

Jo Sharpe: [00:00:00] Hello, and welcome to the Social Protection Podcast. I'm your host, Jo Sharpe.

. In this final episode of our three-part series on social protection and gender-based violence, we are looking at how social protection programs can help survivors of violence, people fleeing violent situations are especially vulnerable.

So we'll look at examples of social protection programs, providing economic support to survivors and connecting them to other services like health, housing, and legal advice.

With me today, I have Tara Patricia Cookson, who is Assistant Professor of Gender, Development and Global Public Policy at the University of British Columbia's School of Public Policy and Global Affairs. She's also co-founder of Ladysmith I also have Merike Blofield, Director for the Institute for Latin American Studies at the German Institute for Global and Area Studies and Professor of Political Science at the University of Hamburg.

And Gerson Nombora, who is Child Protection Specialist at UNICEF in [00:01:00] Mozambique. Welcome, Tara, Merike and Gerson to the Social Protection Podcast.

Tara Cookson: Really happy to be here with you all today. Thanks for having me.

Merike Blofield: Thank you for having me. It's an honor and privilege to join you today.

Gerson Nombora: My pleasure to join you in this conversation

Jo Sharpe: Let's start with a bit of context. Tara, this is the third episode in a three-part series on social protection and gender-based violence. And because we've been focusing on social protection responses, it means so far we've often been talking about gender-based violence for women living in the poor and vulnerable households, that social protection programs often target, but of course we do need to recognize that economic security doesn't necessarily equal safety and that anyone can experience gender-based violence. To start us off, what do we know about how socioeconomic status interacts with violence? How does being subjected to violence create vulnerability in and of itself?

Tara Cookson: So we know that one in three [00:02:00] women around the world have been subjected to physical or sexual violence in their lifetime, and

nearly 18% of ever partnered, women aged between 15 and 49 years have experienced intimate partner violence in the past year. But we do also know that there is a relationship between economic deprivation and dependence and experiences of intimate partner violence.

And this is among adolescent girls, pregnant women, older women. We see this through the life course. So for example, studies show that women who experience food insecurity may be at a greater risk of experiencing violence or that housing insecurity is associated with a greater likelihood that women will experience sexual violence.

And once in a violent situation, we know that lack of access to economic resources can serve as a barrier to women leaving that [00:03:00] situation. And then on the other hand, when it comes to perpetration, there's evidence that indicates that job loss and sustained unemployment have been associated with men's perpetration of intimate partner violence or gender-based violence.

And so it's these sort of associations that are fueling this interest in connecting social protection and gender-based violence practitioner work.

Jo Sharpe: Merike, to that point, for programs or services globally that are seeking to address this problem, what kinds of services and supports are generally provided or might be provided?

Merike Blofield: I'll just start by saying, and perhaps stating the obvious that domestic violence and gender-based violence and intimate partner violence, it's a very multi-dimensional problem, and so it requires multi-dimensional responses. Health services are essential, but also very importantly, mental health services.

In many cases. Also, police and legal services are needed, women or survivors, those at risk may often need a protection order [00:04:00] so that the presumed aggressor can't, you know, come near the survivor more broadly, the survivor might need socioeconomic assistance most immediately. If, for example, they're experiencing violence in the household, they might need immediate shelter somewhere else.

Often, this also involves dependence, specifically children, and then that triggers also a host of other necessary services. One additional important point is not just the services, but how the person at risk or the survivor can reach these services. And so it's really important to have an accessible point of first contact.

And here one of the important services is helplines. Other points of first contact, like health clinics, hospital, police, schools, social workers in countries that have enough of a social welfare system to have social workers. All these potential services can serve as a point of first contact.

Jo Sharpe: And of course, I guess [00:05:00] the availability or accessibility of these services also very much varies from country to country in context to context, especially in lower and middle income countries. Coming to one of those contexts, Gerson, you work on Mozambique's Child Grant Program. In that program, how do staff identify women and of course children, families that are at high risk, highly vulnerable, including to violence? What does vulnerability look like in the families that you work with?

Gerson Nombora: The program is intended to children 0-2, but to reach out to children 0-2, that is done through the caregivers and most of the times we are talking about mothers.

What we do is to conduct a screening process to identify some protection risks at the level of the mother, particularly those that have to do with mental health but also [00:06:00] professional risks related to age, particularly young mothers. Also mothers with disabilities because the understanding is that disability will somehow impact on their capacity to take care of their children, including to protect them.

Apart from that, there are some cumulative risks that are also listed, particularly inter-partner violence. That's one of the risks that we measure in the screening process and also decreed related to violence, to discipline through violence. So when it comes to cumulative factors, we have decided to select those that face at least three or four cumulative factors to the program.

That is of course, I mean, self-referral. If a caregiver comes and says that she doesn't feel safe to go back home, that the children that are under her care. They are not necessarily safe. That is also a criteria to enlist these beneficiaries to [00:07:00] the program.

Jo Sharpe: Staying with you Jersen, and as you've just mentioned, this is a, a regular child grant program for children age between zero and two, whose families receive a regular cash transfer along with other complimentary interventions. Can you tell us a little bit more about how the Child Grant works to support those households that you've identified or screened as being particularly vulnerable?

Gerson Nombora: After these families have been selected, there is a process that happens at the household level, which is a comprehensive and in-depth process of assessment of vulnerabilities, risks, and also deprivations.

And from that process then a plan of action developed together with the family. And the main activity that happens there is home visits through which we provide some sessions on parenting, but also some sessions on how to deal with conflicts in the context of the house, of the home, the peaceful [00:08:00] way of dealing with conflict.

And apart from that, of course there is the issue of parenting; it is really a very important component. You know, engagement of in interaction with their kids, but also the prevention of violent discipline, but also in terms of supporting children to develop and to thrive in the quarters of the home.

And apart from that, a huge component is referrals for basic services. For cases where there is violence against children or GBV cases that have been reported or that are reported to the social action technician, then these cases will have to be referred to the statutory service providers, including police and the social welfare system.

From there the referral is made and then the follow up is also provided by social welfare across the different institutions that are involved, the different sectors. Police is one, health is the other one, but also general attorney and then the courts, which would help to [00:09:00] deal with cases.

Two years ago, we conducted the impact evaluation of the Child Grant. Some findings indicate very positive outcomes in terms of reduction in depressive symptoms and, uh, there was also a great improvement in satisfaction with life. In terms of children, there is also a great positive impact in terms of reduction of violent discipline, not just the creed on violent discipline, but also in terms of actual practice. Of course this is not just because of the care component or the case management component, but also because of cash. I mean, the material wellbeing of children in the household has been improved .

Jo Sharpe: Let me now come back to Merike. In your work, you look at social protection programs and cash transfers in Latin American countries. One of the things that you've talked about in some of your writing is the interaction with healthcare providers and how interaction with healthcare providers creates [00:10:00] important touchpoints for identifying people at risk or experiencing violence.

Can you give us some examples of how those kinds of linkages are made in programs from Latin America?

Merike Blofield: So basically any healthcare service can provide an entry point, right? An important, it's an important entry point for detection diagnosis, risk assessment, and treatment of any form of violence. And in this case, specifically gender-based violence, IPV, domestic violence, violence against children.

And to serve that purpose, you have to have protocols in place based on best practices and also training of the healthcare personnel in those protocols. One example, and this feeds very much into what Gerson was talking about in Mozambique, is Chile Crece Contigo.

It's a Chilean program. In English, it means "Chile grows with you" and initially was a program focused on children. It's also now very much focused on parents. And so it [00:11:00] deals with children and parenting. For example, with prenatal checkups, which is a very important moment, they screen for gender-based violence.

When they find that somebody meets certain risk characteristics, then they arrange for up to three follow-up home visits and those home visits can then trigger additional services. And I think that's a very good example of linking different forms of social protection with healthcare services and providing more holistic support and also very importantly and to stress what Gerson was talking about, it also addresses the intergenerational cycle of violence. One of the biggest individual predictors of violence or you becoming a victim or a perpetrator is if you grew up with violence.

If you witnessed violence, experienced violence as a child. And I think there especially parenting programs are hugely important.

Jo Sharpe: I was noticing that a lot of the cash transfer [00:12:00] programs in Latin America are the original conditional cash transfer programs that have these touchpoints built in.

Do you see that as being particularly useful or particularly important when it comes to making that connection with the health system?

Merike Blofield: The devil is really in the details. It really depends on how those kinds of connections are made. Nowadays, there seems to be more of a

consensus to discuss complementary services, rather than conditional, which I think is a welcome development.

Any kind of complementary services that focus on the best interests of the children and the mothers and their wellbeing have a lot of potential. In some cases, these kinds of conditionalities have been used in a punitive way, and so if a child doesn't show up at school or a mother misses a health checkup, then the cash transfer is taken away.

And that's terrible in the sense that that just compounds the risk factors that this family's already living in. More [00:13:00] positively, something like an absence in a health checkup could trigger a social worker to follow up on whether there is something that's happened in the family that is actually where they need additional assistance.

Jo Sharpe: Tara, this seems like a good moment to bring you in. As of course you literally wrote the book on the impacts of conditions in social protection programs.

But what I'd be really interested to hear about from you is how to best equip and empower frontline workers, social workers, health workers, to effectively identify and address gender-based violence, particularly through social protection programs.

Tara Cookson: I think Merike made the point about punitive measures versus what can we do in a way that helps families and the individuals in those families realize their rights.

I think that's spot on. And with respect to frontline workers, who I think are this group that are so often overlooked in the social protection literature, but they're so important. They're [00:14:00] the interface between the State and the citizen or the beneficiary. And so I think one thing is training or sensitizing frontline workers to recognize and address GBV and there's different ways that that can be done. UN Women has this RESPECT framework, for preventing violence against women. That's a great place to start, but also having a really deep understanding of what services exist. And importantly, are they accessible? When are they open? Who do they serve? Are they willing to provide services to all types of women, migrant women, trans women, women living with HIV. This was something that, over the past few years, working with my Ladysmith team, implementing one of those hotlines that Merike mentioned earlier in the podcast, we saw that the service offering across these three Colombian cities was constantly changing under the lockdowns, and [00:15:00] it's really

important that when a woman shows up to a service, obviously, that she is served. But then I think there's another sort of equally important thing and often less discussed, and that's ensuring reasonable working conditions and reasonable workloads for those frontline social protection implementers. And this is one of the sort of dynamics that I discuss in my book, "Unjust Conditions". One of the things in that ethnographic research that I did was follow around these frontline implementers of Peru's Juntos program, their conditional cash transfer program. And to sort of borrow from the academic David Moss, these are the people who *made* the policy. They were registering the beneficiaries, ensuring mothers knew what the conditions were and that they met them. Coordinating with health and education monitoring conditions. And this was really hard work.

Local managers who were the frontline implementers in the proving case managed [00:16:00] between 1000-1700 households each. These households were dispersed across the rural countryside. And much of the travel that the local managers did was on foot or once in a while, if they were lucky, on a dirt bike.

So they were already sort of overloaded with just the work of just the conditional cash transfer program. So I think this is an area that it would be really awesome to see further thought put into, further attention given to these workers and the conditions into which we're asking them to do these additional coordination tasks.

Jo Sharpe: So just coming back Gerson, as we talk about these frontline workers and this very resource-intensive screening and case management approach that you've outlined in Mozambique. How have you addressed this challenge of training, building capacity and adequately resourcing.

I think you said were it social action technicians or the frontline service workers

Gerson Nombora: [00:17:00] In Mozambique, we have decided to split the cases. Because in some cases after they did the screening, when we visited the families, we spotted some differences .

There were no major protection risks. Those cases are the cases that we left to the social activists that they've mentioned. So now he is also doing a bit of case management. We are talking about cases which are mostly related to access to services. But then we have those that are protection related.

When you have violence, when you have abuse, those are the cases that social action technicians deal with. And the reason why we also decided to do that was to make sure that we would remain within the capacity of the system. Of course, even the, the community actively still need some follow up and support from the Social Action Technicians to perform their duties, but that is different from having the [00:18:00] Social Action Technician covering all cases, which would be almost impossible considering the number of social action technicians.

With regards to these community activists, what we did was to provide a training in three different stages, instead of having a once-off type of training for community activists. But apart from that when it comes to social action technicians, of course that was labor intensive. On the side of UNICEF , we established a cooperation agreement with one civil society, organization called International Child Development Program, and we placed one technical assistant in each of these districts at the time where we had, I mean, the cash and care running. So we placed one technical assistant from these organizations to provide support to the social action technicians. Apart from training they also received coaching by this organization, but also they attended and [00:19:00] participated in case conference.

That was part of the learning process, and we had to establish that so that they could also understand all the nuances and how decisions are taken with regards to cases and what actions have to be considered in addressing cases.

Jo Sharpe: Just coming now to programs or forms of social protection that might directly target survivors of gender-based violence or IPV or families who are at the point where they are perhaps leaving a violent situation.

Merike, what are some examples from Latin America of Social Protection programs that directly target survivors in this way and provide cash and other resources.

Merike Blofield: Yeah, they're relatively new. Although Uruguay has a housing program that's been in place, I think for about a decade now. One good example of a new, national level program is the Acompañar program in Argentina.

Acompañar is to accompany. Basically what it provides is, for those [00:20:00] eligible, six months cash transfer at the minimum wage level. So it's more than your typical social protection, non-contributory currents. It's actually set at the minimum wage and it's targeted at survivors of gender-based violence.

It was passed in 2020. It was implemented in 2021, so it's very new. and just now as civil Society organization has done an initial evaluation, ELA the, in English, Latin American Team for Justice and Gender. The purpose of the program was to provide survivors with the opportunity to kind of start a new life, recognizing all the stuff we've been talking about, the economic obstacles that survivors often face to do so. Argentina's Federal and so this program was filtered through local units, provincial and municipal. And so far, about 160,000 survivors have benefited from this program, which is pretty substantial. 97% of them identify as women.

So [00:21:00] you have some men and you have trans and non-gender binary individuals. And the initial evaluation shows that this has been a really important source of economic assistance more than the other programs. And it has enabled some women to leave their situation, start a new life. That said, it also highlights some of the issues we've been talking about, that these were implemented through existing local units and personnel was not much increased.

And so one of the things interviewing the local service providers, really feeding into Tara's point was that they were overwhelmed because this program was huge and it's taking up most of their time. But it came on top of everything else that they need to do. So that kind of case accompaniment has been stretched really thin or sometimes it's just disappeared altogether.

Other issues related to state capacity and the human resources is that, well, this is something that's often urgently needed. You need the money fast when you're in this situation. There were [00:22:00] lots of long waiting periods, up to six months sometimes. And that of course, then reduces all purpose of that program. I think it shows that these kinds of programs are important, but they need to be accompanied by the necessary investments in human resources, also the technical capacity et cetera.

Jo Sharpe: It's such a good point. You know, the more multi-dimensional, the issue, the more complex it is to address. Tara, you've pointed out In some of your writing that of course there's much more to social protection than cash transfers, which is mostly what we've been focusing on here.

What are some other types of social protection interventions that are relevant here for, women and families that might be trying to move from a situation of violence.

Tara Cookson: If we start from the sort of thesis that social protection may prevent, or help respond to GBV by addressing economic insecurity, softening economic hardship, increasing women's autonomy, there's a lot of different social protection mechanisms that then could potentially be of use. So [00:23:00] recently with UN Women, I conducted a scoping review of social protection systems and gender-based violence to see what exists, what do we know? And what we found is that most of what does exist is in the kind of cash transfer wheelhouse.

It's definitely social assistance heavy. There's some housing subsidies, but far fewer social protection interventions are contributory or social insurance in nature. One instrument that we are seeing a little bit more of and certainly more chatter about are paid domestic violence leaves. They're typically contributory or social insurance.

They provide income support to women or other individuals who've experienced violence and need to take time away from work to sort of leave that situation to recover and to make arrangements for accommodation, childcare to access legal services, et cetera. The [00:24:00] first one of these was actually from the Philippines, in 2004.

It's called the Antiviolence Against Women and their Children Law and they offer women employees 10 days of paid time off annually. And so we've seen these leaves then be picked up in places like Canada and Australia and New Zealand.

Merike Blofield: Just quickly to add to Tara's point. I think in countries with high levels of formal economies and high levels of women's employment and high levels of like social security, those kinds of programs can work well.

I'm concerned that programs in conditions of high labor informality, that then eligibility is so restricted in these programs, and this is from my own research on parental leaves. This can create disincentives, unintentional side effects of disincentives of hiring women, right? And so when you design these kinds of programs in conditions of high labor informality and low levels of contributory social systems, you have to be really careful.[00:25:00]

The programs might end up being more effective and equity-enhancing if they're done through broad citizenship, place, non-contributory programs.

Jo Sharpe: Tara, just reflecting that, you know, all of the interventions that we've been talking about in this interview really rely on effective coordination and systems linkages between different services and parts of government.

So we've talked about the role of facilitators in kind of playing that active linking role, but, at the kind of policy or service delivery sort of framework level, all governments, all bureaucracies struggle with this kind of coordination. At the policy level, what can policymakers do or governments do to enable these critical linkages so that these services are available when they're most needed?

Tara Cookson: It's such a good question. And coordination is not sort of the sexiest or most exciting topic in social protection by any stretch, [00:26:00] but we recently did a study of, national social protection strategies, so the planning documents where a government lays out its vision for its social protection systems, say over the next five or 10 years. We've been working on this project with UN Women and the ILO over the past several years, and coordination is the number one challenge that governments cite in these strategies with regards to improving the efficiency and effectiveness of their social protection system.

So it is really, really important. In the UN Women study that we conducted looking at evidence on gender-based violence and national social protection systems we actually found that coordinating national social protection strategies with the action plans around gender-based violence or ending violence against women that national governments can also put out, usually put out by a different ministry, a different body, cording these two together is one of [00:27:00] the key entry points through which social protection can begin to address gender-based violence, and that becomes an advocacy tool. And it creates opportunities for increased efficiencies throughout the social protection delivery chain. So identifying opportunities for frontline worker training, for establishment of point of contact, et cetera in a policymaking environment where, There's often sort of competition for funding.

Having these sort of pieces and these mandates for cooperation and coordination laid out at the level of visioning and of planning, can be really, really important.

Jo Sharpe: Taking a big step back, you know, social protection systems, they're generally designed to address poverty and vulnerability as is appropriate to cushion people and families from shocks.

If we think about women's empowerment objectives, if they're included, they would be probably secondary or supplementary in most, if [00:28:00] not all programs. It's about inclusion rather than being a really central objective necessarily. As a thought experiment, if you were to design a feminist social protection system or a system that had women's empowerment as a primary objective, what do you think that would look like and how might it differ from the programs that we see?

Tara Cookson: Well, I'd say as a baseline, a feminist social protection system would view women as whole persons and with multiple roles over the course of their lives, not only as mothers with interventions that target, quite maternally, but also women as students and workers and caretakers, not only of children, but also of, you know, older persons, for example.

But I'd also say that a feminist social protection system should look different in every country in order to address the very particular kind of social and political and economic and [00:29:00] geographic specificities of that country. And I think the way to do that would be to involve, national women's organizations in the design of social protection strategies and in the vision of social protection for the country.

Right from what should be included and how are we gonna structure this, through to how are we gonna finance it and how are we gonna monitor and evaluate it so that advocates for women's rights and for gender equality are actually having influence over what that system looks like in any given country.

Merike Blofield: Yeah, I really like what Tara said, and, and I agree that, Women are not just mothers, et cetera. That said, if you do look at, and so feeding on what Tara said, if you look at the major social risks that women tend to face, and if you're focused on women's empowerment, one important one is women's role in producing children and rearing them and then in caring [00:30:00] for other dependents, you know, disabled and the elderly. And second is that women are much more likely to be victims of gender-based violence and men are more likely to be perpetrators. It's not a hundred percent, but those two are two major social risks that women as a group face.

And so I would focus a social protection system that takes into account this. And one way is to recognize that ch having children is a major risk, um, economically and in other ways. And so like universal child transfers, I'm a big proponent of that. Or at least basic universalism; fix those at the extreme poverty line to make up for that. Primarily target women, but not necessarily always right. Uh, to make up for the cost of having children. Along with that,

very importantly, you know, early childhood care, the educational care services, care services for the elderly and disabled as well, um, parenting programs. And then the other issue is providing [00:31:00] comprehensive services to address gender-based violence, not just treatment, but prevention.

Gerson Nombora: Coming from Mozambique would have to be a program that would address some social risks that women face. In our particular case, mental health is very clearly one of the critical aspects to address. And apart from that, the whole thing with IPV's, I guess some of you might have been informed or you, you are aware of violence in Mozambique, so there is a high level of violence in this country, and women are the victims. Women and girls are the majority of the victims. So it will be really important to address mental health, but also economic opportunities. That's really important. I understand that that might be a case transfer with vocation care model, so it will be really important under the care model also to consider some capacity building, but also some [00:32:00] literacy to enable women also to advance and to be able to access some economic opportunity.

So that will be really important. So definitely addressing the risks, that's a top priority, but also creating opportunity for women. That will be a key element for social protection that has women's rights and the woman's wellbeing at the core

Jo Sharpe: Thank you. That's a great answer to finish this off. Thank you, Tara, Merike, and Gerson for joining me on the Social Protection Podcast today.

Tara Cookson: Thanks so much, Jo. It was great to be here.

Merike Blofield: Thank you so much for having me. It was a pleasure.

Gerson Nombora: Thank you so much.

It was a pleasure.

Jo Sharpe: Before we go, we like to end each episode with some quick wins. We ask our guests to bring in recommendations or a new perspective that have sparked their interest and that we think you should know more about. Today we have Mayra Martins Cardozo, a Gender researcher and lawyer in Brazil. She's a member of the National Human Rights Commission of the [00:33:00] Federal

Council of the National Bar Association of Brazil and Professor of Criminal Law at the São Paulo Law School, that's EPD. Welcome, Mayra.

Mayra Cardozo: Thank you for having me, Jo.

Jo Sharpe: Mayra, in this episode we've talked about how social protection programs can support women and children who are experiencing violence or who may be at high risk of violence. Can you tell us a little bit about some of the programs in Brazil in this vein that help survivors to flee this kind of violence?

Mayra Cardozo: So we know that several factors lead a victim of domestic violence, not to report the aggressor. According to the survey, carried out every two years by Datasenado institute, financial dependence is one of the main reasons in Brazil that leads victims to continue in the cycle of violence. We also have programs to provide cash support for survivors.

The state of Rondônia was one of the pioneers in [00:34:00] establishing the *Mulher Protegida* program to provide financial assistance to victims of domestic violence. The benefit of 400 Reais must be paid in six installments, and the beneficiary can spend as she prefers. In the city of Rio Janeiro, in recent years, the Carioca Woman card was launched and also awards 400 Reais for women in situations of domestic violence and vulnerability. Other occasions offer programs to women in these situations, but in the form of rent assistance, as in São Paulo, Maranhão and Goiás . So in these cases, the victims can rent a property and leave the aggressor's house.

Jo Sharpe: Thank you. And some really great examples there to go along with some of the others we heard about in the earlier part of this episode. You are particularly interested though, in how women can establish themselves financially after [00:35:00] separation. Other than providing these very helpful but temporary cash transfers, how do you think programs could be better supporting women in this way?

Mayra Cardozo: An example that I search in my research, it is a very successful programming Brazil. It is the transform action developed by the government of Minas Gerais in partnership with the American Embassy for the professional training of 100 women who were victims of domestic violence. The embassy is the founder of the project, and the main idea is to offer this woman a new profession.

Jo Sharpe: What kinds of professions were they talking about?

Mayra Cardozo: Professions that will generate income and contribute to breaking the cycle of violence. Really important to design these initiatives so that they don't unintentionally reproduce rapid. Iization and gender stereotypes. When an income generation program or training for victims of gender [00:36:00] violence is consolidated, it is common to see programs that train women for sewing or for kitchen and activities that are seen by the patriarchal society as feminine, reinforcing the idea that women should only be trained to walk by some specific workplace. Furthermore, the activities for which women are trained and generally not well paid, so we must be careful that the victims of domestic violence are not exploited by capitalism as a cheap labor, it is crucial to create a safe space for those women who are living in abusive love relationships and do not end up in abused and I exploited the relationships at work.

Jo Sharpe: The transform action program that you mentioned, there's training involved there. Is that also sort of "sewing" and "for the kitchen" kind of training or was it a different kind of training in that case?

Mayra Cardozo: Every program [00:37:00] that I see here, it is kind of gender stereotype activity that are associated to develop the victims of domestic violence.

Jo Sharpe: You know, we've talked a bit about programs and social protection interventions, but taking a step back, you research gender and violence more broadly, what other kinds of approaches do you think would make the most difference to combating gender-based violence in Brazil, perhaps outside of social protection?

Mayra Cardozo: I am a teacher, so for me, the fundamental approach must be education. We must invest in education in schools for girls and boys so that they question the beliefs that patriarchal society from the early ages. So we have to invest in a reflective groups for men so that they can stop, perpetuating the logic that violates our bodies.

So new law, criminalization measures or public policies, isn't effective if it is not accompanied by a proposal [00:38:00] to change the society values, and this change takes place through education.

Jo Sharpe: Thank you. I think that links really nicely to some of the themes we were talking about in our first episode, which were also very much about how to involve men in the care of children and some of the other issues, to start breaking down these sorts of associations and improve education, as you say.

Mayra, thank you so much for joining me on the Social Protection Podcast today.

Mayra Cardozo: Thank you.

Jo Sharpe: And that completes our three part series on social protection and gender-based violence. But of course, there's a lot more to say on this topic. So socialprotection.org has also developed a three part webinar series working with DFAT, FCDO, and Star. There'll be more webinars between now and the end of May, so keep an eye out for those and register your interest @socialprotection.org.

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