

1.12 Vote with your feet

Objective

- Reflect critically on perceptions and beliefs that affect care provided to survivors.

Time:

30 minutes

Resources needed:

A large space for participants to move around

A sign with “yes” or “no”

Mark or rope (optional)

Powerpoint with statements or printout of the statements for the facilitator

Instructions for facilitators

- Find a space where participants can easily move around.
- If the group is too big, split into two or three groups and conduct the exercise in 2–3 different spaces (for example, a breakaway room or different ends of the room).
- Ask the participants in each group to stand in the middle of the room in a straight line.
- Place a sign (either on flip charts or pieces of paper with large writing) with “Agree” written on one side of the space and on the opposite side a sign with “Disagree” on it. Add a rope or tape on the ground to separate the two side. Give the participants the option of standing in the middle, over the rope or tape if they are unsure. This can help reduce tension and help participants who may not want to share their opinions with the group.
- Read out loud one of the Myths or Facts statements listed in the facilitator resource.
- Ask participants to respond by moving towards one of the signs – either agree or disagree – depending on whether they agree or disagree with the statement.
- After each statement facilitate a discussion about why people chose the places they took. This will help them to dig deeper into their underlying belief systems.
- Ask each side to explain its point of view to the other side. Allow some time for debate.
- After a short debate, ask if anyone would like to change position.
- Repeat this by reading 4–5 more statements, depending on how much time is available. If possible, before the training choose statements that are most appropriate to the context together with colleagues.

- Note: This exercise can be intensely personal and uncomfortable for some participants. If you hear discomfort expressed, intersperse the statements on violence against women with those that are under the miscellaneous category to create a nonthreatening atmosphere. This exercise can also result in some participants feeling isolated if their values do not align with those of other group members, or it can create feelings of negativity towards their peers. Encourage participants to maintain a non-judgemental attitude towards beliefs that are not aligned with theirs or with those of the majority of the participants. These are complicated, emotional issues, and some participants may react strongly to the statement

and others' views. Remind them that everyone brings his or her own personal perspective to this exercise and that they need to be respectful of each other.

Statements

Statement: Most women are abused by strangers. Women are safe when they are at home.

False. Points for the facilitator to emphasize: Studies show that in most settings, the majority of the perpetrators of sexual abuse are known to the survivors. Moreover, intimate partner violence – that is, physical and/or sexual violence – is the most common form of violence experienced by women. Therefore, unfortunately for many women, home is not necessarily a safe space.

Statement: Women who wear revealing clothing are asking to be raped OR Survivors of intimate partner or sexual violence provoke the abuse through their inappropriate behaviour.

False. Points for the facilitator to emphasize: There is never any excuse or justification for rape or any type of violence. Women who are abused should never be blamed or told that it is their fault.

Statement: A woman can say “no” if she does not want to have sex with her husband.

True. Points for the facilitator to emphasize: Every woman has the right to bodily integrity and the right to refuse sex. In many settings, however, gender norms socialize women and men into believing that once you are married, the man is entitled to have sex with his wife whenever he wants. In fact, in many countries, forced sex with your spouse is not considered. However, women always have the right to control their own bodies and sexuality, and this means that they can say “no” to sex with their husbands.

Statement: Men cannot control themselves. Violence is simply a part of their nature.

False. Points for the facilitator to emphasize: Perpetrating violence is always a choice for the perpetrators. It is not part of their nature or inevitable. Violence is often a learned behaviour. Data show that children who are either subjected to violence themselves or witness violence in their homes are more likely to perpetrate or experience intimate partner violence when they grow up.

Statement: Violence against women is a private matter and should not be discussed publicly, outsiders should not interfere.

Points for the facilitator to emphasize: Violence against women is a public health issue with grave effects on the health of women and families. There are economic impacts as a result of the need to treat and respond to women's health impacts, as well as the negative impact on survivors' economic productivity. There are also compounding effects on children/witnesses of violence who may become violent themselves, drop out of school or otherwise be unable to lead productive lives as a result of the violence to which they were exposed.

Statement: Men sometimes have a good reason to use violence against their partners.

False. Points for the facilitator to emphasize: There is never any excuse or justification for any type of violence. Any conflict can be resolved without resorting to violence. It should never be used as a form of power or control.

Statement: As a health care worker, how I respond to a woman who has suffered violence from a partner or sexual abuse is not very important.

Points for the facilitator to emphasize: Women subjected to violence often do not disclose their experience of violence to anyone because of fear of being blamed or stigmatized or that no one will believe them. As a health care provider, even if a woman does not disclose violence to you, studies show that such women are more likely to seek health care for a range of related conditions. Hence, you are likely to come into contact with survivors of violence. Women also indicate that an empathic response from a health-care provider can gain their trust for disclosing their experience. Therefore, an empathetic, validating and nonjudgmental response to a survivor is very important to the survivor and to putting her on a path to healing.

Statement: A sex worker cannot be raped.

False. Points for the facilitator to emphasize: The fact that a person sells sex for a living does not mean that she/he is always ready and willing to have sex. Rape is the act of forcing someone to have sex without their consent. Sex workers are often forced to have sex because of the stigma that they are always available for sex. Even clients and potential clients can force sex workers to have sex. If someone has sex with you once, even when you paid for it, she/he does not necessarily have the right to have sex with you again without your consent.

Statement: If a woman stays with a violent partner, it is her fault.

False. Points for the facilitator to emphasize: There are many reasons why a woman might stay with a violent partner. It is not our place to judge these women. In fact, leaving a violent relationship can result in increased risk of violence from a controlling, violent partner. Other reasons such as economic dependence and social pressures not to break up the family can prevent a woman from leaving her violent partner.

Statement: Men who have sex with men do not experience gender-based violence.

False. Points for the facilitator to emphasize: Gender-based violence is defined as “An umbrella term for any act, omission, or conduct that is perpetuated against a person’s will and that is based on socially ascribed differences (gender) between males and females”. Men who have sex with men defy the socially ascribed roles for males and females and, as a result, may experience abuse and violence. This is considered a form of gender-based violence, although it is more precisely described as violence on the basis of sexual orientation.

Statement: If a drunk person is raped, it is partially their fault because they chose to drink.

False. Points for the facilitator to emphasize: There is never any excuse or justification for rape or any type of violence. Although we may encourage people to stay aware of their surroundings and potential risks for being in vulnerable or potentially abusive situations, not doing so does not mean that a person is at fault for experiencing violence.

Miscellaneous statements (This exercise can be very personal and uncomfortable for some participants. If you hear discomfort or if group members become upset with one another, use these neutral statements in between the other statements to create a nonthreatening atmosphere.) 1. I would rather ride a bike a mile than walk a mile.

2. I love to cook.

3. I am a good dancer.

4. It makes me feel proud when someone thinks I have done a good job.

5. Babies are cute

Discuss

After the exercise is complete, facilitate a group discussion using the following questions as a starting point:

- How did it feel to confront values that you do not share?
- What did you learn from this experience?
- Did you change your opinion about any of the issues?

Encourage debate within the group and be ready to spend some time discussing the issues that arise.

Key messages

- The purpose of this exercise is to reflect on how our personal beliefs about violence against women and values might affect the care that we as health-care providers offer to survivors.
- Our beliefs and attitudes often reflect the norms and values of the societies we live in. It is important to reflect on these norms and whether they might harm survivors. We must challenge them in our interactions with survivors and as role models to our patients and communities.
- Women subjected to violence are often acutely aware and can sense when people have negative beliefs and opinions about them. If we are aware of our negative beliefs, we can better avoid communicating them to survivors of violence.
- Changing mindsets takes time. However, it is possible to change our beliefs and attitudes, and it is healthy to examine and adjust them if necessary.

Adapted WHO (2019) Caring for women subjected to violence: A WHO curriculum for training health-care providers