

**IMPROVING THE QUALITY OF SERVICES:
GENDER AWARENESS AND INTEGRALITY
IN THE IMPLEMENTATION OF NORMS**

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1. INTRODUCTION

Addressing gender violence in the context of health and human rights in a country overwhelmed by all types of violence is a highly complex task. In response to an everyday reality charged with destruction, death, disappearances and kidnappings, as well as increasing poverty, the dichotomy between "private" and "public" emerges more forcefully. We see violence against women becoming invisible once again as in past decades, and women's rights delegated to secondary importance after just beginning to be reformulated. This tendency to reverse many of the gains we achieved through years of struggle, is reflected in government priorities especially in the area of public spending; in recent modifications to norms on domestic violence that signify a step backwards from what was previously attained; in the discourse used by human rights organizations and the work they do; in the way communication media treat the issue of violence; and even in the ideas of the general public.

This biased vision is highly discriminatory and it distorts reality. In Colombia, we are witnessing a multiplicity of violence in which women are always affected directly: death; forced displacement; economic deprivation; the abrupt change to becoming the exclusive providers for our families, both economically and emotionally; the sudden aloneness and vulnerability resulting from the murder of husbands, partners and sons; the breaking of ties of solidarity; the breakdown in the groups to which we belong; the feeling of helplessness in response to the disappearance of a loved one that means death without the accompanying ritual. Although undocumented, but verified by testimonies and other evidence, women are being raped at an alarming rate—as in all armed conflicts, rape is used as a show of force, intimidation and punishment directed at the wives, relatives or friends of those considered to be the enemy.

Failure to recognize gender violence also implies ignoring another reality: that sexism kills, beats, rapes, destroys women's freedoms, damages their mental health, and often leaves them unable to function in family, work and social settings. Gender violence in the home is as devastating as social and political violence, and while there may be fewer fatal victims, the number of women affected by violence in the home is higher than the number of deaths caused by the war. Most of these women do not die, but their dignity is trampled on and happiness eludes them.

The discourse of coexistence — so present for all Colombia women and men during recent years— calls for building the values of respect and tolerance, but it remains incomplete if it excludes the first level of coexistence: in the home. And here the historic feminist slogan "What's personal is political" is shown to apply to the present day. As Colombian women, we are convinced that "peace at home and in the country" is genuine peace. It is vital that a new vision of violence be created in Colombia,

a vision in which violence against women is not only acknowledged but viewed as important by the State, the civil society, communication media, and all groups and individuals who wish to participate in peace.

The project "Improving the Quality of Services for Women who are Victims of Domestic, Sexual and Sociopolitical Violence" carried out by the Center for Integral Resources for the Family (*Centro de Recursos Integrales para la Familia*—CERFAMI) in five of Colombia's provinces is aimed at contributing toward this new vision.

2. THE INADEQUATE QUALITY OF SERVICES FOR WOMEN AFFECTED BY VIOLENCE: THE COLOMBIAN CONTEXT

Some statistics on gender violence in Colombia

Given that court statistics and those from the National Institute of Legal Medicine and Forensic Sciences (*Instituto Nacional de Medicina Legal y Ciencias Forenses*) are the only available sources of information on violence against women, we can affirm that the magnitude of this violence in Colombia remains unknown, since underreporting is very high and complaints filed represent only a small number of the cases. It is estimated that only 27% of women denounce their spouses for acts of aggression.ⁱ

Statistics from this Institute show that complaints of mistreatment by spouses have increased since 1995. In 1997 mistreatment by spouses led to death in 67% of the reported cases of women, and in 26% of the reported cases of men. In 93% of all the cases of spouse violence evaluated, the victims were women, especially between 25 and 34 years of age.ⁱⁱ In the case of sexual violence, the victims were women in 88% of the cases evaluated in 1995. Especially noteworthy is that in the case of girls between 10 and 14 years of age, 80% of the aggressors were relatives or persons known to the victims.ⁱⁱⁱ

Of the population forcibly displaced because of the violence—totaling nearly a million and half in the year 2000—it is estimated that 70% is made up of women and children. Women are the heads of household in 31% of the homes of the displaced.^{iv}

The statistics mentioned here—which are not exhaustive as they are not a priority for this paper—refer particularly to domestic violence and sexual crimes, however they do not include sexual crimes committed by those involved in the armed conflict. The latter are not denounced by victims because of the risk this would imply for them, but we know of them through nongovernmental organizations (NGOs) who have assisted the victims. As for other cases of violence in work, educational, institutional, and social settings as well as in the streets, there are basically no records of them.

The response in Colombian legislation

In Colombia there have been significant advances of a formal nature in fighting violence against women which have been achieved to a large degree because of committed, persistent, constructive actions by the women's movement, especially during the 1990s. The Colombian government has signed all the international instruments on the human rights of women, and particularly, those affirming that violence against women violates their rights. In particular, Colombia approved the Vienna Declaration and Action Program, and the United Nations Declaration on the Elimination of Violence Against Women. It signed the Convention of Belem do Para and adopted it as national law; and it also approved the Beijing Action Platform.

At the national level, there was progress in Colombian legislation through the provision of formal instruments for women's protection against violence, such as Law 248 of 1995 which adopted the Convention of Belem do Para as already mentioned, plus Law 294 of 1996 on domestic violence

and Law 360 of 1997 on sexual crimes. These norms are consistent with Colombia's National Constitution which is generous in terms of fundamental rights that of course include women, and in some cases, the legislation is based on Constitutional norms, such as Law 294 of 1996.

Unfortunately, during 2000, Law 294 on domestic violence was reformed by Law 575 of 2000 which—while it does include some positive points—contains others that signify a step backward in relation to what the law had previously included. It is worth highlighting here at least three negative aspects of the new law:

- Because general competence for taking legal measures to protect victims was taken away from Family Judges, and less importance was placed on domestic violence, the competence for implementing the law was dispersed. Basically, this competence corresponds to Family Commissioners. But since the latter are police authorities, not legal authorities, it is necessary for them to request that the Family Courts implement some measures. Also, since many of the municipalities do not have a Commissioner's Office, the law also grants competence to General or Civil Municipal Courts, and also to justices of the peace, which do not yet exist in Colombia. This dispersion of competence works against efficacy, efficiency, and swiftness in implementing the law—in other words, against the efficacy of the rights of victims (Articles 1, 2 and 11).
- Payment of damages suffered by the victim was limited to medical and psychological costs, and only "if necessary" (Article 2).
- While the Colombian government recognizes the autonomy of indigenous jurisdiction, Law 575 expressly assigns indigenous authorities with the competence to hear complaints of domestic violence (Article 1). Given the persistence of serious discrimination against indigenous women based on cultural traditions, the protection of indigenous women affected by domestic violence is now uncertain as a result of this norm.

Furthermore, the new Penal Code, Law 599 of 2000, contains norms that, in our opinion, also represent a step backwards, by establishing domestic violence as an offense with a very minimal punishment that is pursued only when an act committed does not constitute an offense with a more severe punishment (Articles 229 and 230). This offense is thus assigned less importance, and protection for the family and the members of the family most affected by such an offense is left in doubt. The new Penal Procedures Code, Law 600 of 2000 (Article 35), reinforces this step backwards by establishing domestic violence as an offense which can be registered as a complaint, but an official investigation is not required.

The distance between formal rights and reality

Although there is a favorable situation in terms of legal rights in Colombia, the rights of thousands of women continue to be violated, and these cases do not receive due attention, nor is justice served. Because of the limitations and deficiencies in government offices and those in charge of enforcing the laws, protective measures against violence and punishment for crimes committed against women continue to represent nothing more than formal rights for most women. In the case of health institutions there are similar deficiencies, and together with the crisis affecting this sector, this means that services provided do not meet the parameters of quality that this sector should provide and that women deserve.

It is obvious that despite government actions to inform the public regarding laws relating to domestic violence and sexual crimes, and despite the efforts of some NGOs to offer legal education to women, this information has not reached many of the women who most need it: those of low socioeconomic levels, those living in rural areas, the displaced. Many of these women, because of their social and economic situations, are the ones who most frequently seek assistance from government institutions, but they are still unaware of the laws that protect them and the mechanisms to enforce those laws. It is noteworthy that Law 248 of 1995 which adopts the

Convention of Belem do Para—the most specific instrument on violence against women—remains unknown to not only women but also to government personnel, including in the judicial branch.

In addition, we find that, among these same groups of women, the prevailing gender stereotypes make violence against women seem like something normal that women should expect, and we also find a high degree of ignorance as to the causes, expressions and consequences of gender violence. Furthermore, and as a consequence of the fact that few women see themselves as individuals who have rights, and because of their innumerable experiences of being mistreated, these women have a very limited concept of what quality services should be provided, although this varies by region and by culture.

To illustrate this point, following are the most notorious deficiencies evident in the various government entities responsible for providing services to women who have been victim to violence. These were identified as the starting point for intervention in the area of quality of services; they were confirmed and expanded upon in the participative diagnostic studies undertaken in each sector.

- Lack of opportunity to receive services.
- Lack of integral, interdisciplinary services.
- Lack of clarity in terms of the functions for each of the different institutions and the mechanisms for coordinating efforts in preventing and addressing violence against women.
- Persistence of the idea that domestic violence is a private affair that should be resolved in private. Intervention by the State is still considered by many to be a violation of privacy.
- Lack of gender awareness and a lack of familiarity with a gender perspective, on the part of most government personnel.
- Services that are basically remedial in nature, with limited actions in promoting values of coexistence that emphasize respect for women's dignity and rights, and prevention of violence.
- Limited information provided to women receiving services as to the problem of gender violence, their rights and the institutions they can turn to.
- Judging and labeling of women who receive services, based on prejudices and erroneous ideas on the part of government personnel, especially in matters related to sexual autonomy and when women remain in situations where they are mistreated, even after being offered assistance.
- Women are not listened to, and there is a lack of acknowledgment, in practice, that women have rights.
- A negative attitude on the part of many government officials, particularly in the judicial branch, in relation to the functions they have been assigned by the law with regard to domestic violence.
- Narrow interpretation of laws and legal concepts that impedes prevention and remedy of violence.
- Lack of effective participation by women in designing policies, programs and services aimed at intervening in the various forms of violence.

In addition to these human and institutional failures, there are structural limitations in the different government offices: gaps in regulations for implementing laws, inadequate human and technical resources allocated by the State for providing good quality services, inadequate physical infrastructure that makes it impossible to offer privacy during consultations in sectors other than health, and the failure of the State to meet labor obligations to government employees—which means employees are not motivated to provide high quality services.

Quality of health services to women who are victims of violence

While the intervention carried out was intentionally of an intersector nature, it is pertinent here to emphasize some aspects of the participative diagnostic study on quality of services that refer specifically to the health sector, as well as women's perceptions of the services received.

- There is awareness on the part of government health personnel that the primary motives for women, adolescents and children to seek outpatient or emergency services are associated with systematic cases or situations of domestic or sexual violence.
- Human resources specializing in domestic and sexual violence are inadequate, and there is a lack of interdisciplinary teams for facilitating integral services.
- There is a lack of knowledge regarding gender issues, their relationship to health and the impact of gender on violence against women.
- When psychological services are provided, interventions are limited in scope, and processes for overcoming the consequences of violence are not provided, even though these cases often involve sexual abuse since childhood, rape, and systematic violence by husbands.
- A high percentage of governmental health personnel are unfamiliar with the functions and responsibilities of other government offices with regard to domestic and sexual violence.
- No follow-up is provided to those receiving services, and there are no records of those who stop coming for treatments.
- Selection of personnel is based on political interests and client/dependency-based relationships.
- In 75% of the cases, there is no participation in the designing of programs and services by the population on the receiving end. This is even more notable in the designing of policies.
- There is discrimination in service-providing, and not only on the basis of sex, but also due to socioeconomic level and ethnic group, and even against single mothers. Discriminatory treatment ranges from making women wait long periods of time; authoritarian, disparaging treatment; and even denial of services without justification. These types of treatment were pointed out by government workers themselves, and also emphasized by women seeking services.
- Intersector and interinstitutional coordination is minimal.

Nevertheless, women pointed to positive elements in the attention they received, with 23% expressing satisfaction.

3. CAUSES AND CONSEQUENCES OF THE INADEQUATE QUALITY OF SERVICES

Causes

As you can see by the type of deficiencies mentioned above, most of them result from human, cultural or professional factors. These factors include the socialization patterns imposed on government personnel which leave them with a binary view of the world in which a division is made between the public sphere and the private sphere, and each extreme of these polarities is valued differently. Thus, the masculine and what is viewed as public is over-valued, while the feminine and what is private or domestic is under-valued, and according to the stereotype, the latter sphere continues to be that assigned to women even though reality illustrates something different. Since most government personnel know nothing of gender as a category and a perspective, and they are not even familiar with norms prohibiting discrimination against women or the concept of discrimination itself, they maintain traditional views, especially in the areas of health, sexuality, and domestic and sexual violence.

To this, we must add the biologicistic-oriented professional training in the case of health workers and the legalistic orientation of those trained in law, plus the lack of awareness in government personnel who should be better informed of legislation on violence against women and the norms on the "Guarantee of Quality in the General System of Social Security in Health." And we must not forget that the personal history of each of those working in these government programs has a major effect on the way they provide services to women suffering violence. In summary, the lack of gender awareness, and the limited views of what is human, social, the law and health all play a part in the deficient attention to women who are victims of violence.

Other causes of this situation are of a structural nature. We have already mentioned the insufficient human and technical resources in institutions, gaps in regulations for implementing laws, the lack of specialized training for government personnel in the area of gender violence, and State negligence in the wages received. In addition, the lack of continuity in health policies and programs is a structural cause mentioned by health workers. And furthermore, we find the fact that in a country like Colombia where official figures indicate up to 90% impunity for crimes of all types, the impunity in cases of violence against women is practically invisible.

Consequences

The consequences of the deficient quality of attention to women affected by violence are obvious. For women who follow the often futile "critical route" in search of the support they need, there is a clear denial of their rights. The right to speedy, effective administration of justice, the right to a life free from violence, and protection in the case of violence, the right to health, to equality and to be free from discrimination are all rights that exist. And the lives and personal integrity of women can be at serious risk if the State fails to provide them with the protection they need. The insufficient attention that is provided prevents women from overcoming the effects of violence and from being able to find a way out of the cycle of domestic violence.

For institutions, the inadequate attention provided leads to their discredit, and State action in general loses credibility in the eyes of citizens. The fact that few cases of violence against women are denounced—due to causes attributable to institutions—makes the eradication of this practice much more difficult and impunity continues. In the case of the health sector in particular, while women will continue to turn to this sector out of necessity, it will be failing to comply with its objective and its mission which is to contribute in a committed and efficient way toward achieving the integral health of individuals and the community.

4. ACTIONS FOR IMPROVING THE QUALITY OF SERVICES TO WOMEN AFFECTED BY VIOLENCE

The State has implemented some measures aimed at improving the quality of services to victims of domestic and sexual violence, with women being those most affected. Decree 2174 of 1996 on "Quality of Attention in the System of Social Security in Health" is a highly useful instrument for guaranteeing those receiving services with "the greatest benefit possible at a reasonable cost and with the least risk possible," as specified in Article 4, paragraph 1. This decree establishes characteristics of quality of attention in health: "accessibility, opportunity, security and technical rationality. Quality includes additional characteristics such as professional ability and competence, the availability and adequate amount of resources, effectiveness, efficiency, integrality, continuity, humanized attention and the user's satisfaction with the attention received." Unfortunately, as commented earlier, this norm is unknown to many health workers, and in addition it lacks the necessary regulations and technical assistance for it to be effective.

In terms of other sectors, Law 360 of 1997 on crimes against sexual freedom and human dignity established Units for Prosecution of Sexual Crimes with specialized personnel, and the National Public Prosecutor's Office designed a human and professional profile for personnel to be employed in these units. Nevertheless, the profile has not been sufficiently disseminated, nor is it obligatory, and there are no more than three of these specialized units in the country. The same law established the rights of victims of sexual crimes which are components in the quality of attention in the judicial branch.

After the laws on Domestic Violence and on Sexual Crimes were enacted, the State and NGOs began actions to dissemination information on these laws among the pertinent government personnel and the community in general, with the restrictions outlined above.

It should be highlighted that recently, in September of 2000, the Health Department issued the Guide for Attention to Mistreated Women, which is a great step forward in terms of health policies, due to its interdisciplinary, intersector focus. Previously, in 1999, the Colombian government issued the National Policy on Prevention, Detection and Attention to Family and Everyday Violence which has been publicized since 2000 and implemented through programs for promoting coexistence in the family and the community, and for preventing mistreatment of children.

Experience generated by CERFAMI

In 1999, the Center for Integral Resources for the Family (*Centro de Recursos Integrales para la Familia*—CERFAMI) carried out the project entitled "Improving the Quality of Attention to Women Who are Victims to Domestic, Sexual and Sociopolitical Violence" in five provinces of Colombia, with assistance from UNIFEM. This intervention, promoted with participation from the Health, Government, Family Welfare, Justice and Education sectors plus participation by women who receive services, was aimed at contributing toward the recognition and eradication of structural, cultural and human factors negatively affecting the services provided to women who are victim to different types of violence. Efforts were based on a sector-based, participative diagnostic study of the quality of attention to women, through a review of indicators for evaluating services.

The project had two basic objectives:

- To improve the quality of attention to women affected by domestic, sexual and sociopolitical violence, by identifying and overcoming ideological-cultural, human and structural factors having a negative impact on the provision of services to women in these areas.
- To contribute toward decreasing gender violence through training in strategies for promoting guidelines for democratic coexistence based on respect for differences and for equality, and equity between men and women.

In addition to the 240 direct participants in this project, others benefited as well: specifically, groups of community leaders, women and children in urban and rural sectors with whom government personnel duplicated the training activities as part of their commitment during the project.

In a year-long process carried out in three phases, one of which included sector-based diagnostic studies, the participants received training and technical consultation on the following central topics:

- Violence against women: associated causes, types and effects.
- Dissemination and critical analysis of international instruments on violence against women that have been adopted by Colombia, as well as current Colombian legislation and norms on the quality of health services.
- Intervention strategies in cases of violence against women, with clear emphasis on the incorporation of a gender perspective in all the interventions.
- Working through networks and coordination systems. Interinstitutional networks and social support networks.
- Ethics and public responsibility in service-providing.
- Quality of attention to women who are victim to violence.

Intervention included the designing of Sector-based Projects for Improving the Quality of Attention to Women Who are Victims to Domestic and Sexual Violence, as well as interviews conducted by CERFAMI with high-level government officials in each sector for the purpose of obtaining the political commitment of those who make the decisions, to assure support for and the viability of projects for improving services.

It is worth noting here that in addition to achieving the proposed objectives and as a result of the participative and transformation-oriented approach used, the project also generated processes focused on personal self-criticism; constructive collective criticism; reconsideration of values, attitudes and behaviors; and personal and institutional commitments for change.

Methodology: It was necessary to incorporate some presentations by experts, especially for the training on relevant norms, however they were carried out in a flexible, participative manner. In general, highly participative methodologies were used, allowing for personal and group processes, for knowledge to be shared, and for participants to take ownership of the evaluative, theoretical and methodological elements presented. A great variety of pedagogical tools were also used, and materials and documents were provided for future work, something highly appreciated by participants.

The most outstanding results:

- Notable improvement in the knowledge possessed by government personnel in the area of violence against women, and also greater sensitivity toward this problem.
- Knowledge of and commitment to the norms on violence against women and on quality of services, as the ethical framework of rights that should serve as the guide for service-providing.
- Greater knowledge and awareness regarding the gender-based factors that are determinant in the problem of violence against women, as well as the gender perspective and the need to use this perspective in providing services.
- Recognition of the importance of providing integral, cross-sector services to women who are victims of violence.
- A decrease in the resistance felt by some sectors—particularly the judicial sector—toward the implementation of Law 294 of 1996 on domestic violence.
- The replication of training activities in urban and rural areas by government personnel in all the sectors.
- The designing of sector-based projects for improving the quality of services to victims of violence—carried out with the participation of women who receive these services and are linked to the project.
- Some improvements in the infrastructure available to institutions in order to offer women a more positive, private environment in which to receive services.

Difficulties: The most significant difficulties can be summarized as the following: patriarchal resistance to gender discourse; resistance within the judicial sector to implement the law on domestic violence; labor-related crises during the process; and the need for crisis intervention with some health workers who were emotionally impacted from linking activities in the process with their own history. With the exception of structural factors beyond CERFAMI's control, the difficulties were overcome during the process and the institution took responsibility for providing psychological attention to the persons requiring such attention.

5. CONCLUSION

It is possible to improve the quality of services to women suffering gender violence. An effective strategy to achieve this goal consists of carrying out processes—not only isolated actions—in training and technical assistance to the health sector and others involved in providing these services to women. However, it is necessary to first obtain the political will of government officials responsible not only for designing policies and programs but also for designating the resources that are necessary for investing in this improvement. Effective work on the part of United Nations agencies could be very helpful in both consolidating this political will and the needed resources, and also in achieving the structural changes that will facilitate improving the quality of services. Just as necessary is support for NGOs that are specialized in this area and use a gender perspective, so they can contribute toward State efforts, participate in designing and implementing policies and programs, and assist women in becoming empowered so they can participate effectively in the programs they need.

ⁱ PROFAMILIA. *Encuesta Nacional de Demografía y Salud.- 1995 (National Demographic and Health Survey - 1995)*. Bogotá, October 1995, p. 101.

ⁱⁱ National Institute of Legal Medicine and Forensic Sciences (Instituto Nacional de Medicina Legal y Ciencias Forenses—INML y CF). *Boletín del Centro de Referencia Nacional sobre Violencia*, 1998, Vol. 3, No. 5, May, p. 6.

ⁱⁱⁱ INML y CF. 1996, *op.cit.*, p. 50.

^{iv} Consultation Office for Forced Displacement and Human Rights (Consultoría para el Desplazamiento Forzado y los Derechos Humanos—CODHES) and UNICEF-Colombia. *Un país que huye (A country that is fleeing)*, Bogotá, Vol. 1, 1999, p. 133.