



PREVENTION OF
**Gender-based
Violence in
Ciudad Juárez,
Mexico:**
Results and Lessons Learned

2013

U.S.- Mexico Border
Health Series



**Pan American
Health
Organization**



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PREVENTION OF
GENDER-BASED VIOLENCE
IN CIUDAD JUÁREZ, MEXICO:
RESULTS AND LESSONS LEARNED



**Pan American
Health
Organization**



*Regional Office of the
World Health Organization*
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Index of Tables and Figures	iii
Foreword	iv
Acknowledgments	v
Executive Summary	vi
Chapter 1. A Human Rights Approach to Gender-based Violence	1
1.1. Violence is a complex issue and has multiple causes	2
1.2. What is gender-based violence?	3
1.3. The right to nondiscrimination on the basis of sex and the right to a life free of violence	3
Chapter 2. Violence against Women and Health	6
2.1. The relationship between gender-based violence and health work	7
2.2. Legislation in Mexico	9
Chapter 3. Gender-based Violence in Figures	12
3.1. Information on violence from a gender perspective	13
3.2. Statistics on intimate partner violence in Mexico	14
3.3. What is happening at the local level?	19
Chapter 4. Methodology for Preserving Successful Experiences in Ciudad Juárez	20
4.1. Participant preparation and selection	21
4.2. Workshop for analysis of violence and successful experiences	21
4.2.1. <i>Session for information collection and data analysis</i>	21
4.2.2. <i>Session for presentation of results and new consensus</i>	23
Chapter 5. Experiences and Achievements in the Prevention of Gender-based Violence in Ciudad Juárez	24
5.1. <i>Red Mesa de Mujeres de Ciudad Juárez, A. C.</i>	25
5.1.1. <i>Experience: Technical assistance and support for the Comité de Madres y Familiares con Hijas Desaparecidas (Committee of Mothers and Relatives of Missing Daughters)</i>	26
5.2. <i>Mujeres por México en Chihuahua, A.C. (Women for Mexico in Chihuahua)</i>	27
5.2.1. <i>Experience: Acompañantes Solidarias (Caring Companions)</i>	27
5.3. National Commission to Prevent and Eradicate Violence against Women (CONAVIM).	29
5.3.1. <i>Experience: Geographic information system on violence in Juárez municipality, Chihuahua</i>	29
5.4. <i>Salud y Bienestar Comunitario, A.C. (Community Health and Welfare)</i>	30
5.4.1. <i>Experience: Metamorphosis of pain from a gender perspective</i>	30
5.5. <i>Centro de Prevención y Atención a Mujeres y Familias en Situación de Violencia (Center for Prevention and Care of Women and Families in Violent Situations)</i>	31
5.5.1. <i>Experience: Reeducation workshop for men who commit violence.</i>	31
5.6. <i>Tenda di Cristo: Charitable Center for the Care of AIDS Patients</i>	32
5.6.1. <i>Experience: Life skills keep me away from AIDS</i>	32
5.7. <i>Mujeres de Pacto (Women of the Covenant)</i>	34
5.7.1. <i>Experience: Social skills and self-esteem workshops for women</i>	34
5.8. <i>Instituto Chihuahuense de la Mujer (Chihuahua Women's Institute)</i>	35
5.8.1. <i>Experience: Mobile service centers</i>	35
Chapter 6. Lessons Learned and Conclusions	36
References	40

... PARA PONER FIN A
la violencia
contra la mujer a



TABLE 1.	Legal and regulatory instruments governing actions to prevent family violence, sexual violence, and violence against women and to provide assistance to victims of violence in Mexico	10
TABLE 2.	Women aged ≥ 15 years who could have experienced at least one act of violence, by context for the action, Mexico, 2006	14
TABLE 3.	Leading causes of annoyance that, as perceived by victims, could have provoked the ire of their abusive intimate partner or husband, by type of violence, Mexico, 2006.	15
TABLE 4.	Types of violence against women carried out by their current or previous intimate partner, by marital status, Mexico, 2006.	15
TABLE 5.	Severity of physical harm in women aged ≥ 15 years who reported having experienced physical or sexual violence at the hands of their intimate partner during their current or previous relationship, Mexico, 2006.	17
TABLE 6.	Suicidal thinking in women after experiencing violence at the hands of their intimate partner, by type of violence, Mexico, 2006	17
TABLE 7.	Homicides of women by state, Mexico, 2005-2009	18
FIGURE 1.	Relative frequency of recorded cases of intimate partner violence against women aged ≥ 15 years, by type of violence and marital status, Mexico, 2006.	16
FIGURE 2.	Relative frequency of recorded cases of physical and sexual violence, by severity of harm, Mexico, 2006.	16
FIGURE 3.	Diagram of the thematic structure of the workshop on Evidence Generation and Lessons Learned in Gender Violence Prevention in Ciudad Juárez.	22

INDEX OF TABLES AND FIGURES

FOREWORD

Violence against women is a serious problem that affects their health and violates human rights recognized around the world. In different societies, this issue is addressed from various perspectives, depending on local cultural traditions and the society's customs, values, and religious beliefs. It should be clearly specified that patterns, risk factors and consequences of violence against women are different and unique act to violence against men; evidence shows that it is more likely that a woman suffers physical and sexual assault by people close to her, such as intimate partner, producing different consequences to man, such as in the reproductive sphere.

It is a recognized fact that gender-based violence and intimate partner violence affect not only the victim, but also her entire family environment, and that violence against women, whether physical, sexual, or psychological, in addition to injuring their bodies, also affects their psychosocial and affective life. The victim's children—for example, of an abusive father and a permissive mother—usually develop a distorted view of what is acceptable in a relationship, tend to repeat the same pattern of behavior as adults, and may turn to antisocial behavior. Finally, the victimizer is at the same time a victim who should receive appropriate treatment and rehabilitation to prevent relapsing into violence.

Ciudad Juárez, in the state of Chihuahua, Mexico, has attracted national and international attention because of the numerous feminicides that have occurred there in recent years, independent of the high homicide rate in the general population. Other manifestations of violence, such as violence among young people and child abuse, have also gained notoriety in Juárez society.

With this background, the Pan American Health Organization, together with public and private organizations from Ciudad Juárez and the state of Chihuahua and with the participation of binational Mexican and U.S. institutions, initiated a process of identification and systematization of work done in this municipality to prevent gender-based violence. The objective of this effort is to disseminate, share, and encourage discussion about the principal intervention strategies for prevention of gender-based violence and violence against women, to build local, institutional, and community capacity to combat this serious problem.

This book systematizes and summarizes the knowledge generated by the work that various organizations are doing in Ciudad Juárez with women and men involved in gender-based violence. We hope that these experiences build bridges to new collaborative studies that will involve additional organizations—civil society and public, local, national, and international—to achieve an even more comprehensive approach that encompasses the different types of prevention (primary, secondary, and tertiary) and strengthens those that still need work.

The application of results proven in practice that have had a greater positive effect in any part of the world will help to achieve a social, political, work, educational, family, interpersonal, and individual environment in which gender-based violence is eradicated from our communities.

Dr. Maria Teresa Cerqueira
Chief of the United States-Mexico Border Office
Pan American Health Organization
Regional Office of the World Health Organization

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EXECUTIVE SUMMARY

In 1993, the Pan American Health Organization adopted a resolution recognizing violence as a serious threat to public health and human rights (CD 37/19, 1993). Since then, the Organization has been at the forefront of mobilizing the health sector to address violence, working with the health sector to promote, defend, and support stakeholders dedicated to violence prevention and mitigation, as well as capacity building.

In this context, this publication contains information from the workshop on Evidence Generation and Lessons Learned in Gender Violence Prevention in Ciudad Juárez, held in late 2011 and early 2012 to collect and analyze successful experiences by civil organizations and governmental agencies working on the issue of violence against women.

The first chapter of the document describes gender-based violence and analyzes its causes, and ends by framing the issue within a human rights approach and the relevant international documents on this issue. The second chapter delves further into the relationship between gender-based violence and health services, linked by the severe harm produced by violence against women, both to women personally and to their families and communities, and concluding with an overview of regulatory aspects in Mexico's health sector. Chapter three offers data and figures concerning violence in Mexico, to place the experiences described in a real life context. Chapter four explains the methodology used in the workshop and its special features, and describes the steps used to elicit experiences and reach consensus on lessons learned. The fifth chapter assembles the

most important experiences and practices with combating violence against women in Ciudad Juárez that were contributed by the participating organizations, one of the main outcomes of the research. The sixth and last chapter presents the lessons learned, in the opinion of the participating organizations, resulting from a long, constantly difficult, and persistent effort.

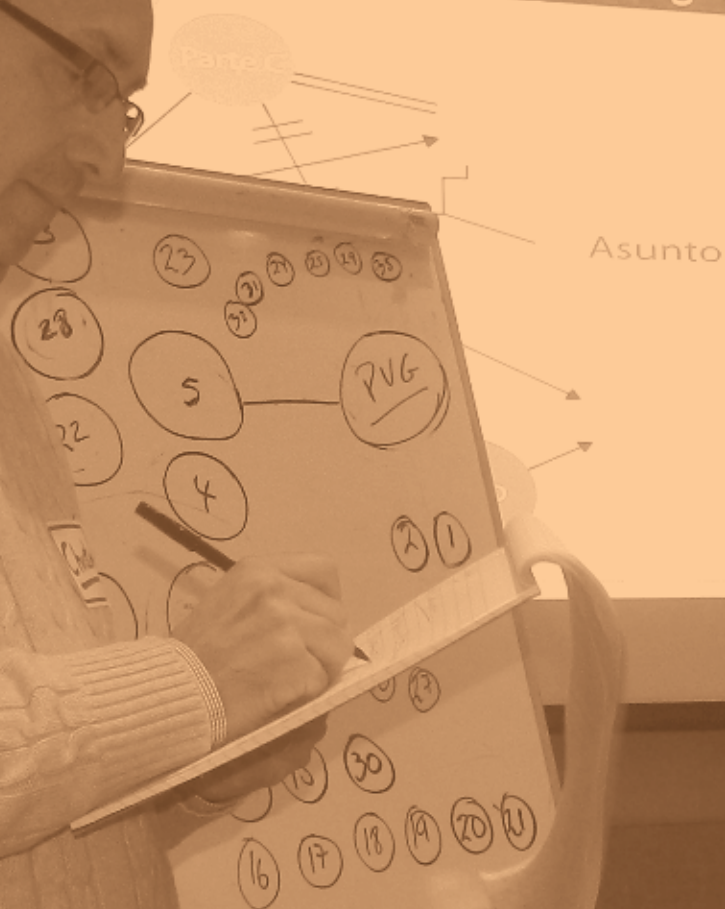
In conclusion, despite the progress that has been made, a more comprehensive effort can still be made to involve society's different stakeholders as a whole. The formal education system must take more decisive action, putting greater emphasis on and reinforcing continuous human-rights based education, with a gender perspective, that promotes violence prevention and the development of life skills. Schools, families, and the health sector must work together on this task.

The mass media play a key role in disseminating and inculcating appropriate behaviors during childhood and youth. It is important to train journalists about problems related to gender-based violence so they can appropriately and effectively orient the public.

Commitment is needed from academic and research institutions to produce scientifically proven results and to develop indicators that make it possible to measure the effects of preventive interventions. Evidence generation, as a key element in policy-making, should commit authorities to maintaining continuity in government programs and these programs should not be limited to punishing assailants, but also to preventing gender-based violence incidents and behavior.

CHAPTER 1

Mapeo de actores: Prevención de la violencia de género



A HUMAN RIGHTS APPROACH TO GENDER-BASED VIOLENCE

Gender-based violence is not only a violation of human rights that constrains social justice, it is also a public health problem affecting all levels of society all around the world. Violence against women—the most frequent manifestation of gender-based violence—and intimate partner violence—in turn, the most frequent form of violence against women—have serious consequences for the health and well-being of victims, since in addition to physical injuries, it is the cause of many other health problems, such as emotional disorders and unwanted pregnancies, along with considerable costs to their families, health systems, and society as a whole (1).

For this reason, the Pan American Health Organization (PAHO) adopted a plan of action to support Member States in their efforts to eliminate violence against women. The plan's priority areas include improving the quality, access to, and use of data for policy-making based on scientifically proven results; strengthening health sector response through regulatory actions; strengthening primary prevention with best practices for collection of successful results and capacity building for key stakeholders; and supporting the development of national violence prevention plans (2).

1.1. Violence is a complex issue and has multiple causes

Violence is a complex phenomenon that has been part of human history from its beginnings, which explains why it has been the goal to elucidate its causes and consequences using different conceptual frameworks, including social, legal, and medical sciences. Although it is recognized that “violence is the result of the complex interplay of individual, relationship, social, cultural, and environmental factors” (3), the different explanatory frameworks agree that the purpose of violence is “the willingness to dominate to maintain or, in its absence, gain new power” (4).

People are born, grow, and develop in a given social context, in which violence is transmitted from the first stages of life through a process of unconscious identification and continuous socialization. Violence means using force against the will and interests of an individual or group, to cause voluntary or involuntary harm; it is an exercise of power over another person or persons, whether physical, economic, political, psychological, or symbolic, to make them submit to the desires, needs, or beliefs of whoever is exerting the power (5). It is a practice that can be socially accepted and naturalized.

Thus, violence is an integral element of historically unequal power structures and represents an obstacle to fostering, practicing, and establishing equity, development, and peace. To analyze violence, it is necessary to identify who commits it, who receives it, where it occurs, and the ways in which it is manifested. Thus, it can be self-inflicted, carried out by another person, or perpetrated by groups (3); the recipients, usually, are in a subordinate position in relation to the perpetrator; and it can occur in public, such as on the street while out and about, at work, at school, or in the community, among others, or in private, meaning the family, intimate partner, or home. Finally, several types of violence have been identified: physical, sexual, psychological, property-related, economic, and political.

In short, violence is expressed in multiple ways—family, sexual, community, or against women, to mention a few—and it can affect all groups in the population, regardless of their social, economic, religious, educational, or ethnic characteristics.

1.2. What is gender-based violence?

In the 1970s, Gayle Rubin used the term gender for the first time to define “the set of arrangements by which a society transforms biological sexuality into products of human activity, and in which these transformed sexual needs are satisfied” (6). In other words, based on anatomical sexual difference (sex) that distinguishes men and women, societies have constructed differentiated roles and mandates for each one (gender). Gender norms have been cultivated that establish a hierarchical and stratified social order, where what is male is the parameter of explanation and the measure of things and what is female is subordinated: “the social roles of women, the ways in which they are imagined and represented, have not included viewing them as individuals in these societies. No wonder the term that designates men as a group is also used to designate humans as a group. For all societies, man is the protagonist, he is the maker of culture” (7).

Historically, this subordination has undermined the freedoms and human rights of women. Accordingly, gender-based violence stems from and is the result of the gendered social structures of domination (8) and violence against women is one of its most pernicious and widespread variants. Curiously, violence against women was not an international priority until the late 1980s. As the subject was taboo in many societies in which the private sphere was protected from any scrutiny, women’s groups needed a decade of mobilization to instill in the international community the concept that violence against women was a universal evil that required international regulation and scrutiny.

In 1991, both the United Nations Economic and Social Council and the Commission on the Status of Women decided that, because of its magnitude, the problem of violence against women justified the adoption of new international measures. Accordingly, in 1992 the Committee on the Elimination of Discrimination against Women adopted General Recommendation No. 19 on violence against women (9, 10). This

recognition is the result of denunciations by the international women’s movement and feminists, and the demand for actions and measures that the international community has finally agreed to take. Practically all multilateral agencies for health, human rights, and economic and social development have taken on this issue, within the limits of their own mandates and missions. It is precisely within this framework that the concept of gender-based violence began to be used, as a synonym of violence against women. The United Nations sought a clear definition for this concept and the rights that should be guaranteed to eradicate all its manifestations (11).

1.3. The right to nondiscrimination on the basis of sex and the right to a life free of violence

In 1989, the Committee on the Elimination of Discrimination against Women issued General Recommendation No. 12 (12) and, in 1992, General Recommendation No. 19 (9), which both urged States to include in their reports to the Committee statistical data on the frequency and types of violence perpetrated against women, as well as on the profile of the victims. Furthermore, they also requested information on existing legislation, health care services, and measures that countries had adopted in this regard.

The United Nations Declaration on the Elimination of Violence against Women established a broader framework for defining violence against women, its scope, and the obligations of States (11, 13). Thus, using an approach guided by international law—and thanks to pressure from women’s organizations, the international community, and multilateral agencies, both from the universal and regional human rights protection systems—there has been a shift from only understanding the issue as a social public health problem and from “treating all its forms as a crime punishable by law” (14), to constructing and applying the right of women to a life free of violence. This has involved addressing other deeper issues from a broader human rights perspective (15).

To combat discrimination against women, the World Conference on Human Rights adopted the Vienna Declaration and Program of Action (16) and the Declaration on the Elimination of Violence against Women (11),¹ ratifications increased of the Convention on the Elimination of All Forms of Discrimination against Women and States' reservations to it were eliminated. Furthermore, the Special Rapporteur on Violence Against Women, its Causes and Consequences (17) was established, with a comprehensive and universal approach to the elimination of violence against women—as well as its causes and consequences—in civil, cultural, economic, political, and social spheres (18).

The Platform for Action of the Fourth World Conference on Women, held in Beijing in 1995 (19), brought together the concerns set forth in previous conferences and established three strategic objectives related to violence against women:

1. Take integrated measures to prevent and eliminate violence against women.
2. Study the causes and consequences of violence against women and the effectiveness of preventive measures.
3. Eliminate trafficking in women and assist victims of violence due to prostitution and trafficking.

Furthermore, the convention monitoring bodies were given the mandate to include in their analyses and documents ample information on the situation of women and it was recognized that the right to nondiscrimination is intertwined with the exercise of other rights. Thus, the United Nations Committee on Economic, Social, and Cultural Rights—responsible for monitoring compliance with the International Covenant on Economic, Social, and Cultural Rights—pointed out in its General Comments 14 and 16 that,

to eliminate discrimination against woman there is a need to develop and implement a comprehensive strategy aimed at guaranteeing the highest attainable standard of health. This would include, among other actions, the protection of women against family violence and the prevention, investigation, and punishment of acts of violence committed by individuals—as well as redress for harm inflicted (20, 21)—since these acts not only endanger the health and life of the victims, but furthermore, they obstruct their full enjoyment of their economic, social, and cultural rights.

The Committee on Human Rights also did an analysis of the different factors that hinder women's exercise of civil and political rights on equal terms with men (22). However, more substantial progress was made in the Inter-American System for the Protection of Human Rights when for the first time it recognized in an instrument legally binding on the States the right of women to a life free of violence, both in the public and private sphere, inflicted either by the direct action of a State or by a private party with State consent.

The Inter-American Convention on the Prevention, Punishment, and Eradication of Violence against Women, drafted in 1994 in Belém do Pará, Brazil, lays out the rights and freedoms that should be recognized for women: the right to have her life and physical, mental, and moral integrity respected; to personal liberty and safety; to not be subjected to torture; to have the inherent dignity of her person respected and her family protected; to equal protection before the law and of the law; to simple and prompt recourse to a competent court for protection against acts that violate her rights; to associate freely; of freedom to profess her religion and beliefs within the law; and to have equal access to the public service of her country and to take part in the conduct of public affairs, including decision-making (23).

¹ The World Conference on Human Rights was held in July 1993 and the United Nations General Assembly adopted the cited Declaration in December 1993.

The Convention establishes duties of the States to prevent, punish, and eradicate violence against women, for which its Articles 7 and 8 establish actions that should be taken, among others, to apply due diligence, to modify social and cultural patterns of conduct of men and women, and to provide specialized services to care for women victims of violence.

Finally, and in accordance with the Beijing Platform for Action, the Convention of Belém do Pará called on the States to, in measures for prevention, care, and punishment that it establishes, take special account of the vulnerability of women to violence by reason of other situations, such as being migrants or displaced persons, their ethnic background or membership in certain groups, being pregnant, disabled, of minor age, socio-economically disadvantaged, affected by armed conflict or deprived of their freedom (23).



CHAPTER 2



VIOLENCE AGAINST WOMEN AND HEALTH

2.1. The relationship between gender-based violence and health work

In defining violence against women, the United Nations General Assembly mentions that violence “is likely to result in physical, sexual, or psychological harm or suffering to women” (11), which, ultimately, places the health sector and health professionals at the center of treating the problem. Various studies (24-26) have confirmed that women who are victims of violence turn first to health professionals for care, even though they do not always report violent incidents to authorities.

It is evident, then, that health institutions have the opportunity, for example, to inform women about their rights and to contribute to early detection of violent situations that could endanger women’s lives and understand how to detect them, in addition to providing high-quality, appropriate care for their ailments. In line with the creation and ratification of the various human rights standards enshrined in declarations, platforms of action, general comments, conventions, etcetera, in 1996 the World Health Organization (WHO) declared that attention to violence against women was a priority. Contributing to this were the serious consequences of this problem, which visibly affect psychological, physical, and sexual health, in addition to their considerable negative economic effects and, fundamentally, how strategic the health sector is to their treatment and prevention.

The commitment of WHO to address the problem of violence against women was strengthened in 1998 with publication of the document *Violence against Women: A Priority Health Issue* and with

the preparation of the *World Report on Violence and Health* (27). In Mexico, the National Health System agreed in 2004 to create a commission on gender-based violence in Ciudad Juárez (28). With regard to sexual and reproductive health, the issue of violence against women was addressed at the 1994 International Conference on Population and Development in Cairo (29), where its harmful effects were described, ranging from unwanted pregnancies, miscarriages, low birth weight, and sexually transmitted infections and HIV up to maternal death.

As mentioned earlier, violence against women cannot be understood if it is separated from cultural dictates that place woman in a subordinate class to men or if it is separated from the social structure that gives it legitimacy and helps to perpetuate that subordination.

Thus, violence is understood as a problem that keeps people from full health and the opportunity to have healthy families and relationships. In terms of the care in the Mexican health system, Standard NOM-046-SSA2-2005 on “Family Violence, Sexual Violence, and Violence against Women: Criteria for prevention and treatment”—which must be followed by all National Health System institutions—defines violence against women as “any act or omission [against women], based on their gender, that causes them harm or psychological, physical, property-related, economic, or sexual suffering or death, both in private and public life; that occurs within the family or in any other interpersonal relationship, whether or not the aggressor shares the same residence with the woman; or that occurs in the community and is perpetrated by any person” (30).

This standard also defines family violence as “a single or repeated act or omission, committed by one family member against another member or members of the same family, regardless of whether the relationship is by consanguinity, affinity, or by civil marriage, common-law marital union, or other de facto relationships, regardless of the physical space where it occurs” (23). It also defines the different manifestations of family violence:

- **Abandonment:** act of unwarranted neglect toward one or more family members for which there are obligations deriving from legal provisions, and that endanger the health.
- **Physical abuse:** act of aggression that causes physical harm.
- **Psychological abuse:** action or omission that causes psychological harm or mental disorders in the recipient.
- **Sexual abuse:** action that coerces or forces a person to engage in unwanted sexual acts or those for which consent is impossible.
- **Economic abuse:** act of control or refusal that interferes with family income or property, by which a person of any age or sex is coerced, forced, or subjected to practices that violate their freedom and physical, emotional, or social integrity (23).

Finally, sexual violence is defined in this standard as “any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed, against a person’s sexuality using coercion, by any person regardless of their relationship to the victim, in any setting, including but not limited to home and work” (23).

From these definitions, it follows that violence against women is any act that leaves women and their families and communities with sequelae, ranging from physical injuries—represented by blows or wounds that can cause disability or even death—up to processes of profound

psychological deterioration, usually resulting from repeated abuse and which can lead to depression, anxiety, substance abuse, and suicide (1, 15). In the face of these problems, there are health systems in which, unfortunately, many of their facilities lack personnel educated and trained to appropriately treat these patients; i.e., with respect for their human dignity above any other condition or consideration related to their family, economic, social, or legal status.

The great number of social and personal changes—which involve not only major paradigm shifts, but also changes in daily living, ways of thinking about and understanding relationships between the sexes, etc.—are conducive to crises of all types and at many levels and in many areas of life, which makes change hard, no matter how much will is put into it and displayed. In light of such complexity, responses tend to bring together the efforts of the different sectors that are involved, which implies the participation of many people and groups. Thus, a partnership among civil society organizations, government agencies, and the public is indispensable for carrying out actions that will make it possible to effectively mitigate these crises and channel them toward healthy relationships (31).

WHO has promoted the review of successful experiences in many countries, so that there are now documents available that illustrate the work, for example, of those who have adopted strategies based on the ecological model (32) or primary prevention (1, 33). However, since the effects of violence persist and are cumulative, the harm intensifies, producing other disorders that compromise the health of those who are affected (3). It is precisely in this area that the work of the organizations participating in the workshop on Evidence Generation and Lessons Learned in Gender Violence Prevention in Ciudad Juárez becomes most meaningful, the results of which are the focus of this study. As these organizations have experienced practically the entire range of problems resulting from violence in all its forms, they have had to ably and patiently move forward in the formation of interdisciplinary and multisectoral groups, build their capacities, and increase the effectiveness of their work on this problem.

2.2. Legislation in Mexico

As can be seen from the foregoing, violence against women is a multifaceted problem, which therefore does not have a single solution. Prevention and treatment of violence against women requires interinstitutional and intersectoral actions that create and enrich opportunities for women's education, training, and employment, to empower them and so they can have resources and support networks that make it possible for them to emerge stronger from any violent situation they may face.

Since in recent decades violence against women has had a prominent place on the agenda of those who study social processes and issues, both nationally and internationally, research has been done and we now have much greater knowledge about the problem. According to these studies, violence against women is predictable and, therefore, preventable, which means that it is possible to control it and reduce its incidence. To this end, it is necessary, among other things, to identify the most vulnerable groups and develop specific prevention and treatment strategies.

Furthermore, society in general needs to reappraise the feminine and deconstruct the way in which the masculine has been constructed, leading to new ways of relating among people, in which it is recognized that women have the right to a decent life without violence, regardless of their age or status. Fighting family violence, sexual violence, and violence against women in general, is an imperative to which the different institutions of the Mexican State have the obligation to respond. From the foregoing, and to address this type of violence, the federal government, with technical assistance from PAHO, is carrying out the following strategic lines of work:

- **Design and management of strategies and actions** to be implemented by the health sector to prevent family violence, sexual violence, and violence against women, and to treat and limit harm to victims.
- **Establishment of coordination mechanisms with government and civil society organizations** capable of providing other types of services to victims of violence, such as legal advice, shelter, employment counseling and support, and the pursuit of justice, among others.
- **Support for health workers**—they tend to be the first to have contact with women that are experiencing or have experienced violence, and have a unique opportunity to be involved in prevention, early detection, and treatment of cases of family violence—based on the provisions of Mexican Official Standard NOM-046-SSA2-2005 (30): "Family Violence, Sexual Violence, and Violence against Women: Criteria for prevention and treatment."

From a human rights perspective, there are specific instruments that regulate actions for the prevention of family violence, sexual violence, and violence against women, and for the treatment of victims within the framework of the national public health system (**Table 1**).

Locally, on 24 January 2007, the State Law on the Right of Women to a Life Free of Violence was published in the Official Gazette of the State of Chihuahua, which was enacted as the Interinstitutional Program to Guarantee the Right of Women to a Life Free of Violence 2011-2016 (70), in effect since December 2011.²

2 This program was initiated after the end of the first part of the workshop on Evidence Generation and Lessons Learned in Gender Violence Prevention in Ciudad Juárez, the basis of this systematization.

TABLE 1. Legal and regulatory instruments governing actions to prevent family violence, sexual violence, and violence against women and to provide assistance to victims of violence in Mexico

DOCUMENT TYPE AND TITLE	YEAR OF PROMULGATION OR PUBLICATION	REFERENCE
CONSTITUTION		
Political Constitution of The United Mexican States (reforms constitution of 5 February 1857)	1917	34
Decree declaring the reform of paragraph one, section c) of fraction II and fraction V of article 3, and of fraction 1 of article 31 of the Political Constitution of The United Mexican States	2012	35 ³
INTERNATIONAL AGREEMENTS		
Convention on the Elimination of All Forms of Discrimination against Women	1979	36
Declaration on the Elimination of Violence against Women, General Assembly Resolution 48/104	1993	11
Cairo Program of Action	1994	29
Declaration and Platform for Action, Fourth World Conference on Women, Beijing	1995	19
Inter-American Convention on the Prevention, Punishment, and Eradication of Violence against Women, 24th regular session of the General Assembly, Convention of Belém do Pará	1994	23
LAWS		
General Health Law	1984	37
General Health Law. Reform of fraction 7, article 15	2002	38
General Health Law. Reform	2003	39
National Law on the National Social Welfare System	1986	40
Federal Law on the Responsibilities of Public Servants	1982	41
Federal Law on the Administrative Responsibilities of Public Servants and Reform of the Organic Law of the Federal Civil Service and the Fiscal Coordination Law	2002	42
Federal Law of Rights	1981	43
Decree reforming the Federal Law of Rights	2002	44
Decree issuing the General Law on Women's Access to a Life Free of Violence	2007	45
Decree reforming and adding several provisions to the General Law on Women's Access to a Life Free of Violence	2011	46
REGULATIONS		
Internal Regulations of the Ministry of Health	2001	47
General Health Law Regulations on Delivery of Health Services	1986	48
Internal Regulations of the National Committee of the <i>Arranque Parejo en la Vida</i> (A Fair Start in Life) Program of Action	2002	49

³ Note: Although the experiences gathered in this document were initiated before the constitutional reform on human rights, for purposes of consultation the reformed constitutional text is also cited.

TABLE 1. (Continued)

STANDARDS		
Mexican Official Standard NOM-001-SSA2-1993, which establishes architectural requirements to facilitate access, transit, and stays of the disabled in medical facilities of the National Health System	1994	50
Mexican Official Standard NOM-005-SSA2-1993, on family planning services	1994	51
Mexican Official Standard NOM-007-SSA2-1993, for care of women during pregnancy, childbirth, and the puerperium and of the newborn. Criteria and procedures for service delivery	1995	52
Mexican Official Standard NOM-009-SSA2-1993, for promotion of the health of schoolchildren	1994	53
Mexican Official Standard NOM-010-SSA2-1993, for prevention and control of human immunodeficiency virus infection	1995	54
Modification of Standard NOM-010-SSA2-1993, for prevention and control of human immunodeficiency virus infection	2000	55
Mexican Official Standard NOM-014-SSA2-1994, for prevention, treatment, and control of cancer of the cervix, uterus, and breast in primary care	1995	56
Modification of Mexican Official Standard NOM-014-SSA2-1994, for prevention, treatment, and control of cervical and breast cancer in primary care, to become NOM-014-SSA2-1994, for prevention, detection, diagnosis, treatment, control and epidemiological surveillance of cervical cancer	1998	57
Mexican Official Standard NOM-017-SSA2-1994, on epidemiological surveillance	1999	58
Mexican Official Standard NOM-025-SSA2-1994, on health services delivery in medical-psychiatric comprehensive hospital care units	1995	59
Modification of Mexican Official Standard NOM-190-SSA1-1999, health services delivery. Criteria for medical care for family violence, to become NOM-046-SSA2-2005, family violence, sexual violence, and violence against women: criteria for prevention and treatment	2009	30
Mexican Official Standard NOM-167-SSA1-1997, on delivery of social welfare services for minors and older adults	1999	60
Mexican Official Standard NOM-168-SSA1-1998, on the clinical record	1998	61
AGREEMENTS		
National Agreement on Decentralization of Health Services	1996	62
Agreement by which the Ministry of Health announces general guidelines for operation of the Program for Expansion of Coverage	1999	63
Agreement by which the Ministry of Health announces specific operating rules for the Program for Expansion of Coverage	2000	64
Agreement establishing the rules for implementation of service delivery projects	2003	65
Agreement to establish the basis for the development of the National Program for Certification of Medical Facilities	2002	66
PLANS AND PROGRAMS		
National Development Plan 2001-2006	2001	67
National Development Plan 2007-2012	2007	68
National Health Program 2001-2006	2001	69

CHAPTER 3



GENDER-BASED VIOLENCE IN FIGURES

*—Do your parents fight a lot?
—Not too much, maybe once a day.*

José, 8 years old (76)

3.1. Information on violence from a gender perspective

To produce information that enables optimizing work to prevent gender-based violence and to provide victim assistance, the needs of women and men must be considered equitably—and on every issue and action. Thus, for example, information obtained in the field and in rural areas should be compiled, analyzed and presented by sex and age, and encompass specific issues and problems related to woman in society. Along these lines, the following general and specific actions (71) are required:

- Measure the economic contribution of women and men separately.
- Measure unremunerated work in agriculture, especially subsistence agriculture, and other types of nonmarket activities included in the United Nations System of National Accounts.
- Develop new methods for measuring unremunerated work that is not included in the United Nations System of National Accounts, such as caring for dependents and preparing food for home consumption; assess the economic value of these activities to integrate them into accessory or separate accounts from the national accounts.
- Develop methods and international classifications for time-use studies to measure unremunerated work.

- Measure unemployment and underemployment of women and men separately.
- Define concepts and methods for measuring poverty and access to resources.
- Use statistical systems that have a gender perspective.
- Produce data on morbidity and access to health services.
- Expand data production on all forms of violence against woman.
- Produce data on disabled women and men and their access to resources.

This way, a gender focus will enable expanding knowledge of these issues and create the possibility of carrying out actions necessary for achieving equity in all areas and issues related to human rights, such as work, poverty, health, family, food, education, policy, participation, safety, financial resources, land ownership, and water use, among others.

Thinking in gender terms would make it possible, from the outset, to change the perspective of the discourse, which would in turn create an opportunity to begin to develop, in deeds, a culture of respect toward women and rejection violence against them.

3.2. Statistics on intimate partner violence in Mexico

Apropos the International Day for the Elimination of Violence against Women, held every 25 November, the National Institute of Statistics and Geography of Mexico in 2011 published figures that are alarming.⁴ The rate of deaths from violence in Mexico in 2009 was 23.2 per 100,000 population; with a high component of 5.3 intentional deaths of women per 100,000 population. The highest rate of femicides was reported in the state of Chihuahua, which rose from 3.6 murders of women per 100,000 population in 2005, to 13.1 in 2009, followed by Baja California, Guerrero, Durango, Sinaloa, Sonora, and Tamaulipas (10.1; 10.1; 7.1; 6.0; 5.1; and 4.5 murders of women per 100,000 population, respectively) (72).

It is estimated that in 2006, around 24 million women aged ≥ 15 years (67.0% of the female population in that age group) had experienced at least one act of violence in her lifetime, either by her husband or intimate partner (current or past), a family member, at school, at work, or in public or community spaces. In fact, 40% of women who had or had had an intimate partner in the last year had been assaulted by that person (Table 2).

Acts of physical and sexual violence by the current or previous intimate partner did not occur in isolation, but as part of multiple and repeated assaults. This was the case for 26% of women aged ≥ 15 years who had been married or had a partner, who had experienced sexual and physical abuse, together with emotional and economic violence. Some 70% of the women who had experienced physical or sexual violence at the hands of their partners had been seriously or very seriously harmed. More of half of the cases of physical violence (58.6%) were assaults with firearms or sharp weapons, which directly put the woman's life in danger (72).

According to those data, the state of Mexico in 2006 had the highest prevalence of physical and sexual violence (33.3%) in the country, closely followed by Tabasco (33.1%), Puebla (30.5%), Jalisco (30.4%), and Guerrero (29.2%). It is estimated that around 40% of harm caused by physical or sexual violence can be classified as serious or very serious; the states of Michoacán, Hidalgo, Guanajuato, Aguascalientes, and Coahuila stood out, in that order, from the greater severity of physical and sexual assaults inflicted by intimate partners.

TABLE 2. Women aged ≥ 15 years who could have experienced at least one act of violence, by context for the action, Mexico, 2006

CONTEXT FOR THE VIOLENCE	ESTIMATED NUMBER OF WOMEN AFFECTED	RATE (%)
National total	23,967,657	67.0
Her current or last husband or intimate partner with whom she cohabited	12,273,661	48.7
Her current or last husband or intimate partner, throughout her life	14,380,886	43.2
Her current husband, intimate partner, or boyfriend, in the last year	8,656,871	40.0
People in her family, in the last year	5,684,175	15.9
At school, throughout her life	5,093,183	15.6
At work, in the last year	3,069,211	29.9
Any other person in public places, throughout her life	14,184,039	39.7

Source: (73). The survey encompassed 133,398 women aged ≥ 15 years; of them, 83,159 were in a union or married; 15,773 were separated, divorced, or widowed; and 34,466 were unmarried.

4 These are the most up-to-date official figures, since the most recent National Survey on the Dynamics of Household Relationships was in 2006.

Around half of women victims of serious violence believe that they are the ones who provoked the anger or annoyance of their spouse or intimate partner, either because they think differently or contradict him, do not obey him, do not request his permission, do not devote sufficient time or attention to him, or do not show an interest or desire in having sex (Table 3).

Of married, in-union, separated, divorced, or widowed women, 48.7% had experienced emotional, economic, physical, or sexual violence during their current or last marital or cohabitation relationship, and almost half (46.6%) of married or in-union women had been attacked by their intimate partner or husband at least once during their life together (Table 4).

TABLE 3. Leading causes of annoyance that, as perceived by victims, could have provoked the ire of their abusive intimate partner or husband, by type of violence, Mexico, 2006

CAUSES	TYPE OF INTIMATE PARTNER VIOLENCE (%)			
	EMOTIONAL	ECONOMIC	PHYSICAL	SEXUAL
You have a different opinion or contradict him on certain occasions	35.2	39.5	40.1	50.9
You tell him or remind him of his obligations	33.9	39.0	39.8	50.8
You do not obey him	33.7	37.3	39.5	49.0
You leave your house without notifying him or requesting permission	30.4	33.9	34.9	44.4
He says that you do not devote sufficient time or attention to him	26.9	30.3	30.2	41.7
You do not want to have sex	25.5	29.0	32.2	63.4

Source: (73).

TABLE 4. Types of violence against women carried out by their current or previous intimate partner, by marital status, Mexico, 2006

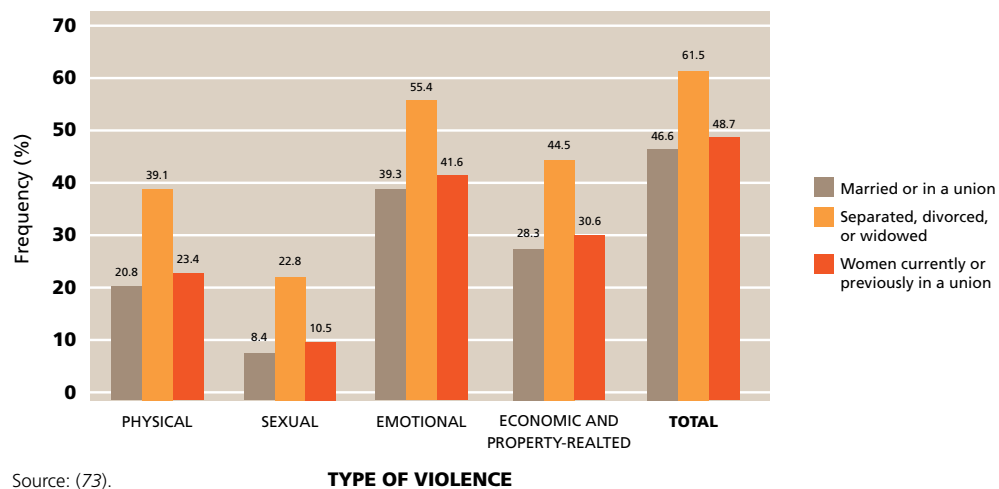
TYPE OF VIOLENCE	MARRIED OR IN A UNION (%)	SEPARATED, DIVORCED, OR WIDOWED (%)	TOTAL WOMEN IN A UNION NOW OR IN THE PAST (%)
Any type	46.6	61.5	48.7
Only emotional	10.7	7.7	10.3
Only economic	4.4	3.1	4.2
Emotional and economic	8.3	8.3	8.3
Physical combined with emotional or economic	14.8	19.6	15.5
Sexual and physical combined with emotional or economic	6.0	19.5	7.9
Sexual combined with emotional or economic	2.4	3.3	2.5

Source: (73).

According to these data, assaults of greater severity, such as physical and sexual assaults, are not isolated acts and are frequently accompanied by other forms of aggression, such as psychological (insults, threats, humiliation, and other offenses) and control (such as economic). Overall, 41.6% of the women aged ≥ 15 years who had an intimate partner at the time of the survey or at some time earlier in life had experienced psychological or emotional assaults at least once during the relationship (Figure 1).

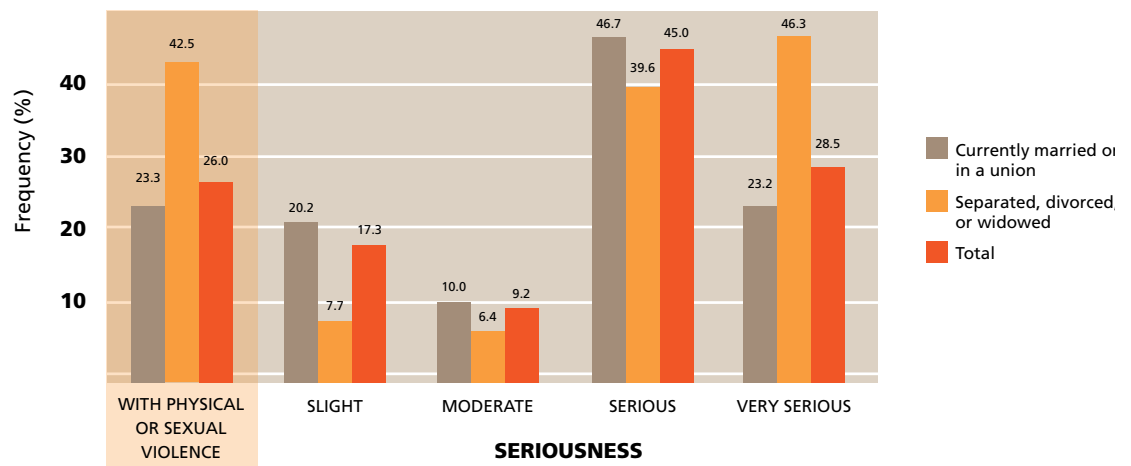
The available information indicates that the most serious assaults—ranging from pulling or pushing up to blows, kicks, attempted strangulation, and even assaults with firearms or sharp weapons—and acts of sexual abuse were more frequent and more severe than expected. Of the women who were or had been married or in a union, 26.0% had experienced these acts at least once, and of them, 73.5% had experienced assaults classified as serious or very serious (Figure 2).

FIGURE 1. Relative frequency of recorded cases of intimate partner violence against women aged ≥ 15 years, by type of violence and marital status, Mexico, 2006



Source: (73).

FIGURE 2. Relative frequency of recorded cases of physical and sexual violence, by severity of harm, Mexico, 2006



Source: (73).

With regard to the harm inflicted, 18.6% of women aged ≥ 15 years who reported having experienced physical or sexual violence (around 1.2 million women) had experienced serious or very serious harm that endangered their physical and emotional integrity (**Table 5**).

Femicidal violence, as defined in Article 21 of the General Law on Women's Access to a Life Free of Violence, "is the extreme form of gender violence against women, product of the violation of her human rights, in public and private areas, comprised of the spectrum of misogynist behaviors that can involve social and State

impunity and can culminate in homicide and other forms of violent death of women" (45). In fact, it is recognized that in many cases, to control and maintain power over an intimate partner, the perpetrator resorts to violent actions that cause physical harm of major severity.

According to the available data, of women who experienced intimate partner violence of any type, some 5.3% had attempted suicide, and 7.1% had suicidal thoughts (**Table 6**); the figures are even more troubling when violence included sexual abuse by the intimate partner.

TABLE 5. Severity of physical harm to women aged ≥ 15 years who reported having experienced physical or sexual violence at the hands of their intimate partner during their current or previous relationship, Mexico, 2006

MARITAL STATUS	CASES OF PHYSICAL OR SEXUAL VIOLENCE (%)	SEVERITY OF PHYSICAL HARM FROM VIOLENCE (%)		
		No harm	Moderate harm	Severe or very severe harm
Currently married or in a union	23.2	62.2	23.4	14.4
Separated, divorced, or widowed	42.5	40.3	27.1	32.5
Total	25.9	57.2	24.2	18.6

Source: (73).

TABLE 6. Suicidal thinking in women after experiencing violence at the hands of their intimate partner, by type of violence, Mexico, 2006

SUICIDAL THINKING	TYPES OF VIOLENCE (%)			
	PHYSICAL	SEXUAL	EMOTIONAL	TOTAL
Has not thought of suicide	79,8	71,6	86,1	87,6
Has thought of suicide and has attempted it	9,1	12,9	6,0	5,3
Has thought of suicide but has not attempted it	11,1	15,5	7,9	7,1

Source: (73).

According to the analysis of nationwide data, “in 2009, intentional deaths or deaths from violence represented 4.4% of all deaths and 37.1% of deaths from injuries, which include deaths from accidents, homicides, and suicides. Of all deaths

from violence recorded in the country in 2009, nearly 3,000 were women and 22,000 men, for rates of 5.3 and 41.7 intentional deaths per 100,000 population, respectively” (72) (**Table 7**).

TABLE 7. Homicides of women by state, Mexico, 2005-2009^a

STATE	2005-2009			2009	
	Total homicides	Percentage distribution	Five year rate ^a	Total homicides	Annual rate ^a
Mexican Republic	7,029	100.0	2.6	1,926	3.5
Aguascalientes	38	0.5	1.3	11	1.9
Baja California	334	4.8	4.7	152	10.1
Baja California Sur	24	0.3	1.9	6	2.2
Campeche	28	0.4	1.4	9	2.2
Chiapas	222	3.2	2.0	65	2.8
Chihuahua	572	8.1	7.0	218	13.1
Coahuila	101	1.4	1.6	21	1.6
Colima	37	0.5	2.5	10	3.3
Distrito Federal	598	8.5	2.6	105	2.3
Durango	122	1.7	3.1	56	7.1
Guanajuato	175	2.5	1.3	46	1.7
Guerrero	473	6.7	5.8	164	10.1
Hidalgo	64	0.9	1.0	19	1.5
Jalisco	276	3.9	1.6	61	1.7
México	1,347	19.2	3.7	273	3.7
Michoacán	332	4.7	3.2	78	3.8
Morelos	102	1.5	2.4	23	2.7
Nayarit	72	1.0	3.0	18	3.7
Nuevo León	138	2.0	1.3	51	2.3
Oaxaca	340	4.8	3.7	71	3.8
Puebla	254	3.6	1.8	51	1.7
Querétaro	53	0.8	1.3	12	1.4
Quintana Roo	80	1.1	2.7	12	1.8
San Luis Potosí	101	1.4	1.6	29	2.3
Sinaloa	186	2.6	2.8	79	6.0
Sonora	182	2.6	3.0	63	5.1
Tabasco	96	1.4	1.9	27	2.6
Tamaulipas	236	3.4	3.0	72	4.5
Tlaxcala	56	0.8	2.0	9	1.5
Veracruz	298	4.2	1.6	104	2.7
Yucatán	36	0.5	0.8	3	0.3
Zacatecas	55	0.8	1.5	7	1.0

Source: (74, 75).

^aRate per 100,000 women.

3.3. What is happening at the local level?

Based on the analysis of violence against women both nationwide and by state, we can see that the situation in Ciudad Juárez is not a local phenomenon, although it is one of the places where the process of social disintegration facilitated an increase in aggression against women.

According to Cervera and Monárrez, in Ciudad Juárez “since 2008, the greatest number of homicides of men and women has been recorded. At the same time, since 1993, this city has received the attention of international human rights organizations because of the seriousness and impunity of feminicide. Internationally, it is considered to be the world’s most violent city because of these two forms of extreme violence. However, there are other forms of violence and other victims who remain invisibilized: young people who are immersed in youth violence and girls and boys who are victims of emotional, psychological, physical, sexual, and economic abuse” (77).

For example, 111 feminicides were recorded in Ciudad Juárez in 2008, a 584% increase over the two previous years; that figure is striking when taking into account that it constitutes 61% of the violent deaths women recorded that year for the entire state of Chihuahua (77). Furthermore, these figures correspond, although at a lower order of magnitude, with the high number of overall homicides recorded in the locality. In light of the drastic increase in the number of feminicides, the public has become less and less indifferent and more demanding and proactive, as a result of the need for survival and healthy coexistence. Thus, gradually organizations have emerged to address the situation and they are becoming protagonists in a social process that, in reaction to the violence against women, are working to empower them and facilitate the development of new pathways to women’s full development as healthy people in their families, jobs, and relationships.

In Ciudad Juárez, several government programs and institutions have been set up in which women are the protagonists of their own history, as citizens who are assuming their responsibility and demanding their own rights and the rights of those closest to them, in seeking to create communities that are suitable for the full human development of their members. At this point, it is necessary to strengthen and improve this process with tools and perspectives aligned with it. One way to do this is to promote new research and actions geared toward increasing the resiliency of those who have been able to reach this point, and to develop ties among organized civil society, academia, the different levels of government, and the international organizations that are supporting, in many ways, the fight against gender-based violence in communities, families, and groups.

The search for and systematization of personal knowledge is another way to reproduce and improve experiences, and can generate cycles of reflection, planning, action, and evaluation, enriched by the perspective of those who are supporting these processes. In this diverse context, the workshop Evidence Generation and Lessons Learned in Gender Violence Prevention in Ciudad Juárez was held as a contribution to the discussion and review of the issue and its processes, to find evidence to complement the work that is already underway.

CHAPTER 4



METHODOLOGY FOR PRESERVING SUCCESSFUL EXPERIENCES IN CIUDAD JUÁREZ

The process to preserve experiences was divided into two stages. In the first, in the last quarter of 2011, organizations and institutions devoted to prevention of gender-based violence and violence against women were identified and selected, and participation was arranged for experts and representatives from those organizations that had carried out concrete actions in this regard. The second stage consisted of an on-site workshop that analyzed these types of violence occurring in the cities of Chihuahua and Ciudad Juárez, and successful experiences were selected that, once systematized and documented, were presented to the public in a second session of the workshop.

4.1. Participant preparation and selection

Two experts from *Red Mesa de Mujeres de Ciudad Juárez, A.C.*⁵ (Women's Roundtable Network of Ciudad Juárez), and one from the National Commission to Prevent and Eradicate Violence against Women (CONAVIM) met with various stakeholders to identify organizations, institutions, and agencies—civil or public—in the cities of Chihuahua and Ciudad Juárez, in the state of Chihuahua, Mexico, and in U.S. cities in the state of Texas that had worked on gender issues, specifically with women, for at least two years. At the same time, materials from the PAHO/WHO United States-Mexico Border Office were reviewed, to establish the conceptual framework for the selection of successful experiences and define the characteristics and additional information that would be used to document them. In addition to distinguishing between gender-based violence and violence against women, three other focus areas were addressed: human rights, gender, and health.

4.2. Workshop for analysis of violence and successful experiences

The workshop was held in two sessions that were quite different, not only in their objectives but also their agendas and the procedures followed. The first session was used to gather and analyze data and experiences, while the second session had the objective of reaching consensus on several issues.

4.2.1. Session for information collection and data analysis

The workshop Evidence Generation and Lessons Learned in Gender Violence Prevention in Ciudad Juárez was held from 5 to 7 December 2011, with the participation of six civil organizations from Ciudad Juárez and Chihuahua and two public agencies, one from the government of the state of Chihuahua and one a federal agency.

The participating civil organizations were *Centro Caritativo para Atención de Enfermos con Sida* (Charitable Center for the Care of AIDS Patients), *Centro de Prevención y Atención a las Mujeres en Situación de Violencia* (Center for Violence Prevention and Care of Women), *Mujeres de Pacto* (Women of the Covenant), *Mujeres por México en Chihuahua, A.C.* (Women for Mexico in Chihuahua), *Red Mesa de Mujeres de Ciudad Juárez, A.C.* (Women's Roundtable Network of Ciudad Juárez), and *Salud y Bienestar Comunitario, A.C.* (Community Health and Welfare). The participating public agencies were the Ciudad Juárez offices of CONAVIM and the Chihuahua Women's Institute.

⁵ A.C. signifies Asociación Civil and is the corporate form used by charitable and non-profit organizations in Mexico.

Mapping the local context. The first day of the workshop was spent analyzing issues around gender-based violence and the actions that enabled making progress in its prevention in the cities of Chihuahua and Ciudad Juárez, and relevant actors were identified along with the strategies they use to provide assistance to their target populations in the midst of a scenario of generalized violence. The analysis focused on discussion of the context of the participating organizations and public institutions (forces for and forces against), trends for this type of violence and its overall scenario, general strategies and their actors and positive factors, progress and constraints, principal achievements, strategic lines (with their weaknesses and challenges), contributions to the civil movement (local, regional, and national), institution building, and alliances.

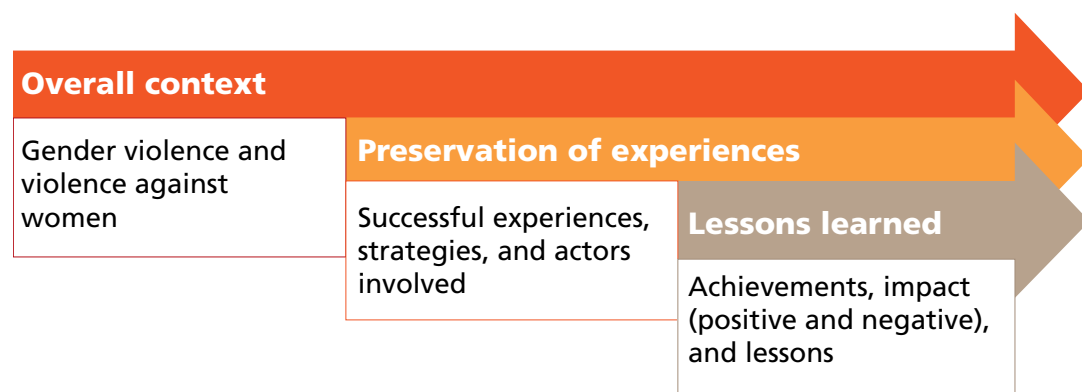
Preservation of experiences. On the two following days, each participating agency presented its experience individually and in a “peer clinic” activity, which consisted of systematically documenting each experience, its positive effects, and lessons learned. These activities emphasized description of the specific context of each experience (both institutional and

local and national); the strategic lines followed in the prevention of gender-based violence, as well as its contributions, weaknesses, challenges, and innovations; evaluation of the general and specific positive effects of experiences in the Paso del Norte Region; its scope and limitations; institution building; and alliances.

Lessons learned. Finally, strategies were analyzed that had been implemented since early in the year 2000, when federal and state governments officially recognized femicide as a type of violence against women. The objective was to compile and evaluate lessons learned, by identifying successful experiences and presenting difficulties that had been overcome, factors in the success, and mistakes made. This then led to discussion about good practices in the prevention of gender-based violence in Ciudad Juárez (**Figure 3**).

Finally, this first session of the workshop was evaluated and expected results for the workshop were compared with its actual results. In addition, guidelines were defined for the presentation of the results to the public in a second session of the workshop, which would be convened before May 2012.

FIGURE 3. Diagram of the thematic structure of the workshop on Evidence Generation and Lessons Learned in Gender Violence Prevention in Ciudad Juárez



4.2.2. Session for presentation of results and new consensus

The participants in the workshop met again on 20 April 2012 in Ciudad Juárez to analyze the documents produced from the initial session of the workshop with a systematized description of the experiences considered successful, findings, and lessons learned.

Furthermore, the scenario developed in the first session of the workshop on gender-based violence and violence against women was reviewed, and there was discussion about the experience of collectively systematizing actions and the strategies used to share information. In this regard, the most important results on the ten main lines or areas of action were identified:

- 1. Prevention.** Prevention was seen to be the best way to deal with violence in all its forms and involves society as a whole putting extensive resources at stake—which are not always preexisting; this is, perhaps, one of the principal findings related to the topic under analysis.
- 2. Education.** The principal task on this issue is the education of all people on all areas; achievement of this effort would represent the establishment of a true system of citizen education that would make it possible to reach all people involved with the issue of violence against women, based on their particular characteristics and circumstances, despite how extremely intricate and difficult this work can be.
- 3. End impunity.** Prevention involves ending impunity through warnings, suspensions, and, when necessary, effective sanctions against violent behaviors; to reach this goal it is necessary to intervene in each one of the components of the different social processes.
- 4. Making good use of the system of justice of the state of Chihuahua.** A legal framework and staffed justice system exists to address and punish gender-based violence: we must make it work.
- 5. Alliances with justice system actors and government officials.** Forge alliances that lead to positive results for women victims of violence.
- 6. Recognition of the different types of violence.** Recognizing that violence takes different forms, depending on the setting where it occurs, makes it possible to tailor tools to intervene and to strengthen outcomes.
- 7. Gender perspective in government policies.** Expected results will be obtained not only through changes in discourse and semantics, but also by getting to the root of power relationships and by changing the system in order to prevent and eradicate violence against women.
- 8. Human rights.** Work against violence must be linked to the defense and promotion of human rights, as a strategy that permits and gives special importance to prevention.
- 9. Empowerment.** Knowledge and defense of women's rights leads them to have greater self worth and self esteem, which are of a piece with attitudes conducive to the defense of their rights; this has enabled women to become defenders of their own interests before the various authorities with which they in contact.
- 10. Network strategy.** The experiences shared demonstrate that, although there still is resistance to working with institutions, this process has been moving forward positively and progressively.

CHAPTER 5



EXPERIENCES AND ACHIEVEMENTS IN THE PREVENTION OF GENDER- BASED VIOLENCE IN CIUDAD JUÁREZ

As a result of the workshop Evidence Generation and Lessons Learned in Gender Violence Prevention in Ciudad Juárez, eight experiences considered successful were selected for their achievements and permanence. The analysis and the dissemination of these projects and initiatives, their contexts, and their achievements can help to extend them to other areas and benefit other populations. Furthermore, dissemination of their characteristics and results can lead to the establishment of partnerships and collaborative networks that would strengthen the work that some institutions and local and national organizations still carry out individually and in isolation, and would improve the effectiveness of their actions in the struggle to eradicate gender-based violence.

5.1. *Red Mesa de Mujeres de Ciudad Juárez, A.C.*

This network is made up of 13 social and civil organizations, the majority incorporated as civil associations, that work on various issues—such as violence against women, social development from a gender perspective, women's human rights, and others—as well as their influences on government policies. The organizations and centers in the *Mesa de Mujeres de Ciudad Juárez* network are:

- Casa Amiga, Centro de Crisis, A.C.
- Centro Comunitario de Apoyo a la Salud, A.C.
- Centro de Asesoría y Promoción Juvenil, A.C.
- Centro de Derechos Humanos Paso del Norte, A.C.
- Centro de Estudios Cusmanianos, A.C.
- Centro de Estudios y Taller Laboral, A.C.
- Centro Mujeres Tonantzin, A.C.
- Comunidad en Desarrollo Las Hormigas, A.C.

- Grupo El Camino, A.C.
- Misioneras de María Dolorosa
- Programa Compañeros, A.C.
- Salud y Bienestar Comunitario, A.C.
- Sin Violencia, A.C.

These organizations work directly in some 30 neighborhoods in Ciudad Juárez, although they have developed proposals for the entire city and even for the state of Chihuahua. They also have 18 centers for women's health and development, with 10 to 15 years of experience. These centers provide health services, shelter for victims of violence, legal and psychological services, defense of human rights, and community development initiatives, and in addition, have carried out various educational programs with a gender perspective and certificate courses and have developed educational materials.

The mission of the *Mesa de Mujeres de Ciudad Juárez* Network is to be a collective space for sharing experiences, methodologies, and services, and for building a culture with gender equity, respect for human rights, social development, and quality of life by, with, and for women. Its objective is to develop proposals that effectively impact policy to achieve respect for the rights of women and produce a culture of gender equity. Their work uses various strategies that encompass linking efforts, training, research, policy advocacy, visibility, and communication about these issues based on women's human rights and institution building. The Network's agenda includes such important issues as citizen participation, violence against women (including prevention, direct victim assistance, and community intervention), sexual and reproductive rights, women's human and public safety, economic security, and law enforcement and administration of justice. (See more at <http://www.mesademujeresjuarez.org/>).

5.1.1. Experience: Technical assistance and support for the *Comité de Madres y Familiares con Hijas Desaparecidas (Committee of Mothers and Relatives of Missing Daughters)*

Objectives. Work to create a community advocacy group led to the creation of the Committee of Mothers and Relatives of Missing Daughters, as part of the formation of the Citizen's Network of Community Advocates. In addition to working to locate their missing daughters, the search extends to other young women and to the prevention of new disappearances. Consequently, the Committee's objectives include the prevention of both feminicides and of community and institutional violence against women and their families. Furthermore, it has the goal of building "women-to-women" support networks in high-risk areas and developing comprehensive human rights defense strategies. To this end, they already have a conceptual framework of gender-based violence, developed on the basis of international standards for women's human rights.

Implementation. To date, the *Red Ciudadana de Defensoras Comunitarias (Citizens' Network of Community Advocates)*, *Programa Compañeros, A.C.*, *Casa Amiga, A.C.*, and the Ciudad Juárez CONAVIM office have participated in this effort. Women identified as leaders were invited to be trained on the issue of women's human rights. A training program was designed for this based on three strategic lines: self-care, theoretical tools, and practical tools. Existing problems were also identified and a work team was organized that prepared an action plan for monitoring human rights violations. In 2009, the work plan was approved, which included monitoring of compliance with the judgment in the Campo Algodonero case (details below), creation of a permanent registry of missing women, and contact with mothers and relatives of missing daughters to invite them to participate in this initiative.

Achievements and impact. The greatest achievement has been the empowerment of the mother of a missing young woman, support for her demands, and the contribution of greater

clarity and transparency for advising people and institutions. Furthermore, the Network established relations with various institutions responsible for searching for and locating missing daughters and with people who requested support, according to the criteria established for consensus and transparency and the willingness to listen to their voices. Other achievements were recognition of the Committee as an autonomous group, the mothers and relatives of 20 missing young people joining the Committee, respect earned from other groups that work in defense of these cases, and bringing to high-risk areas—such as downtown—the concept that it is possible to prevent the disappearance of women. With respect to women, concrete progress has been made in their empowerment; in particular, they are taken more seriously when they go in groups to visit the authorities, judgments are monitored, and agents assigned to investigations are required to have awareness, training, and be effective investigators.

Resources. Human: Three people have participated in technical assistance and support of the process and there is a support group for the Committee. **Material:** Landline and cell telephones for communication, resources for printing and dissemination of informative materials, gasoline for local transportation, and travel per diem, airplane tickets, lodging, etc.

Institutional context. This experience is part of the program of the *Red Ciudadana de Defensoras Comunitarias*, based on the objectives of the *Red Mesa de Mujeres de Ciudad Juárez, A.C.*, in support of the right of women to a life free of violence. The work team, formed in response to the disappearance of a young woman, adopted an action plan to support publicizing and denouncing violence and demanding justice. Furthermore, the organization decided to monitor compliance with the judgment of the Inter-American Court of Human Rights in the *Campo Algodonero* (cotton field) case—which encompasses monitoring resolutions related to the ALBA Protocol,⁶ creation of a DNA bank, preparation of a country-specific database of cases of violence against women, and the creating and updating of an Internet site with

⁶ The ALBA Protocol is a mechanism created by the government of Mexico in response to a request made by international organizations to establish an expeditious mechanism to search for missing women and children. See more details at <http://porlasmujeresdejuarez.blogspot.com/>

pictures and data of missing women, among other actions. The program of the Citizen Network of Community Supporters included the possibility of aiding and supporting women affected by violence, focusing in particular on cases of violation of women's human rights.

Local context. Violence against women continues and is worsening, with a high number of homicides, serious crimes, feminicides, and disappearances of women. Violence is extreme and some public institutions have become perpetrators of gender-based violence. In the last two years, there have been increases in the number of women murdered (78) and in cases of domestic violence in which the assailants have enjoyed impunity (79). On 10 December 2009, the Inter-American Court of Human Rights notified the Mexican government of its judgment in the *Campo Algodonero* case, which describes a context that produces violence and discrimination against women, insists on the importance of monitoring compliance with the judgment, and demands addressing and changing the conditions that produce insecurity, violence, and death for women. All the measures ordered by the Court are aimed at the establishment of mechanisms, measures, protocols, campaigns, programs, and training that guarantee women and their relatives true access to justice (80). The process to organize the Committee of Mothers and Relatives of Missing Daughters faces intimidation of its leaders, and institutional violence against their right to access justice and their protection through preventive actions.

5.2. *Mujeres por México en Chihuahua, A.C. (Women for Mexico in Chihuahua)*

The purpose of this organization is to promote, disseminate, and defend individual human rights, especially those of women and children, and to achieve the eradication of every type of violence and discrimination, in particular those against women and children.

The issues it addresses include the human rights of women, the prevention of violence against and abuse of minors and women, citizen participation, and mass communication. The history of this organization began in August 1995 with three areas of work: the *Pago Justo a Telmex* campaign;

citizen participation and women's human rights; and prevention of domestic and gender violence. In recognition of its significant efforts, in 2003, the organization received the Sergio Méndez Arceo National Human Rights Award. (See more at: <http://www.causas.org/causes/7299>).

5.2.1. *Experience: Acompañantes Solidarias (Caring Companions)*

Objectives. The objective of this project is to design, promote, and implement a training process aimed at supporting women victims of family violence, through social, emotional, and legal support, and to prevent victims from suffering doubly due to actions by the authorities.

Implementation. Project implementation included participation by the team from *Mujeres por México en Chihuahua, A.C.*, as well as personnel from the family violence assistance units in the two Chihuahua municipal police stations, social workers, psychologists, lawyers, and policemen. The institutions that participate in the Commission on Family Violence of the Municipal Public Safety Citizens' Committee have also been involved. Meetings have been held for programming, personal work, choosing and reviewing contents, determination of methodology, and for fundraising, as well as talks to motivate and lobby the General Office of the Public Prosecutor of the State of Chihuahua (now Office of the Attorney General of the State).

Achievements and impact. Fundamental achievements have included the training of human capital, creation of a volunteer network, the fact that the Ciudad Juárez School of Social Work has included the subject of violence against women in its curriculum, assistance in over 100 cases and the obtaining of three judgments, in addition to replication of training. This project is extremely important, among other reasons, because it represents an innovative contribution that deals with the isolation that women victims of violence feel, it produces knowledge and develops skills that are used in personal, family, and social life, improves self-esteem and empowers women, collaborates on access to justice and respect for human rights, helps to avoid double victimization and break circles of violence, and, in short, helps to build peace with a gender perspective in families.

Resources. Human: Twenty people have participated directly, in addition to an unknown number of collaborators that support the project. **Material:** Economic resources from the Secretariat of Municipal Public Safety of Chihuahua, the Chihuahua Women's Institute, and the National Institute for Social Development.

Institutional context. *Mujeres por México en Chihuahua, A.C.* chairs the Commission on Family Violence of the Municipal Public Safety Citizens' Committee, which proposed and designed Family Violence Units, which also reflect successful policy. There, the enormous need for support for women victims was confirmed; the first training was for members of the institutions that are on the commission.

Local context. The state and municipal governments invited women from civil society organizations that had been being mobilizing and denouncing gender crimes to participate as citizen counselors. *Mujeres por México en Chihuahua, A.C.* clarified that they would only

accept if they presented their critique and proposals for solutions to family violence, for which public funding would be needed. Thus, the new project began in 2009 in the city of Chihuahua and one later year was extended to Ciudad Juárez with the advocates from *Red Mesa de Mujeres de Ciudad Juárez, A.C.* The social work undergraduate program of the Universidad Autónoma de Ciudad Juárez included this content in its seventh semester curriculum.

National context. In light of the visibility of feminicides in Chihuahua—thanks to the efforts of the civil society organizations that work on women's issues in the state, the country, and in the international sphere—new federal government policies were promulgated, which led to greater involvement by political parties and state and municipal government. The work of *Acompañantes Solidarias* was presented in 2010 at the National Conference of Human Rights Advocates and it received requests for training from the states of Nuevo León and Mexico.



5.3. National Commission to Prevent and Eradicate Violence against Women (CONAVIM)

This commission was created by presidential decree on 1 June 2009 to fulfill the provisions in the General Law on Women's Access to a Life Free of Violence (45). CONAVIM's creation grew out of the Commission to Prevent and Eradicate Violence against Women in Ciudad Juárez, created in 2004. Its substantive work includes aiding in the prevention, treatment, sanctioning, and eradication of violence against women in Mexico (additional information at <http://www.conavim.gob.mx/>).

5.3.1. Experience: Geographic information system on violence in Juárez municipality, Chihuahua

Objectives. The project developed a geographic information system as a tool for a more consistent strategy for prevention and safety against gender-based violence, as well as to adopt and implement policies founded in well-documented assessments.

Implementation. The research was done by *El Colegio de la Frontera Norte*, with funding from CONAVIM, and the assessment was presented to different groups in society, including businesspeople and decision-makers.

Achievements and impact. The first achievement is the assessment itself, a high-quality product that enables reaching the goal for which it was created. The Chihuahua Women's Institute relied on this assessment in designing its campaign in support of the ALBA Protocol. Its other direct uses include by the Women's Justice Center, which serves a high-crime area, and the Ciudad Juárez city council, which requested it to optimize the work of the state secretariats of Municipal Public Safety, Urban Development, Social Development, Public Works, and, in general, the work of the institutions for the political, economic, and social structures mentioned in the study.

Resources. Human: Researchers from *El Colegio de la Frontera Norte* and personnel from the Ciudad Juárez CONAVIM office. **Material:** Funding for the assessment; for the purchase of computers, projectors, compact disks, and other office supplies, and to offset the logistical costs of presentations.

Institutional context. The assessment of violence in Juárez municipality using georeferencing techniques is part of the actions undertaken in fulfillment of the mandate conferred upon the National Commission to Prevent and Eradicate Violence against Women—specifically in regard to studies with a gender perspective on types of violence against women and girls in all settings—as well as the provisions of Article 42, Section XII of the General Law on Women's Access to a Life Free of Violence (45). The objective information that was produced has been used in the drafting of government policies on prevention, research, and eradication of four types of violence in Ciudad Juárez: femicide, homicide, youth violence, and child abuse.

Local context. The final project's report, including the assessment, was disseminated through presentations by the researchers to members of the State Network on Treatment and Prevention of Violence against Women, academic and professional institutions, and the Ciudad Juárez Autonomous University. The results have been used to evaluate the anti-gender-based violence strategy and the drafting of governmental policies aimed at preventing this serious problem and identifying institutions to work with to achieve the best results.

5.4. Salud y Bienestar Comunitario, A.C. (Community Health and Welfare)

This organization's objectives including fostering the comprehensive health of women and families through delivery of accessible, quality services, promoting a culture of prevention in the communities of west Ciudad Juárez, and helping to guarantee the right to health and improving the quality of life of the poorest groups. Its health promotion is based on a holistic vision, from a gender perspective, and as a human rights demand. Many women in the community where this organization is based have received training, have organized, and have skills to take care of their own and their families' health, and to reject gender-based violence. Thanks to this, these women are living healthy, dignified, and fulfilling lives.

This civil association offers services including comprehensive alternative medicine, individual medical and psychological care, and group therapy. It also conducts community interventions, education and training, and biodance, bioenergetics, massage, and mental and emotional health activities. (See <http://www.sabicac.com.mx/>).

5.4.1. Experience: Metamorphosis of pain from a gender perspective

Objectives. The goal of this initiative is to integrate a gender perspective into the work of groups that are already committed to helping victims of violence in Ciudad Juárez, helping them to take care of and defend themselves and to be treated well and regain their health. It also works to distinguish gender-based violence from other types of violence, provides care for people who have experienced and are experiencing violence (primary and secondary prevention), and teaches techniques for self-care of physical and emotional health from a gender perspective.

Implementation. *Salud y Bienestar Comunitario, A.C.*, with the collaboration of the *Centro de Atención de Crecimiento Humano y Educación para la Paz* (Center for Human Growth and Peace Education) and the services of an external adviser, has carried out numerous actions with positive results. These include training, coordination, and local organizing of groups of outreach workers; a crisis intervention program for women victims of violence and their families; flower therapy

with these women and their family members; preparation and distribution of a manual on prevention of gender-based violence; and a public forum to present the experience.

Achievements and impact. One of the achievements has been to bring together a group of 40 community women who feel the need for activities to help them to deal with the frustration they feel about the violent conditions in the city and confront them assertively. In this process, the women in the project take care of each other and reach out to other women, which gives new meaning to their lives and to their family and social environment. More than 2,000 people have received between three and four follow-up treatments. Although the outreach workers have still not completely internalized the gender perspective, they have learned the importance of self-care and a culture of good treatment. The women learned about the State Law on the Right of Women to a Life Free of Violence (70) and governmental programs related to the law. Furthermore, the outreach workers provided information on prevention of gender-based violence to more than 500 women and worked with the health council on the We Are All Juárez⁷ strategy for providing care to victims of violence.

Resources. Human: The organization mobilized seven of its members and 40 non-member outreach workers. **Material:** In addition to preparing emergency packs of flower essences, they funded a course on this type of violence, containing three modules of four hours each, a printed manual on the laws and their programs, and an informative pamphlet on where to seek help if you are in a violent situation.

Institutional context. They work on the two cornerstones of the institution: health and prevention of gender-based violence. For two years, this line of work has been the linchpin linking together all of the organization's health care activities geared to women and their families. This project has professionalized and expanded the organization's operating capacity.

⁷ The strategy *Todos Somos Juárez—Reconstruyamos la Ciudad* (We Are All Juárez- Let's Rebuild Our City) is a comprehensive federal government program, with the participation of the government of the state of Chihuahua, the Ciudad Juárez municipal government, and Ciudad Juárez society, to respond to the difficult and complex situation the city is facing. This strategy consists of 160 concrete actions (81).

Local context. This is a unique project aimed at caring for women victims of violence through alternative treatments and building societal awareness of gender-based violence. To this end, it is involved in strategic partnerships with government institutions, nongovernmental organizations, and community centers and parishes, and coordinates with the *Red Mesa de Mujeres de Ciudad Juárez, A.C.*, and the health council of the We Are All Juárez strategy.

National context. An agreement was signed with the Antonio Narro Autonomous Agrarian University, in Torreón, Coahuila, for certification of certificate courses and workshops, and a group of therapists was trained in Zacatecas.

5.5. Centro de Prevención y Atención a Mujeres y Familias en Situación de Violencia (Center for Prevention and Care of Women and Families in Violent Situations)

This center was founded in 2002, as a project of the state government and the Ciudad Juárez Autonomous University, in response to the need of citizens to tackle the problem of family violence; subsequently, it became a public agency under the Ciudad Juárez Justice Center.

The Center for Prevention and Care of Women and Families in Violent Situations provides social work, legal, and psychological services that are confidential and free of charge. As an organization, it is part of efforts to combat discrimination and violence against women, advance toward gender equity, and, at the same time, foster the violence-free coexistence of men and women, both in families and in society. To meet its objectives, this organization uses gender theory as the basis for professional intervention.

5.5.1. Experience: Reeducation workshop for men who commit violence

Objectives. The goal of this reeducation workshop for men who commit violence is to help reduce violence against women.

Implementation. The idea of this reeducation workshop stemmed from the need to work with men who commit acts of violence, to change

that behavior and thus prevent perpetuation of the problem. This requires, among other things, a change in their beliefs making it possible for them to accept responsibility for their actions and seek alternative solutions. This center issued the invitation to the workshop, disseminated by wives and by publicity inside and outside the institution. During the workshop, participants have the opportunity to speak out and express their feelings without prejudices. These stories and the application of techniques learned in the sessions facilitate a change in thinking and behavior, since they help participants to understand mistakes they make when communicating and negotiating in their families. The psychotherapists—a man and a woman trained in gender-based violence and family violence—use the Welland and Wexler “Sin Golpes” program (82), with the perspective of producing changes in family values in the participants and encouraging them to accept responsibility for their actions and improve the quality of communication in the family.

Achievements and impact. There was a good response to the invitation to the workshop, good attendance, and most of the group finished the sessions. Several participants dropped out, probably due to the fact that they were not prepared to accept change; those who remained in the program asked to increase the number of sessions to be able to continue and reinforce what they learned. One favorable element is that male clients of the center shared conflict resolution tools with participants that have helped them achieve positive changes in handling and solving their communication problems.

Institutional context. In March 2011, the first group of men began the reeducation workshop and an ongoing program was started in which participants could join the workshop at any time and receive support from members who had been in the workshop longer.

Local context. The experience was publicized in the center’s publications and the mass media, as well as by the center’s clients.

National context. The center runs a free, nationwide hotline, to provide information and counseling to people experiencing violence, both women victims of violence and men who commit violence.

5.6. *Tenda di Cristo*: Charitable Center for the Care of AIDS Patients

Founded in the year 2000 in Ciudad Juárez, the mission of this civil association is to help victims of violence to recover their dignity and achieve the inner peace they need—based on their physical, spiritual, and moral needs—and to provide them with a home and family support.

Without pretending to replace the indispensable work of hospitals and health services, *Tenda di Cristo* offers not only moral, human, psychological, and spiritual support, but also health and medical care. Furthermore, it carries out prevention, extension, and intervention programs to promote respect and comprehension and eliminate prejudices and discrimination.

Its services are grouped into three specific programs: the Growth Program (medical care; prevention, through music, carpentry, computer, and language workshops; and open primary and secondary school courses); Helping Them Grow Program, aimed at single mothers in the surrounding communities (distribution of milk and diapers, educational talks on prevention of health problems and self-care, and parenting classes); and the *Compartiendo El Pane* Program, which consists of distributing groceries to very-low-income families.

They are also working on development and implementation of the project Life Skills Keep me Away from AIDS, which has as its goal reducing the risk becoming infected with HIV and contracting AIDS from risky practices and violent behaviors. This project uses a gender-based violence approach and is aimed specifically at residents confined to rehabilitation centers and the School for Social Improvement of Juvenile Offenders (See http://www.champoton.org/sonora/index.php?page=detail&get_id=92876&category=21).

5.6.1. Experience: Life skills keep me away from AIDS

Objectives. Increase knowledge of the risks for contracting HIV, AIDS, and other sexually transmitted infections (STIs) and of behaviors that lead to gender-based violence, to achieve changes in attitudes that contribute to their reduction.

Implementation. Several civil society organizations participated in this experience, among them, the *Centro Caritativo para Atención de Enfermos con Sida, Reto a La Juventud* (Youth Challenge), *Ave Fénix*, the School for Social Improvement of Juvenile Offenders, and the local office of the National Center for Prevention and Control of HIV/AIDS, which contributed, all together, half of the resources needed for implementation of the project; the Ministry of Health contributed the rest. Hopefully, the systematization of this information will enable developing and implementing an intervention model to prevent this type of violence.

Achievements and impact. The work made it possible to visualize gender-based violence in sexual relations that puts women at risk of contracting STIs, HIV, and AIDS, as well as the connection to participants' emotions. Participants recognized acts of violence that they had not identified as such, they found ways to process their experiences, and learned how mistaken decision-making can perpetuate the problem. As participants got in touch with their feelings and the triggers that led them to make bad decisions, they endorsed the project, joined the program known as People on the Road to Health, and pledged to define and eradicate the problem. The methodology used, called Choices, Decide, Act, and Feel Proud, made it possible for participants to appropriately visualize the manifestations of this type of violence in its context and encouraged them to stop and think before acting and to make better decisions. At the end, it was possible to adapt the intervention model for the prevention of HIV/AIDS and STIs, as well as risky behaviors, using a gender approach; support materials were designed to identify needs for education and for interventions against this type of violence; a questionnaire was developed to identify propensities and attitudes that lead to gender-based violence; and, finally, this model took shape and was implemented for risk prevention and the visualization of this type of violence in this population.

Resources.Human: A coordinator and facilitator for the project's workshops, a general practitioner to design and facilitate the workshops, four volunteer health promoters, and four high school students performing social service. **Material:** Printed materials needed for the project were prepared and reproduced (manuals, promotional materials, informative pamphlets, questionnaires — on knowledge about STIs and HIV/AIDS, on propensities and attitudes related to safe social and sexual relations, and for the project exit evaluation); the project also had anatomical models of the female and male pelvis and genitals; male and female condoms; a video camera; a still camera; multimedia equipment; and gasoline for transportation.

Institutional context. The institution supported projects by the National Center for Prevention and Control of HIV/AIDS aimed at reducing the risk of contracting HIV/AIDS and STIs, which favored a critical visualization of gender-based violence. Interventions were carried out for people with problems with this type of violence in socially vulnerable groups and to help women who are carriers of HIV/AIDS and help discordant couples, to assist them in improving their relationships, meet their needs for containment, and promote changing attitudes toward violence.

Local context. The workshop was held in the Ciudad Juárez rehabilitation centers and at the School for Social Improvement of Juvenile Offenders, where there are standards for maintaining internal discipline. Participants were empowered to use strategies to prevent new sanctions and a better critical visualization was achieved on gender-based violence experienced by women when exercising their sexuality, as well as of actions that put them at risk of acquiring STIs and HIV/AIDS. The physical spaces were appropriate and permitted identifying with participants, who could express their emotions and be open about why they were confined in those centers, to the extent of the context planned for the workshop.

National context. As this it is a project funded by the National Center for the Prevention and Control of HIV/AIDS, the results were presented at the meeting in Tijuana, Baja California, in December 2011. Although the material has still not been shared, requests from other institutions have been received because of the notable results obtained.



5.7. *Mujeres de Pacto* (Women of the Covenant)

The mission of this civil association is “to build the foundation for changing lives and reforming society for human development and the comprehensive education of women and their families under conditions of freedom, equality, safety, and human dignity.” Its objectives are to foster, provide, and promote activities and courses aimed at developing conditions, values, and fundamental principles in women and their families that help human development and integral education. With its actions, *Mujeres de Pacto* works to help people function better as individuals, so they can fulfill the social commitment to participate in the harmonious development of the community and become upstanding, fulfilled, and happy citizens. This organization further aims to attain more harmonious coexistence in a better society. (See <http://ciudadbendicion.com/Mujeres.html>).

5.7.1. *Experience: Social skills and self-esteem workshops for women*

Objectives. Through these workshops, help women gain awareness of the need to prevent violence, by providing them with tools and helping them develop skills for critical reflection and decision-making.

Implementation. *Mujeres de Pacto* is in charge of the training, while the Nueva Galeana Community Center and the Juárez municipal government handle the liaison with companies and marketing networks. An invitation was issued to women aged 18-60 years, which was circulated in the Nueva Galeana neighborhood by community promoters through leaflets. The workshop addressed various subjects—self-esteem, forgiveness and liberation of the body and soul, decision-making, human development, life skills, human rights, and creativity in business—that showed women how to assume leadership and to be empowered in the face of the challenges that life poses, from a perspective of demanding their rights through action.

Achievements and impact. The participants identified the types of gender-based violence and presented their personal experiences with violence. The work on self-esteem helped them to reappraise themselves and showed them the role they have to play in building a culture opposed to violence in their homes and in their community; as a result, the women have started to come together around this issue. From this effort, 100 women benefited directly; however, considering that their families consist of at least three members, the benefits probably reached more than 300 people. Although objective evaluative measurements have not been made, it is estimated that at least 90% of the participants have improved their mindset toward this type of violence and how it affects their families and environment.

Resources. Human: The directors of the centers involved in the project and the person in charge of the training. **Material:** Teaching materials were created and general office supplies were needed.

Institutional context. In addition to the basic task of training the trainers, headway was made in the prevention of gender-based violence by providing participants with tools and developing their skills for critical reflection and decision-making.

Local context. This is a pilot project, which was limited to a single community center in Juárez municipality, located in the Nueva Galeana neighborhood.

5.8. Instituto Chihuahuense de la Mujer (Chihuahua Women's Institute)

The Chihuahua Women's Institute was created on 8 August 2002 as a decentralized state government agency (83). Its objective is to develop and implement policies that promote the integrated development of women and their full participation in the state's economic, social, political, and cultural life, as well as to strengthen conditions for them to take an active part in the decisions, responsibilities, and benefits of development, on equal terms with men.

Its priorities are to protect the human rights of women, unleash empowerment processes, transform gender roles and relations, institutionalize a gender perspective in Chihuahua government, and carry out actions for the prevention of gender-based violence. (See <http://www.institutochihuahuensedelamujer.gob.mx/home.html>).

5.8.1. Experience: Mobile service centers

Objectives. Its principal objective is to help prevent violence against women and help victims using mobile service centers. This initiative, created by the Chihuahua Women's Institute, enables reaching vulnerable people that, due to their limited resources (time, money, etc.), do not have access to the services provided in institutional service centers established in the communities.

Implementation. To support women, the Chihuahua Women's Institute provides information on the types and forms of violence and provides tools on topics related to women's human rights. In specific cases, it also provides direct social work, psychological, and legal services. The mobile service centers work by coordinating among their different locations and the established state community centers, to carry out simultaneous activities providing women with health care and other services. The project also takes advantage of the information produced by the geographic information system on violence in Juárez municipality, developed by *El Colegio de la Frontera Norte* and funded by CONAVIM (mentioned earlier in this chapter). Liaison with the people in charge of

the community centers is done through visits by one of the four mobile units—made up of a social worker, a psychologist, and a lawyer—to provide services to the community they serve. Visits are publicized through various means, such as publicity by workers in the centers, leafleting, posters, and sound trucks, among others. More than 1,000 people, for the most part women experiencing all types of violence, received social work, psychological, and legal services.

Achievements and impact. Achievements include the intake and identification of numerous cases of women experiencing violence, who were given therapeutic and legal support as well as social work assistance to gain access to external services (free groceries, scholarship aid, eyeglass providers, among others). Once people became aware of the work of the institution, the number of cases served increased, eventually exceeding initial projections by a wide margin. Systematized information from the daily, weekly, and monthly reports has made it possible to identify the problems that are occurring, the most frequent types of violence, and the characteristics of the people who request support or services, including age, schooling, marital status, occupation, birthplace, and ethnic group, among others.

Resources. Human: The Institute coordinates the work of personnel with special training in violence prevention, women's human rights, social work, psychological services, and legal aid, as well as the participation of the managers of the state and municipal community centers. **Material:** Four vehicles, sound equipment and loudspeakers, leaflets, posters, office supplies, banners, tables, and chairs.

Institutional context. This is vital work for the Chihuahua Women's Institute to comply with its mandate to foster the protection of women and gender equity (83).

Local context. This program arose as a response to the need to provide access to local people—especially women—to support services, since their vulnerability has increased due to the lack of resources and lack of knowledge, or because it is difficult to access services; this vulnerability increases in cases of extreme poverty and in locations devoid of services.

CHAPTER 6



LESSONS LEARNED AND CONCLUSIONS

Recognizing what has been learned ensures, at the least, being aware of the progress made and being able to construct the future based on that new platform of knowledge. In the case of the search for pathways to eradicate violence against women, this would lead, in addition, to the possibility of achieving a fuller life for everyone.

The work carried out, recapitulated, and analyzed in the workshop Evidence Generation and Lessons Learned in Gender Violence Prevention in Ciudad Juárez has brought to light a number of lessons learned that should be detailed and publicized to increase the effectiveness of the individual and collective participation by stakeholders and strengthen the positive effects of the actions.

According to the consensus of the workshop participants, the following are the principal lessons learned:

1. Good community assessments are necessary, to recognize the types and modalities of gender-based violence and its consequences.
2. Gender-based violence and violence against women are public health problems that have direct effects on important indicators, due to the physical and psychological injuries they cause in direct victims, their families, and society.
3. Work on prevention is inescapable and irreplaceable, since it has been demonstrated that it enables lowering risks and vulnerability; prevention makes it possible to move to the purposeful and proactive plane, and decrease reactive actions to violence.
4. Collaboration and the creation of networks among the organizations strengthen the social and political effect, which makes it possible to reform laws and regulations, and to create governmental entities and programs geared to meeting the needs produced by this problem, such as reforms

to the Code of Criminal Procedure, the Law on Women's Access to a Life Free of Violence, and the standards established by the Ministry of Health of the state of Chihuahua.

5. Academic research can be tied directly and with good results to social processes and it permits multidirectional learning; this occurred, for example, with the study Geographic Information System on Violence in Juárez Municipality, Chihuahua: Georeferencing and its spatial behavior in the urban and rural context (77) and the additions to the teaching curriculum of the School of Social Work, as an outcome of the experience of *Mujeres por México en Chihuahua, A.C.*
6. Evaluation and systematization of processes—both in social and civil organizations and in government agencies—are indispensable to gaining more precise knowledge of the status of the problem and to determining its possible solutions and future outcomes.
7. The commitment to personalized work and support, with both victims and their families and with the authorities and public servants responsible for serving them, is an irreplaceable part of the process to create a culture of violence prevention and of respect for the rights of women and girls.
8. The creation and strengthening of networks for working together make it possible to do the work without producing risks and with a greater response capacity.
9. Strict citizen oversight for transparency and accountability change patterns of corruption, political patronage, and window dressing—as manifested by sex quotas—in government agencies and public services in the three branches of government: the executive, the legislature, and the judiciary.

10. Lifelong education for everyone—and specifically ongoing education for those who have contact with victims and their family members, both in public services and in social and civil organizations—is a vital, indispensable factor in the learning of values and acquisition of knowledge and skills that prevent gender-based violence; actions that foster women’s empowerment in all facets of their relationships are especially important.
11. Community work permits greater proximity with environments for risk and at risk; it promotes cohesion and restoration of the social fabric and, in addition, helps to change patterns that reproduce the existing misogynist culture within families; community work creates a strongly supportive and nearby social network to respond if the need arises.
12. More resources of all types are needed to achieve a greater influence in the various areas of the work of social and civil organizations and in government institutions devoted to the issue of gender-based violence.
13. The creation of an ambiance of sisterhood⁸ among women involved in this issue—in both social and civil organizations and in government institutions—is indispensable to creating a climate of trust and respect in other women and in society in general.
14. All actions should aim, finally, at the empowerment of women, so that they can develop their capacities freely and in a healthy environment of solidarity, free from violence.
- The lessons taken from the experiences that were analyzed are neither few nor easy to apply. In some cases, there has been the need to put great capacity and a great deal of will at stake to achieve success. There has also been a need for a perspective on the future that includes a vision of a world in which women can live without fear together with their loved ones.
- From the analysis, it can be concluded that despite the progress that has been made, a more comprehensive effort can still be made to involve society’s different stakeholders as a whole. The formal education system must take more decisive action to reinforce continuous education with more of a gender perspective and a more thorough human rights approach, and to promote violence prevention and the development of life skills. Schools, families, and the health sector must work together on this task.
- The mass media play a key role in disseminating and inculcating appropriate behaviors during childhood and youth. It is important to train journalists about problems related to gender-based violence so that they can appropriately and effectively orient the public.
- Commitment is needed from academic and research institutions to produce scientifically proven results and develop indicators that make it possible to measure the effects of preventive interventions. Evidence generation, as a key element in policy-making, should commit authorities to maintaining continuity in government programs and these programs should not be limited to punishing assailants, but also to preventing gender-based violence incidents and behavior.

8 Sisterhood: political solidarity among women who recognize each other as partners, unhierarchically, based on acknowledgement of each one’s authority, according to the principle of human equivalence and the equal value of all people; if a person’s worth is diminished because of her gender, gender is also reduced itself. Sisterhood has a principle of reciprocity that strengthens diversity; it involves sharing resources, tasks, actions, success. Recognition of equal worth is based on recognizing the human condition of everyone, from a theoretical conceptualization of what that means (84).



REFERENCES

1. World Health Organization/London School of Hygiene and Tropical Medicine. Preventing intimate partner and sexual violence against women: taking action and generating evidence. Geneva, World Health Organization, 2010. Available at: <http://www.who.int/reproductivehealth/publications/violence/9789241564007/en/index.html> Accessed on 9 February 2013.
2. Pan American Health Organization. CD49/13, Plan of Action for Implementing the Gender Equality Policy. 49th Directing Council. Washington, D.C.: PAHO; 2009. Available at: <http://new.paho.org/hq/dmdocuments/2009/CD49-13-e.pdf> Accessed on 19 February 2013.
3. World Health Organization. Violence—a global public health problem. In: Krug E, Dahlberg L, Mercy J, Zwi A, Lozano R, eds. World report on violence and health. Geneva: World Health Organization; 2003.
4. Delgadillo Guzmán LG, Mercado MA. Algunos modelos explicativos para el estudio de la violencia de género. Límites y herencias conceptuales. Rev Caminos hacia la Equidad (México). 2007;3. Available at: <http://www.uaemex.mx/faapauaem/docs/edesp/caminos%20hacia%20la%20equidad%202006/violencia.html> Accessed on 13 February 2013.
5. Corsi J. Violencia masculina en la pareja. Una aproximación al diagnóstico y a los modelos de intervención. Barcelona: Paidós; 1995.
6. Rubin GR. El tráfico de mujeres: notas sobre la economía política del sexo. In: Lamas M, comp. El género: la construcción cultural de la diferencia sexual. México, D.F.: Programa Universitario de Estudios de Género; 1986. Pp. 35-96. Available at: <http://www.cholonautas.edu.pe/modulo/upload/rubin.pdf> Accessed on 31 January 2013.
7. Serret E. Discriminación de género. Las inconsecuencias de la democracia. Cuadernos de la Igualdad. 2008(6):9.
8. Bourdieu P. La dominación masculina. Barcelona: Anagrama; 2000.
9. United Nations. Violence against women. General Recommendation No. 19. Committee on the Elimination of Discrimination against Women, 11th session. New York: CEDAW; 1992. Available at: <http://www.un.org/womenwatch/daw/cedaw/recommendations/recomm.htm>
10. United Nations. Integration of the human rights of women and the gender perspective. Violence against women. 59th session of the Commission on Human Rights. New York: UN; 2003. Pp. 5-6. (E/CN.4/2003/75).
11. United Nations. Declaration on the Elimination of Violence against Women. General Assembly Resolution 48/104. New York: UN; 1993. Available at: <http://www.un.org/documents/ga/res/48/a48r104.htm> Accessed on 2 February 2013.
12. United Nations. Violence against women. General Recommendation No. 12. Committee on the Elimination of Discrimination against Women, 8th session. New York: CEDAW, 1989. Available at: <http://www.un.org/womenwatch/daw/cedaw/recommendations/recomm.htm> Accessed on 3 February 2013.
13. Pezzoti M. Derecho de las mujeres a una vida libre de violencia [documento en Internet]; 2001. Available at: <http://www.unifemweb.org.mx/documents/cendoc/vaw/violencia05.pdf> Accessed on 31 January 2013.
14. United Nations. Report of the Special Rapporteur on violence against women, its causes and consequences. General Assembly, 60th session. New York: UN; 2011. (A/66/215).
15. Sagot M. La ruta crítica de las mujeres afectadas por la violencia intrafamiliar en América Latina. Estudios de caso de diez países. Washington, D.C.: Organización Panamericana de la Salud, Programa Mujer, Salud y Desarrollo; 2000. Available at: <http://www2.paho.org/hq/dmdocuments/2011/GDR-Violencia-Domestica-Ruta-Critica-2011.pdf> Accessed on 9 February 2013.
16. United Nations. Vienna Declaration and Programme of Action. World Conference on Human Rights. Vienna: UN; 1993. (A/CONF.157/23).

17. United Nations, Commission on Human Rights. Appointment of Special Rapporteur on violence against women. New York: UN; 1994. (ECN.4/RES/1994/45).
18. United Nations. Mandate of the Special Rapporteur on violence against women, its causes and consequences. Human Rights Council, 16th session. New York: UN; 2011. (A/HRC/RES/16/7).
19. United Nations. Declaration and Platform for Action. Fourth World Conference on Women, Beijing, 4-15 September 1995. New York: UN; 1995. Available at: <http://www.un.org/womenwatch/daw/beijing/pdf/Beijing%20full%20report%20E.pdf> Accessed on 3 February 2013.
20. United Nations, Committee on Economic, Social and Cultural Rights. The right to the highest attainable standard of health. General Comment No. 14. New York: UN; 2000. (E/C.12/2000/4).
21. United Nations, Committee on Economic, Social and Cultural Rights. The equal right of men and women to the enjoyment of all economic, social and cultural rights. General Comment No. 16. New York: UN; 2005. (E/C.12/2005/4).
22. United Nations. Equality of rights between men and women. General Comment No. 28. New York: UN; 2000. (CCPR/C/21/Rev.1/Add.10).
23. Inter-American Commission on Human Rights. Inter-American Convention on the Prevention, Punishment and Eradication of Violence against Women. 24th regular session of the General Assembly. Convention of Belém do Pará. Belém do Pará, 9 June 1994. Washington, D.C.: IACHR; 1994. Available at: <http://www.cidh.org/Basicos/English/basic13.Conv%20of%20Belem%20Do%20Para.htm> Accessed on 1 February 2013.
24. García-Moreno C, Jansen HAFM, Ellsberg M, Heise L, Watts C. WHO multi-country study on women's health and family violence against women: initial results on prevalence, health outcomes, and women's responses. Geneva: World Health Organization; 2005.
25. Heise L, García-Moreno C. Violence by intimate partners. En: Krug E, Dahlberg LL, Mercy JA, Zwi AB, Lozano R, eds. World report on violence and health. Geneva: World Health Organization. 2002. Available at: http://www.who.int/violence_injury_prevention/violence/world_report/chapters/en/index.html Accessed on 2 February 2013.
26. Jewkes R, Sen P, García-Moreno C. Sexual violence. In: Krug E, Dahlberg L, Mercy J, Zwi A, Lozano R, eds. World report on violence and health. Geneva: World Health Organization; 2002:147-81.
27. World Health Organization. WHO multi-country study on women's health and domestic violence against women: summary report of initial results on prevalence, health outcomes and women's responses. Geneva, World Health Organization, 2005.
28. México, Secretaría de Gobernación. Decreto por el que se crea como órgano administrativo desconcentrado de la Secretaría de Gobernación, la Comisión para Prevenir y Erradicar la Violencia contra las Mujeres en Ciudad Juárez. Diario Oficial de la Federación 2004 febrero 18. Available at: http://dof.gob.mx/nota_detalle.php?codigo=675931&fecha=18/02/2004 Accessed on 3 February 2013.
29. United Nations Population Fund. Programme of Action. Fourth International Conference on Population and Development. El Cairo: UNFPA; 1994. Available at: <http://www.unfpa.org/public/home/publications/pid/1973> Accessed on 1 February 2013.
30. México, Secretaría de Salud. Modificación de la Norma Oficial Mexicana NOM-190-SSA1-1999, prestación de servicios de salud. Criterios para la atención médica de la violencia familiar, para quedar como NOM-046-SSA2-2005, violencia familiar, sexual y contra las mujeres: criterios para la prevención y atención. Diario Oficial de la Federación 2009 abril 16. Available at: http://dof.gob.mx/nota_detalle.php?codigo=5087256&fecha=16/04/2009 Accessed on 2 February 2013.
31. Contreras JM, Bott S, Guedes A, Dartnall E. Sexual violence in Latin America and the Caribbean: A desk review. Pretoria: Sexual

- Violence Research Initiative; 2010.
32. Heise L. Violence against women: an integrated, ecological framework. *Violence Against Women*. 1998;4(3):262-90.
 33. Virtual Knowledge Centre to End Violence against Women and Girls. Promoting primary prevention. Nueva York: United Nations; 2009. Available at: <http://www.endvawnow.org/en/articles/318-promoting-primary-prevention.html> Accessed on 13 February 2013.
 34. México, Secretaría de Gobernación. Constitución Política de los Estados Unidos Mexicanos que Reforma la de 5 de febrero de 1857. Título Primero, Capítulo I, de los derechos humanos y sus garantías (artículos 1, 4, 20), 1917. *Diario Oficial de la Federación* 1917 febrero 5. Available at: <http://www.dof.gob.mx/index.php?year=1917&month=02&day=05> Accessed on 1 February 2013.
 35. México, Secretaría de Gobernación. Decreto por el que se declara reformado el párrafo primero, el inciso c) de la fracción II y la fracción V del artículo 3.º, y de la fracción I del artículo 31 de la Constitución Política de los Estados Unidos Mexicanos. *Diario Oficial de la Federación* 2012 febrero 9. Available at: http://www.dof.gob.mx/nota_detalle.php?codigo=5233070&fecha=09/02/2012 Accessed on 3 February 2013.
 36. United Nations. Convention on the Elimination of All Forms of Discrimination against Women. New York: UN; 1979. Available at: <http://www.un.org/womenwatch/daw/cedaw/text/econvention.htm> Accessed on 1 February 2013.
 37. México, Secretaría de Salud. Ley General de Salud. *Diario Oficial de la Federación* 1984 febrero 7. Available at: http://dof.gob.mx/nota_detalle.php?codigo=4652777&fecha=07/02/1984 Accessed on 2 February 2013.
 38. México, Secretaría de Salud. Ley General de Salud. Reforma fracción 7, artículo 15. *Diario Oficial de la Federación* 2002 junio 4. Available at: http://dof.gob.mx/nota_detalle.php?codigo=727731&fecha=04/06/2002 Accessed on 2 February 2013.
 39. México, Secretaría de Salud. Ley General de Salud. Reforma. *Diario Oficial de la Federación* 2003 mayo 15. Available at: http://dof.gob.mx/nota_detalle.php?codigo=695626&fecha=15/05/2003 Accessed on 2 February 2013.
 40. México, Secretaría de Salud. Ley Nacional sobre el Sistema Nacional de Asistencia Social. *Diario Oficial de la Federación* 1986 enero 9. Available at: http://dof.gob.mx/nota_detalle.php?codigo=4781367&fecha=09/01/1986 Accessed on 2 February 2013.
 41. México, Secretaría de Gobernación. Ley Federal de Responsabilidades de los Servidores Públicos. *Diario Oficial de la Federación* 1982 diciembre 31. Available at: http://dof.gob.mx/nota_detalle.php?codigo=4787996&fecha=31/12/1982 Accessed on 2 February 2013.
 42. México, Secretaría de Contraloría y Desarrollo Administrativo. Ley Federal de Responsabilidades Administrativas de los Servidores Públicos y se Reforman la Ley Orgánica de la Administración Pública Federal y la Ley de Coordinación Fiscal. *Diario Oficial de la Federación* 2002 marzo 13. Available at: http://dof.gob.mx/nota_detalle.php?codigo=735206&fecha=13/03/2002 Accessed on 2 February 2013.
 43. México, Secretaría de Hacienda y Crédito Público. Ley Federal de Derechos. *Diario Oficial de la Federación* 1981 diciembre 31. Available at: http://dof.gob.mx/nota_detalle.php?codigo=4706583&fecha=31/12/1981 Accessed on 2 February 2013.
 44. México, Secretaría de Hacienda y Crédito Público. Decreto por el que se reforma la Ley Federal de Derechos. *Diario Oficial de la Federación* 2002 junio 4. Available at: http://dof.gob.mx/nota_detalle.php?codigo=727715&fecha=04/06/2002 Accessed on 2 February 2013.
 45. México, Secretaría de Gobernación. Decreto por el que se expide la Ley General de Acceso de las Mujeres a una Vida Libre de Violencia. *Diario Oficial de la Federación*, 2007 febrero 1. Available at: http://dof.gob.mx/nota_detalle.php?codigo=4961209&fecha=01/02/2007 Accessed on 2 February 2013.

46. México, Secretaría de Gobernación. Decreto por el que se reforman y adicionan diversas disposiciones de la Ley General de Acceso de las Mujeres a una Vida Libre de Violencia. Diario Oficial de la Federación 2011 enero 28. Available at: http://dof.gob.mx/nota_detalle.php?codigo=5175983&fecha=28/01/2011 Accessed on 2 February 2013.
47. México, Secretaría de Salud. Reglamento interior de la Secretaría de Salud. Diario Oficial de la Federación 2001 julio 5. Available at: http://dof.gob.mx/nota_detalle.php?codigo=762923&fecha=05/07/2001 Accessed on 2 February 2013.
48. México, Secretaría de Salud. Reglamento de la Ley General de Salud en Materia de Prestación de Servicios de Atención Médica. Diario Oficial de la Federación 1986 mayo 14. Available at: http://dof.gob.mx/nota_detalle.php?codigo=4793525&fecha=14/05/1986 Accessed on 2 February 2013.
49. México, Secretaría de Salud. Reglamento interno del Comité Nacional del Programa de Acción Arranque Parejo en la Vida. Diario Oficial de la Federación. 2002 noviembre 21. Available at: http://dof.gob.mx/nota_detalle.php?codigo=718276&fecha=21/11/2002 Accessed on 2 February 2013.
50. México, Secretaría de Salud. Norma Oficial Mexicana NOM-001-SSA2-1993, que establece los requisitos arquitectónicos para facilitar el acceso, tránsito y permanencia de los discapacitados a los establecimientos de atención médica del Sistema Nacional de Salud. Diario Oficial de la Nación 1994 diciembre 6. Available at: http://dof.gob.mx/nota_detalle.php?codigo=4772162&fecha=06/12/1994 Acceso 6 de diciembre de 2013.
51. México, Secretaría de Salud. Norma Oficial Mexicana NOM-005-SSA2-1993, de los servicios de planificación familiar. Diario Oficial de la Federación 1994 mayo 30. Available at: http://dof.gob.mx/nota_detalle.php?codigo=4699269&fecha=30/05/1994 Accessed on 2 February 2013.
52. México, Secretaría de Salud. Norma Oficial Mexicana NOM-007-SSA2-1993, para la atención de la mujer durante el embarazo, parto y puerperio y del recién nacido. Criterios y procedimientos para la prestación de servicios. Diario Oficial de la Federación 1995 enero 6. Available at: http://dof.gob.mx/nota_detalle.php?codigo=4865943&fecha=06/01/1995 Accessed on 2 February 2013.
53. México, Secretaría de Salud. Norma Oficial Mexicana NOM-009-SSA2-1993, para el fomento de la salud del escolar. Diario Oficial de la Federación 1984 octubre 3. Available at: http://dof.gob.mx/nota_detalle.php?codigo=4747872&fecha=03/10/1994 Accessed on 2 February 2013.
54. México, Secretaría de Salud. Norma Oficial Mexicana NOM-010-SSA2-1993, para la prevención y control de la infección por virus de la inmunodeficiencia humana. Diario Oficial de la Federación 1995 enero 17. Available at: http://dof.gob.mx/nota_detalle.php?codigo=4867016&fecha=17/01/1995 Accessed on 2 February 2013.
55. México, Secretaría de Salud. Modificación a la Norma NOM-010-SSA2-1993, para la prevención y control de la infección por virus de la inmunodeficiencia humana. Diario Oficial de la Federación 2000 junio 21. Available at: http://dof.gob.mx/nota_detalle.php?codigo=2056442&fecha=21/06/2000 Accessed on 2 February 2013.
56. México, Secretaría de Salud. Norma Oficial Mexicana NOM-014-SSA2-1994, para la prevención, tratamiento y control de cáncer del cuello, útero y de mama en la atención primaria. Diario Oficial de la Federación 1995 enero 16. Available at: http://dof.gob.mx/nota_detalle.php?codigo=4866920&fecha=16/01/1995 Accessed on 2 February 2013.
57. México, Secretaría de Salud. Modificación a la Norma Oficial Mexicana NOM-014-SSA2-1994, para la prevención, tratamiento y control de cáncer del cuello del útero y mamario en la atención primaria, para quedar como NOM-014-SSA2-1994, para la prevención, detección, diagnóstico, tratamiento, control y vigilancia epidemiológica del cáncer cérvico uterino. Diario Oficial de la Federación 1998 marzo 6. Available at: http://dof.gob.mx/nota_detalle.php?codigo=4868716&fecha=06/03/1998 Accessed on 3 February 2013.

58. México, Secretaría de Salud. Norma Oficial Mexicana NOM-017-SSA2-1994, para la vigilancia epidemiológica. Diario Oficial de la Federación 1999 octubre 11. Available at: http://dof.gob.mx/nota_detalle.php?codigo=4955024&fecha=11/10/1999 Accessed on 2 February 2013.
59. México, Secretaría de Salud. Norma Oficial Mexicana NOM-025-SSA2-1994, para la prestación de servicios de salud en unidades de atención integral hospitalaria médica-psiquiátrica. Diario Oficial de la Federación 1995 noviembre 16. Available at: http://dof.gob.mx/nota_detalle.php?codigo=4884890&fecha=16/11/1995 Accessed on 2 February 2013.
60. México, Secretaría de Salud. Norma Oficial Mexicana NOM-167-SSA1-1997, para la prestación de servicios de asistencia social para menores y adultos mayores. Diario Oficial de la Federación 1999 noviembre 17. Available at: http://dof.gob.mx/nota_detalle.php?codigo=4956386&fecha=17/11/1999 Accessed on 2 February 2013.
61. México, Secretaría de Salud. Norma Oficial Mexicana NOM-168-SSA1-1998, del expediente clínico. Diario Oficial de la Federación 1998 diciembre 7. Available at: http://dof.gob.mx/nota_detalle.php?codigo=4901893&fecha=07/12/1998 Accessed on 2 February 2013.
62. México, Secretaría de Salud. Acuerdo Nacional para la Descentralización de los Servicios de Salud. Diario Oficial de la Federación 1986 septiembre 25. Available at: http://dof.gob.mx/nota_detalle.php?codigo=4900841&fecha=25/09/1996 Accessed on 2 February 2013.
63. México, Secretaría de Salud. Acuerdo por el que la Secretaría de Salud da a conocer los lineamientos generales para la operación del Programa de Ampliación de Cobertura. Diario Oficial de la Federación 1999 abril 23. Available at: http://dof.gob.mx/nota_detalle.php?codigo=4947774&fecha=23/04/1999 Accessed on 2 February 2013.
64. México, Secretaría de Salud. Acuerdo por el que la Secretaría de Salud da a conocer las reglas de operación específicas del Programa de Ampliación de Cobertura. Diario Oficial de la Federación 2000 marzo 14. Available at: http://dof.gob.mx/nota_detalle.php?codigo=2052195&fecha=14/03/2000 Accessed on 2 February 2013.
65. México, Secretaría de Hacienda y Crédito Público. Acuerdo por el que se establecen las reglas para la realización de proyectos para prestación de servicios. Diario Oficial de la Federación 2003 marzo 26. Available at: http://dof.gob.mx/nota_detalle.php?codigo=699929&fecha=26/03/2003 Accessed on 2 February 2013.
66. México, Consejo de Salubridad General. Acuerdo por el que se establecen las bases para el desarrollo del Programa Nacional de Certificación de Establecimientos de Atención Médica. Diario Oficial de la Federación 2002 septiembre 20. Available at: http://dof.gob.mx/nota_detalle.php?codigo=721027&fecha=20/09/2002 Accessed on 2 February 2013.
67. México, Presidencia de la República. Plan Nacional de Desarrollo 2001-2006. México, D.F.: Presidencia de la República; 2001. Available at: http://pnd.fox.presidencia.gob.mx/pdf/PND_%201-3.pdf Accessed on 3 February 2013.
68. México, Presidencia de la República. Plan Nacional de Desarrollo 2007-2012. México, D.F.: Presidencia de la República; 2007. Available at: <http://pnd.calderon.presidencia.gob.mx/index.php?page=documentos-pdf> Accessed on 9 February 2013.
69. México, Secretaría de Salud. Plan Nacional de Salud 2001-2006. México, D.F.: Secretaría de Salud; 2001. Available at: <http://www.salud.gob.mx/docprog/Pns-2001-2006/PNS-completo.pdf> Accessed on 3 February 2013.
70. México, Gobierno del Estado de Chihuahua. Ley Estatal del Derecho de las Mujeres a una Vida Libre de Violencia, Programa Interinstitucional para Garantizar el Derecho de las Mujeres a una Vida Libre de Violencia 2011-2016. Periódico Oficial del Estado de Chihuahua 2011 diciembre 17. Available at: <http://www.chihuahua.gob.mx/attach2/>

- principal/canales/Adjuntos/CN_13003CC_26093/PO101_2011.pdf Accessed on 3 February 2013.
71. United Nations. Report on the Fourth World Conference on Women, Beijing, 4-15 September 1995. New York: UN; 1995.
 72. México, Instituto Nacional de Estadística y Geografía. Estadísticas a propósito del Día Internacional de la Eliminación de la Violencia contra la Mujer. México, D.F.: INEGI; 2011.
 73. México, Instituto Nacional de Estadística y Geografía. Encuesta Nacional sobre la Dinámica de las Relaciones en los Hogares (ENDIREH). México, D.F.: INEGI; 2006.
 74. México, Instituto Nacional de Estadística y Geografía. Estadísticas de mortalidad. Base de datos. México, D.F.: INEGI; 2009.
 75. México, Consejo Nacional de Población, Instituto Nacional de Geografía, El Colegio de México. Conciliación demográfica 2000-2005. México, D.F.: CONAPO, INEGI, COLMEX; 2006. Available at: <http://vectoreconomico.com.mx/files/tematico.asp?IdReporte=236> Accessed on 3 February 2013.
 76. Ramírez N, Almada L. Un...dos...tres por mí y todos mis amigos. Voces de niñas y niños pequeños de Juárez. Ciudad Juárez: Bernard van Leer; 2010.
 77. Cervera Gómez LE, Monárrez Fragoso JE. Sistema de información geográfica de la violencia en el municipio Juárez, Chihuahua: geo-referenciación y su comportamiento espacial en el contexto urbano y rural (SIGVIDA). Reporte final. Ciudad Juárez: El Colegio de la Frontera Norte, Comisión Nacional para Erradicar la Violencia contra las Mujeres; 2010. Available at: <http://www.uaemex.mx/faapauaem/docs/edesp/caminos%20hacia%20la%20equidad%202006/violencia.html> Accessed on 31 January 2013.
 78. Justicia para Nuestras Hijas [sitio en Internet]. Available at: <http://www.justiciaparanuestrashijas.org/> Accessed on 31 January 2013.
 79. Observatorio Ciudadano Nacional del Femicidio [sitio en Internet]. Available at: <http://observatoriofemicidio.blogspot.com/2011/02/lucha-contra-el-narcotrafico.html> Accessed on 31 January 2013.
 80. Red Mesa de Mujeres y Comité de América Latina y del Caribe para la Defensa de los Derechos de las Mujeres. Campo Algodonero [sitio en Internet]. Available at: <http://www.campoalgodonero.org.mx> Accessed on 31 January 2013.
 81. México, Gobierno del Estado de Chihuahua, Gobierno Municipal de Juárez. Estrategia Todos Somos Juárez, Reconstruyamos la Ciudad. Chihuahua: Gobierno del Estado; 2010. Available at: <http://www.todosomosjuarez.gob.mx/estrategia/index.html> Accessed on 3 February 2013.
 82. Welland C, Wexler D. Sin golpes: cómo transformar la respuesta violenta de los hombres en la pareja y la familia. México, D.F.: Editorial Pax; 2007. P.349.
 83. México, Congreso del Estado de Chihuahua, Secretaría de Servicios Jurídicos Legislativos. Decreto 274/02: Creación del Instituto Chihuahuense de la Mujer. Periódico Oficial del Estado No. 69, 2002 agosto 28. Available at: <https://www.congresochihuahua.gob.mx/biblioteca/leyes/archivosLeyes/130.pdf> Accessed on 2 February 2013.
 84. Lagarde M. La política feminista de la sororidad. Mujeres en Red [sitio en Internet]. 2009. Available at: <http://www.mujeresenred.net/spip.php?article1771> Accessed on 31 January 2013.

