DELIVERING NON-VIOLENCE:
PEACEBUILDING WITH GUATEMALAN MIDWIVES

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TABLE OF CONTENTS

ABSTRACT

Guatemala has recently emerged from a 36-year civil conflict and before that years of conquest and repression which have contributed to the current state of structural violence. The turmoil, poverty, lack of health care and education, malnutrition and machismo have created a social hierarchy, which places indigenous women at the lowest societal status. Many women and their families also suffer from interfamilial violence and are unable to extricate themselves from the situation because of their status and the reasons that contribute to it. Domestic violence impacts a large percentage of people in Guatemala and one effective step to help disseminate knowledge about ending the abuse is to teach local health professionals peacebuilding skills. Medicine and peacebuilding have an inherent connection and sustainable programs can be initiated teaching conflict transformation to medical professionals, taking advantage of their status and capabilities. Since it is virtually impossible to reach each Guatemalan woman individually, making use of community members such as midwives is a practical method to disperse information. Utilizing an existing network of community midwives in La Democracia, Huehuetenango, Guatemala, a peacebuilding workshop has been designed to build on the local midwives' skill set, increase their ability to understand conflict and violence and their own and communities' contribution to it, identify signs of domestic violence, and begin to eradicate it through legal means.

We all know that peace accords – milestones that they are – do not by themselves make peace; only whole human beings in whole bodies politic can build peaceful relationships.

- Harold Saunders

The armed conflict, yes it is over — the war of guns, the war of armies — but for us this doesn't mean very much because the war of hunger, misery and poverty still goes on in our community.

-Guatemala Solidarity Network, 1999
(as cited in Preti 2002)

Introduction

After hundreds of years of oppression and conquest by outside forces and after a 36-year civil war, Guatemala has lived under a shadow of violence for as long as its people can remember. Today, personal, municipal, and even societal problems attempted resolution through violent means perpetuates the cycle.

Youth learn from their elders violent means, such as lynching and the use of guns, as attempts to resolve conflicts. In rural areas, laws are not strictly enforced by the police nor the government but when the laws are imposed, the police often use aggressive force. Poverty affects a large percentage of the population in Guatemala and people suffer due to lack of resources – medical, educational, nutritional. People are not treated equally, the rich differently from the poor, the ladino (non indigenous people of Guatemala) differently from the indigenous, and women differently from men.

When examining the big picture of Guatemala, it is overwhelming to imagine what one person could do to affect any positive change. However, attempting to break the cycle of violence through education, even on the smallest level, potentially could have a positive outcome.

Gender is one of the largest societal imbalances in Guatemala. Women are treated as second-class citizens, especially indigenous women. Domestic violence between any member of the family, parents and children, husband and wife, grandparents and grandchildren (the list continues) is a significant problem in Guatemala and women do not utilize resources that are available to them on a regular basis - medical care or education. By taking advantage of existing networks such as community midwives, women could be reached on a local level and taught avenues to help rid their lives of violence.

1

Before western medicine was widely spread in Guatemala, and even now, many women use midwives when they are pregnant. Both ladino and indigenous midwives are trained by the government in modern birthing techniques and many traditional methods are still practiced as well. Midwives play a unique role in Guatemalan society because they are utilized not only for their knowledge of pregnancy and birthing but are often perceived as wise council within a village and are often sought to help with domestic issues or other problems.

Utilizing this existing status of midwives within a community and their established network, as well as some of their personal stories acquired through interviews, a workshop will be designed about how midwives can act as peacebuilders and assist their communities in both raising the status of women and helping lessen violence.

History of Conflict

Guatemala raged in civil war for thirty-six years before the national peace accords were signed in 1996. This, however, was not the first time fighting occurred in the country that consists of indigenous Mayans, Ladinos, Garifuno, and Xinca peoples, who speak 23 languages and over 30 dialects. During pre-conquest Guatemala, the Mayan people, while connected to nature and the earth in their beliefs, also fought amongst themselves. In the 1500's the Spanish found a land of people who first welcomed them and then later suffered from their oppression, religious conversion, and diseases. Through Guatemala's history of fighting and repression, the culture continues to be based on such violent ideologies.

Indigenous Mayans populated Guatemala for hundreds of years before the Spanish arrived in 1523. Originally believing that the Spanish were gods arriving on ships from the ocean they were greeted with honor and awe. In 1528, realizing the Spanish intent to conquest, two indigenous groups united to rebel against the Spanish but were subsequently defeated (Shea, 2000).   Since the arrival of the Spanish and continuing today, one of the main issues of dispute and contention among Guatemalans has been that of land ownership. In 1543, the existing monarchy began to force Mayans to abandon their land and relocate. In the early 1800's, Guatamala declared its independence from Spain and from that point until the mid 1980's regime changes, government overthrows, and military coups continued, all aspiring for control of a country no larger than the state of Tennessee with the second largest indigenous population in the Americas (Shea, 2000).

In 1944, Guatemalans were given a shred of hope when, after what is termed the "October Revolution," a civilian-military movement installed a reformist government that would last until 1954. A labor code was established along with a national social security system,

women's suffrage, and agrarian reform (Shea, 2000). The government, led by Jacobo Arbenz from 1950-1954, was overthrown in a coup with covert support from the United States for its fear of Arbenz' potential alliance with the Soviet Union. Arbenz was hoping to redistribute much of the Guatemalan land (about 2/3 then owned by a small elite,) to the rural poor, mostly indigenous Maya. A military dictatorship was installed which halted all reforms and squelched dissent. A 1960 attempt to oust the coup failed and the government, in response to some of the coup leaders launching an insurgency, began counterinsurgency efforts targeting guerrilla fighters and civilians (van Tongeren et. al, 2005). The counterinsurgency campaign continued until the mid 1980's, and in the process committed over 600 massacres, destroyed 440 villages, caused over one and a half million Guatemalans to flee their homes or be displaced, and led to the death of over 200,000 people, 93% of which were at the hands of the state and related para-military groups (Manz 2004, p 3). Manz (2004) describes the campaign as "not only an attempt to destroy the social base of guerrillas but above all an attempt to destroy cultural values that ensured cohesion and collective action in the Mayan communities" (p 7).

In 1986, Guatemalan's military leaders stepped down and allowed a democratically elected leader to govern. Beginning in 1990, groups of guerrilla leaders and a reconciliation commission met in Oslo, Norway to begin to pave a way for direct talks between the guerrillas and the army. After six years of talks and attempted settlements, the civil war ended with the signing by both the leaders of the government and the guerilla leaders of the final peace accords entitled "Global Agreement for a Firm and Lasting Peace" (Schlesinger 1982, p 260-2).

Guatemala Today

Even after signing peace accords, violence did not stop. In fact, after living through decades of conflict and civil war, generations of citizens had learned and often believed that violence is the best way to solve most issues. A culture of violence has taken root in Guatemala, taught by military regimes, police, and army units, generations have learned that "terror and murder are appropriate ways to achieve both political and personal ends" (Schlesinger 1982, p 257). A report called *Guatemala Never Again* (as cited in Alvarez 2004) affirms that the consequences of militarization and violence have a long term effect, and those who inflicted much of the violence experienced a change in values including a depreciated value of human life, normalization of violence as a way to have control over others or to confront conflict situations.[1]. Because lynching was one of the atrocities committed against the Guatemalan population during the civil war by the military, Guatemalans learned violent conduct as a means to handle conflict resolution and apply punishment. *La Procuraduría de los Derechos Humanos* (Human Rights Attorney's Office) reported that in 2008 there were 60 lynching attempts and 17 successful lynchings, and since 1996, the year the peace accords were signed, there have been over 300 reported lynchings (Cereser, 2009).

A 1994 census revealed that 42.7% of the Guatemalan population is made up of indigenous Mayan people, but the United Nations disagrees estimating up to 65% of Guatemalans are Mayan (Plant, 1998). The United Nations Development Programme (as cited in Alvarez 2004), when analyzing the socioeconomic status of the Guatemalan State approximates 54% of the population is living in poverty and 16% in extreme poverty. However, the statistics vary depending on which social group one examines. Of indigenous Mayans, 76%

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[1] Translation by this author.

5

are living in poverty with limited access to basic human needs. Less than 25% of Mayans have access to adequate health care, up to 80% of the population is illiterate and among women there is a 95% illiteracy rate. Infant mortality reaches 57 per 1000 births (5.7 %) and maternal mortality is nearly 2 per every 1000 births (2%) compared to the United States with 6.7 infant deaths per 1000 births (0.7%) and 0.12 mother deaths per 1000 births (0.001%) (www.cdc.gov & Alvarez 2004). The disparity between these two countries is a direct result of extreme poverty.

Numerous factors contribute to the perpetuation of poverty within a society. Plant (1998) explains that in Guatemala, growing land hunger, high levels of illiteracy, and maldistribution of resources as a result of the civil conflict are all factors in the continuation of poverty. Guatemala currently faces "climbing homicide rates, particularly murders of women, youth and children, escalating gang activity, organized crime and narcotrafficing, high rates of firearm possession and use, high incidence of armed robberies and theft, problems all compounded by extreme poverty and hunger, unemployment, illiteracy, dense housing settlements and lack of potable water" (Paiz, 2007). Today Guatemala is one trying to recover from years of civil war with continuing levels of violence and complete lack of trust in the government and other national institutions such as the police and the military.

Guatemala and its people deserve to live without violence or in constant fear. One way to initiate this process is on the community and family level helping rid families and small communities of violence, building their trust through consistent behavior and consequences, and eventually going beyond the family and reaching the country as a whole.

Women and Violence in Guatemala

Coupled with the previously-stated realities is a strong patriarchal culture that breeds machismo and discrimination. Women are second-class citizens and indigenous peoples as third. Today indigenous women are the most discriminated against and poorly treated persons in Guatemala. Many women live without their voices or pleas ever heard and therefore will require further attention by those initiating steps in the peace process. Because of this, the population of indigenous women, the majority of whom live in rural areas, will be the targeted beneficiaries and population for this paper and workshop.

In every society there are gender-based cultural definitions. In Guatemala, one prevalent definition is "machismo" or what it means to be a man which defines a woman's role as well. "Traditionally, gender roles in Latino culture have been clearly and rigidly defined. Male and female children are socialized differently from an early age. Men are the dominant, authoritarian figures, whereas women are the caregivers and nurturers, learning to take care of everyone else before themselves. Latino gender scripts dictate a high degree of control by the male, within the corresponding degree of dependency by the female" (Hernandez, 2003). From an early age, machismo, with its specific gender roles, is ingrained in the minds of people, requiring one to comply with these societal norms in order to be accepted. A Guatemalan sociologist Ana Silvia Monzon M. (as cited in Hernandez 2003) states the following as the effect of machismo on the Guatemalan woman:

- The concept of the woman as a sexual object
- The establishment of economic, political, [and] judicial systems in favor of the males
- The exclusion of women in all level of decision-making
- The pressures and prejudices that prevent women from deciding about their own sexuality and choose whether or not to get married and whether or not to have children

- The double standard [encourages men to be unfaithful and from women absolute faithfulness]
- Physical abuse
- The refusal to allow women to participate in the public world and the woman's place in the home as a housewife

The presence of machismo affects all women in every facet of their lives especially those living in rural areas. Many rural families still believe that girls are not meant to be educated and that they are only for marrying off sometimes as early as 11 or 12 years old. Women are taught that their place is in the home, taking care of the children and the household. Rarely do rural women work outside the home unless it is assisting in the harvest. Even more unlikely is literacy among these rural women. "The main obstacle in Guatemala is combating social exclusion which has three basic roots: the uneven economic model; the weakness of the democratic rule of law; the discriminatory culture, marginalizing indigenous people and women" (UNDAF as cited in Preti 2002, p 110). For the purpose of transforming social and cultural behaviors detrimental to women, Guatemala adopted *The National Policy for the Promotion and Development of Guatemalan Women, Opportunity Equity Plan* to help address violence against women. The government also instated the *National Plan for the Prevention of Interfamily Violence and Violence Against Women* (IACHR, 2007). Even the peace accords included various sections referring to indigenous rights as well as women's rights. However, in order for the above stated policies and plans to take effect they must receive support of all facets of society, including those sectors ingrained with corruption and patriarchal views. If Guatemala hopes to achieve a lasting peace, one of the major obstacles necessary to overcome is discrimination against women and the indigenous.

As mentioned earlier, 93% of the murders during the civil war were carried out by the military or government forces (Manz, 2004). This, along with impunity for crimes committed

and continued political and non-political corruption all contribute to the lack of trust in the government. Paiz (2007) recognizes that women are not only "faced with the residues of war-time violence, but they must also live with present day insecurity and impunity, where basic economic survival is a struggle. Beyond the feminicidal killings, sexual assaults and domestic violence so rampant in the country, generalized insecurity affects women going about their daily lives" (¶ 6). When examining the problem of domestic violence, it is clear why the lack of trust in government exists. Women suffer greatly in Guatemala from domestic violence, whether physical, sexual, or psychological. The Inter-American Commission on Human Rights (IACHR) performed an extensive study in 2007 of various Latin American countries, Guatemala included, specifically about women's access to justice and found that "a pattern of systemic impunity persists with respect to the judicial prosecution of cases involving violence against women. The vast majority of such cases are never formally investigated, prosecuted or punished by the administration of justice systems" (IACHR 2007, p 8). The Commission also found that those cases investigated employed authorities that were neither competent nor impartial which lessened the possibility of the cases ever being prosecuted and the guilty parties punished. Attitudes toward women victims of violence devalued the person by blaming the victim or her family for the way they live, their clothes, or the time spent outside the home. "This lack of respect for the dignity of the victims or their families has the effect of 're-victimizing' them" (IACHR 2007, p 73). Without due process of law behind a woman's suffering from domestic violence, she has limited trust in the system and even less of a chance to leave the violent situation.

Another obstacle facing the indigenous women of Guatemala is a language barrier. Over 22 languages are spoken within the country. Rural indigenous communities sometimes have a

basic grasp of the Spanish language, which is the national language of government, educational system, police force and military, but a large percentage of the indigenous population does not. The IACHR found that access to justice still is a major problem facing the indigenous population of Guatemala and that "many indigenous women have no way of making themselves understood in their own language"(IACHR 2007, p 84). Measures have been taken to establish a legal system requiring translators but rarely are there multilingual staff available or hired to assist the needs of those who do not speak Spanish well (author's own experience). Ethnic discrimination is present in practically every aspect of an indigenous woman's life from the treatment she receives on the street to the workplace, schools, courts, and possibly in her home. Prejudice and discrimination based on ethnic origin has become so ingrained into national life that most times those affected do not realize it is occurring (IACHR, 2007).

One component lacking in the justice process is the victim's knowledge of her rights, the laws, and the necessary procedures to follow. Without the ability to read and in many cases never having been to school, these women are severely limited in their ability to take advantage of beneficial laws. Speaking with informed people and attending workshops to increase their knowledge about laws, their rights, and the necessary steps to legally stop interfamilial violence are significant actions women can take to diminish violence.

Theoretical Perspective on Violence in Guatemala

Violence continues in Guatemala even 12 years after the peace accords were signed. Large numbers of the population continue to live in fear and are unable to satisfy some of their basic human needs such as food and health. The following section elaborates three theoretical perspectives offering some explanation about what is meant by violence, why it persists, and possible avenues for women and community members to eradicate it.

For the purposes of this paper Johan Galtung's definition of violence will be employed. Galtung (1969) defines violence as the disparity between what is potentially achievable and what is actually attainable. Human beings have the ability to achieve much throughout their lives. However, when people or circumstances prevent that from happening, Galtung considers that violence. He uses the example of someone dying in the 1800's of tuberculosis which was medically unavoidable then and therefore not considered violence; but someone dying from TB today, with plentiful medical resources available in our world, would be considered violence. Violence is what increases the distance between the potential and the actual. When a husband physically prohibits his wife from leaving the house making her unable to reach her potential to sustain friendships or a livelihood, violence is occurring. With this definition, high illiteracy rates are a form of violence for people have the potential to learn to read but their inability to access these resources because of lack of means or machismo make it unattainable and therefore violent.

Galtung (1969) goes on to explain that there exist two main types of violence: personal or direct violence and structural or indirect violence. Direct violence is one individual committing an act of violence against another, and indirect violence or structural is where the violence is not traceable to any one person but is built into the societal system. Structural violence appears in

the form of unequal power, unequal distribution of resources, and consequently unequal life chances (Galtung, 1969). Using Guatemala as an example, the years of civil war marked countless acts of direct physical violence, with over 200,000 deaths and immeasurable injuries mostly at the hands of military or guerilla fighters. These acts continue today in the form of street fights, kidnappings, gang violence, spousal abuse, and lynchings, to mention a few. They are all traceable to an individual or individuals committing the deed. As a result of the structural violence in Guatemala, most of the country's wealth is in the hands of a small percentage of the population and sizable numbers of the populace live without adequate food, clean water, education, or health care.

After the signing of the peace accords, many had high hopes for Guatemala's potential to finally be at peace and begin to raise itself out of violence and poverty. Peace, however, is a relative term and can be both negative and positive. Negative peace is the absence only of personal violence with structural violence still in place. Positive peace is the absence of both direct and structural violence, also termed 'social justice' (Galtung 1969, p 130). Until a society is able to stop direct violence and also work on ending structural violence it will stay in a state of negative peace. However, one could argue with the continuation of personal and direct violence that Guatemala has yet to even reach a state of negative peace.

For the majority of people in Guatemala, survival is a struggle. They are faced with poverty, no health care, lack of education, rising costs for basic goods, fear, and insecurity. What little possessions people have they cherish and hope to better their futures and the futures of their children. "If people have no reason to expect or hope for more than they can achieve, they will be less discontented with what they have, or even grateful simply to be able to hold on to it" (Runciman 1966, as cited in Gurr 1970, p 24). The hope for a better tomorrow may seem

harmless, but it brings with it potential problems, which are clarified by Ted Gurr (1970) in his explanation of 'relative depravation'. Relative depravation explains how political violence and the mentality of rebellion manifests itself and causes people to act in a violent manner (Gurr, 1970). The notion of relative depravation refers to group violence; however, the key concepts also apply to why individuals choose to perpetrate violence. Gurr (1970) states that the scope of the relative depravation can be divided into two different classes—the individual and the group experience. Some occurrences are wide in scope and affect large numbers of one particular group—the lack of health care. Other occurrences, while narrow in scope, affect people more on the individual level—a spouse cheating or not getting a promotion.

Similar to Galtung's thoughts of increasing disparity between potential and actual, Gurr (1970) explains that an increasing gap between value expectations and value capabilities also lead to violence. The value capabilities are the "goods and conditions [people] think they are capable of getting and keeping," whether it is welfare values (health services, food, shelter, all the way to self-actualization) power values (political participation, power, influence) or interpersonal values (psychological satisfactions in the form of group support, status, prestige, and community). Value expectations are the "goods and conditions of life" that a group feels it justifiably deserves (Gurr 1970, pps 24,26). When an individual has food, shelter and healthcare (value capability), that person one day may strive to gain participation in local development or government (value expectation). When one's or a group's ability to achieve its value capabilities decreases, or their expectations raise to unattainable levels, difficulty ensues. This is when Gurr describes there could be potential outbreaks of violence or rebellion.

In Guatemala today, many of even the poorest families have been introduced to life outside their communities through television, advertisements, and newspapers. These people are

now aware of what others in and outside of Guatemala have. Gurr (1970) explains that many times expectation levels are increased by "the demonstration effect of other groups that are improving while one's own group is not" (52). When what one has remains static and one's expectation for what is possible increases without the capacity to achieve it, violence can occur. This fact may not only cause violence in Guatemala but could also explain some of the governmental and police force corruption and narcotrafficing. Knowing the potential achievable while lacking the resources to attain it is a potential reason for the continuation of violence.

When assessing violence on an individual level, for example domestic violence, it is important to employ techniques that allow one to see what is occurring in its entirety. One tool effective in doing such is Maire Dugans (as cited in Lederach 1997) mechanism called the 'nested paradigm' (p 55). This paradigm not only looks directly at the issue but also expands the view to include relationships, sub-systems and systems. Each component is rooted in the ones greater until finally reaching the entire system. Using domestic violence as an example, the issue would be the husband abusing the wife. Actions could be taken to alleviate each occurrence such as a

System

Subsystem

Relationship

Issue
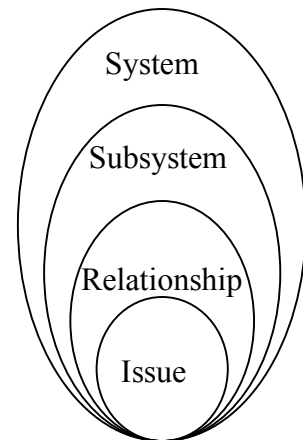
Maire Dungans nested paradigm of conflict (as cited in Lederach 1997)

third party breaking up the fight or calling the police. However, this would do little to solve the problem of domestic violence. One could then go one step up and evaluate the relationship between the husband and wife. Perhaps they could be offered different communication techniques, anger management classes or counseling to try to resolve the continuing abuse. Going another step higher to that of subsystem, and providing interventions on the familial and community level, one begins to encounter some of the root causes for the violence and why the

14

abuse exists. Ultimately to end domestic violence, the entire system, or society, must be evaluated and machismo disempowered and dissolved, gender equality established, poverty eradicated, and equal opportunity and education available to all.

Utilizing this paradigm assists the peace builder in finding workable solutions to issues. The higher the level one can affect in the paradigm, the greater the potential for change; however, with each level of the paradigm, the difficulty to affect change increases. Working on the subsystem level, as in the case of domestic violence on the familial or community level, could prove beneficial and far-reaching. With the design of a workshop for local midwives, encouraging them to repeat the workshop in their own community, or giving the same workshop for different communities, could be a comprehensive grass roots approach to aid in the elimination of domestic violence.

Peacebuilding and Medicine – the connection

All levels of society need to contribute when trying to end violence and create a lasting peace within a society. Lederach (1997) describes society as divided into three areas of leadership all involving their own approach to building peace. Top-level leadership including those military, political and religious leaders with high visibility usually focus on negotiated settlements or passing of legislation, sometimes termed the "trickle down" approach when attempting to build peace. The signing of the Guatemalan peace accords by top political and guerilla leaders could fit into this category. Lower profile leaders within different sectors of society, be they religious, ethnic, academic or humanitarian compose the mid-range leadership and often are considered most effective in creating the infrastructure to achieve and sustain peace through workshops, trainings or commissions. The truth and reconciliation commission led by bishops from the Guatemalan Catholic Church would fit into this category. The largest group of leaders found on the grassroots level is composed of local NGO leaders, health officials, and indigenous community leaders. These leaders better understand what is happening on the local level and through initiatives such as peace building workshops or media campaigns created through churches or health organizations for example, can dramatically decrease violence (Lederach, 1997). Through utilizing health professionals from the both the mid and grassroots levels of society, a school of thought has emerged that attempts to unite the health and peace building sectors. Medical professionals and workers have access to a wide range of citizens within a community and therefore can disseminate knowledge effectively. The combination of these two arenas attempts to achieve peace by employing the status, access and knowledge of medical professionals.

16

Graeme MacQueen and Joanna Santa Barbara (2000 & 2004), both professors at McMaster University in Hamilton, Ontario, have written extensively on the connection between health and peace and the subsequent initiatives available to increase the effectiveness of both. Three components of altruism, science, and legitimacy are the basis for MacQueen and Santa Barbara's (2000) health-peace mechanisms. Altruism, or a person's urge to care about others, is demonstrated in all societies and many times rises above the personal, in-group level to include all people. MacQueen (2000) refers to this as extended altruism and claims that its role "as one by which society institutionalizes feelings of care and compassion; its association with humane, superordinate goals that transcend human differences. Extended altruism puts much of traditional war making in question, for it entails refusing to accept hate-based identities and depersonalization of the official enemy" (p 294).

The second component is science. Modern health care is based on science and using that particular methodology can quantify psychological and physical effects of war into a valid and recognizable manner for most sectors of society. Using the medium of modern science, peace building can begin to increase its reputability in more science-based sectors. Fact-finding can also be utilized as a way to disempower negative media campaigns and propaganda and begin to deflate negative media consequences with truth about the effects of war on the greater population (MacQueen, 2000). The last component is legitimacy, referring to the higher status of health professionals in society because of their altruistic tendencies and education, resulting in the perception by most that they are ethical and honest. Because of this ascribed status, health professionals can have extraordinary influence. Ho-Won Jeong (2005) explains that health professionals in conflict situations are given great respect because of the "neutrality and impartiality associated with the codes of ethics requiring the medical treatment of victims

irrespective of their status in armed conflicts" (p. 151). Even in non-conflict settings, medical

professionals are given respect and often seen as wise council. Because of this impartial status,

they could be utilized as advocates for and educators of the oppressed.

Applying the three above-mentioned factors of altruism, science and legitimacy,

MacQueen and Santa Barbara developed five health-peace mechanisms that demonstrate the

connection between health initiatives and peace building:

1. **Conflict Management**: conflict between groups may be lessened or contained through

    health oriented superordinate goals.

2.   **Solidarity**: those already working in certain areas to promote peace can be supported by

    health workers and others with more freedom of action and power.

3. **Strengthening the social fabric**: health initiatives can strengthen and reinforce bonds by

    crossing lines of ethnicity, social class etc., as well as through reconciliation and healing.

4. **Dissent**: using legitimacy, experience and expertise, medical professionals can voice

    concerns and disagreement with unjust policies of the dominant group.

5. **Restricting the destructiveness of war**: arguing the negative health effects of war or

    violence, health professionals can utilize medical discourse to change or restrict military

    policies and eventually suffocate war.

Santa Barbara (2004) explains that there are no specific health-peace theories yet, but that the

following descriptions based on the above-mentioned mechanisms can begin to form one.

Health of a population can be used as a superordinate goal to end violence or initiate a cease-fire.

In most cases all sides of a conflict try to have their people's best interests in mind, and if health

becomes a risk, as it usually does in conflict situations, this could be a chance to rise above

differences and make health care for all a priority. Extending health care to all, regardless of

race, gender, age, or social class can help to lessen the dehumanization and demonization of the "other" in conflict situations. Health care can also act as a way of making all members of a society feel included. When conflicts are identity based, the feeling of inclusion is of utmost importance and providing unbiased healthcare could contribute to this. Basic healthcare also gives people a sense of security which, when met, makes them less likely to carry on in a violent manner (MacQueen and Santa Barbara, 2004). Empowering health workers to function to a greater capacity in peacebuilding will expand their already full workload exponentially. Increasing awareness about potential issues that could be encountered and then making use of their already existing skill set of communication, altruism, and relationship building to successfully build peace from within the health system is a realistic integrative approach.

The health/peace worker is also in a unique position to directly affect change to the war system. By providing up to date facts about the effects of war and violence on a population, the worker could attempt to prevent further violence. Because of their status, health workers are in a unique position to change the definition of war, or conflict, by not accepting that it as an inevitable step in life but redefining it as a health disaster that should be prevented. Also due to their status, health workers may be able to bring groups together that normally would not meet in order to discuss the health goals of the population as a whole, and, once trained in mediation or conflict transformation, could begin to make use of these skills. When there is a great power difference between conflicting parties, health workers could be used as victim advocates and even direct accompaniment to safety if necessary, thus increasing solidarity and support. Ultimately health workers have choices to make about whether to participate in areas that perpetuate violence or choose to stand against such measures and refuse to support such entities. Through dissent or non-participation, health workers can criticize unjust government policies and

possibly affect change (MacQueen, Santa Barbara 2004). These actions can also prove dangerous for some health workers, both to their person and to their livelihood. If they act out against the government they may no longer have employment. However, with increased awareness of conflict systems, they will be better able to work from within, empowering communities to change. Health professionals can act within the health system and against the violent system (structural violence) in attempts to bring about peace in a society.

Most of the aforementioned speaks directly to health workers in war zones and active conflict settings. In Guatemala, the war is over but both direct and indirect violence still exist. A sustainable way to incorporate medical workers and peacebuilding is to build upon the skills that the health workers already possess. This connects to the altruism that in most cases medical professionals have, giving the ability to continually serve others. Expecting a health worker to bring peace is a lofty goal: however, utilizing the skills intrinsic to this type of work such as listening, communication, building relationships and observation can prove sustainable and beneficial. Increasing health workers' awareness about discrimination and the human need and right to health can help lead to a more equitable society. Also utilizing the communication skills of the doctors, nurses and other health professionals to speak directly to people about their health and potential problems is another way to take advantage of an already existing skill set.

The link between health and peace building is clear and the health worker the obvious individual to begin peacebuilding in that arena. Making use of the role of health workers and their skill set on the grassroots level can prove advantageous in both disseminating knowledge about peacebuilding and also in training them to recognize signs of violence and legal steps to eradicate it.

Midwives in Guatemala

Not all villages or communities have health centers or hospitals as they are most likely found in the municipal or departmental (similar to state) capitals. When both rural and urban pregnant women seek medical attention either for prenatal care or the birth, they will likely seek out a midwife. Midwives are a well-utilized resource in Guatemala, assisting in the birth of children and also in the well being of the mother. When trying to reach and educate rural women in Guatemala, it is almost impossible to talk individually to every woman because of time and resources. In the span of their lifetimes, midwives come in contact with the majority of rural women and therefore are a rich resource available for disseminating knowledge. Employing their positions in rural communities midwives embody the makings of peacebuilders and victim advocates.

In Guatemala, midwives attend births for 53% of the population in the rural areas and 31% of births in urban areas, and, according to the Ministry of Health, midwives attend up to 75% of births in some areas. There is estimated to be twenty midwives for every 10,000 Guatemalans (Foster et. al 2004). In Guatemala, midwives are required to be certified and receive government-mandated trainings to receive certification. Since 1955 Guatemala has been offering training programs for midwives which are intended to build knowledge about emergency situations and increase referral skills to local hospitals or health centers (Acevedo, 1997). Today in Guatemala 80.5% of practicing midwives received some sort of training course. The Guatemalan midwife does more than just attend births—she also provides pre and post-natal care, social, moral and spiritual care that is imbedded within the larger sociocultural context (Cosminsky, 2001). Within the indigenous society, the midwives often occupy multiple healing

roles such as spiritualists, diviners, herbalists, masseuses, and shamans which all hold important political and social meaning in the community (Day, 1996 as cited in Cosminsky, 2001).

In 1995 there were 15,000 certified midwives in Guatemala, the majority of whom are indigenous. The midwives are being trained to work more directly with the health centers but with some difficulty as 89% of the physicians are non-indigenous men and only 15% speak a Mayan language (Hurtado 2001). Many doctors mistakenly assume that midwives view their patients as they themselves do in a hierarchical manner. However the midwife acts and is treated more equally level to the mother and her family members (Cosminsky, 2001). This fact may grant the midwife greater trust and allow her to be recognized and respected as an influential figure in the community. In most areas in Guatemala, the midwife is an educator and agent of change and technology transfer that facilitates mobilizations of community resources. She acts as a link between the health service establishment and the community at large with the ability to impact and improve the well being of the community as a whole (Foster et. al, 2004).

Training midwives, who already have respect and a well-established role in their communitie as peacebuilders, conflict transformers and violence preventers has great potential. Working on the grassroots level, as Lederach (1997) suggests, Guatemalan midwives could act as advocates for victims of violence as well as educators about legal avenues and steps to take to rid a woman's life of violence.

One limitation of working on the grassroots level, as Lederach (1997) points out, is that many people on this level of society are solely in survival mode. Finding food, shelter, and safety are a daily struggle and any efforts toward peace or conflict resolution are seen as an "unaffordable luxury" (p 52). Another limitation in working with Guatemalan midwives is that the majority of them are illiterate. This would necessitate adapting or creating activities for

learning and comprehension with resources that do not need to be read. Most midwives have never attended school and those who did learned in the dominant teaching methodology in Guatemala—rote memorization. Critical thinking skills were never developed in a formal manner and may prove an obstacle to overcome in trainings. Their poverty, basic survival mentality, and illiteracy are challenges faced when working with midwives on the grassroots level in Guatemala.

Why Midwives

Guatemalan Midwives are a unique type of leader in rural Guatemala. They are often unaware of their position or the magnitude of assistance and support they give to their people. Most midwives are indigenous women and therefore, because of machismo and racism are not given due respect or value. Midwives' confidence needs to be built to show them they can in fact affect change, that they may have already, and that they do have a positive impact on their communities. Lederach (2005), in his book entitled *The Moral Imagination,* discusses that for social change to occur many believe that a critical mass is necessary—the majority of a group or population to think a certain way and then act accordingly to achieve change. He goes on to explain that in many situations the critical mass may lean more toward violence and disallow peace to occur. What is essential in order to activate social change is what Lederach terms the "critical yeast" (2005, p 91). He is referring to locating certain strategic people within a society that have the ability to mobilize change. They have the ability to convince others of their cause, to stay resilient even when forces are against them, to mix with others, and to have a keen understanding and sense of the community. When these people are found, they have the ability to help others grow. So instead of asking "how many?" to reach the critical mass, Lederach (2005) explains that by searching for critical yeast and asking "who?", social change can occur in a not like-minded or not like-situated conflict context (p 91).

Within the Guatemala context it is virtually impossible to reach every single woman directly and therefore bring about the critical mass to help end violence against women and violence in general. What is possible though is to seek out the 'critical yeast' which can assist the mobilization of women against violence and eventually spread to all facets of society. Lederach (2005) explains that many times peace is achieved through atypical (or non-western)

means. Peace workers sometimes miss or lack "the capacity to understand the potential of social webs, the anthropology of meditative capacity in the society, a capacity that requires us to look at resources that are natural, in place, and effective but often overlooked because they do not enter the scope of what is seen typically by professional, mostly Western expectations" (Lederach 2005, p 99). The existing network of midwives with their social status, trust among the community, and relationship-building ability has the potential to act as critical yeast. Lederach was referring perhaps to people with somewhat more power or pull within a social network. However, if little by little the midwives can increase the population of those renouncing violence, they will eventually affect societal change.

Working within their already-existing role, midwives can be taught to better understand the cycle of violence, how individuals contribute to it, and warning signs of violence. These women visit community members consistently and can take advantage of this presence to inform their communities about the possibilities of non-violence. Midwives have gained trust among community members through their work and dedication. Many are sought for advice and adding additional peacebuilding skills to their repertoire can only benefit them and the community at large. Midwives will not be expected to break up familial disputes (unless they would do so otherwise) nor put themselves in harm's way. After receiving training the hope would be that they could better assist the eradication of community violence through education and knowledge of available resources. They could understand the roots of problems and how they and others fit into the web of conflict and learn skills to eliminate violent means as the way to resolve conflicts. No immediate, drastic change will occur, however, with the gentle integration of knowledge and increased awareness of the midwives, slow but solid transformation can take place.

Interviews with Midwives (February 2009)

Four midwives from the local network of midwives were interviewed to gain more knowledge about the life of a midwife in La Democracia, Huehuetenango, Guatemala (see Appendix C for list of interview questions). Every other month the network of midwives meets at the local health center and after talking with the local coordinator the author gained permission to speak to the group. The coordinator of the midwives, a nurse in the health center, identified four candidates for the interviews who she thought would be receptive subjects for interviews. They were interviewed outside of the health center before the meeting as well as in the Municipal Women's Office after their scheduled meeting. Each interview lasted about 30-45 minutes and the women were all eager to share their stories. Several answers to questions were filled in after the fact because in their story telling the women answered a variety of questions at once. Overall the questions seemed relevant, however when asking the difference between ladino and indigenous problem solving no clear distinction was apparent to the midwives. This answer could perhaps be better reached by observation. After all data was collected the following summary was made.

The four interviewees ranged in age from 34 to 76 and were all currently practicing midwives. Three of the four were indigenous women speak Mam as their first language but all had a general grasp and were able to communicate in Spanish. One was able to read and write on perhaps a third grade level, the rest were completely illiterate. This sample reflects the majority of midwives in the network where the training will take place as most are illiterate and few have attended school.

All of the interviewees were from a long line of midwives in their families and had obtained most of their knowledge from their mothers or grandmothers. They all also received

training and certification from the local health center. Their midwifery experience ranged from 12 to 27 years. When asked about conflicts within their communities, all stated that not too many existed. If problems did arise most people went to the church to receive council. However, when asked further all stated that couples came to them seeking council and that they were willing givers. All stated that most familial problems were just that, and needed to stay within the family to be resolved.

One midwife in particular (the youngest) was very aware of women's rights in Guatemala and what steps were necessary to leave a domestic violence situation. She also acts as the translator for the midwife network between the health center staff and the midwives. She speaks regularly with the women of her community giving advice about pregnancy but also about family planning and options available to abused women.

All midwives spoke about the importance of the church in their lives as well as in the lives of their patients. If there were any familial issues that arose that they were privy to, they suggested that those suffering sought help from the church. They were also all available to give council using the church as a basis for their suggestions. Some said that since the signing of the peace accords community violence had lessened but one believed it continued the same as before but in different forms.

All were very pleased to be interviewed and shared many stories about different births they attended as well as their first. There existed modest self confidence but all the women were humble about their abilities and regarded their role as midwives as what was expected for the community and not for personal gain. Rarely did any of them receive money for their work but instead a barter of chicken or other food. Most of the patients are the rural poor who have no income and certainly no extra to pay for the birth of a child.

Using a combination of the stories from the midwife interviews, case studies were developed to include in the training workshops (see Appendix D, E and F). Having realistic stories will prove helpful in creating understanding among the midwives about potential peacebuilding actions. During the training, these case studies will help to define discrimination, recognize the warning signs of domestic violence and realize steps to take to rid violence from a woman's life. Overall the women were unaware of the magnitude of the problem of domestic violence and could all greatly benefit from training in this area.

Peacebuiding Workshop

The following section is the training developed to give to the local network of Guatemalan midwives. Before the training is done directly with the midwives however, it will be important to first train the health center staff about the content and giving of the workshop. They will then be able to replicate the training with new midwives and also answer any questions that arise. This could be done on a more technical level, perhaps incorporating some of the aforementioned theory and also will be able to use both written and spoken language being that all the health center staff are literate. Once the staff is trained, they will also be able to help facilitate the workshop and give their input to improve it. While the author is still in Guatemala, she will be one of the main trainers in the workshop but will also identify key staff in the health center to co-facilitate and to take over in her absence.

Health center staff should also be aware that the midwives are not being trained to step in and break up familial or community violence (any more than they would already) but that instead are being given the tools to better understand what exactly violence is, where it comes from and how they fit into the picture. Creating a new role for midwives is not the intention of the workshop but rather to augment their already existing skill set of birthing knowledge, relationship building, and communication with the knowledge to help prevent and eradicate violence. Utilizing their already established relationships within the community and their normal routines of house calls and advice giving, there exists great potential for midwives to become peacebuilders.

Workshop Purpose, Goals and Objectives

Purpose: Utilize the connection between peacebuilding and medicine to create a training for Guatemalan midwives about domestic violence, its root causes, how to recognize it, and possible avenues to eradicate it.

1. Goal: Bring awareness to midwives about the possibility of their role in peacebuilding.
      Objective: Demonstrate possible interventions available to a peacebuilder.
      Objective: Show how midwives can use this role to their advantage in
                   peacebuilding
      Objective: Increase understanding about Guatemalan laws and women's rights

2. Goal: Increase capacity of midwives to effectively deal with conflict in their communities.
      Objective: Teach cycle of violence and how identity gender and
                   machismo contributes
      Objective: Increase understanding of self and identity
      Objective: Practice peacebuilding skills

3. Goal: Utilize indigenous knowledge as part of the workshop to make it more sustainable.
      Objective: Incorporate *La Ceiba*, spiritual Mayan tree into workshop
      Objective: Illuminate already existing traditional structures available to help women
                   in conflict situation
      Objective: Refer to Mayan cosmovision as a way to illustrate how identity, conflict,
                   society and culture are all inextricably linked

Indigenous Knowledge for Trainings

When developing initiatives for a group or society, health or peacebuilding, it is important to thoroughly understand the culture. Recognizing cultural differences and utilizing those differences for the benefit of the many is the hope when harmonizing traditional and modern approaches. "Tensions invariably arise in attempting to bridge this gap, but a sensitive appraisal of local customs and practices remains an essential step in ensuring that developments in health do not inadvertently undermined traditional forms of care" (Bunde-Birouste 2004, p 3). Becoming aware of traditional approaches within a particular culture is fundamental in peacebuilding as well as in the initiation of health programs. A clear understanding of the approaches and incorporation of them when working in ethnically diverse settings programs will have a higher probability of success.

Guatemala has a diverse population, the majority of whom are indigenous. For hundreds or even thousands of years before Spanish colonization, the Mayan people practiced their own religion. The Spanish brought Catholicism and began to convert the people of Guatemala. Much later other religions came into Guatemala and began converting: Evangelicals, Mormons, and Seventh Day Adventists, to name a few. With the introduction of other religions, the Mayans were forced to change their traditional belief systems to assimilate with those of the conquistadors or other powerful sources. With the conversion, many of the traditional systems of the Mayans were lost or changed, but a number of them remain intact today. The Maya Cosmovision, that is, their view of the world at large, has changed over the years due to religious influences. Molesky-Poz (2006) explains the Maya Cosmovision is how the Mayas consider the universe and how all things are interconnected and related. "But cosmovision is not only a template; it is a form through which Maya feel, think, analyze, understand, and move

31

reciprocally in the cosmos. For Maya, affection, reflection, and dialogue shape human consciousness, relations, inquiry, discourse, and creativity. This worldview seeks an affective equilibrium within social, cultural, and ecological environments" (p 35).

Of late there has been a resurgence of Mayan spirituality in Guatemala, but the people still feel compelled to hide after years of oppression and necessity. Mayan spiritual leaders claim that 40-50% of Mayans practice some form of ritual but only 10% openly. In some communities up to 80% of the people follow traditional practices (Molesky-Poz, 2006). Aura Marina Cotí (as cited in Maolesky-Poz, 2006) explains what the Cosmovision is: "Maya spirituality is an inexplicable feeling. It is when one is in contact with the forces of creation and feels energy, the vibrations of the earth and of the universe. That is to say at dawn, at the rising of the sun, one receives energy, feels tranquility, and a profound peace. All the intentions and words that come from our being are in harmony. It is to feel what it means to be human" (p 34). Author José Mucía Batz Lem (as cited in Maolesky-Poz, 2006) states "Cosmovision opens a way to understand [others] and teaches how to be with all created beings that inhabit the cosmos" (p 35). Working within a predominantly indigenous context, importance must be placed on understanding where the people originate both physically and spiritually. Making use of this knowledge by incorporating it into peace building programs will prove beneficial and sustainable.

Training participants or community members may feel because they do not suffer from direct violence that they therefore are not affected by it. The Mayan Cosmovision can be utilized to help participants in workshops realize that as humans, families, and communities we are all connected and that violence in one area has a ripple effect eventually touching us all. Weaving is a large part of the indigenous Maya tradition as well. From early in a girl's life she starts to learn

the intricacies of the art. This can also demonstrate how we are all interconnected, how midwives touch many lives, and how we are all part of the same societal fabric. Symbols used in the Maya tradition such as the farming the *milpa* (corn field) or *la ceiba* (cottonwood tree) can aid in explanation of the roots of conflict. Both plants are sacred: one, corn, the giver of life, and the other the connection between different spiritual worlds. The tree can demonstrate how deeply the roots of violence reach and how strong they can become. The other can reveal how like farming techniques, violent reactions to situations are also learned and passed down through generations. Giving recognizable symbols not only helps participants understand complex issues but also remember them.

Incorporating ritual into the training sessions is not only pertinent but also important. Mayan society and Guatemalans in general have many rituals, one is starting every gathering with a prayer, asking for patience, strength, and guidance during the meeting. By continuing to follow this ritual participants will feel more connected to the workshop and give it more credibility. Final recognition of tasks accomplished is also important. Acknowledging participation with diplomas or certificates will also increase reputability and pride in attendance.

Kranz et al (2006) illustrates that if we fail to respect the indigenous people's cultural dimensions with which we hope to work the intervention or program will, "not only be in discordance with proclaimed principles of ownership through participation but will also be hopelessly ineffective" (p 25). As Lederach (1995) purports, peacebuilding comes from personal transformation and pursuit of growth, awareness, and commitment to change on a personal level. In peace building training, with the goal of bringing peace and perhaps personal transformation, the ability to empathize with and utilize a person's origins to aid in this transformation is essential.

Workshop Rationale

The following three-part workshop has been designed as a tool to decrease domestic violence by increasing local midwives' capacity to understand identity and discrimination, to recognize warning signs of violence, and to utilize traditional and modern laws to protect victims of violence. Rural Guatemalan midwives come in contact with the majority of women in their communities and with greater knowledge about domestic violence will be better able to council their patients and families about what to do when it exists.

Most midwives in La Democracia are illiterate so the workshops will be specifically tailored to use minimal writing or written words, utilizing instead spoken words or drawings. Also, few midwives in this area have attended school and may therefore be unfamiliar with different teaching methods. Rote memorization as a teaching method is the most commonly used in Guatemala so abstract thinking outside of one's self may prove difficult to teach and learn. When addressing such issues, patience is of utmost importance and allowing time for thought. Much of communication that will be incorporated into the workshops is in story or spoken form.

In the World Health Organization's (1999) active learning package for training health care professionals, it outlines the importance and advantages of working in groups and also using case studies. Working groups create a habit of teamwork and allow participants to interact closely with one another. More detailed discussions are possible and more participation anticipated. Because Guatemala is mainly a society of oral tradition, people always have much to discuss and smaller groups allow for more people to contribute. Case studies help stimulate discussion on concepts and possible strategies to resolve issues that arise and they foster the capacity to identify and analyze problems and situations. By introducing concrete cases,

participants can share their professional experiences and increase transference of knowledge from the training session (WHO, 1999).

Lederach (1995) explains that it is important for a facilitator to use what the participants bring to the training. They have vast knowledge and experience and many times do not realize it or do not recognize its significance. Instead of trying to fit them into a mold of what the practitioner brings, better for the practitioner to meld into what already exists, utilize existing skills, and illustrate to participants they may already have the knowledge and skills needed to build peace. Through the use of case studies, work groups, and role plays, the workshop will attempt to tap into the existing wisdom of the group and bring to light accessible solutions.

Workshop Format

Each day of the 3-part workshop opens first with a greeting, prayer, introductions and an icebreaker apropos to that day's activities. The greeting will include some aspects of traditional Maya spirituality by greeting the sun and all four directions. Establishing ground rules is also important so that people feel they are in a safe environment and able to share with others without risk of ridicule or gossip. The group should also discuss how best to translate between the two languages present. The opening activity of the workshop will be discussion and brainstorming about what a community looks like without domestic violence or violent conflict. This may take some time as it is hard to imagine something that which does not exist, if difficulty ensues, imagining a family without violence will also serve. However, this is an important part in moving toward peace. With these images of life without violence as a starting backdrop for the workshops, the midwives can begin to perceive what they are working toward.

The first day of the workshop also provides the opportunity to look at one's own identity, and how those pieces fit in with others and with the community. In small groups they will examine the role of a midwife specifically and how that can be used to help the greater community. This activity also allows participants to identify with one another and learn what others may have experienced. A small lecture will be presented explaining the difference between sex and gender, how one is born with a certain sex but that gender is a cultural construction (see Appendix G). With this as a backdrop, Guatemala's machismo and gender stereotypes will be examined. It is important for participants to realize that stereotypes are formed on a societal level and humans are not born as such. Also realizing that they are formed by people, they can also be changed by people. Tying together personal identity with gender stereotypes shows the midwives that they too are potentially being stereotyped and discriminated

against and can therefore better empathize with others. The day will end with a case study about a midwife who took her patient to the hospital and was discriminated against by the doctor there (see Appendix D). The women will have a chance to discuss their thoughts about the case study and what they would have done in a similar situation. Final wrap up for the day will include a review of what was discussed as well as an evaluation.

Day two of the workshop will focus on discovering roots of conflict and warning signs of domestic violence. It will open with the greeting, prayer and then an icebreaker and review of the previous workshop followed by the reestablishment the ground rules. One of the goals for the day is to begin to think about conflicts in their communities, and who they would seek out if needing consult for a problem. When imagining with whom they would confer they may also start to think about what characteristics this person embodies that make them sought out. A list will be compiled of these desired qualities, demonstrating that many of the midwives themselves embody these characteristics, and that they are also sought for advice and council. Future opportunities exist for the midwife to share some of her learnings with this person if many community members contact them. Traditional conflict resolution methods may also be illuminated, for example who they normally go to for problems or how they normally get resolved in an indigenous versus ladino environment.

The root causes of community and domestic violence will also start to be examined. The "conflict tree" (see Appendix A) will be utilized as a visual demonstration of causes and effects of violence. This activity allows the group to "identify the issues that each of them sees as important and then sort into categories: core problems, causes and effects" (Fisher et al 2000, p 29). The specific tree depicted will be the cottonwood tree or *La Ceiba,* which is Guatemala's national tree and has spiritual significance in the Mayan world. The trunk represents the conflict

in the community or domestic violence and then working in groups of two or three, the midwives will discuss and draw or write causes of the conflict and effects. The group will come together and place the depictions or words on the roots or branches of the tree. Discussion afterward should include possible action plans for what they can do about any of the causes or effects, and also help them realize that the problem is bigger than just one incident. Understanding is the first step to change.

A small lecture will be given about recognizing the signs of domestic violence. When the midwives have their checkups with community women they can begin to notice if the woman is suffering from domestic violence. This lecture should be done by a local medical professional or person with experience in the field. A case study will then be presented with subtle signs of abuse and the midwives can start to understand how to start to recognize them (see Appendix E). In small groups they can discuss experiences as well as possible actions to take. A summary of the day will include reviewing root causes of violence as well as signs of abuse. The day will end with an evaluation.

Day three of the workshop will cover the cycle of violence and Guatemalan laws that protect women from domestic violence. After the opening greeting and prayer the day will begin with an icebreaker where each person states something they learned from the previous two sessions, without repeating what someone else said. A large depiction of the cycle of violence (see Appendix B) will be shown, explained and discussed. Along with words the cycle should also include pictures in order for all to understand. In order for the cycle to be better understood the metaphor of farming practices will be used to show how violence is taught from one generation to the next. In rural communities elders teach younger generations about how to plant the *milpa* (corn field). Discuss as a large group what processes already exist to resolve problems

within the community and brainstorm possible future interventions. A weaving metaphor can used to demonstrate how we are all interconnected and have the ability to effect change even to those we do not directly interact with. Each piece of the woven cloth is an important part and if one breaks the strength of the entire cloth is compromised. Just as when one person is suffering from violence, the overall strength of the community threatened.

A guest speaker from one of the local agencies working with victims of domestic violence or knowledgeable about laws should discuss with the midwives the specifics of Guatemalan law, outlining specific steps necessary for a woman to take to escape violence, resources available to her, and also what a midwife, as a third party, can do in relation to the law. A case study will then be shared about a woman who has come to the midwife for help with an abusive husband (see Appendix F). She gives the couple council but notices in subsequent visits that the abuse continues. What should the midwife do now? Midwives then break into small groups for discussion and later sharing with the larger group about possible solutions.

Participants will next take part in a role-play activity. Each group will have 6 people, 3 observers and 3 actors. One will be the midwife and the other two the couple (abusive husband and his wife). The groups will act out the case study and the midwife will practice techniques of intervention or resolution using some of the already discussed techniques. A final summary of all the days will be given with the help of the participants. Each participant will be asked to share one memorable moment they experienced during the workshop with the group. They will be asked to share and then take a flower from a pile and place it on a tree in the front of the room. After all have shared, the tree will be full of blooms representing the future peace that can flower when their work is successful. In recognition of their time and learning they will each receive a diploma or certificate of participation.

Outline for Workshop

Day 1   Identity, Discrimination and Gender

Activity	Aim	Materials	Process
Greeting	Incorporate Maya spirituality into workshop by greeting sun and four directions		Face the direction where the sun rose and greet the sun, then greet all other directions in a clockwise manner
Prayer	Show solidarity among group through their different religions but common beliefs	Solicit help from a group member	Ask for patience, understanding and willingness of participation for all members
Ice Breaker	Let people get to know each other and feel comfortable talking in front of group	Voices	Introduce selves, where from, one word to describe self (no repeats!)
Ground Rules	Allow for open sharing, build confidence and trust.	Newsprint, markers, draw pictures as necessary	Ask what participants think they should and shouldn't do during the day, why
Communities/ Families without violence	Brainstorm potential communities without violence (or families) – what would that look like and how to get there	Newsprint, markers	Ask participants to imagine a community without violence. What would it look like, feel like, take to get there?
Identity Pie	Increase knowledge about self, shed light on fact we all have many identities, start to imagine the depth of self and others. Increase understanding and respect between indigenous and ladino	Papers with pie outline, pieces of pie with pictures, and many blank ones	Have many pieces of pie with pictures already drawn, and blank ones, have them choose but also draw own if needed. Place pieces to make pie, explain to group
Identity as Midwife	Demonstrate role of midwife in a community and how she can use that role to help others		Small group discussion, share with larger group. Role as midwife, how perceived in community, write action points for how role can be utilized for the betterment of community
Gender Stereotype Game	Show participants that stereotypes exist and what they are – sometimes based in truth, not always	Ball, or something to pass to participants	Have each person with the ball start with "men are"… and add what they think or have heard, then go around circle and do it for women, have scribe write all responses. Discuss afterward if all are 100% true

Day 1 continued…

Activity	Aim	Materials	Process
Chat about Gender and Sex, Discrimination and Stereotypes (see Appendix G)	Inform women about gender roles and stereotypes, how they are perpetuated in society and how they are related to the perpetuation of violence. Understand difference between sex and gender, what you are born with and what is defined for you.	Powerpoint or newsprint with slides	Give lecture with pictures, maybe powerpoint, or with newsprint
Gender/Sex Activity (see Appendix H)	Help women distinguish the difference between gender and sex	Post paper with Gender and Sex written in large letters on opposite sides of the room	Read a statement and participants decide if it is gender or sex and go to the corresponding side of the room
Case Study (see Appendix D)	Give women real example of what discrimination is and how if can effect one personally.	Case study written, voice to read it, groups to discuss, share	Read case study aloud then split into small groups to discuss what they would do in that situation and what they may have already experienced.
Conclusion	Review identity, gender and discrimination, action points from identity as midwife – relate to cosmovision and Maya weaving to illustrate how all is interrelated	Ball, throw and have each person say what they learned	Brief overview of day, important things learned, what will they take away?
Evaluation	Favorite activity, how are you feeling now – give presenters idea about what worked well, what to do more of	Stickers and beans/envelopes with pictures of activities	Have a smiling to frown face spectrum place sticker below face of how they are feeling. Draw each activity on envelopes and have them place a bean in the envelope of their favorite activity.

Day 2 Roots of Conflict and Warning Signs of Domestic Violence

Activity	Aim	Materials	Process
Greeting	Incorporate Maya spirituality into workshop by greeting sun and four directions		Face the direction where the sun rose and greet the sun, then greet all other directions in a clockwise manner
Prayer	Show solidarity among group through their different religions but common beliefs	Solicit help from a group member	Ask for patience, understanding and willingness of participation for all members
Welcome, Icebreaker, Review Ground Rules, add changes	Reacquaint participants and review previous session. Introductions and describe a piece of your identity.		Have them get in a line by height without talking, then form circle sharing name and pieces of identity.
Imagery activity

(Lederach 1995, p 87) | Illuminate to women who they would go to in a conflict, what characteristics this person has and why they would choose them. Ask if they could emulate these characteristics in order to be of better assistance to their community or able to inform those people about what they are learning etc. Highlight what structures already exist within a community to help resolve problems. | Small group discussion | Ask each woman to imagine a problem in her community or family or school. Who would they go to with this problem, break into small groups and ask them to identify overarching characteristics of the people they would seek out. Do they themselves possess any of these qualities? Could the midwives be utilized in problem situations? |
| Conflict Tree
La Ceiba

(see Appendix A)

(Fisher et al 2000, p 29) | Show midwives in a visual form that violence has root causes, and that it also has negative effects. Using the holy tree can be a good tie between indigenous culture and current methodology | Poster of tree, index cards, markers, | Ask for significance of la ceiba, show roots and branches, trunk is core problem of domestic violence – discuss root problems and effects. What can they do about any of these? Have participants write or draw causes and effects then place on the tree. |
| Recognize signs of violence | Help midwives realize the different signs of abuse so that they may better council victims of violence | Coordinate with outside resource, perhaps social worker to help make visual aids | Guest speaker describes signs, after each one, ask if they have seen anyone like this, share stories. |

Day 2 continued…

Activity	Aim	Materials	Process
Case Study (see Appendix E)	Describe a situation about how to recognize the signs, discuss what midwives can do about it	Written case study, groups to discuss possible solutions	Read case study and have participants discuss in a small group setting possible interventions or actions to take in the given situation
Debrief of case study	Bring full circle how the case study relates to real life and their experience	Large group discussion	After sharing each groups possible solutions, discuss among all which would be most effective and why.
Conclusion	Review root causes of violence, signs, and what are potential steps they can take	Group discussion	Go over all posters already made, who they would seek out in a conflict, conflict tree, signs of domestic violence
Evaluation	Favorite activity, how are you feeling now – give presenters idea about what worked well, what to do more of	Stickers and beans/envelopes with pictures of activities	Have a smiling to frown face spectrum place sticker below face of how they are feeling. Draw each activity on envelopes and have them place a bean in the envelope of their favorite activity.

Day 3 Cycle of Violence and Guatemalan Laws

Activity	Aim	Materials	Process
Greeting	Incorporate Maya spirituality into workshop by greeting sun and four directions		Face the direction where the sun rose and greet the sun, then greet all other directions in a clockwise manner
Prayer	Show solidarity among group through their different religions but common beliefs	Solicit help from a group member	Ask for patience, understanding and willingness of participation for all members
Welcome, Ice Breaker, Review Ground Rules, add changes	Reacquaint participants and review what was previously learned	Circle, ball to toss	Each person says their name and something they learned from previous 2 sessions, no repeats
Cycle of Violence and abuse (see Appendix B)	Show how violence is perpetuated within society, how revenge or hostility, suppressed anger can continue it. Discuss different types of abuse and review warning signs from previous session	Poster or powerpoint with cycle of violence, use drawings as well to illustrate	First lecture format, describing cycle, then asking them for examples from their experience, maybe from the war, tying it back to domestic violence
What next	Come up with possible interventions or solutions to violence in the community, what as midwives can they do? Utilize already existing structures	Newsprint, markers, facilitator	May need some prompting, but brainstorm possible actions they can take, ie teaching youth, intervening, talking to elders in the community
Guatemalan Laws about abusive and equality	Inform women about rights they have and can share with their community. Inform what they can specifically do as a sufferer from violence to eradicate it.	Invite guest from local agency to talk about laws	Session discussing laws and rights concerning women and domestic violence and what the legal steps are to get out of an abusive relationship
Case Study	Illustrate situation where they could potentially intervene to aid in ending violence	Case study, group discussion	Read case study aloud, break into small groups then larger discussion about possible interventions

Day 3 continued…

Activity	Aim	Materials	Process
Role Play	Give women demonstration of what they can do, show example. Give each time to be part of a role play	Hats or some sort of marker to connote who is playing whom	Talk to some women before and get volunteers to participate, maybe staff or guest from local agency. Act out abusive situation and potential role of midwife. First do one in front of group, then divide them into groups of 6 and have them practice. 3 observing, 3 part of role play. One person being the midwife, the other two the couple. Observers give feedback at the end.
Discussion	Offer opportunity to debrief role-play, what worked well, what didn't. Show techniques that work well		Come back to larger group after individual role-plays and discuss what happened. What are some techniques used and which one's worked best? Some new ideas?
Conclusion	Wrap up entire three-day workshop, review highlights from each day illustrating connection between them.	Previous session materials, tree, etc. to give debrief of all	Review entire three days and laws etc.
Closing ritual Flowering Tree	Give women a sense of closure and ritual with this activity	Large poster of tree, (use conflict tree) cut out flowers, markers	Have each woman come up individually, write her name on a flower and as she states something she learned or plans to do in her community tape her flower onto the poster of a tree. When all women are finished there will be a blossoming tree of peace.
Diplomas	Give women sense of accomplishment with diplomas	Printed diplomas with participants names	Mini graduation ceremony for those who were able to come to all sessions.

Conclusion

When creating development and peace work in areas with limited resources it is important to utilize what is available. Available resources are not only physical materials but also existing networks of individuals or skills possessed by the people. With an illiterate population devastated by inculturated violence, finding the 'critical yeast' within a community to facilitate in the social change process is essential. Without knowing well the community in which one hopes to work, it would be impossible to attain such information about available resources. Spending time with people, becoming familiar with their culture and knowing an area's history are all steps to better integrate the peace building programs.

Ideally this workshop design will affect some positive change for a small part of Guatemala. If just one woman is able to escape a life of violence the workshop will have been worthwhile, but the aspiration, of course, is to have a larger impact. The three-day workshop could also be split up into smaller segments and because it is tailored for illiterate participants, can be replicated with almost any audience: community groups, professionals, men's groups, teenagers, and school children. As the workshop continues to be given, it can be adapted to fit each groups individual needs and parts may be added or eliminated. The main objective is to begin the process of disseminating knowledge about the roots of violence, how it is perpetuated and ways to eradicate it.

Evaluation of the success of these workshops and the progress of trainees and their leveraged change agents, i.e. local community women served by the midwives, in affecting measurable reductions in domestic violence is essential to gage the success of this approach and to identify possible future necessary workshop modifications. Such data could raise questions for future inquiry into the issues sustaining domestic violence in Guatemala and its reduction.

Many people do not see domestic violence as a problem within communities of Guatemala, but that is exactly why because they do not see it. Significant work needs to be done to break the silence about domestic violence and also break the cycle of violence. Raising midwives' awareness about such issues can start to improve the situation for women in their communities. Using their existing skill set, these women can utilize their community networks to assist others.

After suffering many years of direct violence and now structural violence, Guatemalans need to take steps to alleviate this problem. Similar to other societies where past violence has formed its current mode of being, working at a grassroots level can instill lasting change. Combining the skills of medical professionals or midwives with those of a peace builder can perhaps bring about sustainable actions to change violent behaviors. To work within the existing social network shows not only cultural sensitivity but also can be sustainable through usage of traditional symbols and methods of peace building.

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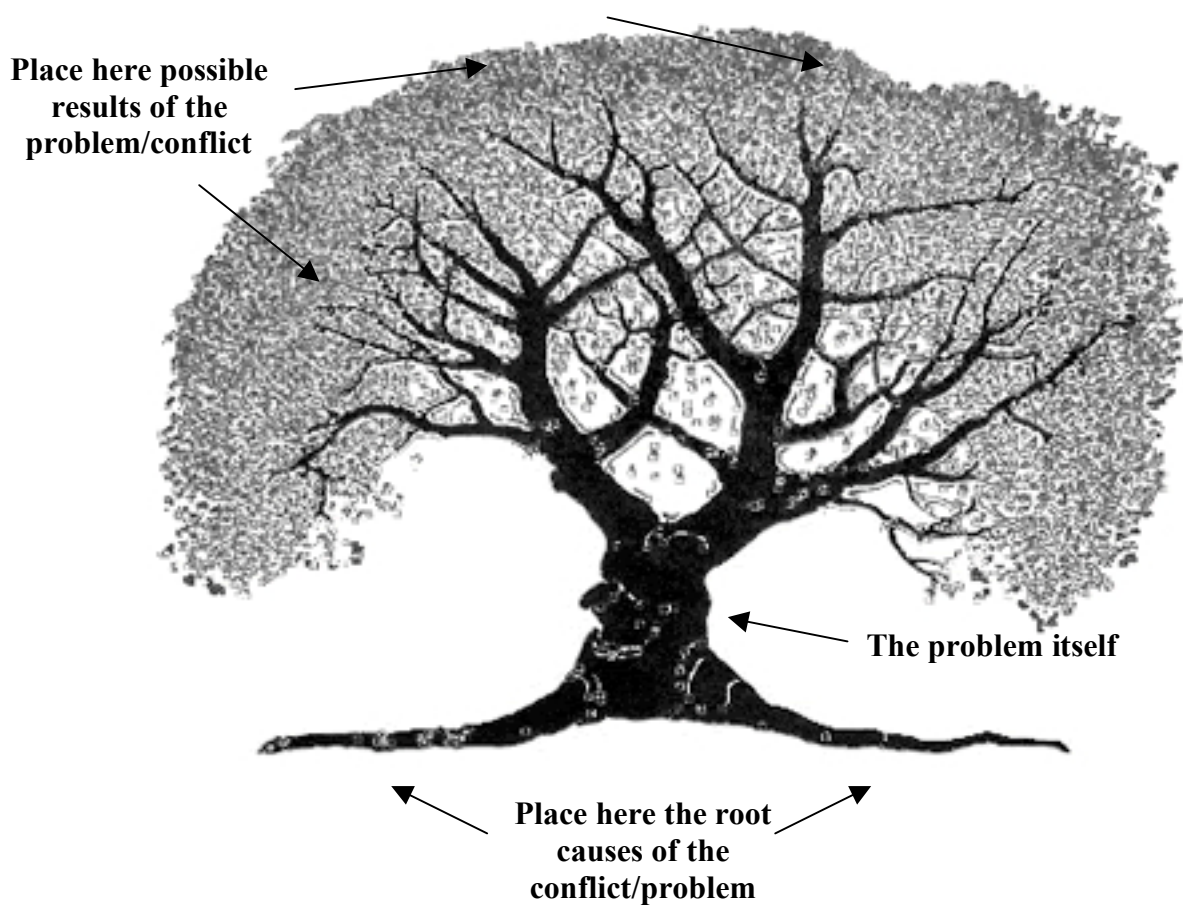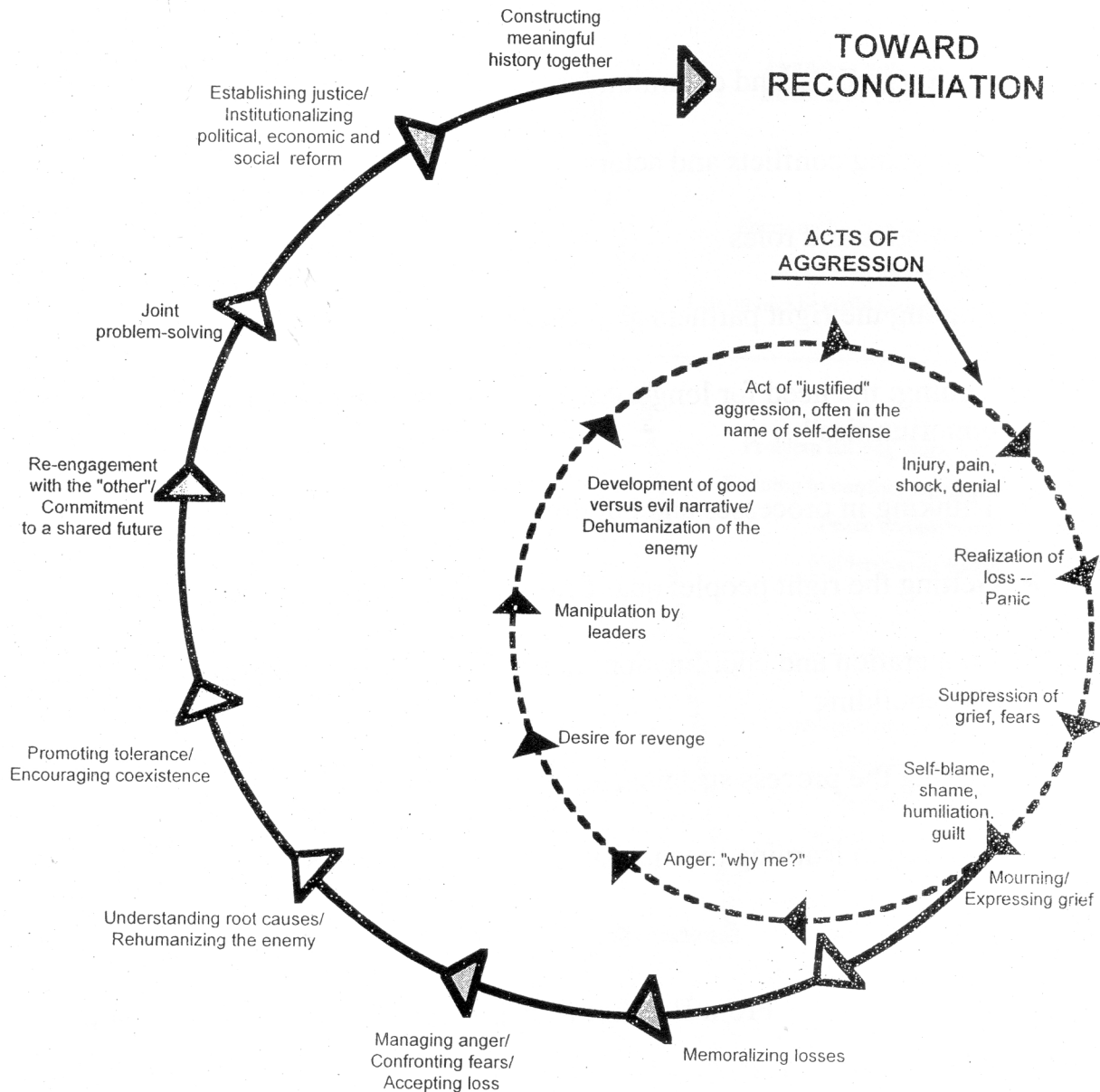
Appendices

Appendix A

La Ceiba (Cottonwood Tree), Sacred to the Mayan Culture, can be utilized to illustrate the root causes and results of conflicts or problems.

Place here possible results of the problem/conflict

The problem itself

Place here the root causes of the conflict/problem

Appendix B

Breaking the Cycle of Violence Moving Toward Reconciliation[+]

Constructing meaningful history together

TOWARD RECONCILIATION

Establishing justice/ Institutionalizing political, economic and social reform

Joint problem-solving

Re-engagement with the "other"/ Commitment to a shared future

Promoting tolerance/ Encouraging coexistence

Understanding root causes/ Rehumanizing the enemy

Managing anger/ Confronting fears/ Accepting loss

Memoralizing losses

ACTS OF AGGRESSION

Act of "justified" aggression, often in the name of self-defense

Development of good versus evil narrative/ Dehumanization of the enemy

Manipulation by leaders

Desire for revenge

Anger: "why me?"

Injury, pain, shock, denial

Realization of loss -- Panic

Suppression of grief, fears

Self-blame, shame, humiliation, guilt

Mourning/ Expressing grief

Appendix C

Interview Questions

1. Where are you from? How old are you?
2. Is your community both Ladino and Indigenous? What language do the people speak there?
3. How long have you been a midwife and how did you become one?
4. What type of training did you receive to become a midwife?
5. What is your relationship with the community where you live?
6. If there is a problem in your community, how is it usually resolved?
7. Who gets involved in the resolution?
8. If it is a problem between spouses, how is it resolved?
9. Does a midwife ever get involved in helping solve these problems?
10. What are some examples of problems a midwife may have experienced and how were they resolved?
11. What avenues do people usually take to resolve their problems?
12. Are there many occurrences of violence in your community? What are some instances that you have experienced?
13. What can a woman do if she is suffering from domestic violence? Can a midwife tell if she is suffering? Can a midwife do anything for her, what? What advice could a midwife give her?
14. If a midwife comes across an abused child in her work, what does she do?
15. What is a traditional Mayan way to resolve conflicts within your community, for example does the alcalde auxiliar get involved?
16. Have you ever noticed if ladinos and indigenous resolve their problems differently? In what ways?
17. Since the peace accords have been signed, do you notice a difference in how problems are resolved or the amount of violence in your community? For example more involvement of the police or government officials?
18. Do you have interest in learning more about what a midwife can do to stop violence in her community?
19. What do you feel is the best way to learn about stopping violence?
20. Is there anything else that you would like to add about any of these topics? Any advice for me?

Appendix D

You are a midwife in a community and are working with a woman and her family. As the day approaches that she is to give birth you begin to prepare to assist in the delivery. You are contacted that her labor has begun. She is doing well and her labor is normal until you realize that her blood pressure has begun to fall and after trying various techniques you are unable to bring it back up. You decide that she will need to be taken to a nearby hospital.

You arrive at the hospital with your patient who you know well however the staff in the hospital ignores you. They thank you for bring in your patient but decide that they will take over from there and also place the blame you for not coming in sooner. They take your patient into a room and do not allow you to enter. You have much pertinent information for the doctors and their staff however you are unable to share it with them.

What would you do in this situation? What are some techniques that you could use to have your voice heard and to illuminate the discrimination?

Appendix E

You are a midwife in a community and are also friends with many of the women in your town. One young woman, Luisa, a daughter of a friend of yours, you know has a bright future. One day Luisa and her mother come to visit you because she found out that she is pregnant. She doesn't seem too interested in the baby immediately and also seems dismissive about the father but when he asks her to marry him she accepts. She is early in her pregnancy when they get married by the mayor and then she moves into her husband's house, a little ways down the hill from the house where she grew up.

Luisa and her mother always used to come over to your house because the path to their house passed through your yard. You think how lucky she is to still live so closely to her mother as well as to you. A few weeks go by and you don't see Luisa, you ask her mother about her, she says she is busy in her new house and that she doesn't have time to visit any more. She misses one of her monthly checkups with you, as her midwife, decide to go visit her in her new house.

She is in her house, which is spotless, and seems surprised to see you. You explain that she should come to see you more often to discuss the baby and pregnancy and for you to check her progress. She keeps asking you what time it is and seems a bit antsy. Finally she says that she has a lot of cleaning to do and that you must be going. She agrees to come the following week for a checkup.

You discuss the visit with her mom and share your concerns about the uninviting behavior and not having seen her much. Others have also commented that she rarely leaves the house and that when she does, she is usually skittish, looking over her shoulder, and hurrying to get back home. What is going on with Luisa? What could it be? Can you do anything as her midwife?

Appendix F

You are a midwife in a mid sized community and you are many times sought out for council not just for pregnancies but also for other problems that arise. One day Claudia comes to talk to you. You have assisted in all of her children's birth and you know her and her family quite well. Everyone chuckles at Claudia because she is so clumsy; she is always falling or hitting her arm on something. When Claudia talks to you she tells you that for years she has been suffering physical abuse from her husband. Sometimes it gets better but it always gets worse. He has also started to hit one of her older children and for this reason she decided to speak up. You realize that maybe Claudia isn't so clumsy; the bruises were from her husband.

This is a surprise to you because you had no idea that this was going on but Claudia asks for your help. She said that she has told her husband that he also needs help and they were hoping to come talk to you for advice. You decide to meet the following day. The next day you explain to them how it is against God's wishes for man to hit a woman, or for anyone to hit for that matter, that they need to pray about what to do and need to ask for strength from God to help them get over this difficulty in their lives. You also suggest that they talk to the pastor in the church for further guidance.

For a time things seem to be going better. You talk to Claudia and she doesn't have any new bruises and seems happy. Months pass and you don't see Claudia at all, her mother comes to you and tells you that she is pregnant and in need of your services as a midwife. When you get to Claudia's house she is inside, she has a black eye and her arm is in a sling. Things don't seem to have changed after all.
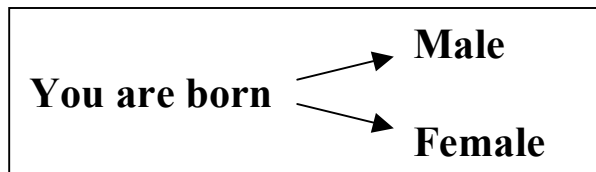
What should you do? What are the next steps to help Claudia rid violence from her life?

Appendix G⁺

What is Sex?

It is biologically determined.

They are the physical reproductive characteristics with which one is born.

You cannot spontaneously change your sex.

> **You are born** → **Male**
>   → **Female**

What is Gender?

It refers to the role that society assigns to a male or female; the characteristics, values and attitudes that one learns to associate with being male or female.

It also determines what level of participation is adequate and possible for both men and women in different sectors of society.

♀ **Woman:** raises the children and does the housework.

♂ **Man:** works outside and is in charge of the household.

Appendix H⁺

List of statements for participants to decide if it is referring to sex or gender. Post paper with
Gender and other with Sex on opposite sides of the room. Read a statement and have the
participants go to the side of the room to which they think the paper is referring.

1)	Women can get pregnant, men cannot.	Sex
2)	Girls are delicate, boys are tough.	Gender
3)	Women receive less salary than men.	Gender
4)	Women love babies, men no.	Gender
5)	Men's voices change in adolescence, women no.	Sex
6)	Women are more sentimental than men.	Gender
7)	Men have a better business sense than women.	Gender
8)	The appropriate color for boys is blue, girls is pink.	Gender
9)	Women are right more than men.	Gender
10)	Men know more about politics than women.	Gender
11)	It's easy for women to cry, men no.	Gender
12)	Men typically have more facial hair than women.	Sex
13)	Women are of lesser status than men.	Gender
14)	Women do almost 100% of work around the home.	Gender
15)	Men are more violent than women.	Gender