of commitment and dedication to the project, providing a continuous efficient service and building a large network of mutual trust between other volunteers, beneficiaries and the project's core team.

Overall, the work being done by the team is one of the highest levels of quality and care for the humanization and efficiency of the service provided. They also present high ethical standards when it comes to GBV care and the seriousness of the topic.

Unanimously, the group of volunteers considers the work of "Mapa do Acolhimento" as extremely relevant and a strong driver of social change, attributing to it great social and humanitarian value. They also find their engagement with the project of great relevance for their personal and professional development.

All volunteers emphasize how much the psychological support optimizes the legal support (and contrariwise), proving the effectiveness of combining different types of support for women at risk.

The GBV training program proved itself to be an important tool for the volunteers' activities, considered indispensable as a preparation to provide quality support to cases of GBV.
2. Team's Perspective

Description methods, results and conclusions of the organizational ethnography conducted with the project's core team.
2.1 Intro: Organizational Ethnography Study

ABOUT THE ETHNOGRAPHIC MODEL

It is an interpretative study elaborated to apply contributions of anthropology to project management, socio-cultural analysis and comprehension of organizational challenges. The **ethnographic model** is intrinsically connected to the act of grasping and describing realities, dynamics and situations. It's an important methodological tool to analyse social behaviors.

Through the teachings of Malinowski, founder of the ethnographic method, it is known that beliefs and ideas are incorporated within institutions and conducts — and as such, should be extracted from different sources. Meanwhile, values and practices also compose different and complementary clues to fully comprehend institutional structures.

Institutions and organizations as all social constructs are given by human behaviors, composed by multiple logics that exceed just the rational thought. Their intersections generate a plural condition; proper to the multiplicity of the agents who compose the organization, each one feeding and perceiving from their own feelings, giving their own meanings to experiences. "Reason intertwines with feelings and is stuck to imagination". It's this **polysemy of the symbolic dimension of institutions that leads to the need of an organizational ethnology**, in order to verify the dominant managing ideology in a specific social context.

Observation as a research method on organizational culture, feeding from anthropological theories, proposes **three points for an interpretive approach**, which in this case are presented as: **culture, shared ideals/beliefs and flexibility**.
THE PRESENT ETHNOGRAPHIC STUDY

The ethnographic study presented here was conducted with "Mapa do Acolhimento"'s core team, as a strategy to begin to understand the complex system the structure appeared to hold. This seemed like the most adequate method to kick off the research, getting to know and identify the nuances of the project's operation. This was strategic to structure the subsequent quantitative and qualitative methods in relation to the parameters of efficiency and efficacy of the project and empirically understand the experience of the project from the optics/perspective of its team, beneficiaries and volunteers.

At the time of the study, which began in early 2021, the project had a small team that gave the impression of holding great synergy and a long time of collaboration. Most parts of the project's processes, protocols and procedures were organically developed by this team. The study allowed them to have a greater comprehension of their own dynamics and the service they provide, as well as their practices, activities, values and processes. Meanwhile, it allowed the research team to begin to comprehend the context and social dynamics involved in the project's microcosmos. (*Note: since the study, the project's team had a substantial growth).

PROCESS APPLIED

To build the methodological baseline and achieve the expected goal, the research team conducted five observational dialogues; three with "Mapa do Acolhimento"'s core team and two with a group of volunteers. The results of the latter dialogues can be seen in section 3, this section will focus on the first group.


Each dialogue lasted for one hour and was divided into four cycles of reflections based upon strategic baseline questions that served as starting points for the dialogue:

- **Cycle 1**: What does providing care mean for you?
- **Cycle 2**: How does this operation work?
- **Cycle 3**: What are the effects that this work generates?
- **Cycle 4**: A symbolic case-study

The development of this ethnographic study also included the analysis of documents created by the project that helped the research team better understand its work flows and processes. *This material included:* GBV training content; map of public services; guidelines for women’s safety and access to justice; guidebook on GBV care and public services; content of selection survey; volunteer agreements for psychologists and lawyers; guidelines for volunteers, etc.
2.2 Ethnography Results

PERCEPTIONS ON GBV CARE

Throughout the following slides are presented reports, testimonials, perceptions and conclusions derived from the ethnographic study conducted with the project’s core team:

"What does it mean to provide care? the way I see it, caring is listening, is understanding the situation through an intersectional and multidisciplinary approach, and always respecting the women’s history"

Overall, the study identified that when it comes to understanding care-provision (main purpose of their organizational activity), the team is aligned in their position both internally and externally.

All participants agreed that providing care...

- Is about not judging, but actively listening to the women’s personal yearnings, desires and fears;
- Requires the comprehension of intersectionalities embedded in each case; understanding their different histories, realities and social factors to take into account the potentialities and vulnerabilities of the person;
- Is defined as a posture, an ideology and/or a space that converges ethics and aesthetics as well as political, social and international values;
- Can happen anywhere at any time, is not about the place itself but rather how one creates a safe political space considering all the intersectionalities of each case.
PERCEPTIONS ON THE PROJECT

A few characteristics that make the project special in the team's perception:

- **Solidarity Network**: offering a model in which women at risk can be supported and cared for by other women;
- **Dedicated Care**: offering a service of individual support personalized for each woman's specific needs and contexts (in contrast to general group support usually provided by public services);
- **Autonomy**: providing a support based upon the respect to the women's autonomy, creating a safe space that considers the subjectivities and intersectionalities of each case;
- **Access to Services**: connecting women at risk with volunteer psychologists and lawyers provides them with access to specialized services that are essential for their health and which they wouldn't be able to access otherwise.

Through this ethnographic analysis it was made clear there is an established imagetic pattern among the when it comes to the comprehension of the project's work — in their own words:

"A singular space, what makes ‘Mapa’ so special is the fact that a woman can be supported and cared for by other women, engaging in dialogues about her specific social factors and violence situation, and receiving answers crafted for her. ‘Mapa’ doesn't offer a collective support, but rather an individual one, and the team understands these characteristics are essential for the decision-making process of the woman. A safe and comfortable space that prioritizes their autonomy, that provides specific returns, that considers the subjectivities and social factors of each woman who seeks support. ‘Mapa’ operates on a dedicated one-to-one support model to ensure the health of its beneficiaries from the point of view of social constructs and access to justice."
PERCEPTIONS ON INTERNAL GAPS AND CHALLENGES

The team revealed itself to be critical when it comes to the project, naturally identifying risks, gaps and needs on their operation, such as:

- The absence of a triage process to verify if the women asking for the project’s support is really at risk and/or in need;
- The lack of a process for periodic follow ups on each case to know how they unfold in practice, and intervene when necessary;
- The need to improve communication strategies to have more info on the beneficiaries profile, social context and unmet demands;
- The racial gap (the group of volunteers and beneficiaries is mainly composed of white women);
- The scarcity of racial data about the project as a whole.

- The fact that the GBV training program was not mandatory for all volunteers became a strategic fragility, emerging the need to expand the training to all volunteers;
- The need for greater institutional structure and coherence (professional alignment, internal protocols evaluation, standardization of informational flows, etc);
- The absence of a general/baseline method for GBV support to be followed by all volunteers and a subsequent lack of clarity on the specific techniques and interventions being applied by them.

Note: through the period in which this research was being developed, the project’s core team was expanded with the addition of five new members (Vanessa, Thalita, Paula, Isabella and Bianca). Their inclusion led to important changes on the project’s internal operation and structure which were all in accordance with the gaps and challenges identified (this will be further discussed in section 5).
2.3 Section's Main Findings and Conclusions

The analysis concludes that the work being done by the team is one of the highest levels of quality and care for the humanization and efficiency of the service provided. They also present high ethical standards when it comes to GBV care and the seriousness of the topic.

The team showed great domain over the workflows and processes needed to maintain and expand the organization. Yet, the organic expansion of processes and activities created gaps from an analytical point of view; specifically a great level of personification of the workflow, leading to a situation of deep concentration of efforts and lack of visibility of peers' working cases.

All members are aligned on the purpose and meaning of their work, as well as the understanding of intersectionality, respect to women's autonomy and active listening as key approaches to a humanized GBV support.

It was observed that there are two and three degree ramifications of the intervention that are not reached or dimensioned by the operation in place — especially when it comes to following up with the cases and their unfoldings.

The organizational culture shows signs of an intervention managed by people who are more worried about the problem than a specific solution and hold sufficient knowhow and resources to constantly adjust the operation according to its practical outcomes.
3. Volunteers' Perspective

Description methods, results and conclusions of qualitative and quantitative studies conducted with the project's volunteer psychologists and lawyers.
3.1 Intro: Quantitative Research

To analyse the effects of the project's intervention, the team also used research methods to listen to the inputs of the specialized volunteers who provide services for the beneficiaries (women at risk). Through this subsection are showcased the results and main findings of researches conducted directly with these volunteers.

CONTEXT

In 2019, “Mapa”s dedicated team identified the need to create triage and capacity-building processes in order to ensure all of the project's volunteers are able to provide a humanized service for the beneficiaries - taking into account the specific dynamics of GBV, and all of the identitary traits and intersectionalities that affect women in different ways. In the same year, the team designed and began to execute a GBV training course for all volunteers, also generating a positive side-effect of aggregating value for the volunteers and creating cutting-edge content on how to address cases of GBV that's available to civil society as a whole.

METHOD

A quantitative research was conducted with the goal of evaluating the effects of this training course for the volunteers professional improvement and the quality of their service-provision. Due do COVID restrictions, an online questionnaire was sent to all 189 volunteers who after the triage process went through the entire training program, and 10% of them fully answered the questionnaire. The main results and insights generated from this research are highlighted through the following pages.
3.2 Quantitative Results

**IDENTITY PROFILE**
Volunteers interviewed declared themselves to be...

- **Psychologists and lawyers** in similar proportions
  - Psychologists 53.8%
  - Lawyers 46.2%

- **Active volunteers** for the project for over or less than 1 year in equal proportions
  - +1 year 50%
  - -1 Year 50%

- **Providing services to beneficiaries** in varied lengths and depths, but mostly from one to over six months
  - +6 months 27.3%
  - Southeast 68.4%
  - Northwest 2.0%
  - Midwest 29.7%
  - Northeast 11.2%
THEORY IN PRACTICE

In general, volunteers interviewed declared that after the training...

They felt **prepared** to apply learnings on identity context identification

- Felt well prepared: 63.6%
- Felt partially prepared: 36.4%

They felt **well prepared** to apply learnings on GBV context

- Felt well prepared: 72.7%
- Felt partially prepared: 27.3%

They **understood very well** how the project and their role as volunteers works

- Understood well: 72.7%
- Did not understand: 9.1%
- Understood very well: 18.2%
3. VOLUNTEERS’ PERSPECTIVE

3.2 QUANTITATIVE RESULTS

THEORY IN PRACTICE

In general, volunteers interviewed declared that after the training...

- They felt prepared or partially prepared to apply learnings on specialized GBV service-provision:
  - Felt prepared: 54.5%
  - Felt well prepared: 45.5%

- They felt partially prepared to apply learnings on existing public services for GBV:
  - Felt partially prepared: 63.3%
  - Felt well prepared: 36.4%

- They felt partially prepared to apply learnings on practical legal procedures:
  - Felt partially prepared: 72.7%
  - Felt well prepared: 27.3%
RELEVANCE OF TOPICS
About the topics covered, in general volunteers declared they considered them...

Very relevant for their professional practices

- Relevant: 27.3%
- Very Relevant: 72.7%

Very relevant to address gender-based violence

- Little Relevant: 9.1%
- Very Relevant: 90.9%

Very relevant for their own professional and personal interests

- Relevant: 9.1%
- Very Relevant: 90.9%

*only one found them little relevant for this
RELEVANCE OF TOPICS FOR PROFESSIONAL PRACTICE

About the topics covered, in general volunteers declared they considered...

"Understanding the violence cycle", "non-revictimization" and "respect to women's autonomy" the most relevant topics for their professional practice.

"Intersecional approach", "legal strategies" and "respect to women's autonomy" the less relevant topics for their professional practice.
RELEVANCE OF TOPICS FOR PRACTICAL APPLICATION

About the topics covered, in general volunteers declared they considered...

"Respect for women's autonomy", "non-revictimization" and "understanding the cycle of violence" the topics they felt most prepared to apply in practice.

"Legal strategies" and "intervention techniques" the topics they felt less prepared to apply in practice.
**METHODOLOGIES**

About the training methodologies, in general volunteers interviewed declared they...

- **Would like "case-studies" and "building intervention plans"** to be added to the training methodology
- **Found the support materials useful** to absorb the learnings
  *Only one found them not very useful*

- **Found the length of the videos** quite reasonable
- **Found the support materials** significantly contributed to deepen their knowledge on GBV

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**Quantitative Results**

- **Collective interview**: 7.4%
- **Mini-curriculum**: 3.7%
- **Directed text building**: 14.8%
- **Build intervention plans**: 37.0%
- **Case-study**: 37.0%

**Useful** 90.9%

**Not very useful** 9.1%

**Too long** 9.1%

**Reasonable** 90.9%

**Fairly contributed** 18.2%

**Significantly contributed** 81.8%
3.3 Qualitative Research

In order to further investigate the dynamic and effects of the project, the research team explored the volunteers’ perspectives by applying two complementary methods; an ethnographic study and focus groups. All data in this subsection was derived from the results of these two research techniques. The content was generated by hours of meetings and dialogues with different groups of strategically selected volunteer lawyers and psychologists.

**ETHNOGRAPHIC METHOD**

Consists of an interpretative study elaborated to grasp the experiences volunteers have with the project in order to better understand its structure, dynamics, effects and efficacy. This method is closely connected to the action of understanding and describing realities and situations, consisting of recorded and observed dialogues with specific groups of people.

A group of highly engaged volunteers was selected to take part in the ethnographic study, a strategic decision made by the research team to start by grasping an overview of the project’s dynamics. Each observation dialogue with these volunteers lasted for an hour and was divided into four cycles of different baseline questions, as following:

- **Cycle 1**: What does providing care mean for you?
- **Cycle 2**: How does this operation work?
- **Cycle 3**: What are the effects that this work generates?
- **Cycle 4**: A symbolic case-study

**FOCUS GROUP METHOD**

The focus group technique consists of collecting data out of communication and interaction through group interviews. The focus is to establish a dynamic able to aggregate different ideas and perspectives/points of view without prioritizing any specific narrative or individual.

The participants of this focus group were different from the ethnographic’s composition. For this approach, the team strategically selected volunteers who provided support for the beneficiaries interviewed in section 4. This logic allowed for a cross analysis and an end-to-end overview of the intervention.
3.4 Case-Studies Results: Psychologists

Reports extracted from dialogues with the project’s volunteers:

**Psychologist 1: “Ms. Freitas”**

Ms. Freitas is a lacanian psychoanalyst from Rio de Janeiro. She donates two hours each week to provide support for women at risk registered in “Mapa do Acolhimento”. She mentioned she was currently performing analytical listening for a woman who had already gone through the entire GBV cycle - she decided to report the violence, followed a legal procedure and is already in a different marriage, successfully ending her period of support with Ms. Freitas.

**Psychologist 2: “Ms. Fonseca”**

Ms. Fonseca is a psychologist specialized in couple and family therapies. She found the project through an ad on Facebook. Ms. Fonseca has always worked in the social sector but was distant from this kind of activity, thus precisely seeking a volunteer opportunity to engage with. She has been providing regular support for two of “Mapa do Acolhimento”s beneficiaries for over a year offering free weekly sessions. One of the beneficiaries was going through a difficult period with her husband who once had a rage outburst and broke the entire house. After her support, the beneficiary was able to lead her abusive husband into psychiatric and psychological treatments and both are now returning to their family life.
Ms. Telles is a criminal lawyer who has been working in Rio de Janeiro for seven years. She started providing volunteer services through “Mapa do Acolhimento” in July 2020, when she was connected with her first cases. Ms. Telles reveals that one of these cases was especially challenging for her as a professional, since she had lived through a similar situation of psychological violence before. At the same time, she reports feeling a great pride as she watched the women she assisted stepping up to break the cycle of violence — and thriving afterwards.

Ms. Bezerra, an active volunteer for the project since 2018, highlights her memory of when she took a case of a trans woman, which was new to her at the time, and could only then clearly realize how much violence is contained in disrespecting gender identity. She says that, as a cis woman and a lawyer, being closer to cases like this contributes to her personal and professional lives. She reports that during the case, the woman’s gender identity was not respected at any given moment, even when she requested that the judge adhere to her chosen pronoun. Ms. Bezerra says she has learned a lot from this experience, clearly understanding the complexity of such delicate cases.
3.4 Testimonials

A few testimonials extracted from dialogues with the project’s volunteers...

"The project resonates in my work by allowing me the opportunity to be a volunteer, to provide my professional service without charging, while acquiring gains for our education and having access to other affiliate professionals."

"It's always hard to work with women in situations of violence. In my experience, I know I have to listen more actively and carefully to the events narrated. In most cases, these women are really quite ill. Working with "Mapa" trained me to be able to use several approaches I didn't know before."

"Most cases I see are from the other side, as a defense lawyer, defending aggressors. To have this opportunity of being on the other side gives me more abilities to deal with these types of cases with more sensibility; for example being careful not to revictimize the women."

"Providing support for these women can't feel like an inquisition, it must be an environment in which the person who needs help feels safe and actively heard, leading her to not feeling afraid of being judged, hence telling the most honest truth about her situation."

"Active listening is essential to understand what each case demands; a conversation, psychological support and/or legal measures. Providing care for these women can't follow a fixed script, it should be based on extracting what that woman needs most at that given moment, and everything must happen in a timing that makes her comfortable."

"Some cases are extremely challenging, demanding extra attention and care given that the one providing care also needs to balance her professional and personal routines."
3.5 Section's Main Findings and Conclusions

In general, the capacity-building program was considered quite relevant for the volunteers when it comes to understanding the GBV context and applying new skills in practice, hence improving the quality of their service-provision for women who suffered GBV.

Unanimously, the group of volunteers considers the work of "Mapa do Acolhimento" as extremely relevant and a strong driver of social change, attributing to it great social and humanitarian value.

Volunteers also find the collaboration with "Mapa" of great relevance for their professional development. They report to acquire and perfect sets of skills and abilities working with the project they would not have the opportunity to develop otherwise in their traditional work paths.

A considerable number of volunteers suggested social workers should be added to the project's network, once they identify several situations that require economic and social assistance.
It can be concluded that the group of volunteers (both psychologists and lawyers) demonstrate a high level of commitment and dedication to the volunteer engagement with “Mapa do Acolhimento”, providing a continuous efficient service and building a large network of mutual trust between other volunteers, beneficiaries and the project’s core team.

There is a considerable difference between the perceptions on volunteer psychological and legal service-provision. The different nature of each area leads to different dynamics and perceptions from all parts (the team, the beneficiaries and the volunteers themselves).

Reports show that legal dynamics often lead to situations of discomfort or even revictimization for women at risk, highlighting how gender-based violence is a structural issue intrinsically rooted on institutions and with direct effects on daily public service-provision.

All volunteers emphasize how strongly the psychological support optimizes the legal support (and contrariwise), proving the effectiveness of combining different types of support to provide care for women who suffered GBV.
4. BENEFICIARIES’ PERSPECTIVE

4.3 INTRO: QUALITATIVE RESEARCH

SOCIAL LEVEL
Practices based on traditional gender roles that conceive the structure of violence against women in unequal and oppressive manners.

COMMUNITARY LEVEL
Structural factors that affect daily environments where power relationships are developed.

RELATIONAL LEVEL
Family organization and immediate relationship surroundings, allows for visibility over aspects and gender hierarchies on the victim’s interpersonal relations with their immediate environment.

INDIVIDUAL LEVEL
Accounts for fundamental justifications of, among other factors, mental illness, high levels of alcohol or other addictive substances that affects the individual’s mental capacities, etc.
4. Beneficiaries' Perspective

Description methods, results and conclusions of qualitative and quantitative studies conducted with the project's beneficiaries/women at risk
4.1 Intro: Quantitative Research

This analysis is the consolidation of a quantitative research conducted by Mapa’s team with women at risk registered in the project between July, 2018 and July, 2021. Due to COVID restrictions, an online questionnaire with strategically designed questions was sent to +5,000 women (50% of the project’s beneficiaries), generating quantitative data that was systematized allowing to draw on identity profiles and service-provision patterns existing in the project. The data below shows this research audience and sample — and through the following slides its main results and strategic findings.

YEAR IN WHICH WOMEN INTERVIEWED SUBSCRIBED TO THE PROJECT SEEKING SUPPORT:

- 2021 19.9%
- 2020 29%
- 2019 20.8%
- 2018 30.2%
3.2 Quantitative Results

IDENTITY PROFILE

Women interviewed declared themselves to be...

- **Almost all female** (1% transgender)

- **From 16–71 years old, but mostly between 30–49**

- **From all the country’s regions, but with a high concentration in the southeast**

- **From all races, but mostly white and black**
  
  *“Black” is being considered in this report as the sum of brown and black women, as it’s commonly used in Brazilian demographic analysis.*
SERVICE PROVISION
Women interviewed declared that...

Afternoon is usually the best period for communicate

Whatsapp is by far their preferred communication channel

Most of them require only psychological support and few require only legal support
The sample for this research application was composed of 100 beneficiaries from which 20 were selected to undergo in-depth interviews. The team strategically ensured that the group covered different profiles to reflect the project and the country's reality. In order to grasp the intervention's impact, the guiding question of the research was "how does the act of connecting women who suffer GBV with specialized volunteers to support their cases really affect their lives?".

It was a qualitative-descriptive study, following a scale of horizontal samples from the profiles interviewed. During the process, over 25 hours of in-depth interviews were conducted, and the data collected was systematized and compared to secondary sources such as governmental agencies and research institutes (Brazilian Institute of Geography and Statistics and the National Violence Atlas). The interviews followed a semi structured script, allowing for pattern identification as well as the establishment of trust bonds with the beneficiaries. The script's structure was based on the Gender Ecological Model developed by Heise in 1999 to describe structural social factors that contribute to the complexity of addressing GBV (figure below).
4.4 Qualitative Results

IDENTITY PROFILE

They are.....

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

survivors of all types of GBV, mostly psychological, physical and patrimonial

beneficiaries from the project’s legal and psychological support

Most of them are...

single
(few are already in different relationships)

mothers to 1-2 children
(some support other family members)

cisgender

black women

between 20-30 years old

heterosexual

And...

They have been beneficiaries of the project for +6 months

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
### 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 and present themselves as their only option so they would not react...

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

About women interviewed...

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

"If you cheat on me I will kill you"

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

Other 10% only realized the risk they were under after physical aggression happened. Some could only acknowledge the situation of violence after being removed from the environment promoted by romantic or family relations.

"Why did I let this happen to me?"

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"

"For a few weeks, he kept our agreement not to drink and to seek for help, but it was just to make a scene. Now that he isn't interested in convincing me anymore, he stopped attending the alcoholism support group and started drinking again. He tried to break in the door of the room I was in when I said I didn't want to talk."

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

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...

"He put us in the car and said we would all die together because he would throw the car off the hill. My son was little, but my daughter who was older spent a long time afraid of visiting her father. Even now she is still scared to leave my side fearful that something bad will happen"
**Revictimization**

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...

- "I was only able to clearly see my reality once I left it"
- "I was raised in a Christian environment and people would blame me, they said I wasn't praying enough"
- "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 were guided not to fill official complaints on formal reports and solve the problem by "talking"— normalizing situations of violence as "couple's fight"...

- "It was the worst place for me"
- "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.*
LEGAL VS PSYCHOLOGICAL SUPPORT EVALUATION

Research showed that beneficiaries' perceptions and evaluations on psychological and legal support are substantially different.

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.

The research concluded that even specialized services such as "Mapa do Acolhimento" are still beneath the full integrality of care it reaches for when it comes to legal support. The research notes that the reason for this evaluation contrast might reside in the legal area's specific dynamic, which relies on deeply bureaucratic and slow structures and timings.
Although women report their experiences with legal support were not as good as they expected, they unanimously reported it was nothing compared to the situations of violence they suffered seeking help in public services.

A special case to be highlighted is the one of a former beneficiary who turned into a volunteer of the project. "Ana" felt taken care of by the psychological support she received, but not so much by the legal one. So, after breaking the cycle of violence and graduating a lawyer herself, she became a volunteer of the project that helped her so that she could help back and improve the legal support she felt was beneath her expectations as beneficiary.

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

"I don't consider justice was made, because the person who suffered the violence is having to deal with it and the one who committed the violence is living as usual" 

"At least he doesn't look for me and doesn't disturb my life anymore"

"She was an angel in my life"

"She was essential. She even suggested books I wish I had read before and now I recommend to everyone"
DIRECT EFFECTS OF THE PROJECT'S INTERVENTION

All beneficiaries interviewed evaluated the project very well and said they would recommend it to other women in need.

Unanimously, women highlighted how much the psychological support provided by "Mapa do Acolhimento" made a significant difference in their lives.

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.

According to the beneficiaries, they felt stronger and more resilient after the intervention and attribute a great part of their rebuilding progress to the services offered through "Mapa do Acolhimento". See more below:
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 drivers that allowed 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 makes a huge difference in my life, and I can only do that because of "Mapa do Acolhimento"s work"
The project has broad penetration: it reaches and supports women from all races, all ages (16-71 years old) and from all of the country’s regions (all of them virtually matching the country’s reality proportion).

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

Beneficiaries interviewed had subscribed to the project between 2018-2021, and although the proportion of answers is similar, most of them is from women registered in 2018, suggesting a strong continuous engagement with the project.

Psychological support is much more requested by women assisted by “Mapa” than legal support. They request more (24%) of a mixed support than only legal (13%), while only psychological support accounts for 62% of the demands.

All beneficiaries interviewed evaluated the project very well and said they would recommend it to other women in need.
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 intervention and attribute a great part of their rebuilding progress to 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.

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.

Beneficiaries highlighted self-awareness as one of the main drivers that allowed them to establish boundaries in their relationships.

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

Opportunities for improvement, recommendations for internal development of the project and for public policies to effectively address GBV.
5. CONCLUSIONS AND RECOMMENDATIONS

5.1 Recommendations for Internal Development

Based upon the entire research analysis, opportunities for internal improvement were identified and a few recommendations were designed with the goal of helping the project’s team to improve its efficiency and efficacy. These suggestions are summoned here:

- **Increase the number/proportion of black women assisted** by the project in order to guarantee racial representativeness according to the country’s reality (currently the project serves more white women, although black women are proven to be more vulnerable to GBV).

- **Increase the number/proportion of women assisted by the project in the Northeast region** of Brazil, where cases of GBV are more frequent than the Southeast where it’s audience is being currently concentrated.

- **Include social workers on the project’s operation**; the importance of these professionals addressing GBV was highlighted through virtually the entire research. *Part of this recommendation was already implemented with the addition of three social workers to the project’s core team — and their inclusion in the volunteer network is being discussed.*

- **Standardize institutional workflows, protocols and internal terminologies/concepts** — these were too personalized and manufactured, leading to a concentration of efforts and an obstacle to scale up the team and operation. Info on cases should be shared with the entire team. *Part of this recommendation was already implemented by updating and consolidating internal docs and guidelines to guarantee the democratization of information and institutional coherence.*

- **Add processes to regularly follow up with cases and their unfoldings** more closely — which will lead to continuous learnings of the volunteers work, beneficiaries demands and the project’s effects and challenges, as well as its practical outcomes. *The team already started to implement this recommendation by establishing monthly meetings with volunteers.*
• **Make the GBV training program mandatory for all volunteers** — once it was concluded to be indispensable for them to provide effective humanized services for GBV cases, having volunteers not going through the training becomes a strategic fragility.

• **Revisit the project’s communication strategy as a whole** so that women at risk can easily identify the intervention’s service. Especially public communications should be accessible, democratic and didactic in a simple and direct manner, to lower engagement barriers for women who seek support. The communication should also consider the strategic target-audiences mentioned above. (Communication channels and protocols with volunteers should also be adjusted to guarantee a closer contact).

• **Review GBV training content.** According to practical feedback, the team should have the content used for the following themes as reference: "Mapa’s operation/volunteers' role", "understanding the cycle of violence", "non-revictimization" and "respect for women’s autonomy". Contrariwise, the content on these other themes should be revisited (less effective): "intersectional approach", "legal strategies", "network of services" and "intervention techniques".

• **Dig deeper to understand the volunteer’s perspective on “intersectional approach”.** There is an important gap to be solved, once it is of utmost importance to deal with GBV cases (a consensus among the team and the area’s experts), however it was considered by volunteers as one of the less relevant/useful themes in the training.
5.2 Recommendations for Policy Papers

It can be concluded that although GBV is a public issue, public policies and institutions are not being able to effectively tackle the problem (as proven by the general rates and reports from beneficiaries experience).

Recognizing that public and social sectors should be working in collaboration to address this huge problem, below it can be found a few recommendations for public policies improvement:

- **Urgent development of an institutional public policy for GBV capacity-building**: training public servants from the existent specialized services on theory and best practices to address GBV (especially on legal and health instances).

- **Implementation of individual and specialized psychological support for survivors of GBV who seek public services for support** (and/or the establishment of partnerships with social sector organizations who can provide this individual support necessary to effectively deal with GBV cases and that public services are lacking).

- **Implementation of data collection and KPIs system to monitor and evaluate the beneficiaries experience** — which should be used to generate improvements on the experience and effectiveness of public services dedicated to GBV.

- **Development of a broad educational policy to generate public awareness about GBV** with two main goals: decrease revictimization once the violence has already occurred (especially among family members); and prevent further escalation of this type of violence once more women and men would be aware of the limits and boundaries that configure GBV crimes and are so often exceeded and normalized in society.

- **Establishment of partnerships with social sector organizations** to develop educational content related to GBV to be broadly disseminated (ex. Guidebooks on GBV for different strategic audiences).

- **Implementation of a baseline mandatory budget for each state** to use strictly for GBV related programs and policies on their different local contexts.
6. Appendix

Additional material on the project and a list of all references used to build this report.
References


MARTINS, Ana Paula Antunes; CERQUEIRA, Daniel; MATOS, Mariana Vieira Martins. A institucionalização das políticas públicas de enfrentamento à violência contra as mulheres no Brasil (versão preliminar, março de 2015). Nota Técnica.


NOSSAS. Guia para a criação de redes de solidariedade. Rio de Janeiro: Nossas, s/d.


Thank You!

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