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 Paises de America 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. In most Central American countries, there is a noted lack of medical-legal services exclusively devoted to or specializing in domestic violence.

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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