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*in gender, ethnicity and health*

**Empowering Families to face  
Domestic Violence**



**Pan American  
Health  
Organization**

Regional Office of the  
World Health Organization



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# Empowering Families to face Domestic Violence



São Carlos, 2009

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## PRESENTATION

As part of the International Women's Day celebration, the Office of Gender, Ethnicity, and Health, and the Office of Health of Indigenous Populations of the Pan American Health Organization organized the second competition "Best practices that incorporate the Gender/Ethnicity Equality Perspective in Health". This competition aims to identify the experiences that better address the differential needs and opportunities for men and women in health, with emphasis on populations of ethnic/racial origin; and especially those experiences which try to transform individual and institutional attitudes in order to improve health.

From a total of 44 experiences from 19 countries in the Region, the experience *Empowering families to face domestic violence* was selected as one of two best practices.

This experience was presented by the Federal University of São Carlos, the School Health Unit (USE), and the Laboratory of Violence Analysis and Prevention (LAPREV) of Brazil. This experience's work focused on the afro, migrant and economically impoverished population of the city of São Carlos, Brazil.

With the purpose to eliminate the impact associated with abusive relationships between men and women, innovative strategies were used to transform causes of violence. The project started with the implementation of a psychotherapy service for female victims of violence, based in local policewomen stations. Subsequently, an intersectoral partnership was formed between the municipal government and the Federal University of São Carlos, with the participation of psychology students, in which a multidisciplinary approach was achieved. The psychotherapy service transferred from the policewomen stations to the Health School Unit (USE), and thus the service became part of the public health system. Evaluations carried out showed that the couples who benefited from the service had demonstrated behavioral change and adopted harmonious lifestyles.

The experience *Empowering families to face domestic violence* proves to be a best practice in that it tries to change the attitudes of men and women and health care providers in order to improve their health.

Dr. Marijke Velzeboer Salcedo  
Coordinator, Office of Gender, Ethnicity, and Health  
PAHO/WHO

## SUMMARY

The goal of this publication is to report the Laboratory of Violence Analysis & Prevention (LAPREV) of the *Universidade Federal de São Carlos* in fighting and preventing domestic violence in the city of São Carlos, a mid-size city in the state of São Paulo, Brazil. Approximately 30% of women living in Brazilian cities have experienced physical and sexual violence by an intimate partner, and this result is increased for women residing in rural areas. In terms of victimization, battered women between 20-59 years of age comprise the most frequent external cases seen by the Brazilian Public Health system.

Given the above circumstances we wanted a health intervention approach based in gender equality to help women gain control over their lives and free themselves from the symptoms of violence. In addition, we wished to teach men conflict resolution skills based on a gender and human rights perspective, as one must address violence against women as a concrete manifestation of inequality between the sexes. We wanted to work with children who were exposed to violence – that is children whose mothers were abused by an intimate partner – with the ultimate goal of preventing them from becoming aggressive or overly passive in the near future. And finally, we wanted to teach our university students and provide consultation to our health professionals to properly intervene in the area of family violence utilizing an evidence-based model.

Our experience started in 1998, at the local Women's Police Station. At the time, there were no other services in the city provided to this population. To implement the service, a partnership with the municipality of São Carlos (Secretary of Citizenship and Social Assistance) was fostered. In the year 2000 we

were invited to provide psychological support at the *Conselho Tutelar* (Child Support Service - CPS). In the year 2001, the São Carlos *Gravelina T. Lemes* shelter for women at risk of fatal violence and their respective children was the first of its kind in a noncapital city in Brazil. In 2006 we transferred the psychological service that was provided by students at the Women's Police Station to the Health School Unit (*Unidade Saúde Escola*) at the University, a recently built Day Health Center.

Our research efforts led us to sponsor, in 2007, at the University, the *I International Meeting on Violence in the Family* with a particular emphasis on Child Sexual Abuse. So far we have worked with over 800 people, approximately 60 since we started with the project at the Health-School Unit. Most of the cases seen have demonstrated behavioral changes towards treatment goals, as assessed by different instruments, such as the *Beck Depression Inventory* to measure depression in women and men. Our evidence-based practice has resulted in many publications, which are listed and may be accessed at LAPREV's website.

Fighting any type of violence within the family is fundamental to have an equitable, just and non-violent society. Thus, prevention is the key in all its modalities: universal (such as having gender and human rights education in the school curriculum from a very young age); selective (working with adolescents from poor and violent communities); and specific prevention projects (working with abusive males and with women who suffer intimate partner violence). It is also important to work in an interdisciplinary manner; and have familiarity with the major areas involved in violence intervention and prevention: health, education, the judiciary and protective agencies, the police, and the media.

## EMPOWERING FAMILIES TO FACE DOMESTIC VIOLENCE

Lúcia Cavalcanti de Albuquerque Williams,<sup>1</sup> Ricardo da Costa Padovani<sup>2</sup> & Rachel de Faria Brino<sup>3</sup>

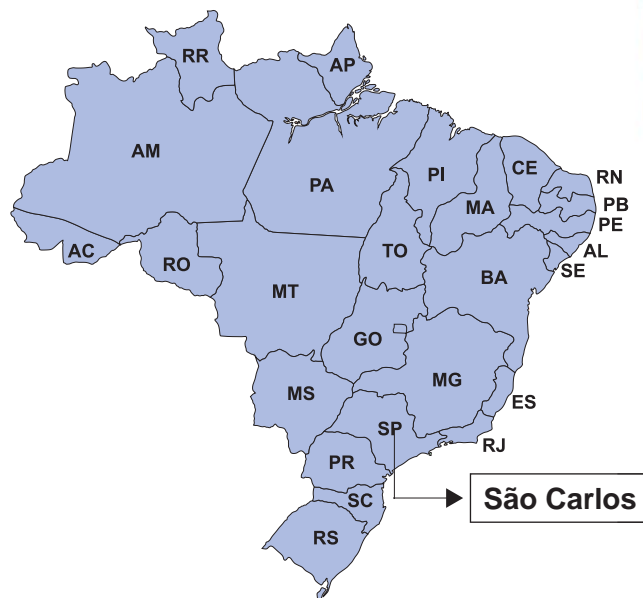
The goal of this publication is to report the experience of the Laboratory of Violence Analysis & Prevention (LAPREV) of the *Universidade Federal de São Carlos* (São Carlos Federal University or UFSCar), in fighting and preventing domestic violence in the city of São Carlos, a mid-size city (about 200,000 inhabitants) in the state of São Paulo, Brazil, located inland 160 miles from the capital. São Carlos is well-known in Brazil for its technological park derived from the impact of its two large universities (in addition to UFSCar, the University of São Paulo also has a campus in the city). The city also has a low child mortality rate (5.76/1000), and is considered to be fairly safe (8.30 murders/100,000 inhabitants) by Brazilian standards (IBGE, 2009).

LAPREV has been doing research, teaching, consultation, intervention and prevention activities since 1998. Community outreach activities are conducted in three different locations, and will be described in detail shortly.



**LAPREV**

*Laboratory of Violence Analysis & Prevention – LAPREV*



*São Carlos Federal University or UFSCar*

- 1 Professor, Department of Psychology, Universidade Federal de São Carlos (UFSCar), Brazil, Coordinator of LAPREV (The Laboratory for Violence Analysis & Prevention);
- 2 Post-doctoral fellow from CNPq (National Research Center) at UFSCar, LAPREV;
- 3 Adjunct Professor, Department of Medicine; UFSCar; LAPREV.



## 1. Why did we do it?

The motivation to study and intervene in the area of violence derives from both professional and personal reasons, the latter to be presented further on. Violence against women is a highly prevalent phenomenon worldwide, and a serious health concern. This type of violence has a direct economic impact along with human and emotional costs, in addition to having substantial consequences to women's health and the health of their offspring.

Although the problem of intimate partner violence is experienced by women of all backgrounds, education and income, women who live in poverty with low educational levels are more at risk for involvement in abusive relationships.

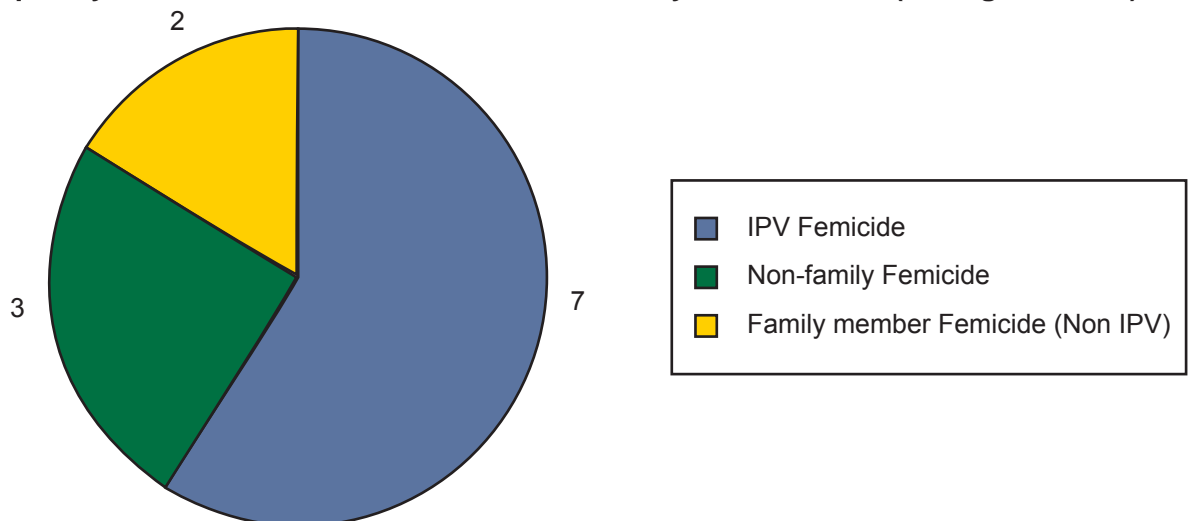
Approximately 30% of women living in Brazilian cities have experienced physical and sexual violence by an intimate partner, and this result is increased for women residing in rural areas (Garcia-Moreno, Heise, Jansen, Ellsberg, Watts, 2005). In terms of victimization, battered women

between 20-59 years of age comprise the most frequent external cases seen by the Brazilian Public Health system.

Intimate partner violence (IPV) is also an important cause of death in most countries, accounting for 60% of femicides in Brazil. In terms of the city of São Carlos, the analysis LAPREV conducted of femicides from 1997 to 2005 indicated that females are murdered in significantly less proportion than males, as in other parts of the country, but most of the local femicides were conducted by an intimate partner, ex-partner, or other family member.

Needless to say that each fatal victimization of a woman has a tremendous economic and emotional cost to society. As women are primarily killed within their reproductive years, there is much anxiety about who is going to take care of the children who may remain traumatized for life due to the circumstances associated with losing their caretakers in such a violent way, particularly if there are no support services available or a positive extended family to help them heal.

Frequency of femicides from 1997 to 2005 in the city of São Carlos (Rodrigues, 2005)



## 2. What were we looking for?

Given the above circumstances we decided to implement a health intervention approach based in gender equality to help *women* gain control over their lives and free themselves from the symptoms of violence. More specifically, to diminish or eliminate the symptoms associated with living in abusive relationships, such as depression and low self-esteem, while at the same time discussing self-protection skills with such women. The plan also was aimed at helping the women become more efficient and positive mothers, as the literature points out that with a violent history, their mothering skills may be hindered. Finally, were proposed interdisciplinary workshops to increase the possibility that the women would be able to participate in the labor market and gain independence.

In addition, the goal involved teaching *men* conflict resolution skills based in a gender and human rights perspective, as one must address violence against women as a concrete manifestation of inequality between the sexes. The effort was also towards the elimination of symptoms associated with men engaged in an abusive relationship (depression, low self-esteem), teaching communication and assertiveness skills to males, as well as non-aggressive patterns of behavior and adequate social problem solving.

Working was also intended with *children* who were exposed to violence – that is children whose mothers were abused by an intimate partner – with the ultimate goal of preventing them from becoming aggressive or overly passive in the near future. Although exposure to domestic violence is not a homogenous or a one-dimensional phenomenon, the literature agrees that children may be significantly affected by such experiences, and the impact may resonate inter-generationally. Children exposed to domestic violence are also at risk of being physically and sexually abused. The level of overlap ranges between 30-60% in most studies.

Finally, the objective also involved teaching university students and provide consultation to our health professionals to properly intervene in the area of family violence utilizing evidence-based practice within a conceptual cognitive-behavioral model.

The model involved two starting assumptions. First it is very beneficial to integrate research and community outreach activities together. Our community intervention experience brings us new research questions and ideas, and our practice is improved because we investigate some of the issues involved. Thus, every graduate student has to learn to do intervention work along with the research training that is provided. Secondly, we defend that the phenomenon of child abuse and neglect should be handled in a systematic and integrated way with the problem of violence against women. In North America, this integration has been more difficult as these two areas had different starting points and philosophies. That is not the case in Brazil, where violence intervention is more recent. In other words, we have to deal with the question of violence within the entire family.



*Group intervention with children exposed to violence*



*Group intervention with adolescent mothers at a Health Unit to prevent domestic violence and child abuse*

### 3. How did we do it?

It all started in 1998, at the local Women's Police Station, a Brazilian entity created in 1985 to curb domestic violence, in the sense that it was felt that women would feel more comfortable reporting abuse to a special police station ran by female officers. We were then asked to train psychology students from the university to provide psychotherapy to women with a history of domestic violence. This project was initiated and the service took place in a specific room at the Women's Police Station in downtown São Carlos. At the time, there were no other services provided to this population in the city, which is certainly not the case now as the Municipal Government has a Women's Policy Division aimed at policy and intervention services for women.

#### Implementation strategy – phase 1 (1998)

To implement the service, a partnership with the municipality of São Carlos (Secretary of Citizenship and Social Assistance) was fostered, in which bus passes were provided free of charge to women who needed them. The clientele comprised mostly poor women with an over-representation of Afro-Brazilian women and migrant women from Brazil's Northern states. It is pertinent to say that only 20% of São Carlos population is self-declared Afro-Brazilian.

One problem initially faced was the lack of shelter support for women at risk of fatal violence. If a poor woman without a wide circle of support described a violent partner to us, someone who was making death threats and owned his own gun, we could not just end the session by simply saying to her: "see you next week at the same time". The solution was found by making an informal contract with the city in which inexpensive hotel accommodation was provided free of charge for such special cases. At the time,

this approach was not well understood by the police, as some felt that if poor women found out that the municipality was offering free hotel rooms there would be a line-up of false allegations. However, that was not the case, perhaps because professionals with close experience in the area of domestic violence know how difficult it is for someone to leave their home. No matter how poor, people usually prefer to remain in a familiar environment over other alternatives.

Within our first year of operation, we began conducting research by documenting the frequency and types of violence reported at the Women's Police Station over the course of the previous year. In addition, we published our first publication in a Brazilian journal, a paper in which a workshop on psychological aspects of violence was given to Women's Police Officers to help them in their daily tasks. Students started to present these findings at national conferences as well, and gradually we started to participate in international conferences.

#### Implementation strategy – phase 2 (2000)

In 2000, we were invited to provide psychological support at the Conselho Tutelar (Child Support Service – CPS), as no such service was available elsewhere in the city at that time. In addition, we were seeing a large overlap of cases seen at the Women's Police Station and at CPS. This service remains ongoing to this day.

The São Carlos *Gravelina T. Lemes* shelter for women and their respective children at risk of



Women's Police Station – 1998

fatal violence was the first of its kind in a non-capital city in Brazil. Although there had been municipal legislation regulating the existence of a women's shelter in the city, its creation was made possible by two factors: a) the efforts of participants of a community outreach course on human rights (many of them female lawyers) with a focus on protecting women from violence, which was given at the University and funded by UNESCO. The course had a practical aspect which involved the planning of the shelter in São Carlos, given the fact that there was already a by-law on the subject, not yet approved by City Council. Several local lawyers took this course, and dedicated their own efforts to the shelter's legal approval and creation; b) a change in politics in the city of São Carlos, when a new mayor took office: Dr. Newton Lima, a former UFSCar president, committed himself immediately to the shelter's establishment. As a result, on March 8<sup>th</sup>, 2001, International Women's Day, the Gravelina T. Lemes Shelter was inaugurated. The course that resulted in the shelter is described in a book chapter in Brazil.

The shelter operates in a three-bedroom house in São Carlos, equipped with bunk beds and cribs that can accommodate up to 20 women and their children. The shelter's rent, as well as operational and maintenance costs, are paid by the municipality. There are four armed private

female guards who alternate shifts to provide 24-hour security (this is the only Brazilian shelter which employs guards). The municipality decided to hire guards after an incident in which a local judge provided the shelter's address to a woman's partner, on the allegation that he had to have visiting rights with his children. This incident shows, among other things, how much still needs to be done in terms of awareness from professionals of the shelter's purpose, and need of further training in the complexities of violence against women. The shelter has since been relocated more than once. In addition to social workers, occupational therapists and legal support, university students provide psychotherapy for shelter children and women supervised by LAPREV.

Why did we give the shelter such a name? Gravelina was a woman murdered in the community by her partner in 1997 (before LAPREV started to offer intervention for victims of violence). Unfortunately, this has been the fate of many women in Brazil, as it has worldwide. Nevertheless, what made this case particularly salient was the fact that the police found Gravelina's body at her home several hours after the crime had occurred. Beside Gravelina's body, the police also found her one-year-old little girl who was still nursing her dead mother. The Child Protection worker had difficulty removing that little girl from her mother's corpse. This powerful image of motherhood had traumatized the community, as Gravelina kept fulfilling her maternal role even after her death. Gravelina's story has since been published in Brazil, and an analysis of data from the court's proceedings is used to train Child Protection workers, helping them search for solutions that could have prevented such a death.



*Health School Unit (USE) – 2006*



*Observation room adjacent to the house*



*Kitchen*



*Bedroom*

### **Implementation strategy – phase 3 (2006)**

In 2006, we transferred the psychological service that was provided by students at the Women's Police Station to the Health School Unit (*Unidade Saúde Escolar*) at the university, a recently built Day Health Center. The university departments present at USE include Medicine, Psychology, Physiotherapy, Occupational Therapy, Nursing, and Physical Education, allowing USE to provide an integrated health service. We relocated the practice for several reasons: a) as an opportunity to insert the service provided to men and women to the health system (Universal Health System or SUS); b) as an opportunity to provide interdisciplinary support; c) availability of excellent space conditions; d) as an opportunity to work with other professionals in the Health sector, and

perhaps get more staff interested in domestic violence.

Among the ideal research, intervention and training facilities at USE is a Day Activities Center (*Centro de Atividades Diárias*), a home replica laboratory with one-way mirrors facing an observation room adjacent to a house with several fully furnished rooms (living-room, bedroom, and kitchen) equipped with digital cameras. This facility has been instrumental for *Project Parceria* (Partnership Program), a research project financed by the Brazilian National Research Council (CNPq), aimed at developing and assessing a program to teach mothering skills to abused women, with the ultimate goal of preventing behavior problems in children who are exposed to violence.

## Graphic materials from *Project Parceria* (Partnership)



Projeto Parceria . Módulo 1  
**Uma vida livre da violência**

*“Ser mãe é uma das experiências mais ma-ra-vi-lho-sas que podem acontecer para uma mulher! Mas é uma tarefa difícil também, principalmente nos dias de hoje, com tantas informações diferentes, tantas opiniões sobre o ensino de crianças e com a vida dura que a mulher leva, geralmente trabalhando muito dentro e fora de casa. Isso sem falar nas pressões do dia a dia, da vida corrida da gente e do grande esforço em equilibrar o orçamento doméstico, pagar nossas contas, e assim por diante.*

*O objetivo do Projeto Parceria é mostrar que você não está sozinha nessa grande tarefa de educar seus filhos. Ser mãe não deve ser uma atividade solitária. Pelo contrário, você poderá contar com muitas fontes de apoio para enfrentar os desafios ao longo do seu caminho de educar as crianças. Sabemos que todas as mães – e pais – querem o mesmo para o seu filho: que ele ou ela se transforme em uma pessoa feliz, produtiva, com muita saúde e em pleno direito e exercício de sua cidadania.”*

Seja bem-vinda ao Projeto Parceria!  
Lúcia C. A. Williams

Projeto Parceria . Módulo 1  
**Uma vida livre da violência**

Cover by Izis Cavalcanti

A life free from violence



Projeto Parceria . Módulo 2  
**Educação Positiva dos seus Filhos**

*“Ser mãe é uma das experiências mais ma-ra-vi-lho-sas que podem acontecer para uma mulher! Mas é uma tarefa difícil também, principalmente nos dias de hoje, com tantas informações diferentes, tantas opiniões sobre o ensino de crianças e com a vida dura que a mulher leva, geralmente trabalhando muito dentro e fora de casa. Isso sem falar nas pressões do dia-a-dia, da vida corrida da gente e do grande esforço em equilibrar o orçamento doméstico, pagar nossas contas, e assim por diante.*

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Seja bem-vinda ao Projeto Parceria!  
Lúcia C. A. Williams

Projeto Parceria . Módulo 2  
**Educação Positiva dos seus Filhos**

Cover by Izis Cavalcanti

Positive parenting of your children



Poster by Izis Cavalcanti

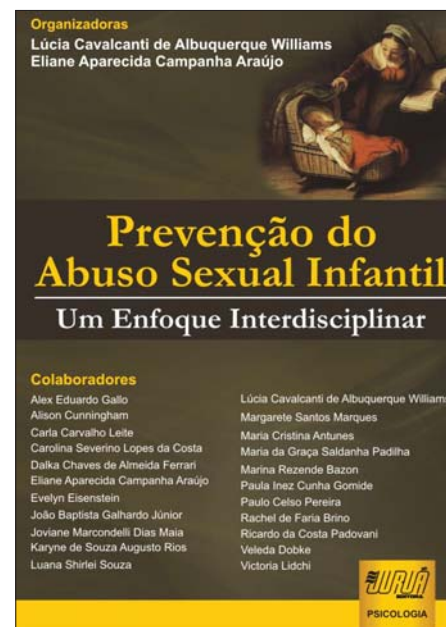
*I International Meeting on Violence in the Family at UFSCar*

*Project Parceria* has 2 units: a) a *Psychotherapeutic* one (8 sessions) aimed at analyzing the impact that violence may have had in participants' lives and empowering these women to change; and b) an *Educational* unit (8 sessions) to teach mothering skills. A booklet was developed covering the topics for each unit: 1) "A life free from violence", and 2) "Positive parenting of your child". This material is downloadable at LAPREV's site, free of charge ([www.ufscar.br/laprev](http://www.ufscar.br/laprev)).

Meanwhile, we continued to work with children at the CPS office in downtown São Carlos. As we could not deal with the enormous demand for services, we prioritized, offering cognitive-behavioral psychotherapy to sexually abused children and their non-offending parents. When the city created its own service for this population (*Project Sentinela*, or Sentinel), we were able to meet other types of demand such as children who were physically or emotionally abused and their parents. Incidentally, the first Master thesis that was conducted at LAPREV involved the successful evaluation of a training program for parents who physically-abused their children, a study which is also published in the Brazilian literature.

We soon had extensive clinical experience with sexually abused children. In addition, two dissertations in the area of prevention of child sexual abuse were completed: a) the first one, training over 100 pre-school teachers in São Carlos to act as prevention agents of child sexual abuse by offering workshops to over 3,000 parents and children; b) the second teaching sexual abuse prevention to adolescents and pre-adolescents of an impoverished rural school in Southern Brazil (near the city of Curitiba, in Paraná State).

In 2007, these results led us to sponsor the *I International Meeting on Violence in the Family* with a particular emphasis on Child Sexual Abuse. This conference was a joint LAPREV-USE endeavor held at the university with funding from many agencies, including the city of São Carlos' Health Department, the Child and Adolescent State Council, and the prestigious *International Society for the Prevention of Child Abuse & Neglect*, ISPCAN, responsible for publishing the journal *Child Abuse & Neglect*.



*Proceedings from the Child Sexual Abuse Conference*

The Child Sexual Abuse Conference included 600 participants who actively discussed the topic from a multidisciplinary point of view, including health, educational, and judicial perspectives. The conference was free, and we had staff representing every school of São Carlos, as well as professionals from the Health and Judiciary Departments. As a result, a book on Child Sexual Abuse prevention from an interdisciplinary view with the conference proceedings was published in 2009.

Another project LAPREV has been involved in since 2006 is endorsing activities that mark No-

vember 19<sup>th</sup> as the World Day to Prevent Child Abuse. We started with local activities that were amply covered by the media, such as distributing folders to the general population. These folders were handed out at shopping centers, markets and gas stations, with informative facts on child abuse prevention. During past year, we expanded this movement to include presentations of a film on child sexual exploitation followed by debate, as well as several activities in schools throughout the state of São Paulo involving a much larger number of people.



*LAPREV students teaching school children about violence prevention*



*“Violence hurts” – one of the children’s drawings*



#### 4. Who participated?

The key actors in this experience were:

1. *Family members* with a history of intrafamilial violence: a) women with a history of domestic violence who have been active program participants; b) men who took part in the psychotherapy and have searched for help to change their aggressive behavior towards respective partners, as well as changing their rigid gender beliefs; and c) children who have been victimized either in a direct way (mal-treatment) or indirectly (by witnessing their father's aggression toward their mother). The feedback provided by these stakeholders has been instrumental in improving the service given.
2. *The undergraduate and graduate Psychology students* who provided the services to men, women and children, and demonstrated to us that they had learned important skills to intervene as future professionals in the area of family violence.
3. *Health professionals* involved in the program who demonstrated awareness that domestic violence and family violence is a serious Public Health issue, and have developed new projects at their own initiative (for example, an occupational therapist and a psychologist from USE had the initiative to create a workshop to teach different skills to abused women as an attempt to facilitate their inclusion into the job market).
4. Finally, the *Universidade Federal de São Carlos* has given ample support to the listed activities, and such activities would not have materialized without the partnership we have had with the *Municipal Government of São Carlos*, in particular with the Secretary of Citizenship and Social Services (responsible for the Gravelina shelter and providing us with bus passes), as well as the Health and Education Departments.



*Individual psychotherapy at USE*



## 5. What have we achieved?

Over the years we have worked with over 800 people, and approximately 60 of them since we started with the project at the Health-School Unit. Most of the cases have demonstrated behavioral changes towards treatment goals, as assessed by different instruments, such as the *Beck Depression Inventory* to measure depression in women and men. Couples who have been involved in individual therapy have usually developed a more harmonious style of living based on gender equality and not on violence. We have received positive feedback from clients, and students as well. The community is familiar with our work, demonstrating respect for the gains achieved. We are also called upon for frequent consultation on domestic violence issues, and have the opportunity to share our views in terms of public policy.

Our evidence-based practice has resulted in many publications, which are listed and may be accessed from LAPREV's website. As far as we know, we have been responsible for the first publication in a Brazilian journal describing a successful case-study intervention with an abusive man. The client was an upper-mid-

dle class man, with a university degree who worked in the health profession, and a history of physical aggression to his wife since their honeymoon. Fifteen individual sessions were held over a period of six months. The following assessment instruments were used: Interview, Questionnaire on Domestic Violence Beliefs, Self-esteem Scale, Beck Depression Inventory, and the Conflict Tactic Scale Revised – CTS-2 (answered by himself and his wife). The intervention techniques involved weekly homework, self-recording of his violent behavior and of thoughts that triggered his aggression, self-control techniques, time-out, anger management, analysis of dysfunctional thoughts, assertiveness training, relaxation training, role-playing and reading materials regarding gender issues and violence in the family, followed by discussions. Throughout the psychological intervention there was only one episode of aggression, as can be seen in Figure 1. However, the incident was of minor proportion when compared to previous ones. The client did not present any violent behavior in a two-month follow-up, and his self-recorded data was compared to the data provided by his wife of 23 years.

### Individual case study with batterer (Padovani & Williams, 2002)

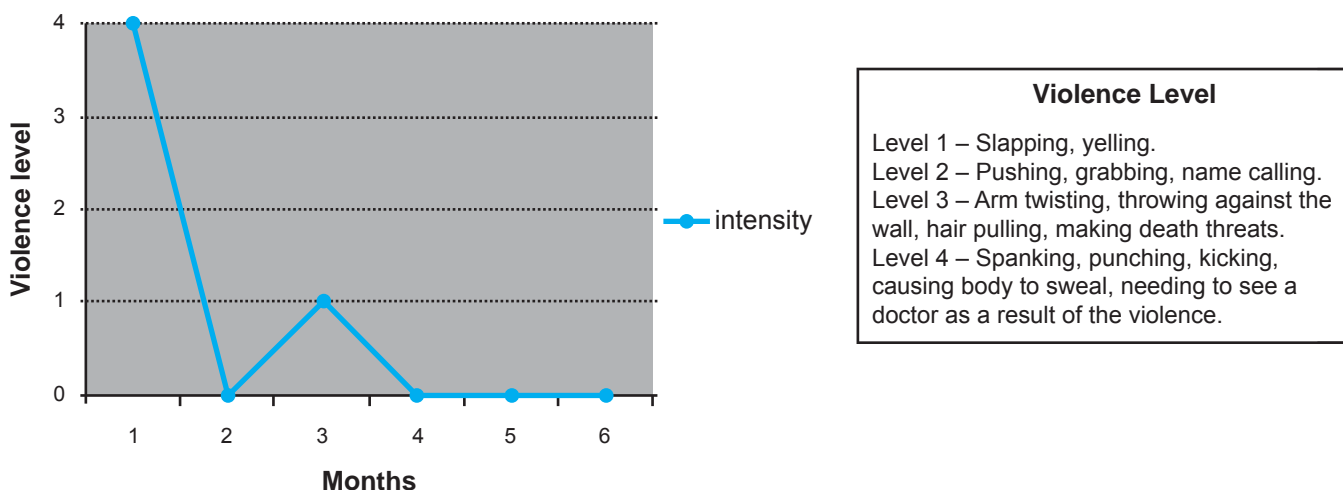


Figure 1. Intensity of male violence across the months

Although we usually offer only individual psychotherapy to men, as it is impractical to organize a group due to conflicting time schedules, we have conducted one successful group intervention, also published in Brazil. Seven men who had been charged with partner assault participated. The group was heterogeneous in terms of age (ranging from 23-46), education level (illiterate to university educated, with one participant at each extreme), and income (low to middle).

Some of the themes discussed were: violence against women, taking responsibility for aggression, impact of violence on the family, gender roles, anger management, analysis of dysfunctional thoughts, communication and social skills, and preventing depression. The techniques involved role-playing, relaxation training and time-out, among others.

Eight two-hour weekly sessions were conducted over a period of two months. The results were analyzed from interviews and pre and post responses to the Conflict Tactics Scale Revised – CTS-2 (by participants and their respective partners) measured also at three different moments of follow-up (three, six and twelve months after the group intervention). Qualitative information from men and women was also gathered throughout the study.

Group participation was as follows: Participant 2 (P2) attended 100% of the sessions (he had a university degree); P1 attended 87.5% of the sessions (he was illiterate); P4 attended 66.7%; P3 and P6 attended 62.5%, and P5 attended 50% of the group sessions. Participant 7 attended only the four initial sessions, as he then separated from his wife and moved to a different city.

During the initial interviews, the men, as described by the literature, often blamed their partners for their violent behavior, illustrated by the following statements “*they [women] asked to be beaten*”, as they “*spoke or complained too much*”. The women reported experiencing one to eight episodes of physical violence a year, involving for example, pushing, kicking, slapping, punching, hair pulling, strangling and throwing objects at them.

Results of the CTS-2 scores for the men are shown in Figure 2. Post test scores were obtained only for Participants 1, 2, 3 and 5. Participant 4 and his partner filled the instrument only prior to the intervention, due to lack of interest and time, and P7 discontinued the intervention, as previously stated. Complete follow-up scores (three occasions, male and female scores) were only obtained for Participant 1. Partial Follow-up scores were obtained for Par-

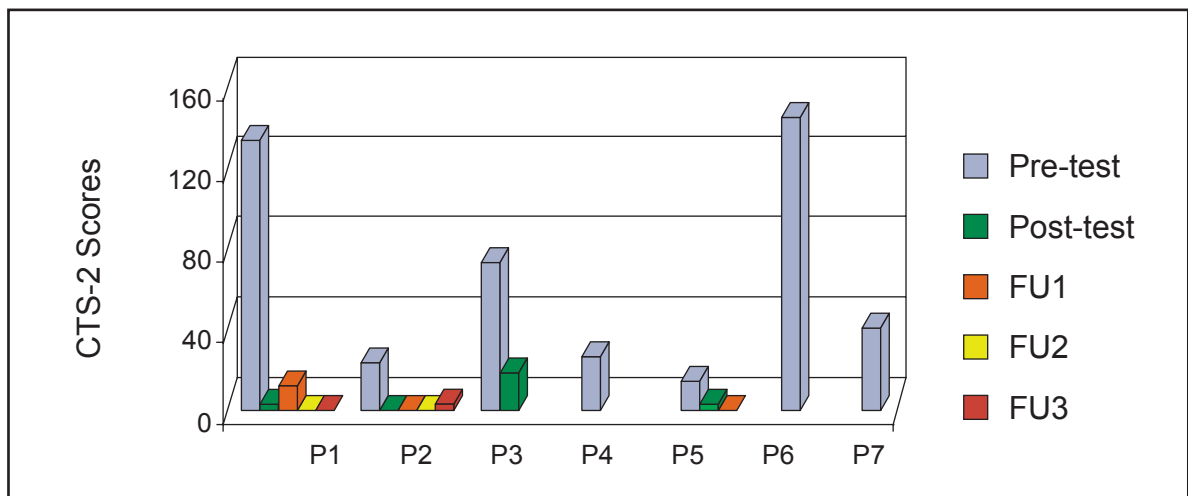


Figure 2. Male Conflict Tactic Scale Scores over the 12 months (FU1-3 months, FU2-6 months, FU3-12 months)

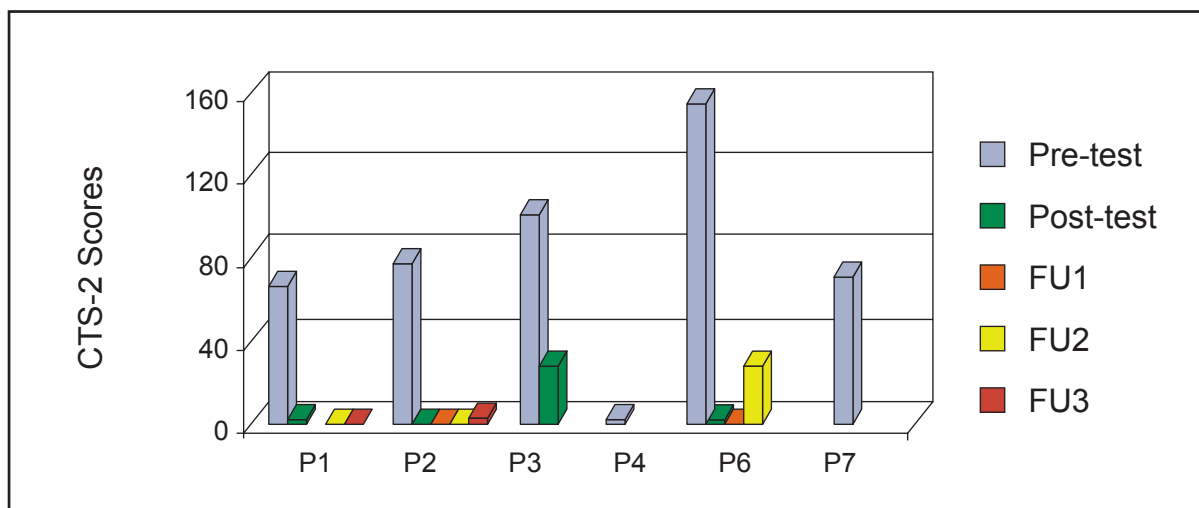


Figure 3. Female Conflict Tactic Scale Scores over the 12 months (FU1-3 months, FU2-6 months, FU3-12 months)

Participants 1, 3, and 6 (the partner of Participant 5 declined to take part in the data collection).

Figure 2 illustrates that participants had different entry levels of violence, P1 and 6 being the most severe. In general, there was a reduction or elimination of the violence employed, and this reduction was maintained at Follow-up. Female CTS-2 scores are shown in Figure 3.

In general, there was fairly good reliability in the data provided by the men and their respec-

tive partners. As with male data, the female CTS-2 data indicate total reduction of violent acts, or as in Participant 6, at a lower intensity level at Follow-up 3.

Some examples of testimonials from male and female participants are summarized in Table 1.

As can be illustrated in Table 1, participants gave very good feedback in terms of the group intervention, and, in general, the study's goals were achieved.

Table 1. Testimonials from participants and their respective partners after the intervention or at Follow-up.

Male Testimonials	Female Testimonials
<i>I've changed a lot. I was a very nervous guy. There was one day where my wife started a discussion and my mother-in-law said [that I] had changed, otherwise I would have had a fight too. (P1)</i>	<i>He's better, he started to work, helps me with the girls... if a fight starts he gets out and comes back later... I am the one who starts now... We are happy now. (P1)</i>
<i>I have changed a lot, I think more now, I am not as tense. I've gotten my life more in order... I live in harmony now with the family. (P2)</i>	<i>He stopped drinking when he joined the group... He's been a good dad, good husband, he gets home and talks. (P2)</i>
<i>Yes, I think more now, but sometimes I get angry. (P3)</i>	<i>On [a scale of] 0-10 I give him 6.5 or 7 – he sort of improved, you know?... He does not hit any more. (P3)</i>
<i>My friends at work have already noticed that I am different, calmer. (P6)</i>	<i>He's a lot better... he's better with me and the boy... (P6)</i>

## 6. How do we sustain it?

The intervention work is provided by the *Universidade Federal de São Carlos*, a university funded by the Federal Government, with a long tradition in community outreach work, especially working with less privileged populations. However, in spite of the adequate physical structure, good teaching conditions, and highly motivated students, the work described would not have been possible without the partnership with the Municipal Government of São Carlos, particularly with the Secretary of Social Services. Monthly meetings are held with this Secretary's staff to analyze and discuss different forms of support to women, children and men in need of assistance.

Fortunately there has been political integration in the sense that a former University President was Mayor of São Carlos for eight years, as previously mentioned. Presently, another former University President (Dr. Oswaldo B. Duarte Filho) has replaced Dr. Lima, so this integration is bound to continue for at least four more years.

Another important factor was the fact that research grants were received from different Brazilian agencies. For example, *CNPq* (Brazilian National Research Council) has given us funding to develop and assess *Project Parceria*, thus the booklets described before are given free of charge due to this contingency. Another agency which has supported us in a number of projects, such as the Male Group Intervention described above, is *FAPESP* (State of São Paulo Agency to Support Research).

Finally, the Ministry of Education has given LA-PREV a grant to develop a health prevention project entitled *School which Protects* (*Escola*

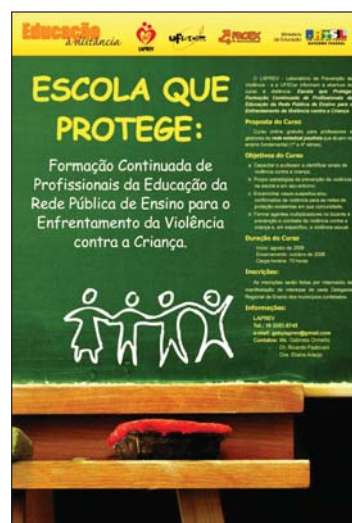


CNPq - Brazilian National Research Council



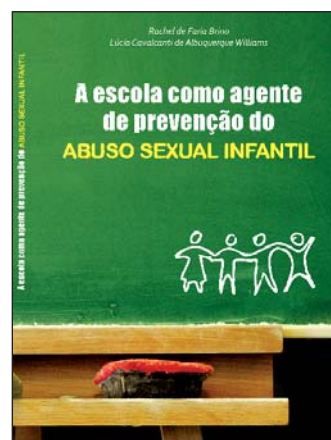
FAPESP - Brazilian National Research Council

*que Protege*), with the goal of training elementary teachers on what child abuse and neglect are and how to report them. This project was initiated last year by offering an online course to teachers throughout São Paulo state. Presently, this project has been expanded to include health agents, and child protection workers, this time not on-line but face-to-face. This funding has been instrumental in providing other types of publications, such as a book describing the doctoral dissertation of the third author, with details of her successful program to train pre-school teachers as prevention agents of child sexual abuse.



Poster by Izis Cavalcanti

School which Protects



Cover by Izis Cavalcanti

The School as a Prevention Agent of Child Sexual Abuse

## 7. What have we learned?

- We have learned that health professionals and university students can make a difference in terms of curbing violence against women in a systematic way, by involving several partners and the community in general to intervene with all family members: women, children and men. Although proper training and expertise is required by professionals, sometimes small steps taken can go a long way.
- We have learned that there are a fair number of people in the community who are willing to get involved in projects to prevent domestic violence.
- Confronting any type of violence within the family is fundamental for an equitable, just and non-violent society. Thus, prevention is the key in all its modalities: universal (such as having gender and human rights education in the school curriculum from a very young age); selective (working with adolescents from poor and violent communities); and specific prevention projects (working with abusive males and with women who suffer intimate partner violence). It is also important to work in an interdisciplinary manner, and have familiarity with the major areas involved in violence intervention and prevention: health, education, the judiciary and protective agencies, the police, and the media.
- In the last few years, Brazil has had a major breakthrough in terms of preventing violence against women, with the approval of a specific act that punishes this type of violence. The act is called *Maria da Penha*, in honor of a Brazilian university professor who became paraplegic due to her ex-partner's assault and her militancy to get proper punishment from the judiciary system. Within the decade that LAPREV has been work-

ing, we have seen many positive changes: more local research on the area topic, more books and publications, more media coverage, more help available in the community, and less leniency from society for this serious human rights violation.

- However, there is still so much to be done. As an example, although the Act specifically mentions the need for services to treat violent men, there are still only a few such services in the country. It is impossible to make a difference in the area of violence against women if we do not involve men. Our male group intervention was very well received in the community, but in order to implement it we had to ask a local judge to refer men for the group (as previous attempts had received no participants). Also it was very difficult to find a common schedule. As a result, the group met on Sunday mornings! Needless to say, that the group intervention only occurred once, due to these time constraints.
- We face many challenges, such as the lack of services and health professionals in Brazil who are hired to treat mental health and other issues associated with domestic violence. In addition, women's empowerment is a construct that involves much more than health, as it is fundamental to give women who live in poverty concrete opportunities to educate themselves and enter the job market. In our clinical experience, we see plenty of uneducated women who leave an abusive relationship, only to enter a second relationship that is equally difficult, with the argument that they have no other alternative to financially provide for their children.
- We have vast areas in this field that are still uncovered in Brazil, such as a lack of awareness about the vulnerability to victimization from all types of violence on the part of women with mental deficiencies and other handicaps. We have published locally,

calling attention to this important fact; but women with mild mental deficiency are still under-diagnosed in Brazil, and the community is often unaware of this risk condition.

- Another example is the vulnerability to violence for women during pregnancy. One of our undergraduate students researched the problem by interviewing over 100 pregnant women at their pre-natal health appointments, and estimated the local prevalence to be around 7%. Although the study had some limitations (such as small sample size), it reinforces the general literature. Contrary to common sense, pregnancy does not protect women from intimate partner violence. For many women, the many changes associated with pregnancy (tiredness, sleepiness, irritability), may be interpreted by an insecure, jealous, and violent partner in a distorted way (*she does not love me anymore, she has found someone else*). That is to say, there are a large number of babies who may be born with complications and birth problems as a direct consequence of domestic violence. We have worked with such cases: a mentally deficient adolescent whose mother went into labor when the father threw a heavy object at the mother's stomach; a physically handicapped boy whose mother was thrown down the stairs by the father. There is little knowledge of these issues among health professionals, and a media campaign would be a welcomed project.
- We have gathered systematic data showing that it was beneficial for women to press charges at the Women's Police Station, before the *Maria da Penha* law, when consequences to this male behavior were very mild. We monitored a group of women who had charges over the period of one year, by having monthly interviews and comparing them to another group who came to the Police Station but opted not to press charges.

As could be expected, women who notified the police about the partner violence to the police reported significantly less violent episodes from their partners than the group who did not report. When the first group of women were asked why the situation got better, they usually mentioned that appearing in front of a judge was instrumental in terms of deterrence in the sense that it taught their partners that violent behavior was unacceptable.

- We believe that our starting assumptions were correct: we have progressed further by combining and integrating a research paradigm with a practical intervention evidence-based approach. Our research efforts also make us less isolated, in the sense that we have the chance to attend conferences and learn from different experiences. In addition, encompassing the two areas of child abuse and violence against women under the same umbrella has been beneficial, as was demonstrated by the different projects described herein.
- We would like to conclude by saying a few words about the personal experience that gave us the specific motivation to work in this area. The first author's sister was part of Brazil's sad statistics on fatal intimate partner violence. When her sister was 30 years of age, she was killed by the father of her two young children. Her sister's memory has been an inspiration to build a more peaceful society, based on equal gender opportunities and rights.

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