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Expanding GBV Prevention and Response Programming in Santo Domingo to Benefit Adolescent Refugee Girls

Santo Domingo, Ecuador
December 2015 to July 2016

Case Study: Strengthening GBV Prevention & Response in Urban Contexts

March 2017

WOMEN'S REFUGEE COMMISSION

Research. Rethink. Resolve.

The Women's Refugee Commission (WRC) improves the lives and protects the rights of women, children and youth displaced by conflict and crisis. We research their needs, identify solutions and advocate for programs and policies to strengthen their resilience and drive change in humanitarian practice.

Acknowledgments

The pilot activities profiled herein were developed and run by Asylum Access Ecuador (AAE) in collaboration with the dance therapist Luana Choez Espinosa and the theatre group Ancestral Fénix.

This case study was written by Anna Myers, research manager of the WRC, and Jennifer Rosenberg, senior program officer. Valuable contributions and feedback were provided by Nicoletta Roccabianca of Asylum Access Latin America and other AAE staff. Layout and case study design were done by Jaci Fletcher.

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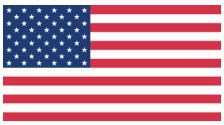

Gift of the United States Government

Cover photo: Final dance event for families choregraphed and performed by the adolescent dance therapy participants. © Asylum Access Ecuador

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Background

Throughout 2016, the Women's Refugee Commission (WRC) partnered with local organizations in urban humanitarian settings, for the purpose of piloting gender-based violence (GBV) activities that would be at once innovative, community-driven, and responsive to research findings on local GBV risks and effective risk mitigation strategies. A total of four pilots were undertaken, in Delhi, India; Beirut, Lebanon; Santo Domingo, Ecuador; and Kampala, Uganda. This initiative, supported by the U.S. State Department's Bureau of Population, Refugees, and Migration, was part of a multi-year effort undertaken by WRC to build up the much-needed evidence base around best practices for strengthening GBV prevention and response in urban settings.

Previous research conducted by WRC in urban contexts underscored the importance of empowering urban refugee communities and individuals to take a leading role in not only designing GBV prevention efforts, but also tailoring them to the particular complexities (social, political, financial, infrastructural) of the city environment in which they live. That research also emphasized the particular challenges and opportunities that exist for GBV prevention and response in urban settings, as well as the need for significant structural changes to how humanitarian GBV programming is developed, financed, and implemented in order to be effective in this new "beyond camps" era. As a result, pilot activities were highly localized. Yet they also adhered to three key tenets of a successful urban GBV response model: (1) proactively working with diverse local actors, governmental and nongovernmental; (2) mitigating GBV risks prioritized by communities themselves; and (3) targeted outreach and tailored programming for at-risk populations.

Each Urban GBV Case Study presents a different example of an urban-specific GBV prevention and/or response strategy. Each illustrates, in a slightly different way, the untapped potential that exists within refugee communities and host-communities, for mitigating urban refugees' GBV risks and enhancing their protection overall.

GBV Programming for Adolescent Girls

In Santo Domingo, WRC partnered with Asylum Access Ecuador (AAE), a UNHCR partner, to pilot activities addressing the risks of GBV among refugee adolescent girls. GBV in Ecuador affects 6 out of 10 women, and Dinapen, the Ecuadorian police department focusing on the protection of minors, reported that 98% of GBV cases occur in a family. As a representative from the Public Defender's Office explained, "There's a very high number of cases inside the family. There's also a high rate of femicide in the provinces which became very well-known after one particular case a few years ago. 70-80% of GBV cases are from within the family."

Dance therapy session with adolescent refugee girls in Santo Domingo, Ecuador

Refugee women and girls are at even higher risks of GBV because of the unique circumstances they face as refugees, including social isolation and discrimination. AAE had identified the particular risk that refugee adolescent girls face in intrafamily GBV from their legal programs throughout the country, and this was reinforced through the Mean Streets research. AAE developed a program to mitigate GBV risks and improve response to GBV cases among refugee adolescent girls by strengthening the GBV referral pathway and conducting an adolescent program to build protective peer networks, build girls' capacities by improving their self-worth, and enabling the integration of refugees and Ecuadorians, three recommendations that had

been developed out of the Mean Streets research. AAE piloted this project in Santo Domingo where the mayor and deputy mayor had already publicly spoken out on the need recognize and address intrafamilial GBV. Leveraging this political will and momentum, AAE collaborated with the Public Defenders' Officer, and the Cantonal Council for Rights Protection, fostering stronger partnerships between humanitarian and non-humanitarian actors for the purposes of strengthening an existing government mechanism. The program directly worked with adolescent girls themselves, their mothers, and entry points into the referral pathway with a focus on schools. Although all activities were complementary to enhancing GBV prevention and response among refugee adolescent girls in Santo Domingo, two components are highlighted here as illustrative examples of urban GBV programming tailored for adolescent girls: (1) strengthening the referral pathway by convening stakeholders and holding workshops with school psychologists; and (2) a dance therapy program for adolescents at risk of GBV, bringing together both Ecuadorian and refugee adolescents.

Strengthening the GBV Referral Pathway: *Convening Key GBV Stakeholders & Conducting Workshops with School Psychologists*

Recognizing that GBV prevention and response in urban settings will only be effective and sustainable if it leverages existing local mechanisms (e.g. GBV referral pathway) and promotes refugee integration, AAE first sought to deepen its relationships with municipal actors in the GBV referral pathway, in particular, the Public Defender's Office and the Cantonal Council for Rights and Protection. This effort brought together humanitarian and non-humanitarian municipal actors in a way that had not been attempted before to strengthen response to GBV among adolescent refugees, and highlight intrafamily violence as a concern for refugees. Meetings with these partners allowed for a dialogue on existing gaps, challenges, and opportunities in including refugee adolescent girls more effectively in GBV response. Through these meetings, it was acknowledged that although the GBV referral pathway was functioning, it was weak, particularly in identifying cases and stakeholder coordination and inclusion of refugees. Collaboratively it was decided that schools were an opportune place to reenergize coordination to district level actors, build inclusion of refugees by combating negative stereotypes by school officials, and boost case identification capacity in schools for all adolescents. In urban settings, goals that are mutually beneficial for host and refugee communities and curtail concerns that humanitarian actors prefer parallel systems or special treatment for refugees in public sector programs, are especially effective. Furthermore, even if systems are working, misconceptions, prejudices, and discrimination against refugees can obstruct refugees' access to public services. This is especially the case in Ecuador, with negative stereotypes of Colombian refugees, even by public officials and service providers. This understanding guided AAE's development of the workshops with schools on the GBV referral pathway, and inclusion of refugee adolescent girls.

AAE and the Cantonal Council for Rights and Protection focused strategically on one particular gap, and targeted its advocacy toward one particular group of potentially impactful allies: school psychologists, as they manage GBV cases in schools. The educational districts were carefully selected for their high number of educational institutions, populations of refugees, and gaps in training specific to GBV and refugees. District 1, the largest educational district in Santo Domingo, has 204 educational institutions and District 2 has 116 educational institutions. At the time of the training only District 1 had received GBV training, but without the inclusion of refugees.

These workshops focused on defining and understanding GBV, identifying potential GBV cases, and methods for confirming cases, reviewing the GBV referral pathway and discussing barriers schools face in reporting and brainstorming strategies to improve the referral pathway. The workshops drew attention to the need to include refugee adolescent girls in the GBV case identification and referral mechanisms, and sensitized school psychologists to refugees in general

to address prejudices, particularly against Colombian refugees.

Eighty-eight percent of participants from District 1 and 82% from District 2 indicated that workshop activities were useful and beneficial and 90% of all participants expressed "high satisfaction" with the workshops. More notably, according to a representative from the Public Defender's Office, referrals for GBV cases from these districts increased after this workshop.

> *"You managed to present in an easy way effective mechanisms to confront difficulties and cases we witness on a daily basis. Thank you for sharing your experience."*
> *– District 2 school psychologist*

In addition, representatives from the Cantonal Council for Rights Protection who participated in the workshops reported being confident that, based upon their own observations, such workshops can positively influence attitudes towards refugees and/or counteract common negative stereotypes. This is especially compelling in an environment like Ecuador, where stigmatizing stereotypes of female refugees, especially Colombian refugees, both exacerbate refugee girls GBV risks and serve as barriers to them accessing various services and support for GBV survivors.

Lastly, the convening of actors in the GBV referral pathway also resulted in discussions on how to offer more comprehensive care to GBV survivors. At the beginning of the project, the GBV network (GBV referral pathway actors) did not include the Ministry of Health which meant that referrals only included police reporting, legal aid, and psychosocial support. Efforts are now being made to invite Ministry of Health representatives to be a part of the GBV network to ensure medical attention is part of the referral pathway.

Tailored Programming for Refugee Adolescent Girls:

Dance Therapy

Another key component of AAE's urban pilot project was the launch of a new program for adolescent refugee girls to reduce their risk of GBV by building their self-worth, increasing their peer networks, and providing a safe space for integrated activities with refugees and Ecuadorians. This program was grounded in the belief that a strong sense of self-worth and self-esteem can mitigate GBV risks and improve reporting of GBV. This belief that it's important to expand girls' capacities to cope, along with the positive impact of peer networks, safe spaces, and integrated activities, reflect recommendations for urban strategies for refugee adolescent girls. The program was held at the AAE office, a central location given refugees live across Santo Domingo, and it provided a rare opportunity for refugee adolescents to come together given how dispersed their homes are around Santo Domingo. AAE also provides activities for much younger siblings, and a separate space for parents to sit together, as needed. As is often the case in urban areas, attending an event safely, or being able to attend an event, can require the presence of other family members and a significant amount of time in transit. AAE worked to schedule all events appropriately to suit the schedules of the participants.

> *"I felt safe, determined to do whatever I wanted to and most of all I felt free."*
> *– Adolescent girl, age 15, from Colombia*

The program content and structure of these activities were adapted from an existing AAE program geared toward adult women refugees who are survivors of GBV. The rationale behind expanding this program for urban adolescent girl refugees centered on new reports coming in to AAE staff – from parents and youth – that adolescent refugee girls were experiencing abuse in their homes, but were not reporting it.

Adolescent refugee and Ecuadorian girls participate in an art therapy session focused on building their skills and capacities to prevent and respond to GBV.

AAE recruited a dance therapist who developed the methodology based on her previous extensive work with adult women and youth survivors of trauma. Although both WRC and AAE explored their networks, no examples could be identified on programs working with refugee adolescent girls on intrafamily violence. Methods exploring GBV with refugee adolescent girls were identified but ultimately set aside because of their more confrontational nature. More specifically, those methods were overly direct: they immediately focused in on discussing GBV definitions, without building trust amongst the girl participants and the facilitator. Nor did previous models prioritize the promotion of a sense of self-worth among the individual girls through such a range of activities. In addition, there are specific barriers to reporting and challenges in responding to intrafamily GBV cases in Santo Domingo, including shame and stigma; family retaliation or rejection; difficulties in securing safe home – the nearest shelter is in Quito; that mothers are sometimes complicit; or mothers are also experiencing intrafamily GBV; or the perpetrator threatens to harm/kill other family members if the girl reports. In recognition of this context and the short timeline, the instructor elected to focus on self-esteem and self-reflection as the organizing principles. This approach offered a safe space where the group could work on processing past experiences of violence, while also mitigating current GBV risks and indirectly improving GBV identification and timely reporting.

The sessions ran weekly from May to July 2016 with participants made up of 15 refugees (10 girls and 5 boys), and 3 Ecuadorians (2 girls and 1 boy). AAE makes an effort to include both refugee and Ecuadorian youth in its activities in order to foster better relations, and combat negative stereotypes that Ecuadorians can have of refugees, particularly Colombians. This approach is an important strategy for adolescents in urban areas, and is especially feasible in a place like Ecuador where most refugees speak the host language. Integrated adolescent programming was one of the main positive practices identified in the research that gave rise to this pilot project.

"I felt self-confident; I was concentrated and full of happiness."
– Adolescent girl, age 12, from Colombia

Fliers introducing the program for adolescents had been distributed in communities with high numbers of refugees inviting both refugees and Ecuadorian adolescents. Additional information was given to interested families, however it was not openly identified as a program addressing GBV in order to avoid putting any adolescents at risk or discourage joining.

Originally the plan had been to offer the program only to adolescent girls. However, during the theater program – a program preceding the dance program – it was found that many adolescent girls had to care for their younger siblings at home after school and the exclusion of boys could risk leaving the adolescent girls with no ability to join. Additionally, during the theater program AAE found it was an opportunity to build respectful relationships between boys and girls, just like between refugees and Ecuadorians. As the goals of dance therapy did not include addressing GBV directly, but instead focused on self-worth and included girls' rights to their bodies, AAE believed boys might benefit from

this exposure both in developing awareness around equal rights within and outside the home. This inclusion also aligned with the understanding that boys can also suffer from GBV and a program promoting self-worth could be just as beneficial.

The sessions included a mix of contemporary dance, mindfulness, meditation, drawing, and journal writing. The mindfulness, meditation, and dance focused on improving self-awareness and self-worth to enable participants to explore the links between thoughts, feelings and movement. The core concept that activities kept returning to was this idea of personal space. Through meditation and dance, participants were asked to imagine their personal space, inside themselves (their inner voice, feelings, thoughts, hopes, dreams) and around themselves, as they move about their day at home, in their neighbourhood, at school, at AAE. A motto explained (translated) was "My own personal space, my body is a temple, no one can enter." Another concept was connecting with their "Inner Mother" with the idea that a mother offers respect, care and love, working with the participants to develop more respect, care and love for themselves.

Final dance event for families choregraphed and performed by the adolescent dance therapy participants.

Each session concluded with journal writing with prompted questions on how they were feeling after the session or what they had learned. The journals were left with the instructor to read by herself. The entries included reflections on the sessions as well as individual adolescents' writing on past experiences with violence. These entries not only allowed the instructor to better understand the types of violence participants had or were facing, so she could tailor subsequent sessions accordingly, but also enabled her to respond if referrals were necessary.

"It was something I had never done or felt before, something incredible, a completely different sensation. I felt confident, different, more determined than ever to go ahead forever."
- Adolescent girl, age 15.

It was clear that respect for personal space and one's own body were concepts that resonated with participants. Many journal entries reflected this. For example, one Ecuadorian 12-year-old girl wrote, "My body has to be respected by everybody." A 15-year-old Colombian girl wrote, "I have to respect my own body and not let anyone touch me without my consent."

At the end of the series of sessions the participants had a dance performance for their families that they choregraphed themselves. The event brought together their families for a positive and celebratory event that was shared between refugee and Ecuadorian families.

The instructor and AAE staff members monitoring the project who attended each week observed changes in the participants' confidence and willingness in doing the activities. The journal entries also reflected the impact of the program on the participants. In response to evaluating the program, a 9-year-old Colombian girl who had witnessed her father murdering her mother, wrote, "I felt happiness, affection, love, heart, life and soul. I felt passion, it felt like my mother was embracing me." A 12-year-old Colombian wrote, "Discovering the flexibility in my body helps me to free myself and let off steam." And a 15-year-old Colombian girl wrote, "I felt safe, determined to do whatever I wanted to and most of all I felt free."

In addition to evaluating the program through journal entries, AAE used satisfaction questionnaires at the

end of the program, and two evaluative focus groups, one that was conducted during the last session, and one a month later. The focus groups' participants reported higher self-esteem and more positive feelings towards themselves and more ability to share feelings and experiences with peers. One girl reported she had made more friends through the program. One boy reported he had more respect for girls. The five girls in the focus group reported the project improved their perception of safety, one specifying the program did so by increasing her self-confidence which has affected all parts of her life. In the questionnaires, 82% of participants rated the program as a 'good' and 'very good' experience. In focus groups, participants were very positive about the program, with many asking for more dance programs. During the one month follow-up focus group discussion, participants were asked how/if the program still impacted their lives, and one adolescent girl shared: "[The instructor] told us we have to be self-confident and I'm trying to remember it every day and put it into practice."

Challenges

One of the largest challenges faced by this pilot project was its limited timeline. Although the pilot was initially designed to run five months, the earthquake that struck Ecuador in April 2016, and related emergency response, disrupted project planning. The start date had to be pushed back, and the ability of government and non-governmental partners to follow-through on commitments to provide inputs into the project was severely constrained. The number of activities originally planned and objectives for different components had to be modified and cut because of the reprioritization of needs by all stakeholders, following the earthquake.

Other challenges faced by the project's program activities mirror those faced in many urban environments: a lack of consistent attendance by program participants due to travel expenses and other commitments, including parents' work schedules; and difficulties in coordinating between various different government and NGO partners within a limited time-frame. Sustainability of the dance therapy is another challenge, given a lack of ongoing funding, however AAE is working to secure additional funds to continue these activities with an additional psychosocial support component.

Conclusion

AAE's pilot activities in Santo Domingo were aimed at strengthening GBV prevention and response for adolescent refugee girls. Learnings from those pilots suggest that a multifaceted approach—one which involves local agencies, experts, host-community members, humanitarian agencies, and adolescent girls themselves—offers the most promise for future programming.

In Santo Domingo, AAE was careful to assess what was in place, and what efforts were underway, before developing their pilot program. AAE worked closely with GBV partners to identify challenges to the full inclusion of refugee adolescent girls in the existing GBV referral pathway and how to strengthen the referral pathway for everyone. This approach exemplifies an important urban strategy: integration of refugees into host systems can only be done by meeting stakeholders and service providers where they are; leveraging existing mechanisms, networks, and partnerships; and developing strategies that respond to context-specific challenges.

Given stigma and silence around intrafamilial violence—and the underreporting of it—in Ecuador, including among Colombian refugees in Ecuador, AAE exercised special sensitivity in taking on this topic. Yet particularly through the dance therapy program, AAE discovered new, constructive ways of broaching the issue with adolescent refugees. Although their focus was developing self-worth as a risk mitigation strategy, they also used the development of a safe space for both refugees and Ecuadorians, and boys and girls, to foster protective peer networks.

The limited timeline and scope of pilot activities also curtailed efforts to evaluate this pilot as a long-term worthwhile approach to mitigating and responding to GBV risks among refugee adolescent girls. Hence, although qualitative information, in the form

of participants' feedback, suggested positive immediate and short-term impacts of both pilot activities—the workshops with school psychologists and dance therapy sessions, respectively—more investment, research, and scale up will be needed to assess program effectiveness. At the same time, however, given the dearth of sample interventions and evidence-based good practices tailored for urban settings that are currently available to GBV practitioners, we hold these creative programming alternatives up as illustrations of what is possible for tailored adolescent girls' GBV programming in cities, and the myriad directions it can take, either focusing on building out safe identification and referral pathways, or using dance therapy to create a safe space for girls that builds their capacities and agency to not only recognize and prevent GBV, but also access a unique admixture of peer and professional support.

Endnotes

1. This is part of a series of case studies arising from urban GBV pilot interventions conducted throughout 2016. Additional case studies focus on topics ranging from strengthening peer support for Syrian transwomen refugees (Beirut, Lebanon); community-based 'GBV Task Forces' (Delhi, India);to mobile clinics being deployed to hard-to-reach refugee neighborhoods in a sprawling city (Kampala, Uganda). These case studies can be accessed online at: http://wrc.ms/urban-gbv-case-studies
2. See WRC. 2016. Mean Streets: Preventing and Responding to Urban Refugees' Risks of Gender-Based Violence. https://www.womensrefugeecommission.org/gbv/resources/1272-mean-streets
3. As reported by AAE.
4. UNICEF 2014. La violencia de género contra las mujeres en el Ecuador: análisis de los resultados de la encuesta nacional sobre relaciones familiares y violencia de género, available at http://www.unicef.org/ecuador/Violencia_de_Gnero.pdf.
5. WRC. 2016. Mean Streets: Preventing and Responding to Urban Refugees' Risks of Gender-Based Violence.
6. Id.
7. Anecdotally the representative said 10 additional cases had been reported and this was a notable increase, but was unable to provide reporting records.
8. See Mean Streets, supra note 2 at 42.
9. WRC. 2016. Mean Streets: Preventing and Responding to Urban
10. An additional component of AAE's pilot activities included a workshop with women who are mothers of adolescent girls. The workshop complemented the art therapy and school psychologist trainings by encouraging the mothers to discuss, in a safe and open environment, patterns of violence against their daughters as well as possibilities for safely reporting and addressing it. During the workshop sessions, AAE found that most of the refugee women who participated did not know where to get help or to report GBV or intrafamily violence against them or their adolescent daughters. This underscores the importance of taking a multi-faceted approach to building a local network of stakeholders who work together to strengthen GBV prevention and response for adolescent refugee girls at risk in their homes--one that involves a network of, inter alia, schools, parents, and the girls themselves.

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