



MEXICO: ADDRESSING FAMILY AND SEXUAL VIOLENCE THROUGH PUBLIC POLICY

Starting in 1999, a series of initiatives were undertaken in the health sector to address family and sexual violence in Mexico. This included the development, in 2004, of a comprehensive model to prevent and respond to such violence, which links health services with legal assistance and community-based initiatives in 12 states and the Federal District. Today, thousands more women survivors of violence in Mexico are receiving help, due to the collaborative efforts of civil society organizations, government institutions and international agencies, including UNFPA. But much more work remains to be done to meet the demand and to break down the cultural barriers that keep sexual violence hidden and women in subservient roles.

THE CONTEXT

The proportion of people living on less than \$1 a day in Mexico has fallen to 14 per cent, according to the Economic Commission for Latin America and the Caribbean. Nevertheless, in absolute numbers, Mexico is one of three countries in Latin America with the highest number of people living in extreme poverty. Disparities in income levels are pronounced in some areas of the country and among certain population groups.

Mexico has a population of 106.5 million people. Although the fertility rate has dropped to 2.1 children per woman, the total population is still growing at around 1.1 million people per year, due to the high fertility rates of the past.¹ Nearly 12 per cent of women in Mexico have had their first child during adolescence, and the use of contraceptives among people in this age group is still very low (11 per cent).² At the national level, 7 per cent of births lack trained health personnel; however, among the indigenous population, the proportion rises to 20 per cent. This explains, in part, why infant mortality rates are 50 per cent higher among indigenous people compared to the national average and maternal mortality rates are three times higher.³ An estimated 160,000 Mexicans were living with HIV in 2003, and an additional 20,000 people are infected annually.⁴

Violence against Women in Mexico

Statistics vary on the prevalence of violence against women in Mexico. A National Survey on the Dynamics of Domestic Relations,⁵ carried out in 2003, revealed that nearly half of women who were married or in union had experienced at least one incident of violence at the hands of their partner in the previous year; nearly 8 per cent reported incidents of sexual violence during the same time period.

A National Survey on Violence against Women,⁶ also carried out in 2003, found that among women using public health services, one in three had suffered violence in an intimate relationship during their lifetime; one in four had experienced such violence during pregnancy.

The same survey found that 17 per cent of women reported that they had been victims of sexual violence at some point in their lives; nearly 8 per cent of women had experienced sexual violence before the age of 15. Most often, the perpetrator was the girl's father, stepfather or other family member. The survey also revealed that sexual violence tends to be hidden when it is caused by somebody emotionally involved with the victim.

1 Population Council of Mexico, 2002.

2 Ibid.

3 Ibid.

4 Joint United Nations Programme on HIV/AIDS. 2004 Report on the Global AIDS Epidemic.

5 Carried out by the National Women's Institute (INMUJERES) and the National Institute of Statistics, Geography and Information Technology (INEGI).

6 National Institute of Public Health. 2003. More than 26,000 interviews of women over 15 years of age using public health services at the national level.

Attitudes Concerning Sexual Violence

In 2004, IPAS, an international non-governmental organization, carried out research in five hospitals⁷ to identify attitudes towards sexual violence, the community resources available to address it and the services accessed by women affected by it. The main finding was that women do not regard sexual violence as a serious problem, and that 59 per cent of them believe that women are somehow responsible for it, particularly in the case of rape, regardless of whether the aggressor is known or unknown to the victim. The study also found that women in general do not have a say in decisions regarding the frequency of sexual relations. Reprisals against women who are not willing to engage in sexual intercourse vary from beating, infidelity, insults, humiliation and economic punishment.

More research is still needed to determine attitudes regarding family and sexual violence in rural and indigenous areas in Mexico. Nevertheless, testimonies from a number of indigenous women indicate that incest (mainly with the father) is common and is typically accompanied by beatings, mistreatment and alcohol abuse.⁸

“We must overcome the fear to talk.”
— Indigenous woman survivor of violence
in Guerrero⁹

MEXICO AND CEDAW

The Government of Mexico ratified the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) in 1981. It also ratified CEDAW’s Optional Protocol in 2002, which encourages investigations of serious or systematic violations of women’s rights incurred by a country member. That same year, two non-governmental organizations (NGOs), Equality Now and Friend House, requested that the CEDAW Committee draw up an investigation concerning the disappearance, rape and homicides of women in Ciudad Juárez, Chihuahua, Mexico.¹⁰

Mexico was the first country in which the Committee agreed to carry out a case investigation deriving from the Protocol. In its 2002 report, the Committee states that “the majority of official sources agree that more than 320 women have been murdered in Ciudad Juárez, while the civil society organizations with which the Committee met, specify 359.” It also noted that “it is imperative to promote a structural change in the society

and culture that has permitted and indulged such violations against human rights.”

Significantly, a report from the Commission to Prevent and Eradicate Violence against Women in Ciudad Juárez¹¹ noted that “female homicides are perpetrated mainly against poor women in low-level urban areas.” The CEDAW Committee’s report responded that it is fundamental to consider the cultural framework that supports the perceptions, attitudes and practices towards women and the conflict-resolution processes between men and women.

Discrimination against Women

Since the 1970s, Mexico has amended its Constitution to incorporate the principle of legal equality between men and women. Important constitutional modifications were also made to prohibit all forms of discrimination, and a Federal Law against Discrimination was established.

In the 1990s, institutes for the advancement of women and commissions on human rights were created at both the national and local levels. Within the Ministry of Health, a National Centre for

Gender Equity and Reproductive Health was established, which is responsible for the prevention and treatment of gender violence within the context of reproductive health care. These institutions have played a strategic role in the fight against various forms of discrimination, particularly discrimination against women. However, as revealed in the First National Survey on Discrimination in Mexico, which was released in 2004, the challenges remain daunting:

- Nine in ten women believe that there is discrimination against women in Mexico; one in five thinks that women are responsible for such discrimination.
- The rights of women that are least respected are: women’s right to have a fair-paying job (64 per cent); to receive equal treatment before the law (63 per cent); and the right not to be a victim of violence (63 per cent).
- One hundred per cent of Mexican men surveyed said that beating women under any circumstances was unjustified. Still, 15 per cent of men said that girls’

7 In the Federal District and state of Mexico.

8 Terrazas, Beatriz. Quarterly report of project activities in health centres for indigenous women.

9 Testimonies of indigenous women, courtesy of Beatriz Terrazas, ALCADECO.

10 Data obtained from a visit of CEDAW experts in 2003. After this emblematic case, a national investigation was initiated by the Chamber of Deputies on the magnitude of female murders in the Mexican Republic. Mexico Report, produced by the Committee for the Elimination of Discrimination against Women, under the 8th Article of the Optional Protocol of the Convention and the reply from the Government of Mexico, 2005.

11 Second Management Report from the Commission to Prevent and Eradicate Violence against Women in Ciudad Juárez from the Government Ministry, August 2005.

education should be limited since they will eventually get married.

- Discrimination in the household was also revealed: The survey showed that nearly half of those surveyed believed that girls should be given less freedom than their brothers; that domestic responsibilities are the domain of females (44 per cent); that girls should not be allowed to study (22 per cent); and that the greatest suffering at home derives from family violence (26 per cent).
- In the workplace, the survey showed that almost 40 per cent of men consider that women should work in tasks inherent to their gender; 30 per cent think it is normal that men earn more money than women; 22 per cent think that women have less capacity to hold important jobs; and 25 per cent would ask a woman job applicant to take a pregnancy test.

THE UNFPA COUNTRY PROGRAMME¹²

In coordination with the National Population Council, UNFPA is implementing its Fourth Country Programme for Mexico for the period 2002-2007. The main objective of the programme, which has a total budget of \$12 million,¹³ is to contribute to the welfare of the Mexican people and to reduce poverty by improving the balance between population and resources and increasing the use of reproductive health services. Consequently, the programme aims to promote sustainable regional development, the improvement of reproductive health, the full exercise of sexual and reproductive rights, and advancements in social and gender equity.

All programme interventions were conceived of and are being implemented from a gender perspective. In some of them, gender equity issues are not only cross-cutting, but constitute core objectives. This includes projects for non-formal education on sexuality, emphasizing the prevention of sexual violence, and the development of information and communications campaigns on sexual and reproductive health and population issues (in Hidalgo). A programme for preventing maternal deaths in migrant women in Oaxaca is under way, along with the implementation of a communication model on sexual and reproductive health for the indigenous population in Chiapas. Women's empowerment and participation are central themes in projects cost-shared with the United

Nations Foundation/UN Fund for International Partnerships.

The Country Office in Mexico has also provided technical and financial support for NGO initiatives addressing sexual violence, including radio programmes on family violence and on promoting male responsibility in sexual and reproductive health; a project on sexual education aimed at young indigenous men in the Sierra Tarahumara; and the planning phase of a project involving girls who live on the streets.¹⁴

THE PROJECT

The subject of this case study is the Mexico component of a regional project called 'Implementing a Strategy for Comprehensive Care for Survivors of Sexual Violence in Latin America: Linking Health Services, Legal Services and Community-based Initiatives'.

Both the regional programme, which so far involves Bolivia, Brazil and Nicaragua,¹⁵ and the Mexico project are being implemented by IPAS. The overall objective of the Mexico project is to improve the access of women and adolescents to integrated services for the prevention, detection, treatment and recovery from sexual violence, starting from a rights perspective.

A key UNFPA contribution to the project was the conceptual framework outlined in *A Practical Approach to Gender-based Violence: A Programme Guide for Health Care Providers & Managers*. The guide, which was developed by UNFPA and piloted in ten countries, pioneered a modular approach to integrating the assessment and treatment of gender-based violence into reproductive health services. The idea is that the health care system should serve as the main axis in a multisectoral network that provides survivors of violence with comprehensive care, including social, psychological and legal services.

Throughout the design and implementation of the project, the following principles were upheld: focusing on the needs of victims; emphasizing women's empowerment; using the health sector as a starting point for actions relating to the detection and prevention of violence; providing a comprehensive set of services for the treatment and rehabilitation of victims; and taking the project to scale.

¹² Ref. DP/FPA/MEX/4-www.unfpa.org.mx

¹³ This includes \$5 million from regular resources and \$7 million through co-financing modalities and/or other, including regular, resources.

¹⁴ Mexico Country Office Annual Report, 2004.

¹⁵ In 2003, a regional meeting was held with representatives from Bolivia, Brazil, several Central American countries and Mexico, IPAS, the Government of Mexico, the Ministry of Health in Mexico City, UNFPA Headquarters, UNIFEM, regional technical support teams from Ecuador and the Dominican Republic and other experts in the field.

RESULTS

- Originally, the project was to be carried out in hospitals and health centres located in three of 16 political subdivisions of Mexico City and in three rural municipalities in Michoaca state. However, the demand for services resulted in the expansion of project activities to the following states: Chihuahua, Southern Baja, California, the Federal District, Tlaxcala, Hidalgo, Mexico, Guanajuato, Michoacán, Querétaro, Zacatecas, Yucatán and Guerrero.
- A Model for Integrated Attention to Victims and Survivors of Sexual Violence was developed and institutionalized through the Ministry of Health. The model is now being implemented in 12 states and the Federal District. It has also influenced related public policies, including a proposal on a new Mexican Official Norm on Family Violence, which outlines a more detailed approach for responding to sexual violence. Among other contributions, the norm establishes standards for an integrated response to women victims of violence in Mexico City.
- More than 5,400 personnel in the health and legal sectors received intensive training:
 - Health and justice system personnel were brought up to date on legal issues relating to violence in Mexico, with an emphasis on sexual violence.
 - Health professionals learned about their rights and responsibilities towards victims of sexual violence. They also received training based on the UNFPA handbook, *A Practical Approach to Gender-based Violence: A Programme Guide for Health Care Providers & Managers*.
 - Social workers in seven states attended workshops focusing on case detection, specialized counselling, legal issues, referral and counter-referral.¹⁶
 - Gynaecologists and obstetricians in seven states were trained in the theoretical aspects of and technical protocols for the detection and treatment of women victims of violence.
 - Awareness-raising materials were prepared on family and sexual violence and women were informed of the services at their disposal. A mobile unit was set up at hospitals participating in the project to provide legal counselling and emergency psychological support to women victims of violence and, if required, referral to specialized support centres.
- Specialized services for survivors of sexual violence were established in eight hospitals—in Southern Baja, California, Tlaxcala and Guerrero. Five hospitals—in Mexico City and in the states of Mexico and Hidalgo—have become centres of excellence, providing specialized services for victims, conducting related research and serving as demonstration centres for attention to sexual violence.
- A system to evaluate the quality of services provided was implemented and a simple computing system set up.
- In six states, a diagnosis of needs in terms of the justice system was carried out, and forensic experts trained.
- A course on human rights for judges, prosecutors and other justice officials, and policemen was carried out in Ecuador, in a regional exchange of experience.

IMPLEMENTATION PROCESSES

A basic tenet of a rights-based approach is consideration of the needs and aspirations of beneficiaries in the design of any project. A survey undertaken among women using health services in Mexico City and the state of Mexico was used to help determine women's perceptions on sexual violence. The survey was accompanied by a diagnosis of the critical route followed by women victims of violence and an evaluation of the services they received. A video of testimonies from these women was made to call attention to their plight.

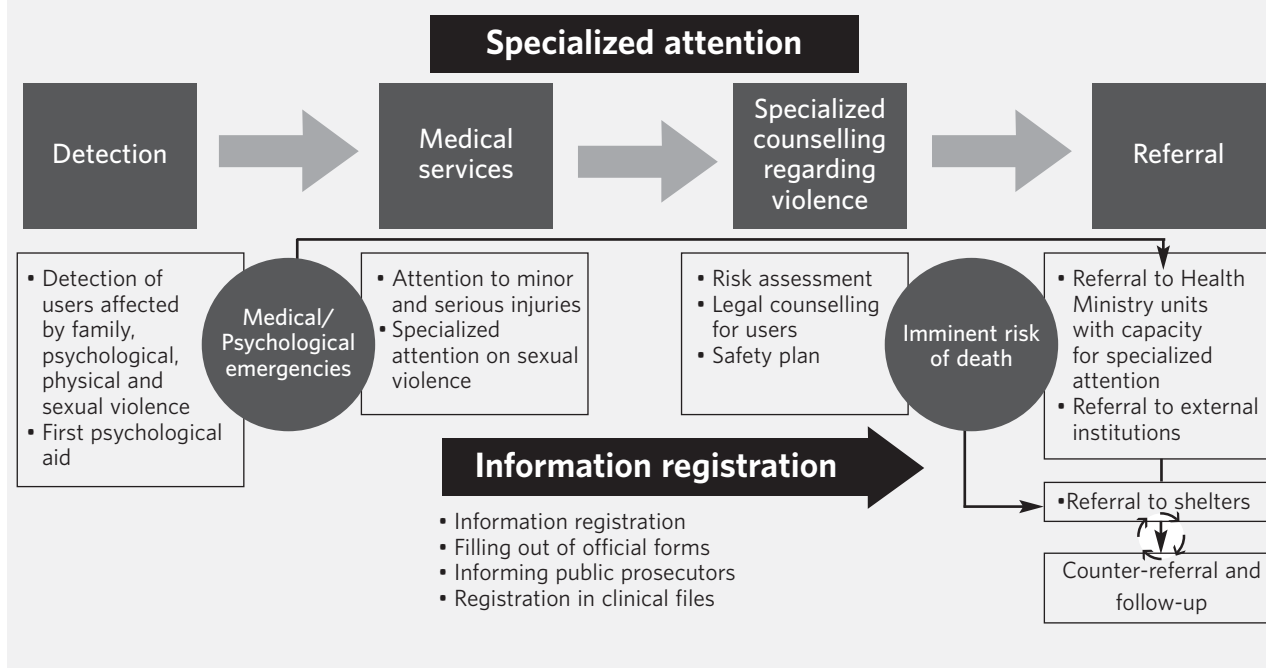
An analysis of 25 institutions dealing with prevention and response to sexual violence identified the difficulties encountered by the health sector in providing comprehensive services to victims, including lack of coordination and duplication of tasks.

Based on this information, a model was developed that seeks to address different dimensions of the problem, for example, the consequences of sexual violence on a woman's physical health, emotional status and social life, as well as the legal ramifications of this type of abuse (see Figure 1). It also seeks to reinforce coordination among institutions and sectors, depending on the needs of a particular woman.

The model was then tested out in hospitals and health centres. Once deemed useful and practical by a large number of doctors, nurses, social workers, psychologists and other health personnel, the model was adopted at the national level by the Ministry of Health.

¹⁶ Referral and counter-referral are components of the rehabilitation process covered by the Model for Integrated Attention. The health sector may refer a victim to specialized units within the health sector or make a counter-referral to external institutions for the rehabilitation of the victims. These include institutions that provide legal advisory services, employment opportunities, information on shelter networks and other local services. The health sector is in charge of monitoring the response of these institutions.

FIGURE 1. MODEL FOR INTEGRATED ATTENTION TO VICTIMS AND SURVIVORS OF SEXUAL VIOLENCE



Within this general framework, the following issues were addressed:

The ‘denaturalization’ of violence against women.

Mexico is making progress in building a rights-based culture; therefore, the main message of the project is that violence is not a ‘natural’ aspect of intimate relationships, but a violation of human rights. Efforts are required to ensure that attitudes, behaviours and practices that lead to violence are recognized as such. According to the minister of health in the Federal District of Mexico, “It is a process that goes down to the roots of the problem.”

Increasing the visibility of sexual violence. Since the majority of sexual violence cases are perpetrated by individuals close to the victim, it is difficult to make the abuse publicly known. According to the project coordinator, bringing such cases to light will require greater awareness that sexual violence is a felony and a reduction in the stigma and myths associated with being a victim of sexual assault.

Prevention. The ultimate objective of the Model for Integrated Attention to Victims and Survivors of Sexual Violence is prevention, through the promotion of a non-violent culture and the peaceful resolution of conflicts. The challenge entails a profound shift in the beliefs, stereotypes and attitudes related to the social value of men and women and in the dynamics of power between them—within families, communities and society as a whole.

Detection. As part of the same model, it was decided to include policies and procedures to identify people living in or having experienced violent situations in order to give them special attention. The project proposed that detection by the health sector should be carried out in the doctor’s office and through community work.

Care of survivors. According to the model, attention to victims starts with the identification of a violent situation and continues with specialized counselling, risk evaluation, a security plan, legal information, essential and specialized medical attention (including prophylactic treatment for the prevention of unwanted pregnancy and sexually transmitted infections, in the case of sexual violence), referral, counter-referral and monitoring. Within the health sector, rehabilitation is limited to the referral, counter-referral process and monitoring.

Role of the legal sector. Currently, legal discrimination continues to be one of the main problems faced by women victims of violence. According to the National Programme for a Life without Violence, “In Mexico, there is still a culture that doubts an aggressor’s guilt and assigns responsibility to the victim, so she is not given the attention she deserves.”

A great deal of progress has been made, especially in Mexico City, by establishing connections between the health sector, the legal sector and the community. This was accomplished by bringing together public officials with women and staff from the Centre for Support

Therapy and the Provision of Justice to define what is needed in terms of better services. However, despite this progress, more reforms on violence against women are needed, especially since administrative and legal procedures continue to be slow and do not respond to the international regulations protecting victims' rights.

Awareness-raising on women's rights and community work.

An important component in the fight against violence is the promotion of women's empowerment¹⁷—to help women recognize that they have certain rights and can thus demand certain services. The project also emphasizes the need to improve women's economic independence.

IPAS is currently assessing needs at the community level and is preparing new strategies to start

this phase of the project. The organization plans to work in certain geographic areas and establish alliances with schools—working with adolescents and male and female teachers as well as with health services users. Youngsters will be trained to become promoters of a non-violent culture among their peers.

The ultimate aim is to identify supportive institutions that are already located within the community that can be used to facilitate the process. These can be civil society organizations or government institutions. Experience in projects promoting the prevention of violence demonstrates that it is more effective to work with children and adolescents than adults.

MEDIATION AND NEGOTIATION

A major limitation in the project has been the stigma attached to sexual violence and the negative attitudes of service providers in dealing with violence-related problems. Both problems are being tackled through sensitization and training. However, the huge demand for training, technical assistance and follow-up of cases has been way beyond the current capacity of the project.

The following challenges were identified in implementing the model, and will continue to represent areas of negotiation:¹⁸

- Low priority is given to the issue of violence against women by public institutions. Even though the problem has been formally recognized, limited resources have been allocated to prevent and combat it. Furthermore, the supporting infrastructure is poor,

which creates problems for the institutionalization of programmes that respond to victims of violence.

- The legal framework is still insufficient. The various legal regulations at the state level show 'inconsistencies, vacuums and contradictions'. Also, the backlog in attention to victims of family and sexual violence is due, in large part, to deficiencies in the justice system, including lack of sensitivity to and knowledge of the issue, corruption and other factors.
- Accumulated aggression towards women victims of violence is demonstrated at many levels. This ranges from inadequate social recognition of the problem to unsatisfactory institutional development of conceptual frameworks, methodologies, tools, techniques and protocols to prevent and combat it. For women seeking help, this aggression often manifests as endless bureaucratic procedures or other situations they are unable to face.
- Service providers lack standardized information systems to document incidents of sexual violence. Nor is there adequate inter-institutional communication in the follow-up of cases. There are also problems with the confidentiality and accuracy of registries, which impede referral and counter-referral follow-up.
- External communications efforts are not carried out in a coordinated manner. As a result, awareness campaigns are intermittent and isolated and have a low impact. Though the media is generally receptive to the issue of sexual violence, much of the material produced on the subject lacks a gender perspective.

PARTNERS

UNFPA is supporting the project through financial and technical assistance, developing alliances with other organizations and individuals working in the same field, and by enabling IPAS to prepare a regional programme and promoting it in other countries and among potential donors. At the regional level, UNFPA is supporting IPAS in the evaluation of care services, through interviews with women users.

The project is being implemented by IPAS, an international civil society organization working in 30 countries. Partners include the Pan-American Health Organization and the UN Development Fund for Women (UNIFEM); various IPAS donors around the world, the Ministry of

"I feel stronger, as if I am really defending my rights...."

— Woman survivor of sexual violence

¹⁷ Empowerment is defined in the widest sense, as the expansion of freedom to choose and behave.

¹⁸ Mexican Ministry of Health. 2004. Integrated Model for the Prevention and Attention of Family and Sexual Violence.

Health at the national and state levels; the Mexico City government; justice system personnel; and hospital and health centre staff.

LESSONS LEARNED

The work of women's groups and other non-governmental organizations is key to 'denaturalizing' violence against women. The first initiatives to provide assistance to female survivors of violence in Mexico came from non-governmental organizations, which provided psychological, legal and medical care. At the same time, academic organizations began researching the subject. Both groups contributed to the initiation of laws that were eventually submitted to the legislature. More recently, a number of NGOs have been working with men on direct interventions and campaigns to prevent violence against women. Nevertheless, efforts in this area, especially those involving institutional capacity-building, remain a major challenge.

Based on experiences such as the murders of women in Ciudad Juárez, which represents an extreme example, efforts are now being made in Mexico to position the security of women as a key issue on the public agenda. Such efforts have encouraged some civil society organizations to develop a specialization in this issue, and to raise the awareness of decision makers as to its impact on public policies.

The impact of the UN's work is multiplied when it builds the indigenous capacity of civil society organizations. The needs related to women victims of violence are enormous, and it is important to strengthen those NGOs working on this issue and to promote the creation of new NGOs devoted to the provision of legal support, protection of women and to carrying out community-based work on violence-related issues. At present, according to the project coordinator, "the few existing NGOs are on their own."

Increasing women's economic self-sufficiency is key to breaking the cycle of violence. In addition to recognizing violence against women as a human rights violation, a comprehensive strategy must also be developed to strengthen women's financial autonomy. Without some means of earning an income, the options for women victims of violence seeking to improve their situation are limited. Women's empowerment and the development of their capabilities are closely related to their economic self-sufficiency and the real possibility of emerging from the cycle of violence.

Strengthening the justice sector is critical to effective response. Despite changes in the legal framework and sensitization strategies targeted to justice officials, reforms relating to violence against women in Mexico have been insufficient; the administrative and legal procedures continue to be slow and are not subject to international regulations protecting victims' rights. A protection system that reacts at the first signs of violence would limit situations such as those in Ciudad Juárez, in which hundreds of women and girls were needlessly killed. Such a system requires legal reforms as well as strong links between the justice and health sectors to ensure that service providers get the necessary support when reporting cases of violence to the Attorney General's Office.

"It is very hard and cruel to see how society points at us; it watches us but grants no support."

— Woman survivor of sexual violence

Cultural prejudices relating to violence against women are a major obstacle. At all levels, from policemen to judges, the issue is still perceived to be a private matter. Rather than receiving help, women victims of violence are often told "to go and solve your personal problems with your husband."

Changing the attitude of health providers is an important first step in developing a comprehensive network of services for women survivors of violence. Work in hospitals has been the main implementation axis of the project. One of the project's most important achievements has been improvements in the quality of services provided to survivors of sexual violence through voluntary training of doctors, nurses and social workers in 38 hospitals and 144 health units. The training began with a survey to determine the prevailing attitudes and perceptions of the staff on the subject of violence against women.

Demand for support services for women survivors of violence has exceeded expectations and the capacity to provide services. While an average of 300 women a year were expected to receive assistance at Atizapan Hospital, a centre of excellence in Mexico state, the figure had already reached 500 women in the first six months alone.

As a result of sensitization and training, health sector staff realized what they can do to support victims of violence and gained an understanding of the legal framework in which they work. They have become empowered by that knowledge, and are now aware of their own obligations and rights.

Reliable data on violence against women and case follow-up are important in developing effective programmes. Those who work in the health sector

in Mexico have noticed a correlation between violence against women, low educational levels and low incomes. However, the country has no reliable system of data collection to prove that such a relationship exists. Mexico is moving forward in developing research in this area. But at the moment, there is no profile of women seeking support, little information on the number of women who have been assisted and even less documentation on women who have been able to escape the cycle of violence. Such data is important in the development of effective programmes. According to IPAS, such programmes would likely involve income-generating schemes, since the majority of the women with whom IPAS has worked are poorly educated and totally dependent financially on their partners.

“I went to therapy with a psychologist and it helped me very much, not to forget, but to overcome the problem.”

— Woman survivor of sexual violence

A permanent learning environment can be created through both training and the establishment of centres of excellence.

The project’s sensitization strategy involved the training of thousands of service providers. But experience showed that a more focused strategy was needed to prove the efficacy of the model. The idea subsequently arose of creating centres of excellence, in which trained teams are thoroughly evaluated to verify their capacity to provide comprehensive care services to women, ranging from detection of abuse to medical care and legal advice. A great deal of energy and resources were put into these centres, with the idea that they, in turn, will become a training ground and model for other institutions.

One of the hospitals chosen as a centre of excellence is the General Hospital in Atizapan. As of June 2005, 562 women had been treated and 421 health staff had been trained. Eight additional centres have been established or are in the process of being set up in the Federal District, Hidalgo, Guerrero, Tlaxcala, Southern Baja, California and Mexico state.

According to the deputy director-general of gender equity in the Ministry of Health, the challenge is to monitor these centres with the goal of demonstrating that the Model for Integrated Attention to Victims and Survivors of Sexual Violence is both a practical and replicable tool for addressing violence against women.

Counselling must be available to women—to advise them of their rights and to inform them of the legal protection available to them. The Women’s Institute has established a telephone hotline for women victims of violence. The hotline operates at the federal level and

in some states of the country. The Model for Integrated Attention to Victims and Survivors of Sexual Violence proposes the use of these hotlines as intervention centres in cases of crisis and as a referral system for poor women who may be unaware of their rights under the law.

Further advances are needed in the area of prevention and to reinforce community participation. Important advances in responding to survivors of domestic violence have been achieved in Mexico. Nevertheless, there

is still much to be done in the area of prevention—in moving from a curative to a preventive approach.

The most critical challenge is enabling women to escape from the cycle of violence. Dependency and co-dependency relationships within a family group living in violence are

extremely complex. Thus, it is essential to intervene in a timely way, that is, to detect violence as early as possible, in its incipient stages.

Another challenge is to ‘delegitimize’ violence in a society that condones its use to resolve conflicts. According to the director of Alternatives in Training and Development (ALCADECO), work in this area must be carried out “in schools, in the community, in the different sectors of the population, with children, youngsters, adults, and in some social and sports centre.” He considers that the problem of violence in general, and sexual violence in particular, is a social problem that is determined by economic, cultural, political and gender factors that are related to exercise of power over one person by another. For this reason, any solution regarding the prevention of violence must be addressed in the early years through education, using a gender and rights-based approach.

The empowerment of women and girls is especially relevant in any strategy to prevent sexual violence. But to be sustainable, community participation and, particularly, male participation in these efforts is needed to foster cultural change and to reinforce a project’s sustainability.

PRACTICES THAT WORK

Positioning violence against women as a public health issue can be an effective initial strategy to draw attention to the issue. Though multiple factors (cultural, social, economic) contribute to violence against women, the strategy employed by the project was to position it as a public health priority. The arguments used to make that case revolved around the magnitude of the problem, the costs and consequences to women’s health, including

forced pregnancies, sexually-transmitted infections (including HIV) and abortion.

One benefit of positioning the issue in this way is that it puts the material and human resources of the health care network at the service of women victims of violence. Health care staff assumed responsibility for responding to the health needs of victims and provided referrals for other aspects of care.

Building the capacity of the health sector to respond expeditiously to the problem of violence against women. In a relatively short period of time, Mexico was able to make major advances in institutionalizing a response to women survivors of violence. In 2000, the Ministry of Health began implementing federally regulated guidelines (NOM-190-SSA1-1999) for medical attention and orientation of cases on family violence arriving at health centres. The application of this regulation is mandatory for all service providers, be they public or private, throughout the country.

One year later, the Ministry of Health created the Woman and Health Programme, which coordinates activities related to prevention and response to family and sexual violence.

Currently, the Government is revising its guidelines on the treatment of women survivors of sexual violence, partly in response to advocacy efforts carried out by IPAS and other civil society organizations. While working with the health sector, IPAS realized that health care staff were very sensitive in dealing with victims of sexual violence, but that they were unsure of how to handle such cases, aside from treating any physical injuries. Moreover, the staff were fearful about the legal ramifications of their help—that is, of having to become involved in trials—and were unsure about whether or not to report the incident. In view of the above, the project focused mainly on strengthening the health sector as the articulating axis in providing comprehensive care to women survivors of sexual violence.

Institutionalizing an integrated model for preventing and responding to domestic and sexual violence. In Mexico, the project represents the first initiative to institutionalize a comprehensive response to women survivors of family and sexual violence. A key factor in its success was the budget allocated through the health sector.

Providing shelter and care to victims and their families, including psycho-therapeutic counselling. Government-run Centres for Attention to Victims of Family Violence were opened in Mexico City in 1991. However, there is only one Therapeutic Support Centre

for Victims of Sexual Offenses, and the demand for services exceeds the centre's capacity.

The director of the Therapeutic Support Centre explains that "Psycho-therapeutic support is one component of the comprehensive attention provided by the centre. It is very important to victims," she adds, "since it allows women, boys and girls to face up to the fact they were sexually assaulted, and are not to blame."

Relatives also receive counselling, since they are affected by the victim's suffering and because the family unit is sometimes altered significantly by violent relationships. To support women attempting to leave an abusive situation, the centre provides information on organizations, institutions and networks that can provide supportive services.

According to the centre's director, a major challenge will be the establishment of similar centres at the national and local levels. This will require specialized training for health care personnel as well as easy access to legal services. Absolute confidentiality—and knowing that they will be treated with dignity and respect—is essential to ensuring that survivors of sexual assault will feel confident about using the centre's services and revealing their problems.

Multiplying the impact of the project by extending technical assistance to other countries in the region that have similar problems. In 2003, with UNFPA support, the project provided technical assistance to similar initiatives in Bolivia, Brazil and Nicaragua. This 'horizontal' cooperation enabled other countries that share certain cultural affinities to benefit from lessons learned in Mexico.

"The Population Fund selected this project as a case study within the international context because it is a pioneering initiative, not only in Latin America but worldwide," according to the UNFPA Office in Mexico. "It is pioneering since it provides comprehensive attention and seeks alliances with the health sector, with legal services and with community-based support."

Creating a network of alliances. The project represents the efforts of a civil society organization, international agencies, including UNFPA and UNIFEM, and federal and local government bodies. This institutional mix has the advantage of combining international expertise on the subject of violence against women with the local knowledge possessed by a network of hospitals and health centres. A major benefit for the sustainability of the project is that IPAS, as a civil society organization, will remain a permanent follow-up mechanism, in spite of possible political changes in Government.