# Frameworks for Analysis and Action:
## Health Sector Response Framework (HSRF)
## and
## Gender, Poverty, and Environment Framework (GPEF)

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*T*he Women's and Children's Crisis Care and Protection Unit at East Avenue Medical Center
(WCCCPU at EAMC) uses the Health Sector Response Framework (HSRF), graphically shown
in Figure 1, as a guide to analysis and action.   The HSRF is based on the following
 assumptions:

1.      Victimization due to abuse and violence is a direct result of unequal relationships between
individuals  either as themselves or as members of a group  that is  perceived to be  inferior  to
the group/s to which the abuser belongs.   Thus, a woman could be a victim of abuse or violence
when she is in a relationship --- intimate or not --- where she is considered inferior;   or a child
could be abused by an adult  --- parent /s included --- who believe/s  that children are inferior  to
adults.    Unequal relationships are marked by domination of the superior partner and the
consequent submission of the inferior one; the resistance to domination that the inferior may
show is met with escalating abuse and violence.  The unequal relationship on the individual level
is reinforced in institutional and societal levels to the point that on their own, victims are not able
to free themselves from the disempowerment brought about by victimization.

2.      When a woman or child comes to the WCCCPU, it is to seek assistance for both health and
non-health needs that compromise their health.  Among their  health needs are ill effects on
physical (physical injuries, body and muscular pains, partial or permanent disabilities and
disfigurements, broken bones),  mental and emotional  (fears and anxieties, sleeping disorders,
shame guilt, self-blaming, loss of self-esteem, crying spells, mood swings, lethargy, anger,
hostility) and reproductive health (reproductive and urinary tract infections, sexually transmitted
diseases, unwanted pregnancy,  abortion due to unwanted pregnancy, premature birth,
miscarriage, in adult women or .other gynecological problems in girls) well-being.

Compounding their low health status are non-health needs such as home displacement, lack of
financial support, interrupted schooling of children, joblessness or loss of job due to absenteeism,
expenditures for arrests, prosecution, and other judiciary procedures.

In most cases, the woman takes along a child or children or even a parent, who may themselves
be victims who also have both health and non-health needs.  At the WCCCPU, behind a number
of children who have been referred for assistance are mothers who are battered, abandoned, or in
some ways are victims of gender-based abuse and violence.

3.      The woman or child victim needs not only healing of her physical and emotional wounds,
she is also, by right, entitled to redress for the harms inflicted on them.  Thus, she needs
medical, legal, and psycho-social services that have to be delivered as a comprehensive and
integrated package that, in turn, should enable the woman to achieve healing and justice.

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4.      Central to the delivery of services is consideration of the woman or child as both a beneficiary and a resource of knowledge about disempowerment as well as her resiliency and agency; of the barriers to her assertion of personal power as well as her capacities to negotiate her way out of victimization.

5.      The framework locates medical, legal, and psychosocial service providers alongside the woman/child-survivor to suggest that, while the former are external to the victim-perpetrator relationship, they are expected to show preferential option for her.  It also suggests that like victim and perpetrator, service providers have been socialized by the same institutions that foment abuse and violence but they are expected to have already addressed these issues as to have developed capacities to stop them. Additionally, among the roles of service providers is to address, with due diligence, unequal power relations embedded in individual, institutional, and societal levels.  This means that  approaches to violence against women require advocacy for changes in unequal power relations:  from the use of *power over* (domination) to use of *power to* (generative power)  by tapping into  *power with* (collective power) and *power within* (spiritual power).

Two lines link service providers to women victims of violence and their children: one, labeled 'services' leading from the intersection of services to victims to suggest the flow of comprehensive, integrated services from providers; another line labeled 'knowledge' leads from victim-survivors to service providers, to suggest that victim-survivors are a source of data about, among others,  abuse and violence, victimization, power and powerlessness, empowerment and disempowerment, oppression and liberation,  gender relations, love, family, discipline.  Such information can serve as keystones to building knowledge that can be used not only to enhance services but also to develop mechanisms to stop violence.

Taking off from the HSRF, and prompted by EAMC's urban poor clientele, a second framework linking violence to gender, poverty, and environment was explored and developed.  The objective was to enhance capacities of service providers in addressing violence and abuse in the family from the perspectives of gender, poverty, and environment.

The Gender, Poverty, and Environment Framework for Strengthening Capacities of Service Providers in Addressing Violence and  Abuse  in the Family (GPEF), shown in Figure 2, has the following assumptions:

1.      Gender is an organizing  principle that defines standards of thinking and behaving that societies deem appropriate  to females and males; gender is also "doing" what is socially appropriate and has dire consequences for violations of gender codes; gender vests power on men and expects men to use power overtly  while it makes it appropriate for women not to use power or to use it covertly; traditional gender roles render women subservient to and dependent on men as it capacitates men to assume dominant roles; gender privileges males and marginalizes females.

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2.      Poverty --- the inadequacy of income and social status --- organizes people into 'haves' and 'have nots'; it limits people's choices and thus constricts their capacities or power to act (on their situations ; poverty may be experienced as *absolute* (having income below the poverty line), *relative* (having less than most everyone else), or *subjective* (not having what they feel they need to get by); poverty privileges 'haves' and marginalizes 'have nots'.

3.      Gender and poverty are linked:  as organizing principles of inequality,  they serve as determinants of power --- what one has to obtain what he/she wants or needs; compared to women whose feminine roles deprive them from developing their full capacities, the subjective power of men, derived from their socially privileged masculine roles, allows them to develop greater capacities to obtain their needs and wants.

4.      Gender and poverty  are also determinants of wealth; the 'feminization' of poverty or men taking on dangerous physical work (that pay pittance) because physical work is 'more suited to men' show how poverty may be attributed to gender and how gender increases the risk for poverty.  Thus linked, gender and poverty serve as determinants of one's environment, whether this is the physical or social environment, that in turn, determines the exercise of power in intrapersonal, interpersonal, and social levels.

As illustrated in Figure 2, the GPEF locates the links between gender and poverty as circumscribed by the social and physical aspects of an environment for women, men, and children (in a family, in groups or in communities) that, in turn,  gender and poverty also create. The inextricable links among gender, poverty, and the environment may be experienced by people as oppression and in turn, be perceived as stress, trauma, or crisis; because gender and poverty as well as age (another organizing principle of inequality) affect men/boy children and women/girl children differently, each person, has a unique perception of stress, trauma, and crisis and therefore has different ways of addressing them.

At the WCCCPU, service providers are in contact with clients when the latter are in crisis; that is, at a point when clients generally do not know what to do because nothing, among their ways of dealing with oppression in the past, seem to work anymore.  As this analysis focuses on enhancing services for women and child survivors of abuse, it does so with consideration of improving services to capacitate the mother or an adult significant other who is key to the child's access to services.   Thus, the analysis includes the phenomenon of mother or female adult significant other as perpetrator of violence and abuse of a child even if she herself may be a victim of an adult male partner.

After assessment upon intake of a woman or child in crisis, her disclosure of abuse or violence appears as a culmination of her diminishing power or a manifestation of a perpetrator's cumulative abuse. Intervention at this point, beyond ensuring the client's physical and psychological safety and security, is to restore her belief in her capacity to change the conditions that led to her progressive disempowerment and subsequent victimization.  It includes conceptual

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and values clarification around issues of power (its dynamics, forms, sources, and use) in order for the survivor to reclaim power for herself.  Having experienced subjective powerlessness or disempowerment due to some other person's (the perpetrator's) abuse of power (i.e., *power over* or domination},  knowing other variants of power, i.e, *power with* (collective), *power within*

5    (personal or spiritual),  and  *power to* (generative) could lead to the insight that one cannot be rendered entirely powerless or be completely disempowered and by extension, that one could be a victim and perpetrator of abuse of power at one time or another.  Understanding the psychology of power and its behavioral manifestations when people act out powerlessness is a virtual tool of empowerment for the service provider in enabling the survivor to reclaim power.

10    Thus, crisis is a point of engagement for the victim and crisis provider; crisis (on the part of the victim) and crisis intervention (on the part of the service provider) provides both of them possibilities for healing and growth --- the breakthrough rather than the breakdown that stress or trauma has a strong potential of eventually causing.  One aspect of the engagement between victim and crisis provider is moving the former from the mindset of a victim to that of a victor's;

15    a victim mindset is exemplified by Karpman's Drama triangle where the roles of victim, persecutor, and rescuer are played out by the client at one time or another when she does not reclaim and/or use power properly.[1]

The GPEF recognizes that service providers, like clients they serve, are products of  societies organized around domination based on gender and class; as such, service providers could

20    identify with the internalized powerlessness experienced by clients as victim-survivors of class and gender oppression.  Understood thus burnout and other trade hazards of service providers could be regarded as manifestations of subjective powerlessness or disempowerment.

It is in their shared understanding of power and powerlessness that victim-survivors and service providers are virtual equals; from that point of identification as equals, they develop knowledge,

25    attitudes, skills, habits, and ethics of work (KASHEW) to claim power: the victim-survivor to move out of a victim mindset and survival behaviors, the service provider to deal with burnout, vicarious or secondary traumatization and compassion fatigue.

Thus, working together from a framework of empowerment, the adult victim-survivor and service provider are partners for change in personal and societal levels.  Their agency in social

30    change --- whether as a marcher in mass actions for law reform, or organizing mothers in the neighborhood into    a  cooperative for child care, or  volunteering her services at the  telephone help lines,  or getting signatures on a petition for the construction of a public water facility in their depressed community; whether as initiator of green practices in the office or as an active participant in policy changes to improve service delivery within her organization, or as facilitator

35    of a care for caregivers program, victim-survivor and service provider would have learned their lessons from powerlessness and would have become adept at using  alternative forms of power,

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[1] Stephen V. Karpman, "Fairy Tales and Script Drama Analysis"
http://www.karpmandramatriangle.com/pdf/DramaTriangle.pdf

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e.g., personal and collective power; ultimately, they would have become better equipped at addressing the stifling consequences of gender and poverty on their personal and social environments.

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Lessons learned by adults from their experience of powerlessness and from reclaiming power could translate to understanding the disempowerment and subjective powerlessness of children (as a result of abuse and violence) and provide their adult care providers with liberating knowledge, attitudes, skills, habits and ethics of work (KASHEW) to assist them in negotiating their way out of powerlessness and victimization.

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