



# A High-Quality Care Model for Survivors of Sexual and Gender-Based Violence in Paraguay

CEPEP's Success Story

# Background

In Paraguay, there were **31 femicides** and **37,926 cases of domestic violence** registered in 2024, according to recent official data. [1] While these figures are alarming on their own, it is estimated that the prevalence of sexual and gender-based violence (SGBV) is much higher than formally reported numbers. Together, these figures serve as evidence of a widespread need for a comprehensive response to this problem.

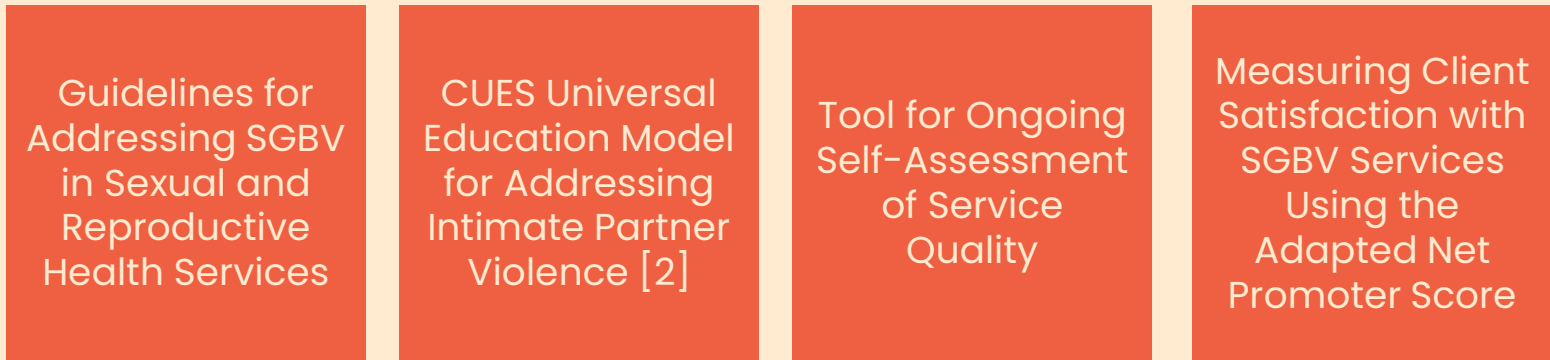


Within this context, the Paraguayan State recognizes and guarantees the right to sexual and reproductive health (SRH) for all. However, there is an **ongoing shortage of trained personnel to respond to cases of SGBV in a high-quality manner**. Furthermore, in 2023, the National Congress removed the word “gender” from the country’s Comprehensive Law for the Protection of Women Against All Types of Violence, a regressive change that was made to avoid “ideologies related to sexual orientation.” As a result, **Paraguay no longer has a law that specifically addresses gender-based violence**, limiting access to responses to SGBV.

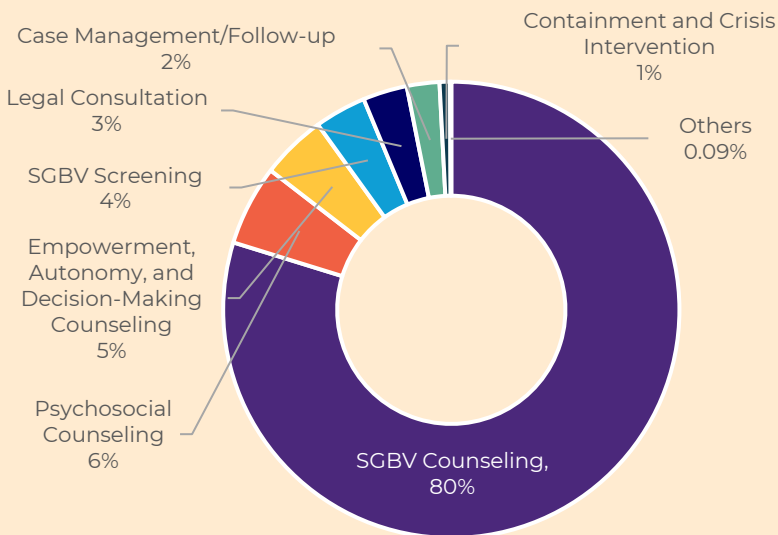
Through the *Feminist Futures Free From Violence* project, however, CEPEP has established two specialized SGBV care centers for women and girls, known as the Serafina Dávalos Centers, in Asunción and Ciudad del Este. Through a multidisciplinary team using a gender-transformative and trauma-informed approach, CEPEP’s specialized SGBV centers have **succeeded in guaranteeing access to free, comprehensive, and effective services for survivors of SGBV**.

## CEPEP’s Response to SGBV

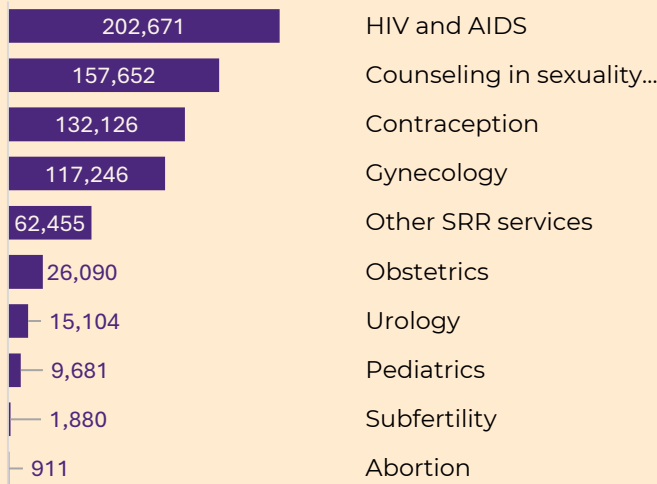
High-quality care is a key component of a strengthened response to SGBV. To this end, CEPEP developed and applied guidelines and tools, such as:



This enabled **63,043** people in Paraguay to access SGBV services from CEPEP, **88%** of whom are women, girls, and gender-diverse people.



**116,613 SGBV services** were provided, generating **74% growth** in the utilization of specialized care for SGBV.



This care model also ensured that **943,219 comprehensive SRH services** were provided to address the range of SGBV survivors’ needs.

[1] Gender Observatory of the Ministry of Women of Paraguay. (2025). Data on Violence. <https://observatorio.mujer.gov.py/>

[2] CUES refers to Confidentiality, Use Universal Education, Empowerment, and Services and Support



# Successful Implementation Strategies for Quality SGBV Care

## 1. Effective communication campaigns

The use of mass media platforms, including TikTok, Instagram, Facebook, and radio, to share information in simple and friendly terms effectively encouraged the uptake of SGBV services. In addition, outreach efforts like university and community presentations were effective strategies employed by CEPEP for expanding access to these services.

## 2. Staff training

Continuous training of staff on gender issues and trauma-informed care for survivors of SGBV helped to ensure respectful and empathetic treatment, thereby preventing revictimization.

## 3. Multidisciplinary care teams

The integration of different professionals, such as psychologists, doctors, lawyers, counselors, nurses, and social workers, into CEPEP's SGBV care teams made it possible to address the diverse needs of SGBV survivors in a comprehensive manner, ensuring that they receive adequate support across disciplines.

## 4. Accessible care

To ensure access to SGBV services, CEPEP provided care to women, girls, and gender-diverse people at no cost so that it was affordable for all. CEPEP also eliminated barriers to care by reaching people in their communities through the Mobile Health Unit and by generating safe spaces where children would be cared for while their parent received SGBV services.

## 5. Use of digital technologies

The provision of virtual services through digital technologies for people who cannot reach CEPEP's specialized SGBV centers in-person expanded access to essential services and strengthened continuity of care.



## Ongoing Challenges to Quality Care for Survivors of SGBV in Paraguay

**Cultural differences, language barriers, and limited access to rural areas** can hinder the dissemination of information and the provision of SGBV care.

Patriarchal cultural and religious beliefs contribute to the **stigmatization** of SGBV survivors.

**Insufficient human and financial resources** in the public sector.

**Lack of awareness and sensitivity** among public health personnel, police, and judicial staff in responding to survivors of SGBV.

**Economic inequality between men and women** perpetuates situations of financial dependence on women's abusers.

**Inadequate follow-up on SGBV cases by authorities** to avert continued harm.

“Paraguayan society is very sexist. There is a lot of misinformation regarding gender equality, respect for others, or about what is and isn't considered violence. To give you an idea, during talks people would often raise their hands and say, “But just pushing someone—is that really violence? I'm not hurting them.” Or sometimes people would say, “Yes, we argue at home, but that's all,” and when you start to dig deeper, you find yelling, insults, threats—and they realize that **that is violence**.”

– Social worker, Serafina Dávalos Centers

# Success Factors of CEPEP's Quality Care Model for SGBV

## Comprehensive Care

CEPEP recognizes the devastating impact of SGBV on the lives of women, girls, and gender-diverse people, as well as on their sexual and reproductive health. In many cases, survivors of SGBV do not receive adequate SRH care, which contributes to the perpetuation of the cycle of violence and the deterioration of their health.

CEPEP addresses SGBV in a comprehensive manner through services delivered by a **multidisciplinary team that responds to each person's multiple needs**. Through this integrated care model, 63,043 SGBV survivors accessed 116,613 SGBV-specific services and 943,219 ancillary SRH services that met their multifaceted needs, such as sexually transmitted infection testing (19%), relationship counseling (15%), contraception (13%), and gynecology services (11%), among others.

## Coordinated and Inclusive Care

CEPEP is a leading organization in sexual and reproductive health and rights in Paraguay, providing equitable access to services without any form of discrimination.

CEPEP has succeeded in establishing a **coordinated approach to care for SGBV survivors both within the organization's service delivery points, as well as externally, through the coordination of actions with like-minded organizations** in the country. Through this care coordination strategy, CEPEP has helped to reduce gaps in access to care and improve management of SGBV cases.

## Learning and Assessment Processes

The **updating of guidelines and tools for the detection and/or response to SGBV** was presented as a strategic initiative to strengthen the capacity of health personnel in early detection, appropriate management, and effective referral of SGBV cases.

Both the "Guidelines for Addressing SGBV in Sexual and Reproductive Health Services" and the "CUES Universal Education Model for Addressing Intimate Partner Violence" incorporate evidence-based practices to ensure an effective and trauma-informed response to the needs of SGBV survivors.

## Communication and Marketing Strategies

CEPEP successfully implemented **communication strategies that raised awareness of SGBV**. Community radio stations and in-person campaigns were used to reach diverse audiences, such as university students, Indigenous communities, and individuals in peri-urban areas to close information gaps and reduce stigma surrounding seeking SGBV or SRH care.

CEPEP also promoted its services through direct marketing on social media platforms, such as TikTok and Instagram. These efforts were complemented by print media, such as flyers. These strategies have been key in generating demand for CEPEP's comprehensive services.

## Lessons Learned

**1** Communicate clearly, simply, and respectfully with SGBV survivors to promote trust and effective dialogue.

**2** Train care providers in gender-transformative and trauma-informed approaches to ensure that **survivors of SGBV feel safe and not judged when receiving care**.

**3** Ensure a **unified response to survivors** by working collaboratively across disciplines and fostering mutual support within the care team.

**4** Establish a variety of service delivery points, such as virtual platforms, clinics, and mobile units, to best meet the diverse needs of service users.

**5** Strengthen **awareness campaigns at the community level** to provide the general public with information about their rights and available SRH services, which include SGBV-specific responses.

**6** Ensure that SGBV care is provided in a **safe and confidential space**. This is a non-negotiable requirement that is needed to prevent harm.

# Strategies to Sustain and Expand High Quality SGBV Care

Providers of SGBV care at CEPEP highlighted several key steps to follow in order to sustain and expand this successful high-quality care model:

- **Advocate with the public sector** to increase recognition of this care model and educate decision-makers on its impact in order to expand support for its implementation.
- **Continuously document and assess lessons learned** so that care providers can enhance the quality of the services and accompaniment that they provide to survivors of SGBV.
- **Aim to expand this model of care to the public sector and/or other civil society organizations** to increase access to care for more people.
- **Train local women leaders** to raise awareness in their communities about SGBV and propose relevant, culturally appropriate solutions, with the goal of building trust and encouraging greater uptake of SGBV services.
- **Invest in awareness campaigns targeting decision-makers and the general public** to increase knowledge of CEPEP's services and how to access them. This can be achieved by disseminating information via social media, community radio stations, and other mass media channels.
- **Establish partnerships with universities** to provide specialized legal support to follow-up on survivor's reporting of SGBV or provide additional, low-cost legal support through legal aid clinics.



## Conclusions

CEPEP's specialized SGBV centers in Asunción and Ciudad del Este in Paraguay demonstrate a comprehensive, high-quality approach to SGBV care. Due to this effective model of care, in just 3 years CEPEP reached 63,043 people with 116,613 free SGBV services and 943,219 complementary and multidisciplinary SRH services, successfully responding to the substantial unmet needs of SGBV survivors in the country.

These advances were even achieved in a context of persistent challenges, such as financial limitations, cultural stigmatization, and geographic and linguistic barriers in rural and border areas. The quality care model for SGBV implemented by CEPEP demonstrates that an evidence-based, coordinated, gender-transformative, and trauma-informed response can transform SGBV care even in challenging contexts.

CEPEP's experience also offers valuable lessons for replicating and scaling similar initiatives in Paraguay and across the region, contributing to a collective future free of violence for women, girls, and gender-diverse people.