The image is a complex, layered illustration. At the top, a woman's chest is shown in profile, with her hands resting on her breasts. Below this, a woman's face is depicted in profile, looking towards the left. To the right, another woman's face is shown, looking directly at the viewer, wearing a blue headband with a white grid pattern. The background is a mix of teal, yellow, and brown tones, with various abstract shapes and patterns. The overall style is expressive and somewhat somber.

Violence

against women

Foreword

Violence against women is a significant obstacle to development in Latin American and Caribbean countries. As a prevalent human rights abuse and public health problem, it affects the health, economic opportunities, rights, and welfare of 30–50 percent of the region's women. Its repercussions extend far beyond these victims, as it threatens the stability, security, and social welfare of families and their status in the community. From both an ethical and legal standpoint, violence undermines the human rights of a woman and her family and affects the exercise of her civil rights.

Eradicating violence against women is an essential part of our region's development. Current development models emphasize the interdependence of economic, political, institutional, social, and cultural dimensions and the contribution that each one makes to the others and to the whole. The persistent victimization of large numbers of women, by way of physical and sexual violence, impedes their active participation in this development process and deters the cultural and institutional changes necessary for democratic and economic development.

This link has been globally recognized largely due to feminist and human rights movements. What was once viewed as a personal problem is now considered in a much broader perspective based on women's human rights and empowerment. These changes, especially in the past two decades, have led to the adoption of national and international laws and policies to help prevent, address, penalize, and eradicate violence against women. Various guidelines and initiatives to confront this scourge were recommended at the World Conference on Human Rights (Vienna, 1993), the Fourth World Conference on Women (Beijing, 1994), and the International Conference on Population and Development (El Cairo, 1994).

The legal framework established first by the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW, 1979) and subsequently, with more specific criteria, by the Inter-American Convention on the Prevention, Punishment, and Eradication of Violence against Women (Belém do Pará, 1994) requires member states to implement and monitor laws and policies to prevent, address, and punish violence against women. Most Latin American and Caribbean countries have signed both conventions and have family/domestic violence laws on the books, some of which focus on the mistreatment of women.

However, existing laws and policies within Latin American and Caribbean countries do not center on women's rights and empowerment, as prescribed by the conventions and as outlined in this publication. In many countries, legal instruments and penal codes remain deficient; for example, they still do not recognize or standardize serious crimes such as marital rape, sexual violence in the home, and sexual harassment in the workplace. Only a few countries offer general psychological, medical, and legal services. Furthermore, affected women continue to lack access to legal counsel and mechanisms to protect them once they file a complaint with the police or a judge. Although mediation and conciliation in abusive situations are not recommended as legislative and doctrinal positions in comparative law, they are the most commonly used means in the administration of justice. Moreover, very few governments designate the resources necessary to develop protocols, train service providers, or alert women and citizens of these laws and policies so that they can effectively implement them.

This advocacy packet on violence against women provides a guide, centered on women's human rights, for improving legislation and policies and recommending steps for their implementation. The guide is the result of a collaboration led by the Pan American Health Organization (PAHO/WHO) with its partner United Nations agencies and with regional nongovernmental organizations including: the United Nations Development Fund for Women (UNIFEM), the Inter-American Commission of Women (CIM/OAS), the United Nations Population Fund (UNFPA), the Latin American Committee for Women's Rights (CLADEM), Ipas, Isis International, the Inter-American Parliamentary Group, and the Center for Reproductive Health. The information presented here is based on the results of expert meetings and the subsequent publication "Model for Laws and Other Policies on Intra-Family Violence against Women," which was developed between 2003 and 2006 and validated in Brazil, Costa Rica, Honduras, and the Dominican Republic. It was also widely disseminated and presented in various national and international fora with the participation of parliamentary and judicial sectors, in some cases leading to legislative changes, new research, local policies, and proposals to monitor policies on the issue.

Using the information gained through these processes, PAHO has produced this advocacy package on public policies and violence against women. It is intended to be used by a wide audience, including parliamentarians, policymakers, advocacy groups, governmental and nongovernmental agencies, women's networks, and other interested parties. It consists of five fact sheets that can be used as a set or individually to assist in the development of effective laws and policies that can contribute to the prevention of violence against women. The fact sheets cover the following themes: Public Policy on Domestic Violence, Key Components of Laws and Policies on Domestic Violence, Municipal Policies on Violence against Women, Comprehensive Care for Domestic Violence against Women in the Health Sector, and Monitoring of Laws and Policies on Domestic Violence.

We hope that you find this packet useful for improving and implementing policies and laws that ensure a life free of violence as an inalienable right of all women, men, and children in Latin America and the Caribbean.

Gender, Ethnicity and Health Unit



**Pan American
Health
Organization**

Regional Office of the
World Health Organization

Public Policies on Domestic Violence

VIOLENCE AGAINST WOMEN: A CHALLENGE TO SOCIETY

In the past two decades violence against women has been the subject of important international and national debates, laws, and policies. The Inter-American Convention on the Prevention, Punishment and Eradication of Violence against Women (Belém do Pará, 1994) established two contexts of physical, sexual, and psychological violence:

(1) that occurring within the family or domestic unit or within any other interpersonal relationship, including rape, battery, and sexual abuse, and

(2) that occurring in the community, perpetrated by individuals not connected to the victim by family or emotional ties and including sexual abuse and rape, femicide, forced prostitution, trafficking in persons, sexual harassment, kidnapping, and torture.

Most Latin American and Caribbean countries have drafted laws and national policies aimed at preventing, punishing, and eradicating violence against women, including domestic and family violence.⁹ Domestic violence has received special attention. In a significant proportion of Latin American and Caribbean countries, national programs, standards, and protocols; networks of care; and human resources are in place to address this problem. However, countries have experienced difficulties in implementing policies, such as victims encountering serious problems in seeking justice, being offered scarce protection coverage, lacking free legal counsel, and having limited access to specialized services, including psychological, medical, and legal assistance. Furthermore, in some jurisdictions, crimes such as marital rape still have not been classified as such.

As a result of the magnitude of domestic violence and its effects on women's development and health, this is one of the most serious problems that societies face worldwide. National responses through laws and policies are urgently needed.

DIMENSIONS OF VIOLENCE

According to the World Health Organization, although women sometimes commit violence against their male companions and violent acts occur in same-sex couples, an overwhelming proportion of the time violence is inflicted on women, by men. According to the results of 48 baseline population surveys conducted throughout the world, between 10 percent and 69 percent of women report that they have been the object of physical assault by a male partner at some point in their life.¹ Country data from demographic and health surveys show that percentages of women who have been married at some point in their lives and have been victims of physical violence by their spouse or another person are 41.1 percent in Colombia, 27.3 percent in Haiti, 28.7 percent in Nicaragua, and 41.2 percent in Peru.²⁻⁵ Between 10.4 percent and 30.3 percent of women reporting violence by their husband or companion indicate they have suffered some type of sexual violence in their couple relationship. Data from the United States show that the rate of violence among adolescent women ranges between 20 percent and 60 percent.⁶

IMPACT ON HUMAN DEVELOPMENT AND HEALTH

Extensive studies show that domestic violence is an important risk factor affecting women's health and well-being and the exercise of their human rights. In terms of health, domestic violence increases women's risk of developing a vast range of physical afflictions and psychological problems. According to demographic survey data, percentages of women who have been married at some point in their lives and have had an injury and visited a physician, health center, or institution as a result of physical violence perpetrated by their husband or companion are 27.4 percent in Colombia, 13.3 percent in Nicaragua, and 19.4 percent in Peru.⁷ Domestic violence has fatal effects, including suicide and maternal mortality, and is associated with such conditions as chronic pain syndrome, gastrointestinal disorders, and somatization.

⁹ In some legislation, the terms "domestic violence" and "intrafamily violence" are used synonymously. In this document, "domestic violence" will be used and is assumed to include different types of relationships and places where violence occurs.

Domestic violence can also affect reproductive health and lead to unwanted pregnancies, sexually transmitted diseases (STDs), HIV/AIDS, pregnancy complications, and pelvic inflammatory disease. In a multicenter study on profiles of domestic violence, a positive correlation was found between STDs and family violence as a consequence of the high frequency at which women are forced to have sex, their limited ability to negotiate protected sex and use of a condom, and their limited access to STD and HIV/AIDS counseling and testing. Also, a greater prevalence of STDs was observed among women who had suffered violence in their couple relationships than among those who had not experienced such violence. In the Dominican Republic, the percentages of women who had contracted an STD in the 12 months previous to the survey were 3.7 percent among those who had suffered violence and only 1 percent among those who had not experienced violence. Corresponding figures were 3.1 percent and 1.2 percent in Colombia, 18.4 percent and 10.3 percent in Haiti, and 5.4 percent and 3.7 percent in Peru.⁸

The effects of domestic violence on women’s mental health are broad and include posttraumatic stress, anxiety, phobias, sexual dysfunction, depression, and anxiety among others. Domestic violence is also associated with negative health behaviors such as smoking, drug and alcohol abuse, risky sexual behavior, and compulsive behavior.⁹

Domestic violence has serious effects on women’s participation and productivity in the job market. This situation is even more problematic when violence affecting women in the poorer strata of the population is considered, where the need to generate income is vital for the family’s subsistence. Domestic violence can also diminish women’s self-esteem and their ability to take direct control over their interests.

FACTORS ASSOCIATED WITH DOMESTIC VIOLENCE

The effectiveness of a policy is measured by its ability to influence risk factors determining domestic violence and to reduce or eliminate the personal and social consequences of such violence. Since they are the primary victims of violence, women’s general condition is in itself an important risk factor. Many causes of this problem are associated with individual and social factors. Individual factors that stand out as risks include sex, age, other biological and physiological aspects, socioeconomic level, work situation, educational level, use of alcohol or drugs, and having suffered or witnessed physical abuse in childhood.

Social factors include income inequality, media portrayals of violence, weak institutional controls (especially in the police and judicial systems), and cultural norms. Cultural standards represent one of the most significant factors in violent behavior, inasmuch as violence can be among the standards that determine the behaviors and identities of groups. For example, gender stereotypes may strengthen the idea of a husband’s “right” to use violence to control the behavior of his partner.¹⁰

Human Rights and Violence against Women

Violence against women undermines or invalidates the enjoyment of human rights and basic freedoms. International law and various agreements on human rights define violence against women as a form of discrimination. Basic rights and freedoms include:

- The right to life
- The right not to be submitted to torture, abuse, or cruel, inhuman, or degrading punishments
- The right to protection in conditions of equality in accordance with humanitarian standards in times of international or internal armed conflicts
- The personal right to freedom and safety
- The right to equality before the law
- The right to equality in the family
- The right to the highest level possible of physical and mental health
- The right to just and fair conditions of employment

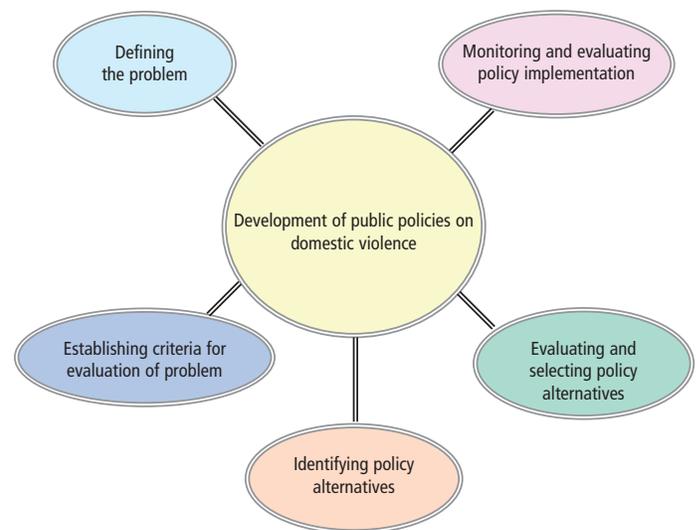
Source: General Recommendation No. 19 adopted in 1992 by the Committee for Monitoring the Application of the Convention on the Elimination of All Forms of Discrimination against Women.

DEVELOPING POLICIES TO ERADICATE DOMESTIC VIOLENCE

Domestic violence is a social and political problem that must be addressed through the implementation, monitoring, and evaluation of a coherent set of institutional actions and measures. States should adopt and implement two types of basic measures:

- *laws*: national laws or positions arising from formal provincial or municipal legislative institutions, and
- *policies*: government plans, ministerial resolutions, sector programs, provincial or municipal projects, and other provisions of local governments.

The process of drafting, implementing, monitoring, and assessing policies on domestic violence, whatever the political-administrative hierarchy, should include the following steps:



Defining the Problem

The problem of violence against women comprises a number of dimensions, including

- (1) the characteristics and magnitude of domestic violence in a specific country (or any context in question, whatever its scope);
 - (2) social, economic, political, and cultural effects;
 - (3) social institutions linked to care and prevention of the problem;
- and
- (4) existing information on the issue and the need for new evidence to analyze the many associated factors.

Basic Elements to Evaluate in Selecting Policies

In general, in determining the most feasible policies to address domestic violence, it is important to evaluate elements such as gender equality and equity, the presence of discriminatory practices, the effectiveness and efficiency of the organizations and actors involved in the solution, the costs involved, the legal bases sustaining possible initiatives, and the background and institutional conditions necessary for execution of initiatives.

Identifying Alternatives

A combination of possible guideline options or alternatives for policies should be recognized and established that meet the previously mentioned criteria, taking into account various future scenarios and the needs of priority population groups.

Evaluating and Selecting Policy Alternatives

The goal of this process is to estimate the extent to which the alternatives can provide a solution to the problem. Once options identified as possibly being factors in the solution have been established as strategies, policy lines, or programming actions, their possible impact is evaluated. Several methods exist for analyzing policy alternatives; for example, cost-benefit analyses can identify the most efficient solution. Other methods include decision analysis, linear programming, and strategic programming.

Monitoring and Evaluating Implemented Policies

It is necessary to establish monitoring and evaluation mechanisms to measure the impact of policies and detect unwanted side effects in their implementation.¹¹

All of the aforementioned steps are fundamental to ensure that public policies are well drafted and include effective instruments guiding the political and administrative directives incorporated.¹²

Priority Areas for Domestic Violence Policies

Each country should develop policies at the macro, sectoral, community, and individual levels to address the causes and consequences of violence against women. At the macro level, policies aimed at eradicating violence should be drafted, and the various sectoral interventions should include specific measures on gender violence. National laws and policies that affect areas related to equality and gender equity, such as those dealing exclusively with domestic violence, play a significant role in violence prevention at the population level. They aim to bring about changes in behaviors, values, and social and cultural practices in institutions, organizations, and society in general and to slowly but surely create more equal relationships between men and women.

A significant number of public policy initiatives are already incorporated in the efforts being carried out in some Latin America and Caribbean countries, although not always with the coherent articulation that would be desirable in a public policy framework focused on guaranteeing equality and gender equity and overcoming the scourge of domestic violence.

The following table describes policy instruments and laws addressing violence against women.

POLICY INSTRUMENTS AND LAWS ON DOMESTIC VIOLENCE		
Policies linked to equality and gender equity	Policies linked to gender violence	Policies dealing specifically with domestic violence
Macro-level policies aimed at integral development and democratic governance and focused on gender and human rights	Laws and other policies on gender violence with sufficient budgetary allocations and institutional conditions	Intersectoral comprehensive care: prevention, detection, care, sanctions, rehabilitation, evaluation, monitoring
Social and economic policies, particularly those focusing on health, education, employment, and justice	Programs for prevention of gender violence and promotion of egalitarian relationships between the sexes	Care, prevention, and punishment for the different typologies of violence and relationships between victims and victimizers
Policies aimed at increasing women's participation in governance and decision making	Comprehensive gender violence programs that include detection in specific sectors such as health, education, employment, and community groups	Protective measures for victims and their children; legislation that empowers judges to rule on urgent measures to guarantee the protection and well-being of the affected individuals and their families; measures related, for example, to provisional food obligation and custody of children
Policies designed to promote in the media egalitarian and equitable relationships between the sexes and peaceful conflict resolution	Prevention and punishment of gender violence in institutional spaces; educational campaigns on gender violence, including domestic violence, and social sentencing of abusers	Measures designed to protect material property; measures guaranteeing that the needs of children and the family group will be met
Institutional mechanisms aimed at achievement of gender equity and equal opportunity	Information systems and treatment protocols for gender violence	Sanctions against and rehabilitation of abusers
Intersectoral coordination in implementing national policies on gender equity	Intersectoral coordination in regard to comprehensive gender violence care programs	Independent and sensitized justice and immediate action to guarantee the integrity of affected people; health services that guarantee the rights and empowerment of the individuals affected

Measures for Addressing Domestic Violence

The following are necessary measures to take in effectively addressing domestic violence:

- Adopting specific methods of preventing, rehabilitating, and punishing violence within a comprehensive framework that promotes human rights;
- Designing laws that contain protective measures for the individuals affected and sanctions and/or rehabilitation for the abusers;
- Establishing guarantees for affected women;
- Designing a frame of reference for the supply of effective intersectoral services;
- Promoting strategies that favor change in the sectors working on the problem of domestic violence, in the organizational culture, in the planning process, and in allocation and budgetary execution;
- Encouraging empowerment of women in the design, implementation, evaluation, and monitoring of laws and policies; and
- Promoting opportunities for social participation to ensure that women are part of the decision-making process.

CONDITIONS NECESSARY TO IMPLEMENT POLICIES ON VIOLENCE

The principal institutional conditions necessary for the development of policies on violence against women are intersectoral coordination, adequate public budgets, and the existence of information systems.

Intersectoral Coordination: Constructing National Policies

Addressing the challenge of domestic violence requires a multisectoral interdisciplinary and integrated response from the entire public apparatus. Coordination mechanisms need to be established according to a formal and explicit body of rules organizing the participation of the many different intervening institutions, whose actions must be managed and integrated to effectively create a national policy to face the problem. Participants in such an alliance should include the executive branch and agencies responsible for education, health, and other social policies, including policies on equality and woman, as well as safety and enforcement agencies, the congress or national assembly, the judicial branch, institutions offering first aid, public and private shelters, and nongovernmental organizations, especially those targeting women.

As a means of ensuring that the regulatory foundation functions effectively, it should be expressed in a policy instrument coordinated and negotiated strategically by all of the responsible actors. Such an instrument can originate

from a presidential decree and/or be expressed in more operational terms in a national strategic program to eradicate violence against women, a broad program such as a gender equality plan, or an anti-violence plan within which fighting domestic violence is incorporated as a guideline or strategic objective.

Public Budgets

Governments need to allocate sufficient financial resources to address domestic violence and execute approved budgets. Public investment in preventing and punishing violence against women meets several social objectives:

1. It helps bridge quality-of-life gaps between men and women.
2. It favors the development of intervention models guaranteeing the needs of different groups of women according to age, place of residence, socioeconomic level, ethnic group, and other categories.
3. It allows greater coverage of attention, creates services adapted to the needs of victims, punishes abusers, and can prevent violent acts in the future.
4. It promotes better use of resources in areas such as health, education, housing, public safety, and more. It can also serve as a channel to reassign resources to central areas to achieve more egalitarian relationships between men and women.

Information Systems

Information systems help to monitor compliance with laws and policies and determine their impact on the population. These systems should be practical and coordinated by national bodies in charge of national and sectoral statistics and accounts. They should meet several criteria, as follows:

1. Data collection should be part of a comprehensive model of care, and personnel should be trained in treatment of victims to prevent their revictimization.
2. Data collection instruments should be simple and contain, as a minimum, information on sex, age, type of violence, relationship with abuser, gender of abuser, and place of residence.
3. Data should be collected and analyzed regularly, on a local, regional, and national scale, to monitor the situation and to enhance programming and advocacy at the three levels.
4. National reports for use in policy development on violence against women should be published and disseminated regularly.

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Key Components of Laws and Policies on Domestic Violence

Violence against women is a violation of human rights regardless of where it occurs. Most countries of the world have recognized this definition and have translated its understanding into national and international agreements to respect, protect, and guarantee the right of every woman to a life free from violence.

The sections to follow propose key components of laws and public policies that incorporate the contents, institutional mechanisms, and sectoral responsibilities needed to address and eradicate violence against women.

DEFINITION AND TYPES OF VIOLENCE AGAINST WOMEN

The definitions and types of violence against women that are incorporated into laws and other policies should include basic internationally recognized concepts. The Inter-American Convention on the Prevention, Punishment and Eradication of Violence against Women (Belém do Pará, 1994) established the contexts in which such violence occurs.

Violence against women shall be understood to include physical, sexual, and psychological violence that occurs within the family or domestic unit or within any other interpersonal relationship, whether or not the perpetrator shares or has shared the same residence with the woman, including, among others, rape, battery and sexual abuse; that occurs in the community and is perpetrated by any person, including, among others, rape, sexual abuse, torture, trafficking in persons, forced prostitution, kidnapping and sexual harassment in the workplace, as well as in educational institutions, health facilities or any other place; and that is perpetrated or condoned by the state or its agents regardless of where it occurs.

Types of violence include the following:

- **Physical violence:** Physical violence is defined as intentional harm inflicted on another person through the use of physical strength or some type of weapon, and it may or may not cause internal injuries, external injuries, or both. Non-severe repeated punishment is also considered physical violence.¹
- **Psychological violence:** This type of violence refers to any behavior that inflicts emotional harm on victims, diminishes their self-esteem, or damages

or disturbs their healthy development or that of their family members. Examples include behaviors engaged in to dishonor, discredit, or devalue personal worth; humiliating treatment; constant surveillance; repeated insults; blackmail; degradation; ridicule; manipulation; exploitation; and deprivation of economic means. In some countries, legislation in this area includes limitations in or impediments to victims' freedom of transit.²

- **Sexual violence:** The World Health Organization (2002) has defined sexual violence as any unwanted sexual act or attempt to consummate an unwanted sexual act, unwanted sexual insinuations, and actions intended to market or use in any other way the sexuality of a person through coercion by another person, regardless of the relation of this person to the victim and in any area, including the home and the workplace. This definition includes violations by strangers, violations during armed conflicts, and violations of individuals with disabilities and/or children, as well as forced marriage, sexual harassment, refusal of and/or withholding of contraception and protection, forced abortion, and/or forced prostitution.³

- **Patrimonial or economic violence:** This type of violence is defined as actions or omissions on the part of the abuser that affect the economic life—and sometimes the survival—of family members. Examples include withholding of housing to the detriment of family members and failure to pay food quotas. Laws in some countries describe patrimonial/economic violence as actions or omissions that involve harm, loss, transformation, subtraction, destruction, retention, or diversion of objects, personal documents, goods, values, rights, or economic resources. This form of violence encompasses damages caused to common property or personal property of the victim as well.

Brazilian legislation also includes moral violence, defined as "any behavior that causes calumny, defamation, or insult to a woman."

KEY COMPONENTS OF LAWS AND PUBLIC POLICIES

Key components of laws and public policies on domestic violence should include analyses of relationships between victims and assailants, protective measures, care for victims, sanctions and/or rehabilitation for assailants, and defined roles for public agencies.

RELATIONSHIPS BETWEEN VICTIMS AND ABUSERS

Laws and policies should address the broad range of possible relationships between victims and their abusers, taking into consideration family models and the different areas in which domestic violence is triggered, given that it can occur inside or outside the home, between cohabiting partners or former partners, and so forth.

Aggression may result from imbalances of power within a family, and such imbalances can involve all household members. Some legislation includes people who have not been adopted formally and children from other relationships who live in the household. Relationships between fiancés and those not formally linked should be considered as well. The abuser, in this context, can be any individual who takes advantage of the condition of being coupled or of any modality of parenthood or relationship.

PROTECTIVE MEASURES

Protective measures are intended to preserve the lives of victims, prevent injuries, and protect property. The primary goals of such measures must be to protect women, protect children or other household members, and protect goods.

• **Protecting women:** Laws usually impose urgent, preventive, or corrective measures that must be ordered by the judge and that seek to guarantee immediate and effective protection to the victim and to children who are found to be at imminent risk. These measures should be ruled in accordance with

- (1) court statements,
- (2) the nature of the alleged violence, and
- (3) examinations assessing the emotional state of the victim, the physical or psychological injuries she suffered, and the probability of repetition of violence.

Mediation or compulsory conciliation is not recommended since experience has demonstrated that this type of measure increases the physical and emotional danger for the woman and that the abuser usually does not comply with the agreement signed.

• **Protecting children and other members of the household:** In terms of protecting children, the judge will determine custody arrangements and the type of contact the abuser will have with the children, taking into account the level of risk for present or future violence. Ultimately, visits from the abuser may be suspended on a provisional basis in accordance with the nature of the violent act and its possible consequences.

• **Protecting goods:** Measures aimed at preserving inheritance and common property include, among others, provisional allocation of housing in favor of the victim, orders to replenish expenses and compensate the victim for damages, and temporary prohibition of contracts transferring ownership. Expenditure replenishment orders do not exclude compensation actions designed to make good on inferable damages through other legal processes.

An illustrative and unrestricted list of protective measures would include the following:

1. **Exclusion of the abuser from the common residence:** Once the judge has received the declaration, invoked the facts in the denunciation, and verified the risks, he or she should rule on protective measures *inaudita parte*. Exclusion of the abuser from the common residence should be granted in cases in which there is a risk for the integrity of the affected woman or that of the family, regardless of the type of violence involved. The safety, health, and life of the victim will prevail over the abuser's right to occupy the residence.

2. **Guarantee of a safe residence for the victim:** In cases in which the affected woman has been forced to leave her residence, a safe residence should be guaranteed until the judge rules and makes effective the measure to exclude the abuser from the common residence.

3. **Return of the victim to the common residence:** The victim will be reintegrated into the residence she was forced to abandon, and the personal goods that had been in the home will be restored to her.

4. **Protection order:** The judge will report to the national, state, or local police the measures taken so that immediate protection can be given to the woman in the event that she requests it.

5. **Prohibition of harassment or intimidation of the victim or any member of the family:** The judge, to preserve the integrity of the affected person and/or the family, can prohibit the perpetrator's access to the place where the accuser and the family live. This prohibition should include restriction of contact and communication with the victim and her family members and friends. If this measure is implemented, the judge must order the abuser to abstain from harassing, pursuing, intimidating, threatening, or carrying out other forms of abuse against the victim or any other member of the family, whether they share the same residence or not. Thus, the abuser should be prohibited from the proximity of the family residence, the victim's workplace, and other sites frequented by the victim. The prohibition can be expanded to include school areas if children are also considered victims.

6. **Prohibition and seizure of weapons in the home:** In cases in which the victim reports that weapons are present in the home and are a source of threat, these weapons should be confiscated in order to preserve the safety of those affected.

7. **Provisional food requirement and subsistence expenditures:** The judge should provisionally decree food expenditures as well as expenditures for education, clothing, and children's recreation. In setting the food quota, the judge will take into account both the needs of the beneficiaries and the income of the abuser.

8. **Reporting:** Once protective measures are imposed, the court will notify the abuser.⁴

9. **Noncompliance with protective measures:** In cases of noncompliance, the judge can order the forcible execution of measures and send the official file to the office of penal justice to enforce the pertinent penalties.

Legislation in Honduras establishes precautionary measures complementary to cautionary and safety measures, such as the training of staff in charge of the issue, coordination mechanisms for case monitoring, and the obligation for employers to grant work permits to employees who must comply with these measures.⁵

Principles for Applying Protection Orders

- **Protection for victims of violence and their families:** Victims should be protected regardless of whether the infraction is of a correctional or criminal nature.
- **Dispatch:** Measures should be applied urgently since the issues involved are vital to the individuals affected.
- **Comprehensive nature and access:** Measures should meet all of the requirements necessary to protect those affected and should ensure access to the resources needed to guarantee due protection.
- **Process utility:** Protection orders should include recording and monitoring of cases to sustain the judicial process..

LEGAL PROCEDURES AND PRESENTATION OF EVIDENCE

The essential component of judicial protection for victims of domestic violence is the quality and availability of evidence. It is essential that legislation stipulate that victims be informed of the importance of evidence in the judicial process. Also, laws should establish broad criteria for receipt and assessment of evidence without avoiding judges' obligation to rationally establish the foundation for all procedures.

Types of Evidence, Procedures, and Diagnosis of Risk

The primary types of evidence are expert accounts, testimonials, and documentary evidence.

- **Expert accounts:** Expert witnesses can be requested by either the complainant or the judge. It is important to determine all physical and psychological evidence of the violent acts in question since this evidence is a key element in rulings for indemnity of damages. The judge can take into account the professional opinions of experts from recognized public or private institutions.

- **Testimonial evidence:** Testimony from family members, neighbors, and friends can be crucial in resolving a case and should be considered by the judge. Witnesses can be summoned to court, or, as an urgent preventive measure, their statements can accompany the denunciation; subsequently, they will sign their statements in court. This allows immediate rulings to be made. Avoiding confrontations between victim and abuser in a public audience is recommended if the victim is a minor, especially in cases of sexual abuse.

- **Documentary evidence:** The judge will take into account contributed documents, such as the clinical file of a victim and her children, existing precautionary measures, and information on property and belongings, to confirm the status of common property or earnings, bank accounts, and credit cards so as to help determine the income of the alleged abuser and ensure an adequate food quota.

Expedient Transaction

It is important to expedite the procedure of investigating and ruling on cases of domestic violence; the transaction should extend no longer than 15 days, taking into account both administration and the trial (in either family or criminal court). This will ensure that the cycle of violence does not result in steps toward reconciliation and the risk of violent acts becoming chronic.

DIAGNOSING RISK

Assessments of risk—as determined by an interdisciplinary team of physicians, social workers, and psychologists, among others—should be sufficient to order protective measures for the victim and her children. Such assessments need to incorporate several criteria, including the following:

- Judicial personnel should be trained in, and sensitized to, domestic violence. This should be a criterion for contracting judicial personnel, as well as for psychologists and social workers assigned to manage justice agencies.

- Forensic services should be available 24 hours per day, every day, for the collection of physical evidence, particularly in cases of sexual crimes. Health workers, especially those employed in remote or rural areas, should be trained in collecting and preserving physical evidence.

- The testimony of minors should be treated as expert testimony instead of merely eyewitness testimony. The 1989 Convention on the Rights of the Child establishes the right of children to have their declarations valued, and they are a source of valuable information since they are also victims. Their testimony should be gathered by specialists with training that appropriately respects and considers children's age and status.

COMPREHENSIVE CARE FOR VICTIMS

Victims of violence have a right to government-supported health services, psychological guidance, police attention, legal assistance, and access to justice and education, including the following characteristics:

- Victims of domestic violence should receive care and assistance free of charge, whether judicial services or social services such as health care.

- Workers in the health and legal systems should be sensitized to and trained in issues of human rights and inequality of power in relationships between the sexes. These individuals need specific skills so that they can provide compassionate, timely, efficient, and high-quality care to victims of domestic violence.⁶

- Appropriate standards and protocols, which can guide care providers, facilitate monitoring of services, and ensure delivery of high-quality care, should be applied.

- The institutions involved should have a data system in place to record the cases of violence against women they attend to, respecting women's identities and their right to privacy. Such data will provide evidence of the problem so that authorities can make decisions based on reality, analyze the characteristics of the problem, and improve quality of care. Institutions can also create registries of abusers, which in some cases seem to function as an inhibiting factor given that abusers fear their names will be registered as such.

- Since domestic violence is a problem arising from multiple causes, it is important that those charged with addressing it coordinate their interactions, forming networks of care to ensure the necessary data collection, support, and comprehensive care.

- Personnel working in the field of domestic violence should have available self-care programs that include professional and social support networks, teamwork, satisfactory labor conditions and structures, continuing education, psychological care, and preventive vacations.

- Programs focusing on women's empowerment should be implemented so that victims can regain their autonomy and self-esteem.

SANCTIONS AND REHABILITATION FOR ABUSERS

According to legislation in many countries, those responsible for committing acts of domestic violence face legal sanctions and/or the possibility or obligation of participating in rehabilitation programs. The most common sanctions are fines, community work, indemnity for damages, and restrictions of freedom. Topics typically addressed in rehabilitation programs include masculinity, interpersonal relationships, conflict resolution, anger management, criminal sanctions, alcohol and drug abuse, traumas, sexual health, community structure, and violence.⁷

JUDICIAL AND EXECUTIVE BRANCHES AND THE POLICE

At the national level, a cabinet-level position in the executive branch can ensure the permanence of a national system against domestic violence, complemented by an autonomous judicial branch wherein sufficient human resources are sensitized to the problem. Police can offer guidance to abuse victims and apply the law.

Administration of Justice

The law is the essential reference for executive and judicial branch policies. The effectiveness of the law depends largely on the presence of an autonomous judicial branch with solid material and professional resources; training needs include the following:

- Law school courses on international human rights treaties, especially on domestic violence and equality and gender equity. Lawyers and judges need to be sensitized to domestic violence problems.

- Law schools with training programs focusing on domestic violence.
- Establishment of a profile of judges, secretaries, assistants, other staff members, and managers concerned with the issue of violence against women. The profile should define the need for professional and technical skills in areas such as gender analysis of legal and normative texts, detection of gender bias in all contexts, teamwork, ethics, and an integrated focus on domestic violence.
- Establishment of mechanisms in the judicial branch to dismiss staff members and judges who are perpetrators of domestic violence and to register such behavior in the aforementioned profile. The authorities in the case should inform the judicial branch that such a denunciation may be cause for sanction and/or termination.
- Formation of interdisciplinary teams, including psychologists and social workers, to collaborate with judicial officials in diagnosing risk, working in family courts to the extent possible so as to avoid transfer of victims and subsequent delays.
- Inclusion of referral and counterreferral systems in all programs with anti-violence agendas to strengthen comprehensive care delivery and long-term data collection.

Executive Branch

The permanence, organic structure, and monitoring of a national system to combat domestic violence can be ensured through establishment of an interbranch regulatory and interinstitutional entity at the executive branch level. This would help strengthen interagency coordination at the state level, particularly in terms of procurement of justice, and help create standard procedures of action for the teams involved.

Police

The police play a key role in providing guidance to victims and in applying the law since they must carry out the measures ordered by the judge in cases in which abusers resist. Control mechanisms and police monitoring are needed to ensure compliance with the orders issued. Implementation of the following measures is recommended:

- Training and sensitization on the importance of police work in violence against women and the specific protocols for this work.
- Improvements in quality of care delivered in terms of availability, accessibility, and the integrated nature of the response.
- Compulsory completion of reports on acts of violence aimed at preserving evidence and training on the importance of creating and preserving evidence.
- Anti-corruption mechanisms to prevent police force members from soliciting or accepting gifts for fulfilling (or not fulfilling) their work.
- Programs for detecting and attending to police force members with a history of family violence and disqualification of police abusers from cases of domestic violence.
- Creation of permanent structures, such as groups specializing in the prevention of domestic violence, in an effort to ensure the effectiveness and continuity of training processes.
- Establishment of specialized units within police delegations and evaluation of the lessons learned from these units.
- Establishment of and training in specific skills for preventive and investigatory policing.

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Municipal Policies on Violence against Women

Local policies on violence against women are one of the most effective means to serve local needs, facilitate access to services, improve quality and equity in service delivery, and increase the participation of different actors in combating this scourge.

Most Latin American and Caribbean countries have implemented laws and national programs to combat violence against women, which have led to the establishment of legal, health, and education services aimed at achieving this task. These services have generally benefited the large cities. Some legislation includes specific measures, in several cases based on public budgets and/or decentralization efforts, to plan and adopt policies against domestic violence at the subregional and municipal levels.

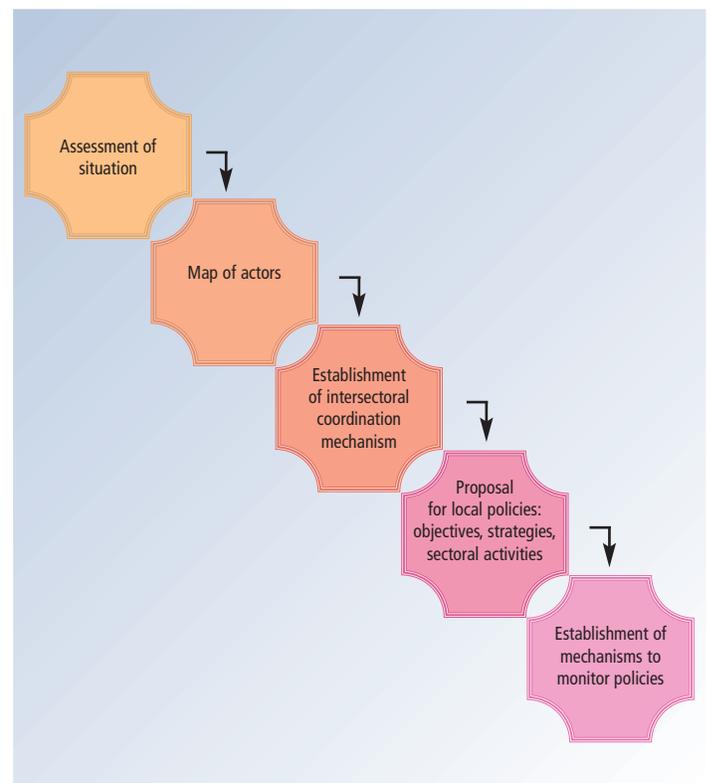
Local policies on violence against women benefit national policies by:

- (1) strengthening subnational resources and initiatives,
- (2) improving access to and quality of services,
- (3) assisting in the development of technical skills, and
- (4) increasing participation.¹

KEY STEPS IN DRAFTING LOCAL POLICIES ON GENDER VIOLENCE

The Dominican Republic offers an example of local policies on violence against women. The country drafted local policies (“Municipal Policies for Prevention of and Comprehensive Care in Domestic Violence against Women in Los Alcarrizos”) within the framework of the “Model for Laws and Policies on Domestic Violence against Women.” An operational organization was established to draft and execute

plans based on local and national information for program development, recognition of the perspectives of stakeholders, and establishment of mechanisms to evaluate the progress of interventions.² The steps taken are analyzed in the sections to follow.



Assessment of Situation

Assessment of the situation provides an evaluation of the dimensions of violence against women, the relevant local infrastructure, and institutional responses and then identifies what is needed for the municipality to combat the problem. Data were collected from universities and civic organizations, documents, official sources, and focus groups composed of key actors.

Key Information Necessary to Set Priorities for Local Policies against Gender Violence

- Sociodemographic characteristics of the locality
- Magnitude of the problem and types of violence prevalent in the locality
- Existing services for prevention of violence against women
- Institutional barriers to access: types and availability of services, costs, geographical aspects, sociocultural factors
- Profile of demand for services (percentage of victims who go to health centers or police departments and demographic characteristics of victims)
- Staff trained in various service areas (for example, health, justice, education, community groups)

Map of Actors

Mapping allows a full understanding of the characteristics of the actors involved in developing local policies on gender violence and their roles, positions, and level of participation. Among the relevant actors are the following:

- government agencies;
- civil society: women's organizations, youth groups, community groups, other nongovernmental organizations, trade associations, professional associations, and health committees or councils;
- churches;
- the private sector;
- news media; and
- international aid organizations.

Intersectoral Coordination Mechanisms

The data collected through situational assessments and mapping are used to forge ties with institutions, organizations, and individuals interested in participating in drafting, implementing, monitoring, and evaluating municipal policies. Intersectoral coordination is significant in that it can:³

- increase awareness of the programs and practices of the organizations involved
- promote sharing of good practices
- facilitate joint development of professional skills
- link the individual work of each organization in an integrated way and generate new strategies and services to serve collective needs

- improve channels for mutual reference among the different services
- generate conditions and terms for sectoral reporting and reporting on current programs

Advocacy aimed at drawing key actors into the process of implementing municipal policies on gender violence should be based on information regarding dimensions of the problem and social, domestic, and personal implications; the advantages of joint intervention in addressing the multiple dimensions of violence against women; and the added value of municipal policies on gender violence.

The many intersectoral coordination mechanisms that can be used to develop policies on gender violence include work commissions, committees, intersectoral boards, and social networks. These entities can assume a wide variety of structures, functions, and participant profiles. Most focus on policy design and provision of comprehensive services.

Benefits of Intersectoral Coordination Mechanisms

Intersectoral coordination mechanisms allow a model of action to address a problem that has a significant impact on the population, service providers, and institutions. Such mechanisms facilitate synergy among government agencies, nongovernmental organizations, and community organizations. They take advantage of the skills of each of the organizations involved and promote formulation and execution of joint initiatives.

MUNICIPAL POLICIES: ESTABLISHING OBJECTIVES AND STRATEGIES

Once the key issues associated with the causes and consequences of violence against women and possible solutions have been identified and policy objectives have been established, these ends find expression locally in policies, decision making, and the ways in which the problem will be addressed comprehensively.

Goals of the Dominican Republic's "Municipal Policies for Prevention of and Comprehensive Care in Domestic Violence Against Women in Los Alcarrizos"

- Promote a culture of equity between the sexes and the right of women to live free from violence
- Develop a comprehensive and multisectoral system for prevention, sanction, and care in all of the different forms of violence against women
- Mobilize all actors in the community to coordinate actions and invest economic, human, and financial resources for prevention, punishment, and comprehensive care of family violence against women

SECTORAL STRATEGIES

As a result of the multidimensional character of violence against women, it is necessary to define interventions with specific skills for each local sector, although some activities such as case-finding are engaged in by all participating actors. The table below describes the distribution of sectoral actions agreed on in municipal policies on care and prevention of domestic violence in the Dominican Republic.

Sector	Strategies
Health	Detection, medical care, prevention of violence, promotion of gender equity, psychological support, training, programs of care for personnel working with victims, records system, standards and protocols, intersectoral and interdisciplinary coordination
Administration of justice and public security	Filing of complaints, data collection, verification of complaints and protective measures, assessment of existing risk and need for protection, information for victims about rights and restraining orders, transfer of victims and their children, adequate treatment for victims, seizure of all types of weapons, detention of perpetrators, coordination with other sectors, staff training, investigations for clarification of facts, preservation of evidence
Education	Identification of gender violence cases, training of teachers and non-teaching personnel, guidance on legal instruments that protect women and children, evaluation of risks and damages
Community groups	Campaigns or prevention activities, formation of support groups and self-help groups, home visits, psychological care, participation in planning municipal policies, social mobilization measures when needed to obtain budgetary resources, formation of social networks on prevention and care

MEASURES TO ENSURE IMPLEMENTATION OF MUNICIPAL POLICIES

Implementing municipal policies on violence against women requires integrated actions that include the following, among other decisions and measures:

- **Intersectoral political will:** The highest authorities of government, civil society, and other relevant institutions publicly ratify their commitment to policies on violence against women.
- **Joint planning and implementation:** Participating sectors establish annual plans setting priority actions and coordinating their implementation to reinforce the work of each organization.
- **Dissemination of policies:** Policies are disseminated in all activities at the community level. All municipal organizations and the women affected by violence should appropriate the policies and actively integrate in the process of implementation, evaluation, and monitoring.
- **Monitoring and evaluation:** Progress of the proposed activities is monitored and evaluated periodically, including evaluation of the perspectives of participating women and users of the services.
- **Resources:** Human resources from each organization are assigned jointly to develop the annual plan, and a person responsible is designated within each organization. Each organization agrees to allocate part of its budget to implement these policies. The national government supports the action at the subnational level through budget allotments. Participating organizations also mobilize resources from international cooperation and the private sector.
- **Participation of women:** Successful implementation of municipal policies depends on interinstitutional agreements and the active participation of women in all processes involved in policy execution. Special attention should be paid to participation of women's groups and victims of domestic violence.

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Comprehensive Care for Domestic Violence against Women in the Health Sector

Domestic violence against women has a strong and negative impact on the health, well-being, and development of victims, their families and immediate environment, the community in which they live, and the broader society. This situation led the Pan American Health Organization/World Health Organization (PAHO/WHO) in 1993 to declare domestic violence a public health problem and to adopt a resolution recommending that Member Governments formulate policies and plans for its prevention and control.

The current legal framework in Latin America and the Caribbean requires the States to implement interventions against domestic violence based on the universal nature of human rights, their indivisibility, and the obligation of the State to respect and enforce respect for such rights. This implies combating violations of all human rights undermined by domestic violence, such as the rights to health, well-being, physical and psychological integrity, and freedom, among others.

The institutions responsible for public health, which are central in the Latin American legal framework, are essential to eradicating violence against women. These institutions have experience in modifying attitudes and practices at the population level, and, critically, they understand the importance of preventive measures and are skilled in their implementation.¹ Public health services also represent the main gateway to institutionalized care, since women often resort to them in their role of guardians of their family's health, including their own reproductive capacity.

BASIC INTERVENTIONS IN THE HEALTH SECTOR

The basic interventions in domestic violence against women are prevention, care of victims, medical-legal documentation, treatment for abusers, and reports to the authorities.

Prevention

Most laws against domestic violence in Latin America and the Caribbean incorporate preventive measures through promoting women's rights, particularly within families and couples; building community awareness, and reducing social acceptance of violence. In Costa Rica, for example, the law establishes that the State will:

promote modification of the sociocultural patterns of behavior in men and women . . . in order to counteract prejudices, customs, and all sorts of practices based on the premise of inferiority of either gender or in stereotypes for the man and the woman [that] legalize or exacerbate violence against the people.²

Applying the concept of health promotion as the process that makes it possible for people to increase control over or improve their health,³ prevention should promote gender and human rights equity for women as a means to ensure that control. There are three basic levels of prevention: primary, secondary, and tertiary.

- **Primary prevention:** Developed through coordination among the health and education sectors and the community, primary prevention strengthens recognition of violence as a social problem, adopts strategies to prevent such occurrences, and promotes self-esteem and social relations free from violence. Without such measures, violent behaviors will continue or even escalate.

- **Secondary prevention:** Secondary prevention aims at stopping violence as soon as it is identified by health services or other entities, to keep the victim or others from suffering further attacks. It is the responsibility of most existing services in both the public and private sectors, and it requires effective interinstitutional coordination to protect victims and their children.

- **Tertiary prevention:** Tertiary prevention aims at reducing injury to affected people through supportive activities to treat physical and psychological damage. It includes counseling, specialized medical care, and support groups.

Case detection is a basic instrument for implementing preventive strategies and helping avoid additional damage to the individuals affected. Development of the skills needed to detect cases of violence at schools, health centers, and in the general community facilitates victims' access to services. Although the different sectors are prepared to detect cases of violence, the health system should implement measures at the local, regional, and national levels to identify violence. It should also promote emergency services and facilitate access to such services. Identification of cases of domestic violence will be enhanced if the appropriate services exist to serve the needs of those affected.

Medical and Psychological Care of Victims

Most national laws on domestic violence target care and assistance primarily toward the direct victims. In general, these laws aim at repairing the damage suffered through diagnosis, medical care, and psychological support. In Puerto Rico, for example, Law No. 54 stipulates the establishment and promotion of information services, support services, and counseling for abuse victims.⁴ Health care teams offer services in traumatology, pediatrics, geriatrics, gynecology, psychiatry, psychology, dentistry, nursing, social work, and more.

Many domestic laws prescribe specific attention for minors, older adults, and disabled individuals. Bolivia's Law No. 1674 contains specific measures for pregnant women, including awareness campaigns focusing on the types of care that should be provided to pregnant women to avoid violence that can affect them or their unborn baby.⁵

In Latin America, victims of domestic violence generally seek support from people close to them or from institutions depending on their specific life stage; their assessment of the personal, cultural, and institutional environment; and the type of abuse they have suffered.

The frequent silence around violent acts and types of violence makes violence more difficult to eliminate. This silence is due not only to the particular characteristics of victims but also to perceptions of the lack of effectiveness of social responses. Victims come from diverse backgrounds, but the violence they experience stems from the same cultural, institutional, and social contexts, including family members, friends, neighbors, health services, the justice system, churches, education centers, and community services. Results from studies described in *Ruta Crítica de las Mujeres Afectadas por la Violencia Intrafamiliar en Diez Países de América Latina* (Critical Path of Women Affected by Family Violence in Ten Latin American Countries, 2003) show that the women who seek assistance or undertake actions against violence are generally those who have suffered physical abuse, the most socially recognized type of violence.⁶

The number of female domestic violence victims who turn to care and protection services in Latin America is relatively low. Results of a study on the prevalence and characteristics of conjugal violence toward women in Nicaragua (1996) showed that 80 percent of the victims never sought any type of assistance.⁷ In addition, barely 14 percent registered complaints with the police, and less than 6 percent visited a health center or *casa de la mujer* (residential support house). In the Dominican Republic's 2001 demography and health survey, only 16 percent of female victims of physical aggression reported contacting the police to denounce the abuse or seek protection.⁸ Other studies conducted in Colombia, Guatemala, Haiti, Honduras, Mexico, Nicaragua, Peru, and the Dominican Republic indicate that between 40 and 80 percent of victims of extrafamilial domestic and sexual violence do not seek assistance and that only 10 to 16 percent seek assistance from the police. Research from Peru shows that only 75 percent of those who seek assistance go to police headquarters, 15 percent go to court, and only 9 percent to 11 percent visit a health center.⁹

Guiding Principles of Care for People Affected by Domestic Violence

- Priority attention should be focused on victims' safety.
- Victims' integrity and decision-making autonomy should be respected.
- Abusers are responsible for their own violent behaviors and for ceasing such behaviors.
- Service providers should advocate for the rights of victims and their children.
- The health system needs to improve sectoral responses to domestic violence.

Source: Adapted from Carole Warshaw and Anne Ganley, *Improving the Health Care Response to Domestic Violence: A Resource Manual for Health Care Providers*. San Francisco: Family Violence Prevention Fund, 1996.

It should be pointed out that improved service delivery, essential in increasing the confidence of victims, largely depends on uniform treatment standards and protocols. Such improvements can facilitate geographical extensions of service coverage and assessments of quality of care.

Medical-Legal Records

In some countries, any medical record issued by a professional is admitted as documentary evidence of the occurrence of domestic violence without distinction as to the type of institution in which the professional works. In general, it is specified that medical records should include clinical findings, diagnoses, and the victim's disability. Venezuelan law allows a victim to submit a medical record issued by a professional providing services in any public or private institution.¹⁰ In most Central American countries, there is a noted lack of medical-legal services exclusively devoted to or specializing in domestic violence.¹¹

Various types of barriers—from geographical to institutional barriers to a lack of human resources and excessive costs—seriously restrict access of victims to medical and legal services. In some Central American countries, there is one forensic examiner on average for every 100,000 inhabitants, with large differences between countries: in Costa Rica there are 1.9 medical examiners for every 100,000 residents, while in Nicaragua there is one for every 250,000 residents. The cost of a forensic examination in Central America varies from US\$20 up to US\$200.¹²

An example of an institutional obstacle to the delivery of services to victims is the lack of standardized protection systems in the chain of custody of evidence in cases of violence, as well as the route by which that evidence should be transmitted. The need for such systems is particularly acute in remote areas. There is also a need for standardized care procedures, especially psychological care, and access to multidisciplinary medical and forensic work.

Treatment for Abusers

Among other measures for preventing and containing domestic violence, some country's laws prescribe, by judicial order, that abusers undergo psychotherapy. A psychologist determines whether ongoing treatment is needed and reports to the judge on the results of psychological consultations. In Colombia, the judge can order reeducation and therapeutic treatment in a public or private institution.¹³ Programs for perpetrators of domestic violence should aim at ending the pattern of violence, controlling behaviors with respect to the victim, and helping the abuser assume personal responsibility for the violence that he has inflicted.

Treatment for abusers should be ordered in conjunction with protective measures for the victim and her children. Such treatment should include monitoring of abusers' progress. Honduras' Law against Domestic Violence states that the defendant must attend two treatment sessions.¹⁴ According to the Dominican Republic's Law No. 24-97:

The court will impose on the violator mandatory assistance at therapeutic programs or family programs in a public or private institution for a period [of] no less than six months. Noncompliance [with] this penalty and its results will be under the jurisdiction of the court.¹⁵

It should not be mandatory that victims participate in treatment programs specifically aimed at helping their abusers. Instead, victims should be referred to support groups or other services designed especially for them.¹⁶

Mandatory Notification

Although the laws in some countries stipulate that the police, health workers, or other service providers must legally report cases of domestic violence, that decision should be an exclusive right of the victim except in the case of minors. The woman, of her own free will, should decide whether or not to report any violence she has suffered, since it is she who best knows the consequences and risks involved in such an act. Some studies indicate that the most dangerous period for the physical integrity of women is immediately after such a denunciation. Furthermore, it has been shown that the mandate to denounce interferes with the delivery of health services, since victims are more reticent to reveal their experiences of domestic violence when they know that the information will be communicated to the police. In turn, those who offer health services often fear becoming involved in legal processes.¹⁷

CONDITIONS NECESSARY FOR EFFECTIVE RESPONSES TO DOMESTIC VIOLENCE

If the health sector is to respond to domestic violence effectively, measures must be in place to ensure access to services, the quality of these services, the skills of staff members, the quality of information systems, intersectoral coordination, and adequate financing.

Measures Ensuring Access to Services

Measures to ensure access to health services for victims of domestic violence can include, among others, specific provisions on medical or hospital care for all victims, without exception. Some national laws prescribe measures to facilitate geographical access, such as available services in national and regional hospitals where needed. Economic barriers are also often considered; for example, El Salvador's Law against Domestic Violence stipulates that a judge, in an effort to provide free assistance to victims, can request the collaboration of public and private organizations that help protect children, adolescents, women, older adults, and disabled individuals.¹⁸

Strategies designed to expand victims' access to services should include dissemination of information on the rights of affected people and the services and resources available in the community. It is also necessary to work on changing victims' beliefs and attitudes concerning violence and to assess the outcomes of their previous attempts to stop the abuse.

Training Health Providers

Training in the area of violence against women should include skills to detect, evaluate, guide, refer, and record cases and care for victims. Mexico's Law of Aid and Prevention in Domestic Violence establishes that the personnel in charge of aid and care should be registered in the Secretariat of Education, Social Health, and Development and should participate in the agency's training and awareness program to obtain the necessary skills.¹⁹ Managerial capacities are also needed to design, implement, monitor, and assess programs and to facilitate ethical-conceptual reflection on beliefs, attitudes, and practices around domestic violence that affect quality of care.²⁰

Quality Care Programs

Many laws and regulations on domestic violence address components related to psychosocial and normative care quality. These components include high-quality treatment and comprehensive care for victims, avoiding repeating clinical examinations that affect a victim's psychological state. Panamanian legislation includes reference to other health care services whenever transfer from one service to another does not involve risks to a victim's health or well-being.²¹

In a parallel manner, self-care programs should be implemented for personnel working with domestic violence cases, since they are exposed to major psychological pressures. Components of such programs can include professional and social support networks, teamwork, solid work structures and conditions, continuing education, and psychological care.

Information Systems

Information systems should employ comparable common variables and indicators that can be analyzed and used in planning services. Also, they should be implemented in a coordinated way with treatment protocols and accompanied by ongoing training of personnel to detect and record cases. According to the situation in Paraguay:

The Courts of Paz, the National Police and the health institutions that intervene in cases of domestic violence toward women should prepare a special record that contains as a minimum the following data: name, age, residence, marital status, number of children, grade of schooling, profession or work of the victim, relation to the aggressor and if victim and aggressor have children in common; name, age, residence, marital status, number of children, grade of schooling, profession or work of the aggressor; [and] nature of the injury: physical, psychological, sexual, or patrimonial, site of violence, victim's hometown.²²

Records should be kept under conditions that ensure privacy and confidentiality.

Intersectoral Coordination

Most laws against domestic violence stipulate coordination among various sectors, particularly the health, judicial, and education sectors. The nature of coordination between health workers and other sectors can be diverse; in some cases, they can act as experts or auxiliaries of justice. According to Brazil's Law No. 11.340, assistance to women suffering domestic or family violence should be provided comprehensively and under the principles and directives outlined in the Organic Law of Social Welfare of the Unified Health System and the Unified Public Safety System.²³ Intersectoral coordination plays a key role in developing referral and counterreferral systems for victims, strengthening the health sector's work and increasing the impact of its interventions.

Financing Sectoral Policies

The laws of some of the region's countries include investment and identifying sources of financing to ensure proper implementation of policies on violence against women. In Ecuador, the Law against Violence to Women and the Family indicates that if rehabilitative policies are to be viable, they should have specific financing, whether from the central government's budget or from other sources.²⁴

In Peru, Decree No. 017 of the Government High Commission established that the annual budgets of the education, health, and justice sectors; the police; and the Ministry of Women and Social Development should include specific allocations to achieve national goals in combating violence against women.²⁵ Sustainability of health policies on domestic violence depends largely on systematic and incremental public investment.

VALUES AND PARTNERSHIPS IN COMPREHENSIVE CARE

Comprehensive care in situations of domestic violence should be imbued with a strong defense of women's rights and should be supported by broad social participation.

Gender Equity

Women's social status often causes them to face greater risks than men from different types of violence. Thus, public policies focusing on comprehensive care for violence should include as *sine qua non* nondiscrimination against women and protection of their basic rights, specifically their right to physical and psychological health.

Partnerships and Social Participation

Domestic violence against women is a complex problem with multiple causes. Thus, there should be an integrated approach to the struggle against violence in which all public and community sectors form partnerships and are active in eliminating domestic violence.

PRIORITY AREAS IN COMPREHENSIVE CARE FOR VICTIMS

Comprehensive care for women who have suffered domestic violence is provided at three levels—national, community, and sectoral—in which collaboration can strengthen individual resources and the scope and quality of actions.

National Level

Actions taken at the national level should include formation of partnerships for developing and implementing policies and laws aimed at preventing, treating, and punishing domestic violence. Issues associated with allocation of the financial, human, and technical resources needed to apply designated policies and monitor their compliance should be included in national debates and agreements.

Community Level

At the local level, it is necessary to build intersectoral prevention and care networks, creating an ideal space to implement relevant interventions. Health centers can represent the preferred means to strengthen community interventions since they can act as partners in training, care, reference, research, and record-keeping. Although networks may differ according to the characteristics of each community, key members are common: local health centers, the police, judicial institutions, educators, community leaders, and women's organizations. Women's groups and victims' groups should participate in decision making and actions concerning domestic violence.

Sectoral Level

The private sector, public sector, and nongovernmental organizations are important in detecting domestic violence and offering care to victims. Each sector should have access to national policies and to specific instruments on domestic violence. The lead sector is, naturally, the health sector, which has the responsibility of fulfilling functions established in the international and national legal framework concerning prevention and care, as well as creating the institutional conditions necessary for policy implementation.

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Monitoring of Laws and Policies on Domestic Violence

OBJECTIVES

Citizens and institutions have a growing set of tools available to monitor implementation of national and international laws on violence against women and policies to combat it. Monitoring makes it possible to evaluate the contribution of different laws and policies to increasing attention to the problem, improving access to services, enhancing coverage, and distributing resources.

Monitoring also makes it possible to collect and analyze data to detect strengths and weaknesses in the implementation of policies and to make adjustments in their execution. Moreover, it helps determine whether services are adhering to set plans and objectives.

Monitoring laws or policies is a multidimensional process that requires evaluation of factors ranging from legal interpretation to the criteria and procedures governing the expertise of multidisciplinary teams, access of victims to justice and to care programs to which they are referred - and their satisfaction with both - and the interinstitutional coordination guaranteeing due application of the law. That process requires basic tools that include a vast array of priority indicators.

The following sections present an overview of the instruments, opportunities, and obstacles involved in monitoring and a proposal of general and specific indicators that can enhance knowledge on domestic violence as well as improve service delivery, resource allocation, and decision making.

INSTRUMENTS

Several instruments are needed for monitoring, including:

- **An information system** to help determine the magnitude of the problem of violence against women at different levels.
- **Intersectoral mechanisms** that reflect the complicated nature of violence and make it possible to systematize data from all of the sectors involved.

- **Assessment mechanisms** for strategies and interventions and their economic costs, short-term and long-term effects of prevention and care programs, and campaigns focusing on changing attitudes and behavior, among others.

- **Monitoring mechanisms** that make it possible to use the results to develop skills and sustain the performance of the sectors involved in implementing laws and policies.

OPPORTUNITIES AND OBSTACLES

The following circumstances have been identified in some Latin American and Caribbean countries as factors that facilitate monitoring¹:

- Existence of a body responsible for applying laws on violence against women that takes a comprehensive perspective and helps government officials coordinate their specific workloads.
- Existence of institutions equipped to obtain cross-link information and facilitate inter-sectoral coordination.
- Establishment of networks of nongovernmental organizations and other community organizations as a catalyst for monitoring policies on violence against women.
- Population-level awareness of domestic violence, especially violence committed against women, which promotes filing of complaints and use of services and also helps document and assess the problem.

In contrast, several factors limit monitoring:

- Data collection systems are often cumbersome and expensive, hindering the work and limiting the inclusion of new indicators.
- Each institution tends to incorporate its own vision and mission when preparing indicators and statistics.
- Data collection instruments are not always applied, and, when such instruments are used, the data collected may not be processed.

- There are gaps in the monitoring process; in particular, data on repeat offenders, which would help determine the level of danger posed by these individuals as well as risks faced by their victims, may be lacking.

- An institutional culture persists that limits well-defined objectives of systematic data collection and recording from a gender perspective.

PRIORITY INDICATORS

As basic instruments enhancing planning and invested resources and facilitating decision making, the quantitative and qualitative indicators proposed below can be used to gather knowledge in the area of violence against women. Not all of these indicators can be prepared with the information compiled in each country, but they can serve as basic guidelines for efficient data collection.

General Indicators

The sets of indicators listed in the following tables focus on the magnitude of domestic violence against women, access to and use of services, financing of care, and social participation.²

MAGNITUDE OF DOMESTIC VIOLENCE AGAINST WOMEN			
Indicator	Definition	Source	Levels of disaggregation
Prevalence of physical violence	Number of women who have suffered physical violence on the part of their spouse or companion with respect to total number of women in union, in a given period and geographical region	<ul style="list-style-type: none"> • Surveys (or modules) to measure violence against women • Demographic and health surveys 	<ul style="list-style-type: none"> • Age groups • Area of residence: urban, rural • Work activity: paid and unpaid • Educational level • Specific population groups (ethnic groups, immigrants, displaced persons) • Pregnancy status • Socioeconomic level • Violence severity level
Prevalence of psychological violence	Number of women who have suffered psychological violence on the part of their spouse or companion with respect to the total number of women in union, in a given period and geographical region	<ul style="list-style-type: none"> • Surveys (or modules) to measure violence against women • Demographic and health surveys 	<ul style="list-style-type: none"> • Age groups • Area of residence: urban, rural • Work activity: paid and unpaid • Educational level • Specific population groups (ethnic groups, immigrants, displaced persons) • Pregnancy status • Socioeconomic level • Violence severity level
Prevalence of sexual violence	Number of women who have suffered sexual violence on the part of their spouse or companion with respect to the total number of women in union, in a given period and geographical region	<ul style="list-style-type: none"> • Surveys (or modules) to measure violence against women • Demographic and health surveys 	<ul style="list-style-type: none"> • Age groups • Area of residence: urban, rural • Work activity: paid and unpaid • Educational level • Specific population groups (ethnic groups, immigrants, displaced persons) • Pregnancy status • Socioeconomic level • Violence severity level
Prevalence of patrimonial violence	Number of women who have suffered patrimonial violence on the part of their spouse or companion with respect to the total number of women in union, in a given period and geographical region	<ul style="list-style-type: none"> • Surveys (or modules) to measure violence against women • Demographic and health surveys 	<ul style="list-style-type: none"> • Age groups • Area of residence: urban, rural • Work activity: paid and unpaid • Educational level • Specific population groups (ethnic groups, immigrants, displaced persons) • Pregnancy status • Socioeconomic level • Violence severity level

Note. Prevalence is an important but difficult indicator to determine. *Violence against Women in Couple's Relationships: Latin America and the Caribbean. A Proposal to Measure Its Magnitude and Evolution* (ECLAC Women and Development Series No. 40, 2002, p. 23) includes a list of surveys measuring violence against women in Latin America and the Caribbean.

ACCESS TO AND USE OF SERVICES			
Coverage			
Indicator	Definition	Source	Levels of disaggregation
Number of services offering care to women in domestic violence situations	Ratio between number of services for women who have suffered domestic violence and total women in a given geographical region	<ul style="list-style-type: none"> • Ministry records • National reports on monitoring compliance with international commitments • Institutional annual reports 	<ul style="list-style-type: none"> • Administrators of justice • Police • Health services (primary care) • Nongovernmental organizations
Percentage of municipalities with police units/details for women	Ratio between number of municipalities with police units/details for women and total municipalities in a specific geographical area (national, provincial)	<ul style="list-style-type: none"> • Ministry records 	
Number of medical examiners per area unit	Ratio between number of medical examiners and total women in an area	<ul style="list-style-type: none"> • Ministry records • Registry of professional associations 	

Use of Institutional Services and Noninstitutional Support

Indicator	Definition	Source	Levels of disaggregation
Percentage of women suffering domestic violence who require attention	Ratio between number of women victims of domestic violence who have visited some type of institutional health care service for domestic violence and total number of women who suffer violence, in a given period and geographical area	<ul style="list-style-type: none"> Surveys (or modules) to measure violence against women Demographic and health surveys 	<ul style="list-style-type: none"> Age groups Area of residence: urban, rural Work activity: paid and unpaid Educational level Specific population groups (ethnic groups, immigrants, displaced persons) Pregnancy status Socioeconomic level
Percentage of women suffering domestic violence who request attention in the health sector	Ratio between number of women victims of domestic violence who have visited a health services center and total number of women who suffer violence, in a given period and geographical area	<ul style="list-style-type: none"> Surveys (or modules) to measure violence against women Demographic and health surveys 	<ul style="list-style-type: none"> Age groups Area of residence: urban, rural Work activity: paid and unpaid Educational level Specific population groups (ethnic groups, immigrants, displaced persons) Pregnancy status Socioeconomic level
Percentage of women suffering domestic violence who bring a legal action to court	Ratio between number of women victims of domestic violence who have gone to a police station and total number of women who suffer violence, in a given period and geographical area	<ul style="list-style-type: none"> Surveys (or modules) to measure violence against women Demographic and health surveys 	<ul style="list-style-type: none"> Age groups Area of residence: urban, rural Work activity: paid and unpaid Educational level Specific population groups (ethnic groups, immigrants, displaced persons) Pregnancy status Socioeconomic level
Percentage of women suffering domestic violence who seek noninstitutional support	Ratio between number of women victims of domestic violence who seek the support of their mother, other relatives, or friends and total number of women who suffer violence, in a given period and geographical area	<ul style="list-style-type: none"> Surveys (or modules) to measure violence against women Demographic and health surveys 	<ul style="list-style-type: none"> Age groups Area of residence: urban, rural Work activity: paid and unpaid Educational level Specific population groups (ethnic groups, immigrants, displaced persons) Pregnancy status Socioeconomic level
Rate of demand for health care services owing to domestic violence	Ratio between number of women seen as a result of domestic violence and total female population	<ul style="list-style-type: none"> Administrative records 	

Quality

Indicator	Definition	Source	Levels of disaggregation
User satisfaction with quality of services	Quality of services as perceived by users	<ul style="list-style-type: none"> User surveys 	
Time required to reach domestic violence care center	Ratio between total time that people spend in transportation to services and total people who access services	<ul style="list-style-type: none"> Surveys (or modules) to measure violence against women Surveys of service quality 	Area of residence: urban, rural
Waiting period before receipt of health care services	Ratio between total time that people wait to receive care and total number of people who seek services	<ul style="list-style-type: none"> Surveys (or modules) to measure violence against women 	
Percentage of lawyers who offer free legal counsel to women suffering from domestic violence	Ratio between number of lawyers in a given area who offer free counsel to women victims of domestic violence and total number of lawyers	<ul style="list-style-type: none"> Justice system administrative records Records of professional associations 	Note: Each country will define the denominator according to the specificity in its territory
Percentage of establishments able to offer immediate protection to women victims of domestic violence	Ratio between number of establishments that have legal ability to issue measures offering immediate protection to women suffering domestic violence and total number of establishments providing health services to women victims of domestic violence	<ul style="list-style-type: none"> Administrative records Institutional reports 	
Percentage of establishments with comprehensive strategies to help women victims of domestic violence gain access to services offered	Ratio between number of establishments that have incorporated strategies to reduce cultural barriers (language, for example) or that have facilitated access for women through offering greater flexibility and total number of establishments providing care for domestic violence	<ul style="list-style-type: none"> Annual reports National monitoring reports on compliance with international agreements 	
Percentage of establishments with standardized procedures for victims and assailants	Ratio between number of establishments with standardized procedures for victims and aggressors and total number of establishments providing care for domestic violence	<ul style="list-style-type: none"> Annual reports National monitoring reports on compliance with international agreements 	
Percentage of personnel involved in health services for domestic violence who have received training	Ratio between number of people working in domestic violence health centers for who have received training in case identification, crisis intervention, orientation, damage assessment, and risks and total number of people working in the area	<ul style="list-style-type: none"> Administrative records Institutional reports 	

FINANCING OF CARE *Public Sector*

INDICATOR	DEFINITION	SOURCE	LEVELS OF DISAGGREGATION
Per capita spending on health service programs for women victims of domestic violence	Amount allocated by State in general budget for health service programs targeted toward women victims of domestic violence, divided by total number of women in the country	<ul style="list-style-type: none"> General budget of the State 	Note: It is important to monitor any differences between allocated and actual budgets
Percentage of public spending on domestic violence	Ratio between amount State spends on care for domestic violence and total expenditures (public, private, and international cooperation) on domestic violence	<ul style="list-style-type: none"> Specific studies 	

Private Sector

INDICATOR	DEFINITION	SOURCE	LEVELS OF DISAGGREGATION
Out-of-pocket expenditures in addressing domestic violence	Expenditures of household on care for domestic violence against women	<ul style="list-style-type: none"> Surveys (or modules) to measure violence against women 	<ul style="list-style-type: none"> Not applicable

SOCIAL PARTICIPATION

INDICATOR	DEFINITION	SOURCE	LEVELS OF DISAGGREGATION
Participation of women in decision making on policies and allocation of resources for attention to domestic violence	Ratio between number of women occupying decision-making positions with capacity to determine policies and allocation of resources for care for domestic violence victims and total number of people in similar positions	<ul style="list-style-type: none"> Ministry records Municipal records 	<ul style="list-style-type: none"> National, sectoral, and local levels

Specific Indicators

The specific indicators proposed here make it possible to monitor concrete applications of the law by incorporating elements that confirm compliance with each step in the process and measure its legal effectiveness. Monitoring facilitates detection of errors in interpretation of the law, including errors resulting from a lack of human resources and/or materials and from faulty coordination among the responsible institutions. On the basis of Costa Rica's experience in endorsing the "Model for Laws and Policies on Family Violence against Women" (2003), the following indicators are proposed³:

- 1. Protective measures:** Numbers and types of requests for protection, as well as protective measures granted to mothers, children, adolescents, people 60 years of age or older, and disabled people (requests are differentiated by gender of victim and perpetrator or according to the relationship; includes relationships in which there is incestuous sexual abuse and an official complaint has been filed).
- 2. Process duration:** Average time required to determine nature of protective measures and time necessary to apply these measures after they have been ordered by the authorities responsible.
- 3. Medical and psychological examinations:** Number of examinations undertaken by designated institutions.
- 4. Detentions:** Number of individuals detained and reported by police authorities.
- 5. Sanctions involving the police:** Nonfulfillment of the duty of the police to intervene in violent situations.
- 6. Cases involving doubt:** Number of cases in which doubt favors the alleged perpetrator.
- 7. Extension of protective measures:** Number of requests in which protective measures are extended in comparison with those in which they are suspended.
- 8. Monitoring during implementation of measures:** Monitoring of cases during the period in which measures are implemented by legal officials.

9. Mechanisms of coordination: Coordination of institutions in charge of applying the law in data collection and provision of services to victims.

10. Rehabilitation programs: Types of rehabilitation programs in place for perpetrators.

Indicators of Protective Measures

Residence: Number of measures involving leaving the common residence, settling in a different home, and raiding the residence.

Prohibitions against weapons: Number of measures that prohibit the introduction or possession of weapons in the home and seizure of weapons.

Custody: Number of measures of provisional suspension of custody and raising and educating children, of orders to alleged perpetrators to refrain from interfering in the exercise of custody, and orders to suspend the rights of the perpetrator to visit his children and rely on protective custody.

Intimidation: Number of measures that prohibit the alleged perpetrator from disturbing or intimidating members of the family group and that prohibit his access to the residence of the victim and to her workplace.

Food quota: Number of measures focusing on provisional obligation to provide food.

Goods: Number of preventive measures to embargo goods of the alleged perpetrator, take inventory of property and goods, and grant exclusive use of household effects to the victim.

Financial compensation: Number of measures that order the alleged perpetrator to compensate for damages to the victim or to her material property.

Protection or local aid: Number of measures directed to public safety authorities.

Demands attended to by domestic violence courts: Number of demands presented by public and private institutions and by third parties.

Denial of requests: Number of requests rejected for not meeting prerequisites of the case.

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