

Symposium 2001:

Gender Violence Health and Rights in the Americas

Final Report

An Interagency Initiative for the Region



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Foreword

The inclusion of gender violence in international conventions and in public policies in the Americas has contributed to the creation of new modalities of intervention in health, social policies and in the promotion of human rights. The nature and specificity of gender violence as well as the contextual factors that influence sectoral interventions pose challenges for the health sector to improve the effectiveness of its actions.

Women's organizations have been insisting, for more than two decades, the need to develop actions to prevent and punish sexual and domestic violence, sexual harassment, trafficking and forced prostitution of women and girls, sexual exploitation, and cultural practices that threaten the health and development of women, as well as provide care to victims. As a result of these efforts, international cooperation organizations, governments, and communities have generated policies and programs that attempt to respond to the magnitude, causes, and results of this scourge.


The Symposium on Gender Violence, Health, and Rights in the Americas is

a result of the regional campaign "A Life Free of Violence: It's our Right" launched by the United Nations Development Fund for Women (UNIFEM) in 1998. The focus of the campaign was to incorporate gender violence into the public agenda as a human rights issue. This was accomplished through multi-sectoral alliances and the mobilization of political will and resources.

The message of the campaign aimed at breaking down cultural structures that legitimize violence against women and girls.

The Symposium constituted an inter-agency initiative, launched in 1999 by a group of United Nations agencies that included the Pan American Health Organization/World Health Organization (PAHO/WHO), the United Nations Population Fund (UNFPA), the United Nations Children's Fund (UNICEF), the United Nations Development Program (UNDP) and other organizations such as the Inter-American Commission of Women of the Organization of American States (CIM/OAS), the Latin American and Caribbean





Feminist Network against Domestic and Sexual Violence (ISIS), the Latin American and Caribbean Women's Health Network (LACWHN), and the Center for Research in Women's Health (a WHO Collaborating Center in Canada). These institutions conformed a regional coordinating group to organize and define the structure, methodology, and content of the event.

During the preparatory stage of the Symposium, national multi-sectoral working groups were established to prepare national reports on the role of the health sector in programs, policies, and laws related to the prevention of gender violence. A total of twenty national reports were prepared that provided information on innovative experiences and the obstacles and gaps encountered in the course of their implementation. The reports also included recommendations and priorities for addressing gender violence within the national context.

The panelists were selected based on the information provided in the reports and on the recommendations from United Nations' field offices. The regional coordinating team selected eighteen experiences that were considered innovative, successful

and replicable to be presented at the Symposium by the individuals responsible for the initiatives. These experiences also served as inputs for the working groups.

To facilitate the structure of the working groups, the national delegations were limited to three members per country. The delegations included a representative from the health sector, another from the national institution responsible for gender policies (Ministry, Office or National Service of Women) and one from the leading non-governmental organization (NGO) working in gender violence prevention. Due to the political and technical level of the delegations, it is foreseen that coalitions will be created to follow up on the recommendations made at the Symposium.

The general objectives of the Symposium focused on strengthening the role of the health sector in addressing gender violence and in fulfilling the international commitments that declare gender violence as a violation of women's human rights. The expected results included the creation of a global vision and the design of specific sub-regional strategies for the formulation of policies and programs that address gender violence.

The specific objectives of the Symposium were the following:

- ▲ Strengthen ties among governments, non-government organizations—especially women’s groups—and donor agencies to address problems associated with gender violence.
- ▲ Provide a forum to share experiences in the area of public policies, services, training, and information and communication strategies to promote their replication.
- ▲ Based on this exchange, define activities and recommendations to strengthen the role of the health sector in the detection, care, and prevention of gender violence within an inter-sectoral framework.

The methodology of the Symposium included plenary discussions on eighteen innovative experiences in public policy and programs, and future mechanisms and strategies to strengthen the role of the health sector in the formulation and implementation of prevention and eradication policies. In addition, five working groups were organized (4 sub-regional, Central America, the Caribbean, Southern Cone, and Andean Group, and one national for Mexico, the country hosting the event) to formulate recommendations in six areas:

- a) public policies,
- b) legislation and norms,
- c) programs and services,
- d) training,
- e) research, and,
- f) information, education and communication activities.

These refer to strategies and activities related to gender violence that should be promoted at the country and sub-regional levels.

Attending the event were 176 representatives from government agencies and civil society from 30 countries in the Americas as well as representatives from international organizations. The participants adopted a Call to Action directed at governments, the civil society, the media, and organizations of the Inter-American and United Nations Systems.

The experiences analyzed and the recommendations generated at the Symposium included in this report, are a significant contribution to the framework for action that is the basis of national and international responses to gender violence, and also provide guidance for the design, implementation and evaluation of policies and programs to improve health sector interventions.



1. Formulation of Policies on Gender Violence in the Americas

It is frequently heard that in many countries where there are laws, national plans and programs to prevent, punish, and care for victims of violence, women die because they were unable to obtain a protection order in time, survivors are re-victimized by the health services, and that despite having ratified all the international agreements related to gender violence (GV), systematic and coordinated actions to address the problem are yet to be developed in signatory countries. These situations illustrate the importance of creating linkages between the design and the implementation of policies and programs, as well as the influence of contextual and institutional factors in the success or failure of such efforts. These factors impact the effectiveness of policies at the time of their implementation, and can modify their contents and objectives.

Gender violence is a relatively new issue for public policies in most of the countries in the Americas. Systematic prevention and care activities were initiated at the inter-



national, sub-regional and local levels around a decade ago. During the 1970s and 1980s, women's organizations launched various initiatives in services, research, information dissemination, and advocacy that subsequently provided a conceptual and methodological basis for the development of programs and policies in the Region. During this period, only a few countries established government programs for victims of sexual and domestic violence.

The first generation of policies related to GV, were developed during the first five years of the 1990s, and were focused on the establishment of an international legal



framework. Previously, in 1979, the United Nations General Assembly approved the Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW). In 1990, the Convention on the Rights of Children established obligations to protect young and adolescent girls from every form of violence, abuse, and sexual exploitation. Subsequently, in 1991, during the Fifth Regional Conference of the Economic Commission for Latin American and the Caribbean (ECLAC), a resolution on women and violence, which highlighted gender-based violence as one of the obstacles to development with equity, was approved.¹ In 1993 two events took place that served as the basis for the development of national legislations on the issue and its inclusion in other international conferences. The World Conference on Human Rights held in Vienna, recognized violence against women as a violation of human rights and established a special rapporteur office on the subject. In that same year the Declaration of the United Nations on the Elimination of Violence Against Women was issued, establishing the definition and typologies of violence as well as the activities to address it required of nation states.

In 1994, the Inter-American Convention on the Prevention, Punishment and Elimination of Violence against Women, Convention of Belém do Pará, proposed by the Organization of American States (OAS) was approved. In addition to including definitions, the convention expressed the commitment of Member States to develop policies to prevent, punish and eliminate violence. In the Programs for Action adopted by the International Conference on Population and Development held in Cairo (1994), and by the Fourth World Conference of Women that took place in Beijing (1995), objectives and measures were established for the development of policies on violence against women and girls, particularly with regard to rape, domestic violence, exploitation, trafficking for sexual purposes and genital mutilation. Both programs included health care services, prevention and promotion, information, education and communication, research, training of human resources, mobilization and allocation of resources, and intersectoral collaboration, as components of national policies and programs. The Programs for Action also clearly established the relationship between gender violence and sexual and reproductive health. In 1996, the General

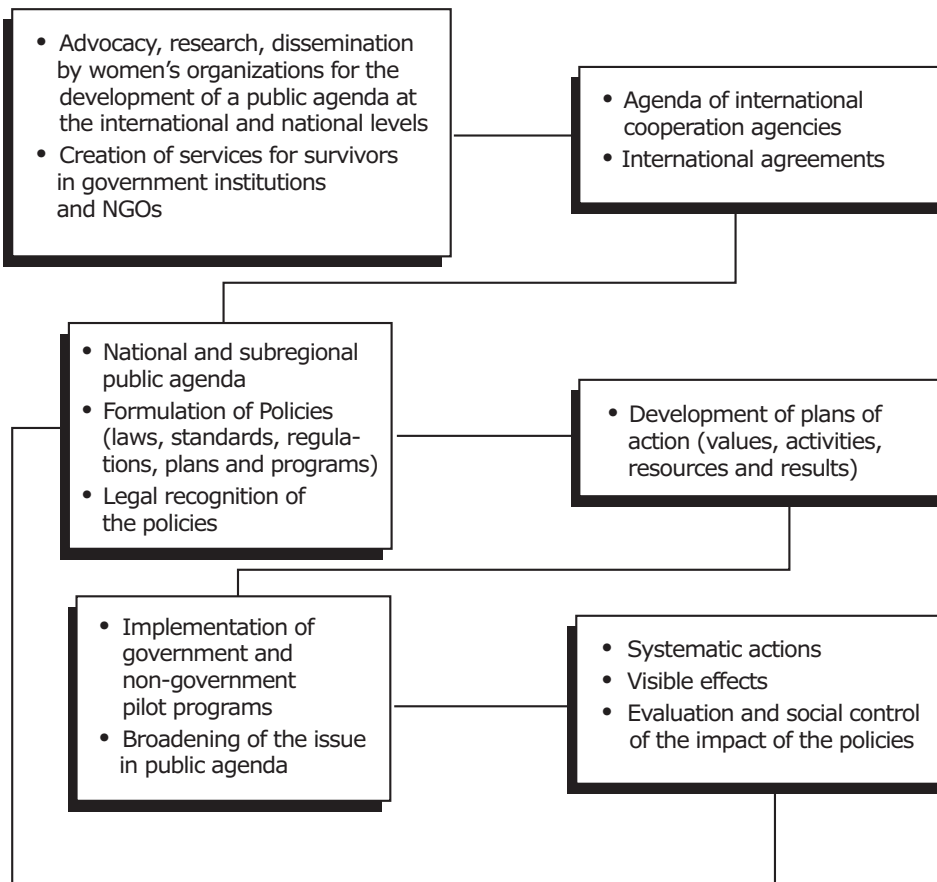
-
1. Larrain, Soledad. 1999. *Dos décadas de acción para frenar la violencia doméstica*. "El costo del silencio: violencia doméstica en las Américas". Morrison, A. Y. Biehl, M. (eds.). Inter-American Development Bank, Washington, D.C.

Assembly of the World Health Organization (WHO) identified gender violence as a public health priority.


The debate and approval of various international instruments, together with the advocacy activities of women's groups facilitated placing the issue in the public agendas of the countries. The second generation of policies that began in 1995 focused on the effective implementation, at the

national level, of the international agreements approved in the previous 5 years. Initially, the majority of governments in Latin America and the Caribbean transformed legislation related to gender violence through the promulgation of new laws, modification of codes and development of regulations. In addition, standards for prevention and care were established as well as government and non-government programs such as local networks to

Figure 1: Development of Public Policies for Addressing Gender Violence in Latin America and the Caribbean²



2. This figure is based on the information reviewed in the 20 national reports and the 18 case studies presented at the Symposium 2001 "Gender Violence, Health, and Rights in the Americas."



provide services (see figure 1). The first efforts were aimed at the judicial sector and the police, and although the majority of victims of violence frequently use health services, the health sector did not assume a leadership role in the development of public policies related to GV.

The case studies analyzed and the recommendations generated at the Symposium stem from the experience accumulated in the Region with the two generations of policies and the others that preceded. The 18 case studies presented at the Symposium demonstrated that the implementation of the decisions expressed in the international conventions, plans, laws, standards, and regulations, is not a linear process. The stages often overlap or can't really be separated. In some countries government pilot programs were developed before national plans or laws related to GV were created, while in others, the process was initiated with the formulation of general policies followed by the development of specific programs. In other countries, there have been adequate government resources to ensure the sustainability of activities, while in others, government investment has been more restricted. In some cases social control of public policies has been

systematic, while in others it appears to be circumstantial. In this regard, the strategies implemented by the health sector are diverse and have different levels of complexity and development.

Policy-making to address gender violence has been based on three fundamental approaches: gender, human rights, and inter-sectoral and social mobilization. The gender approach addresses the inequalities of power between men and women and establishes a broad agenda of interconnected forms of violence against women, adolescents, and girls that include, sexual and domestic violence, sexual harassment, trafficking of women, commercial sexual exploitation, systematic rape, cultural practices that threaten the development of women, and torture. This approach also visualizes prevention, eradication and care policies and programs linked to the general framework of policies on equity that address the different spheres in women's lives, changes in attitudes and practices of individuals, families, communities and the state. Similarly, it emphasizes analyzing gender violence within the framework of the economic, social and political context of local, national, regional and international realms.

A human rights approach views gender violence as a problem of

citizenship, justice and equity that threatens individual and social freedom as well as human development. Inter-sectoral action in health has been defined by the World Health Organization as "a recognized relationship between one or more parties within the health sector with one or more parties within another sector established for the purpose of acting on a given issue to achieve health outcomes... in a more effective, efficient or sustainable manner than that which could be achieved by the health sector acting alone."³ The multidimensional nature of GV requires the development of joint activities by various organizations and disciplines. Inter-sectoral action entails broad social mobilization to facilitate the creation of a public agenda and to coordinate systematic actions to address the problem.

Seven components linked to the effectiveness of inter-sectoral action were identified from the experiences presented on policies and programs:

- ▲ Achievement of visible results in the medium term;
- ▲ Organization of joint activities that bring sectors closer and allow for the establishment of effective levels of collaboration;
- ▲ Establishment of linkage mechanisms such as networks, advisory committees, steering committees, commissions, tripartite roundtables, among others, with a clear distribution of responsibilities and specific levels of intervention;
- ▲ Sharing common values on GV, particularly with respect to a gender perspective, comprehensive approach, and multi-sectoral action;
- ▲ Systematic and adequate financing of activities;
- ▲ Political, social and cultural contexts that promote the development of public policies on the issue;
- ▲ Social mobilization.

3. WHO International Conference on Intersectoral Action for Health, 1997.



2. Programs and Policies Related to Gender Violence: Opportunities and Challenges

The experiences developed in the Region have enriched the body of knowledge on gender violence, incorporating old debates and new challenges. The initiatives analyzed at the Symposium represent an important source of information on factors that promote the effective enforcement of public policies, and the limitations and obstacles in the development of policies and programs that address gender violence.

The experiences presented at the Symposium corresponded to four categories that integrated the theoretical, methodological and operational aspects of policies and program: a) legislation and national plans, b) comprehensive services, c) standards of care and protocols, and, d) community mobilization and participation. The results of these initiatives are presented below.

2.1. Legislation and National Plans

The development of a legal framework is especially important since it is an instrument that guarantees human rights in nation-states governed by the rule of law. Within the current context of state reform, the regulatory frame-



works at the national and international levels must be consolidated to ensure equity in public policies as well as the incorporation of new values about human development, health, and social issues.

The paradigmatic changes in the role of the State concerning the relationship between the central and local levels, and with respect to the concepts of development and equity and social participation, appear to have facilitated multi-sectoral actions to modify the legal framework related to gender violence. Policies, programs, and campaigns aimed at eradicating the problem transcended the specific area of health and incorporated interventions from other sectors such as



justice, education and the community. Many countries in the Region have ratified the Inter-American Convention on the Prevention, Punishment and Elimination of Violence against Women and established a new legal framework to address gender violence. Some countries have created new laws and standards, while others have modified existing laws and incorporated measures to prevent, punish and provide care for the different typologies of violence. This is one of the greatest advances made in policymaking concerning GV, since it provides the basis for the creation of national plans that address gender violence with the participation of various sectors. National plans are an essential component of public policies because they express the commitment of governments to address the problem, incorporate the participation of different social actors, and establish the responsibilities of each sector with regards to information, consensus-building, implementation, and evaluation.

According to the case studies presented by Bolivia, Costa Rica, Peru and the United States on legislation and national plans, the key factors in the development of these experiences were:

a) inter-sectoral coordination and government commitment,

- b) existence of a common conceptual framework and principles on the issue,
- c) social mobilization and social control mechanisms,
- d) availability of information demonstrating the magnitude of the problem,
- e) establishment of consultative mechanisms for program development,
- f) development of ongoing information, education and communication activities,
- g) creation of a public agenda on the issue, and
- h) training of human resources.

The implementation of these initiatives also encountered important challenges. The following were highlighted:

- a) persistence of cultural patterns that justify gender violence,
- b) limitations in inter-sectoral coordination,
- c) training of the actors involved,
- d) need for information on GV,
- e) bureaucratic aspects and financial needs,
- f) cultural limitations that affect the recovery process of survivors, and
- g) inclusion of the subject of masculinity. (See Table 1)

Table 1: Favorable Factors and Challenges in the Development of Legislation and National Plans

Experiences	Favorable Factors	Challenges
<p>Bolivia Jarmila Moravek de Cerruto Vice Minister, Ministry of Gender, Generational and Family Issues</p> <p>Intra-family Violence, Legislation, and Health.</p>	<ul style="list-style-type: none"> - Registration of cases through the national health information system. - Coordination between the health sector and other sectors, most notably: a) national police through the creation of Family Protection Brigades and training of police, b) eight public universities have included gender and violence issues in some medical careers, specialties and master programs, and, c) the mass media through local and national information campaigns. 	<ul style="list-style-type: none"> - Social tolerance of GV. - Shortcomings of inter-sectoral coordination. - Lack of knowledge about legal framework and regulations among authorities and institutional representatives from different levels. - Limited technical management of human resources. - Need to institutionalize a response to the problem within the Ministry of Health.
<p>Costa Rica Ana Lorena Hidalgo Solis Coordinator of the Area on Gender Violence, National Institute of Women</p> <p>National System on Prevention and Care for Intra-family Violence: Proposal for a Model of Comprehensive Care.</p>	<ul style="list-style-type: none"> - Establishment of different levels of action: national, sectoral, and local. - Definition of responsibilities and levels of competence of the participating institutions. - Shared principles and conceptual framework. - Consensus-building at all levels of civil society. - Social mobilization to prevent GV. - Existence of a legal framework to enforce actions at all levels. - Permanent prevention and awareness media campaigns. - Existence of mechanisms to inform the population about available services. - Establishment of service comptroller offices responsible for processing and responding to complaints and suggestions regarding public actions in cases of violence. 	<ul style="list-style-type: none"> - The success of policies that address GV will be partial if they are not contextualized within a framework of gender discrimination.
<p>United States Wanda K. Jones Director of Women's Health, Department of Health and Human Services</p> <p>Activities to Eliminate Violence Against Women.</p>	<ul style="list-style-type: none"> - Relationship between the Department of Health and Human Services and the Department of Justice and inter-sectoral coordination that includes specialized medical associations, the administration of justice and social services, among others. - Establishment of a National Advisory Council on Violence against Women. - Establishment of a Steering Committee on Violence against Women within the Department of Health and Human Services. - Establishment of shelters for battered women, national telephone hotlines to respond to cases of domestic violence, and a fellowship program for activities on training and prevention of rape and sexual abuse. - Establishment of a National Resource Center against Sexual Violence within the Centers for Disease Control and Prevention (CDC). - Establishment of a community program on domestic violence. - Research conducted on the incidence, costs, and effectiveness of intervention programs, and on the effects of violence on the mental health of victims. 	<ul style="list-style-type: none"> - Need to strengthen research on causes and consequences of violence against women. - Need for research on the involvement of boys and girls in cases of domestic and sexual violence, and on the type of assistance required. - Improve the work with men, including aggressors. - Strengthen support to communities with a system of coordination at the neighborhood level.
<p>Peru Silvia Loli Manager of the Advancement of Women, Ministry of the Advancement of Women and Human Development (PROMUDEH)</p> <p>Inter-sectoral Approach to Gender Violence.</p>	<ul style="list-style-type: none"> - Government commitment and development of a three-year plan. - NGOs work experience on GV. - Interest in the problem from municipalities, churches and universities. - Creation of services that offer specialized and interdisciplinary care. - Development and implementation of modules of comprehensive care for cases of intra-family violence with the participation of the Ministries of Women, Health, Public, Justice, and the Interior. - Gradual expansion of service coverage. - Presence of an entity responsible for coordinating government policies and actions. - Creation of a group to promote homes free from violence tasked with evaluating the enforcement and impact of the Law of Protection against Intra-family Violence. - Creation of a national program on intra-family and sexual violence responsible for designing and implementing prevention and support policies with the necessary resources to ensure sustainability at the national level. - Creation of a tripartite committee, Inter-sectoral National Committee for the Prevention and Care of Domestic Violence, responsible for coordinating all actions at the national level. Creation of coordinating committees at the department level throughout the country. - Support from international cooperation organizations. 	<ul style="list-style-type: none"> - Need to train officials from participating sectors. - Need to promote inter-sectoral work. - Need to eliminate reconciliation in cases of intra-family violence. - Increase access to justice system and improve the enforcement of protection mechanisms for survivors. - Strengthen registration and information system beyond the pilot phase and institutionalize them at the national level. - Cultural limitations that affect the recovery process of survivors. - Need to develop new strategies for the rehabilitation of aggressors.

2.2. Comprehensive Services

The participation of the health sector in the fight against GV is a key strategy to eliminate the problem. Health services are a primary point of entry into the system for women seeking help. In this regard, health providers can offer services that respond to the physical, emotional and personal safety needs of violence survivors. In addition, providers can help identify cases, provide medical care and counseling, document injuries, and refer survivors to other support services.

In the specific case of sexual and reproductive health services, responding to gender violence is crucial given its impact on the health and living conditions of women. Sexual and domestic violence increase the risk of unwanted pregnancies, abortions, sexually transmitted infections, and complications during pregnancy, and produce gynecological somatization that includes pelvic pain, sexual dysfunctions, menstrual alterations, and dyspareunia. Moreover, it is one of the principal factors that influence women's reproductive decisions.⁴

Addressing GV as a public health problem enables the development of interventions from a collective multidimensional approach— not just as an individual problem — focusing on the root causes, risk factors and the consequences for

health and development. Such approach favors the deconstruction of myths about the inevitability of violence and establishes it as a reality that can be changed. Various experiences in the Region have demonstrated that a public health approach to GV facilitates social mobilization by exposing the risks to the health and well-being of individuals and communities, and by establishing the link between violence and living conditions. It should be pointed out that health is considered a priority by many people, therefore, actions linked to health can secure greater social, sectoral, and community support.

These characteristics of the health sector facilitate the development of comprehensive services, given the magnitude and broad range of its interventions, but also, because of its potential to coordinate systematic actions with others sectors.

A comprehensive response to gender violence from the health sector includes the following elements:

- a. Established linkages between health policies related to gender violence and other sectoral public policies such as education, employment, justice, social development, public safety, etc.;
- b. Inclusion of economic, psychological, social, cultural, ethnic and racial aspects as policy and program priorities;

4. Heise, L. Ellsberg, M. and Gottemoeller, M. *Ending Violence Against Women. Population Reports, Series L, No. 11.* Baltimore, Johns Hopkins University School of Public Health, Population Information Program, December 1999.

- c. Adequate prevention and care interventions that respond to the needs of the different stages of the life cycle;
- d. Inter-sectoral and interdisciplinary approaches;
- e. Inclusion of specific interventions that take into account the different spaces where social interactions takes place, such as the family, peer groups, community, and workplace, etc.

It is worth noting that in most of the countries of the Region, health sector reform processes aimed at improving the equity, quality, efficiency, and effectiveness of services are underway. Within the framework of reform of the public health systems that is taking place in the Americas, the role of the state in addressing gender violence should include the following functions:⁵

- ▲ Monitoring, analysis, and evaluation of the gender violence situation;
- ▲ Research on health risks and outcomes linked to gender violence;
- ▲ Prevention of all typologies of gender violence, including sexual and domestic violence, sexual harassment, trafficking and sexual exploitation of girls, boys, adolescents and women, torture, as well as cultural practices that constitute a violation of human rights and puts at risk the health and development of women;
- ▲ Social participation in the prevention and comprehensive care of victims of gender violence;
- ▲ Policy development and strengthening of institutional capacity in the areas of planning and management;
- ▲ Strengthening institutional capacity to enforce regulations on care and prevention;
- ▲ Development and training of human resources on GV;
- ▲ Evaluation and promotion of equitable access to all the services required for comprehensive care;
- ▲ Quality assurance of personal and collective services;
- ▲ Establishment of inter-sectoral networks that include all the components necessary for comprehensive care, including referral and cross-referral systems.

According to the experiences from Chile, Ecuador, Mexico, Panama, and the Dominican Republic, among the factors that facilitate the development of initiatives based on this approach are:

- a) multidisciplinary actions and use of a systematic model to design programs,
- b) experiences at the local and national levels that contribute to the effectiveness of policies at the different levels,
- c) training on GV for all sectors,
- d) community mobilization,

5. Based on the proposal of Essential Functions of Public Health prepared by PAHO/WHO, the CDC, and CLAISS (2000).

- e) availability of information systems,
 f) existence of a legal framework that validates actions such as international conventions, laws and standards,
 g) support from international cooperation agencies,
 h) linking initiatives that address GV to state and health sector reform, and
 i) participation of adolescents and young adults in prevention strategies and case identification.
- The same experiences indicated that challenges in the implementation of comprehensive services were related to:
- a) the needs and limitations of the health sector, such as lack of a

Table 2: Favorable Factors and Challenges in the Establishment of Comprehensive Services

Experiences	Favorable Factors	Challenges
<p>Chile Carmen Gloria Greve Technical Director of the Pudahuel Family Mental Health Community Center Community Mental Health Centers.</p>	<ul style="list-style-type: none"> - Comprehensive care based on multidisciplinary work, coordination between different areas and community actors. - Availability of an intersectoral local network. - Systemic psychotherapeutic model for the care of domestic violence. - Availability of laws and legal procedures for the protection of victims. 	<ul style="list-style-type: none"> - Compulsory participation of aggressors in therapeutic programs (low interest, treatment seen as punishment). - Lack of shelters for surviving women and children. - Cultural values that justify GV. - Lack of economic resources for women who wish to separate from their partners. - Revictimization by health and justice institutions.
<p>Ecuador Virginia Gómez de la Torre Head, Sexual and Reproductive Rights and Health Program, CEPAM Mobile Medical-Legal Brigades.</p>	<ul style="list-style-type: none"> - Training and awareness within the organized community and among health and education workers. - Itinerant legal, psychological, social, and medical services offered in the neighborhoods. - Follow-up and monitoring by the health services of cases denounced in the brigades. - Inter-sectoral and multidisciplinary coordination. 	<ul style="list-style-type: none"> - Program is not institutionalized and remains under NGOs, limiting its sustainability in the future. - If dissemination activities are included, cost of maintaining the brigades will increase. - Health care providers prefer permanent activities.
<p>Mexico Patricia Espinosa President, National Institute of Women Prevention and Elimination of Domestic Violence from a Health System Perspective: A New Paradigm.</p>	<ul style="list-style-type: none"> - Creation of the National Commission on Women. - Establishment of the Official Mexican Standards for Medical Care of Domestic Violence. - Creation of an Information Registry as a subsystem of the Epidemiological Surveillance System of Accidents and Injuries. 	<ul style="list-style-type: none"> - Disaggregate information by sex and create a system of indicators for the health sector. - Gender sensitivity training needed for service providers. - Design methodology to detect GV cases. - Include prosecutors' offices in legislative reforms. - Create liaison, consultation, and coordination mechanisms between the Federal government, state agencies, and municipalities.
<p>Panama Yvonne Abadía Reyes Regalado Local Coordinator, Program on Intrafamily Violence, Ministry of Health Model of Comprehensive within a Community Clinic Setting.</p>	<ul style="list-style-type: none"> - Development of a national plan on women with the support of political parties. - Modification of the legal framework related to the prevention, care and punishment of domestic violence and abuse of girls, boys, and adolescents. - Support from international cooperation agencies. - Creation of an inter-sectoral support network against domestic violence, and design of a pilot plan on comprehensive care. - Training of community facilitators, and legal and health workers. - Early detection activities organized in schools, the community, and health care facilities. Emotional support offered as well. - Activities organized to prevent the increase of injuries and to protect those affected. - Established case registration system. - Community participation in the development and validation of protocols of care and increased awareness among organized groups. 	<ul style="list-style-type: none"> - Work overload of health personnel. - Need to establish services in others regions. - Restructuring of health teams.
<p>Dominican Republic Magaly Caram Director, PROFAMILIA Strengthening the Capacity of Sexual and Reproductive Health Services to Address Gender Violence: An Initiative of the Family Planning Associations in Peru, the Dominican Republic, and Venezuela.</p>	<ul style="list-style-type: none"> - Inter-institutional collaboration and linkages between government institutions and NGOs. - Training of health providers and technical and administrative personnel. - Participation of adolescents and young adults in prevention and case identification activities. - Design of a case detection tool and a registration system. 	<ul style="list-style-type: none"> - Institutional barriers (space, time, personnel). - Complexity of incorporating systematic case detection. - Lack of adequate community resources and referral services for women. - Limited data collection system. - Sustainability.

- timely response to cases, need to adapt services and personnel, re-victimization of survivors,
- b) cultural patterns,
 - c) lack of support services for survivors at the community level,
 - d) mandatory nature of rehabilitation programs for aggressors,
 - e) lack of institutionalization and sustainability of initiatives,
 - f) limitations in the establishment of registration systems, and
 - g) limitations in case identification.
- (See Table 2)

2.3. Standards of Care and Protocols

The adequate implementation of health services for cases of gender violence depends to a great extent on the existence of standards of care and protocols that provide general technical and administrative criteria for the development of interventions. Standards of care facilitate the establishment of guidelines for comprehensive care models and define the components and activities that members of the work teams will carry out according to levels of care and possible scenarios. In addition, standards facilitate the adequate operation of referral and cross-referral systems at different health care levels, as well as intra and inter-sectoral coordination in the provision of services. In this regard, standards serve as an instrument of participation for the health sector in multi-sectoral networks that address gender violence.

Given the multidimensional nature of gender violence, standards of care provide the basis for the establishment of health care teams. They define the functions of team members, the linkages between each of the areas or departments involved, as well as the performance standards of all health center personnel. For the standards to be effective there needs to be broad dissemination, training of health personnel in their application, and the existence of surveillance and monitoring mechanisms of their implementation.

Standards of care also function as an instrument of social control for service users and the community, as they establish survivors' rights including consent for recording evidence, confidentiality of care and information on available support services.

The identification and registration of GV, collection of evidence, care of the physical, psychological, and support needs of victims as well as prevention and promotion activities are fundamental components of standards of care. They ensure the continuity of care and adequacy of the interventions to the specific needs of every person. In the case of sexual and reproductive health services, standards create a link between the delivery of care for cases of gender violence with other necessities such as the use of contraceptives, abortions, reduction of

risky sexual behaviors, protection against sexually transmitted infections, high-risk pregnancies and other gynecological problems.

The experiences from Brazil, Colombia, Mexico, and Puerto Rico underscore the following factors that promote the adequate design and enforcement of standards of care:

- a) inter-sectoral coordination and interaction between the health sector and other actors, such as women's groups, the judicial sector and specialized associations
- b) training in implementation for relevant personnel,
- c) existence of an institutional and legal framework that validates the standards and ensures their application,
- d) support from decision-makers,
- e) development of models of care,
- f) research,
- g) continuous dissemination of the standards, and
- h) application of the standards at the local level and within sectoral reform processes.

Table3: Favorable Factors and Challenges in the Design and Enforcement of Gender Violence Care Standards

Experiences	Favorable Factors	Challenges
<p>Brazil</p> <p>Jorge Andaloft President , National Commission on Sexual Violence, Brazilian Federation of Gynecology and Obstetrics</p> <p>Sexual Violence and the Response of the Health Sector in Brazil: Inter-professional Fora to Address the Issue.</p>	<ul style="list-style-type: none"> - Interaction between the health sector and other social actors, especially women's groups. - Institutionalized initiatives that are not dependent on the will of a few professionals. - Participation of associations specialized in the design of protocols of care. 	<ul style="list-style-type: none"> - Slow and fragmented response from the health sector.
<p>Colombia</p> <p>Carmen Posada Secretary of Gender Equality for Women, Antioquia province— Colombia (former Director of CERFAMI, NGO responsible for the experience)</p> <p>Improving Quality of Care: Integrity and Gender-Sensitivity in the Application of Standards of Care.</p>	<ul style="list-style-type: none"> - Existence of a legal framework. - Guide for the Care of Abused Women issued by the Ministry of Health. - Support from international cooperation agencies in the implementation of a project to improve the quality of care for victims of domestic, sexual, and sociopolitical violence. - Sectoral diagnoses and interviews conducted with high-level officials from each sector to secure the political will of decision-makers. - Expert conferences held to train personnel in the implementation of standards. 	<ul style="list-style-type: none"> - Resistance to a gender discourse. - Resistance from the judicial sector in enforcing the law on domestic violence. - Labor crisis during the implementation process.
<p>Mexico</p> <p>Blanca Rico Galindo Director, National Program on Women and Health, Department of Health</p> <p>Establishment of a Regulatory Framework within the Health Sector.</p>	<ul style="list-style-type: none"> - Creation of the National Program Against Domestic Violence (PRONAVI). - Broad dissemination of the official standard and training of health workers. - Development of a prevention and care model to address intra-family violence. 	<ul style="list-style-type: none"> - Limitations to culturally adapt the programs, for example, bilingual personnel to attend indigenous populations. - Limitations within the legal system to administer justice. - Insufficient financial resources.
<p>Puerto Rico</p> <p>Linda Rose Laras Director, Center for Assistance to Rape Victims, Department of Health</p> <p>Application of Protocols for Victims of Sexual and Domestic Violence: Governmental and Civil Society Monitoring Mechanisms.</p>	<ul style="list-style-type: none"> - Inter-disciplinary and inter-agency approach. - Staff trained in program development, technical feedback, and case discussion. - Low-cost strategies for users and organizations offering services, as well as availability of continuous financing. - Continuous information, education, and communication activities. - Inclusion of GV services in health sector reform. - Use of different sources of information for research design. - Inclusion of local implementation processes in the design of standards. 	<ul style="list-style-type: none"> - Dimension of the demand for services. - Resistance of the health sector to provide care to victims of domestic violence. - Lack of human resources with the necessary knowledge, skills, and commitment. - Restrictions imposed by government bureaucracy. - Difficulty in documenting services.

The challenges in the implementation of these initiatives are:

- a) slow and fragmented response from the health sector,
- b) institutional dynamics of the government,
- c) cultural resistance to a gender approach,
- d) contextual factors such as labor crisis and the political situation of the country,
- e) cultural adaptation of programs,
- f) restrictions in financial and human resources,
- g) dimension of the demand for services, and the difficulties in documenting cases. (See Table 3)

2.4. Community Mobilization and Participation

State reform processes have brought changes in the functions of the different decision-making levels and in the execution of policies and programs. In many cases, decentralization has promoted linking national plans and policies with local policies, thus increasing the possibility of success in the implementation at both levels.

The effectiveness of policies and programs depends, to a large extent, not only on their design and implementation, but also in their sustainability at the local and sectoral levels. The experiences analyzed in the Symposium indicate that social mobilization and community participation are essential to the

effective implementation of policies and programs. Consensus among the different participating actors validates the initiatives and promotes their institutionalization. The inclusion of community participation and mobilization as a core element in policies and programs entails breaking away from the idea of participation only as beneficiaries/recipients of a project or program, and instead incorporating community actions as a contribution to the prevention and care of GV. Due to the nature of GV and the cultural and social factors that influence the problem, community mobilization and participation play a key role in changing beliefs, attitudes, and practices that perpetuate and justify violence. Since the ramifications of GV affect the community as a whole, the community should be an integral component of policies and programs that address the problem

Community participation is also essential in the recovery process of violence survivors. Through community resources timely services can be ensured and cultural change initiatives as well as work with peer groups can be undertaken. Successful community experiences developed in the Region have incorporated support group services, organized men's groups for change, and involved adolescents and young adults in promotion and prevention activities.

In addition, individual and collective social control mechanisms give community groups the opportunity to participate as active agents of change within their communities, and enable women, survivors and service users to reaffirm themselves as persons with the ability to assert their rights.

NGOs play an important role in strengthening control mechanisms and monitoring programs, in carrying out advocacy activities with local authorities and in the delivery of health care and prevention services. Local networks provide comprehensive care, facilitate the coordination of inter-sectoral actions, and strengthen community resources.

To achieve adequate community participation in health sector policies and programs related to GV, it will be necessary to break away from the vertical approach prevalent in health interventions and to attain greater empowerment of community groups. Given the diversity of interests, perspectives, and sectors represented in the community, such as youth groups, senior women, men's groups and specialized associations, specific strategies are required to promote wider participation. The experiences in the Region have shown that community participation and social mobilization not only involve

institutions and organizations but also individuals concerned with the issues.

According to the experiences from Bolivia, Brazil, Mexico, Suriname, and Venezuela, the following factors promote adequate community participation and mobilization:

- a) training of personnel and community groups that provide services,
- b) creation of coordination mechanisms that actively engage the community in the design, implementation and evaluation of policies and programs,
- c) cultural adaptation of programs,
- d) development of specific programs adapted to rural areas and specific groups, for example, youth groups,
- e) integration of the issue of masculinity and the creation of programs that target men,
- f) existence of standards and procedures related to GV that support social control measures within programs,
- g) creation of an information system to support intersectoral decision-making and to inform civil society, and
- h) ongoing information, education and communication activities.

Among the challenges encountered in these initiatives are:

- a) the persistence of cultural practices reinforcing GV and male power,

- b) limitations in the quality of services and case follow-up,
- c) weak information systems,
- d) deficiencies in community consultation mechanisms,
- e) changes in the infrastructure of community organizing,
- f) structural factors such as migration, change in local development models, etc. and,
- g) institutional and personal silence that makes the problem invisible. (See Table 4)

Table 4: Favorable Factors and Challenges in Community Participation and Social Mobilization

Experiences	Favorable Factors	Challenges
<p>Bolivia Mónica Beltrán Sánchez Director, Personal and Family Empowerment Program, Gregoria Apaza Women's Center</p> <p>Cultural Diversity and Community Mobilization to Eliminate Gender Violence.</p>	<ul style="list-style-type: none"> - Training and advisory services for personnel in health, police, judicial, legal, and psychological services. - Training in dissemination of laws and rights for community agents, leaders and promoters. - Creation of a network to address intra-family violence with the participation of government, non-government, and community organizations. - Network activities focused on raising awareness, providing care, referral and cross-referral, training, monitoring of implementation of standards, and information dissemination. - Financing of training projects for the health sector. 	<ul style="list-style-type: none"> - Persistence of cultural patterns that justify gender violence. - Deficiencies in the quality of care of services, especially lack of communication between users and providers. - Lack of consistency in data collection. - Deficient follow-up of cases.
<p>Brazil Gary Baker Director, PROMUNDO</p> <p>Masculinities and Gender Violence: Implications for the Health Sector.</p>	<ul style="list-style-type: none"> - Creation of support services for men focused on violence prevention. - Development of mentor programs that promote interaction between youth and non-violent adult men who serve as role models. - Counseling for couples. - Establishment of inter-sectoral partnerships. 	<ul style="list-style-type: none"> - Socialization of men. - Social power granted to men. - Institutional silence regarding gender violence particularly in schools, churches, clinics and others. - Individual silence of survivors.
<p>Nicaragua Martina Herrera Vallejos Facilitator, Health and Research Committee, Women's Network Against Violence</p> <p>Women Against Violence Network: Change in Power Relationships to Eliminate Domestic and Sexual Violence.</p>	<ul style="list-style-type: none"> - Diversity of participating groups: some 150 groups including associations, cooperatives, women's shelters, churches, unions, local networks, and dozens of individual women. - Establishment of working commissions. - National meetings and permanent training activities. - Publications and public awareness campaigns. - State cooperation in working commissions and follow-up of services. 	<ul style="list-style-type: none"> - Difficulties in creating consensus, due to diversity in the social composition of the Network. - Economic situation and political context. - Resistance from some members to the work strategy implemented by the commissions.
<p>Suriname Urmie Ifna Vrede Chairperson, "Lobi Ku Pasensi" Maroon Women's Organization, Secretariat for Bokopondo District, Department of Regional Development</p> <p>Community Networks: Addressing the Link Between Culture, Migration, and Gender Violence.</p>	<ul style="list-style-type: none"> - Use of culturally adapted strategies to present GV as a problem to the community. - Strategies to avoid men perceiving interventions as a threat. - Introduce positive changes into traditions such as reducing the duration of traditional mourning required for women. - Education and information activities on GV are better accepted when they are addressed as a health problem and the link between health and community well-being is clearly established. - Activities carried out to raise awareness about parallel legal systems (formal laws, common law, and religious tenets, etc.) - Linkages among community networks. - Inter-sectoral coordination among women's organizations, police, community organizations, and individuals concerned with violence. - Community participation in all processes, including program design. - Programs adapted to the rural setting. - Training of local trainers. 	<ul style="list-style-type: none"> - Concentration in urban areas of organizations that provide services to violence survivors. - Traditions that are harmful to women and girls: <ul style="list-style-type: none"> a) practice of requiring widowed women to have sexual relations with a male member of the dead husband's family, b) masculine polygamy, c) belief that following the first menstrual period girls are ready for marriage, d) women need consent from their husbands to leave the village or participate in certain activities. - Disappearance of community mechanisms for conflict resolution, such as the Village Council. - Community's economic development model that stimulates prostitution.
<p>Venezuela Manuel Mireles Youth Promoter, AVESA</p> <p>Working with Young People: Information, Education, and Participation Strategies.</p>	<ul style="list-style-type: none"> - Providing fora to discuss the issue. - Use of various means of communication. - Inclusion of individual and group experiences. - Promotion through peer groups. - Development of activities with families. - Use of participatory techniques. 	<ul style="list-style-type: none"> - Lack of sex education among young people. - Predominant social perception that young people are incapable of generating changes.



3. Recommendations

The recommendations were prepared by five working groups (4 sub-regional, Central America, Caribbean, Southern Cone, Andean Group, and a national group for Mexico, the country hosting the event) comprised of representatives from the health sector, the regulatory office of gender policies (Ministry, Office or National Service of Women), non-government organizations and donor agencies.

The recommendations were formulated according to the national and sub-regional situations, taking into account the opportunities, weaknesses, and gaps existing in the design and implementation of the policies and programs that address gender violence. The recommendations were classified in five areas:

- a) public policies and legislation
- b) programs and services
- c) training
- d) research
- e) information, education and communication activities

3.1. Public Policies

Policy Design

The design of policies should be based on a human rights framework, establishing GV as a public health problem and as an obstacle to equity and human development. It is necessary to



expand current public policies related to GV and incorporate actions and strategies related to trafficking of women, sexual exploitation, torture, sexual tourism, systematic rape, and sexual harassment. In addition, and particularly with respect to health policies, it is necessary to adopt the concept of comprehensive health that encompasses the complete life cycle and to incorporate the analysis of social relations and the perspective of masculinity in the formulation of health policies and programs.

For the reformulation and expansion of the policy design process, the following actions are recommended:

- ▲ Include in the political parties' platforms the needs of women and

the commitment to pass legislation related to GV.

- ▲ Incorporate the different forms of GV in the development of policies and inter-sectoral programs.
- ▲ Encourage the development of national plans to eliminate GV.
- ▲ Formulate strategies to deal with the impact of migration on the condition of women and their vulnerability to different forms of violence.
- ▲ Design specific programs to deal with violence against women within the contexts of armed conflicts and postwar periods.
- ▲ Design and implement care and prevention programs for adolescents—that incorporate services, training, information and communication, and peer group activities.
- ▲ Develop formal sub-regional policies that take into account the multicultural, multi-ethnic, and linguistic realities, address discrimination against women, and recognize the diversity of women and their needs in according to age, race, ethnic group, disability and sexual orientation.

Policy Implementation

The implementation of policies entails developing strategies that incorporate different social actors in the prevention and care of GV and that also ensure their sustainability.

In this regard, the following measures are recommended:

- ▲ Include strategies that ensure the sustainability of initiatives through: a) systematic financing of policies and programs, b) institutionalization of policies and programs, c) training of human resources, d) community participation and social control mechanisms, e) permanent dissemination of the public agenda on GV, f) research, g) continuous information and communication activities, and h) inter-sectoral coordination.
- ▲ Place greater emphasis on the prevention of violence against women and promotion of women's rights.
- ▲ Provide technical and financial support to alternative health care centers that are proactive in the elimination of violence against women.
- ▲ Support the work of men's groups and organizations that promote self-review and analysis for the development of a new concept of masculinity.

Monitoring and Evaluation of Policies

Monitoring and evaluation are two essential components for the adequate implementation of prevention and care policies, and to increase their impact. In this regard, the following actions are recommended:

- ▲ Include the perception of service users and women's organizations in program evaluations.
- ▲ Create coordination and inter-institutional monitoring groups and inter-sectoral mechanisms to guarantee continued participation in the medium and long term.
- ▲ Develop dissemination mechanisms that facilitate social control of programs by the communities.
- ▲ Create social comptroller offices that include the participation of the government and civil society to monitor and evaluate the policies and programs.
- ▲ Promote and recognize health institutions that comply with quality of care protocols.
- ▲ Strengthen national mechanisms that address the condition of women. Where non-existent, establish ombudswoman offices to monitor the implementation of public policies, legislation and social practices affecting women.

Financing of Policies and Programs

Financing women's programs is a key factor for the sustainability of initiatives. To achieve continuous and sustainable financing it is necessary to design strategies aimed at identifying various funding sources for policies and programs including the allocation and programming of state and institutional resources in the national budget.

The following actions are recommended to ensure adequate financing of policies and programs:

- ▲ Reorient international funding and pass legislation to allocate national resources for the prevention, treatment, and elimination of gender violence.
- ▲ Assign specific resources to the health sector for gender violence prevention and care programs.
- ▲ Provide financial support to women's groups to strengthen their functions in monitoring the situation of violence against women, and in evaluating the enforcement of laws and national and international commitments and compliance with the plans and programs related to the prevention, treatment, punishment, and elimination of GV.

3.2. Legislation and Norms

Although many countries have laws and standards of care related to gender violence, their implementation and scope continues to be limited. The adequate implementation of the Inter-American Convention for the Prevention, Punishment and Elimination of Violence against Women (Belém do Pará) requires creating new legal instruments as well as institutional conditions that permit their implementation. To strengthen the legal framework related to gender violence, the following is recommended:

- ▲ Create laws and norms related to

gender violence that link the health and judicial sectors.

- ▲ Promote the reform of civil and criminal laws that punish violence against women and standardize them at the national level.
- ▲ Include sexual harassment in the reform of the legal framework related to gender violence.
- ▲ Create specialized legal offices (prosecutor's offices, precincts, etc.) to file formal complaints of gender and family violence cases.
- ▲ Guarantee the exercise of the right to safe abortions in cases permitted by law and promote emergency contraception in cases of sexual violence and incest.
- ▲ Promulgate and implement laws for the prevention, suppression, and punishment of trafficking of people, especially of women, girls, and boys. Utilize the International Tribunal for cases that transcend national borders.
- ▲ Pass legislation related to the prevention and treatment of violence against women, sexual and reproductive rights, and sexual tourism.
- ▲ Pass legislation to legally protect the persons that denounce, witness, and treat cases of gender violence.
- ▲ Create laws that protect ethnic

and cultural differences in accordance with ratified international documents.

- ▲ Promote the concept of "asylum" for women who are forced to abandon their countries because of violence.
- ▲ Regard gender violence as a public crime and therefore a violation of human rights.
- ▲ Ensure psycho-prophylactic leave for personnel that attend cases of gender violence.
- ▲ Promote the ratification of the Optional Protocol of the CEDAW.
- ▲ Create women's commissaries at the national level.

3.3. Development of Programs and Services

Comprehensive care for victims of gender violence requires the design of inter-sectoral programs that include coordinated actions with the education, justice and economy sectors, as well as with different actors including universities, women's groups, community groups, NGOs and youth groups. Programs should have broad coverage, coordination, diversification, and be comprehensive, while taking into account the different social, economic, and cultural contexts.

To strengthen services and programs, the following is recommended:

- ▲ Establishment of self-care programs for personnel attending cases of gender violence.
- ▲ Strengthen programs and services through follow-up of international agreements, allocation of resources to specific programs, and the creation of information systems.
- ▲ Include gender violence in sex education programs.
- ▲ Strengthening inter-institutional and multi-sectoral coordination to implement national programs that deal with the problem of gender violence, with a comprehensive, integrated, and effective approach.
- ▲ Include women's movements in the design, implementation, and monitoring of government funded programs that provide services to women.
- ▲ Include prevention and care strategies for the various forms of gender violence in sexual and reproductive health programs.
- ▲ Link health sector services to programs and regulations with the justice system to ensure early detection and prevention of GV.
- ▲ Create more shelters and services for women and their children suffering from mental health problems caused by GV.
- ▲ Establish mobile programs that

offer comprehensive services for women living in violent situations.

- ▲ Incorporate prevention and comprehensive care of gender violence as a cross-cutting and inter-sectoral strategy into current reforms or those in process within the health sector.
- ▲ Promote programs that address GV with international support for women's organizations and civil society.
- ▲ Create programs that replicate successful strategies such as the models of prevention and care of multi-sectoral networks.
- ▲ Develop strategies that integrate the specific needs of ethnic and age groups, and urban and rural locations.
- ▲ Develop a system to screen for HIV/AIDS in cases of rape.

3.4. Information, Communication, and Education

Dissemination activities are key to the success of policies and programs on prevention and care of gender violence because they facilitate placing and maintaining the issue in the public agenda, enable social mobilization, promote changes in beliefs, attitudes, and practices; and are an effective means to provide information on existing services.

To strengthen information, communication, and education strategies, the following is recommended:

- ▲ Launch national campaigns against gender violence led by the health sector in partnership with other sectors and the media.
- ▲ Develop media campaigns to raise awareness among the population about the impact of gender violence and about communal, equitable and violence-free coexistence.
- ▲ Support the debate on communication strategies that promote the adoption of positive behaviors, attitudes, and values contrary to violent practices and that encourage the empowerment of women and the deconstruction of violent masculinities.
- ▲ Launch national campaigns on new strategies to educate children based on models of communal, equitable, and violence-free coexistence.
- ▲ Sensitize the commercial and community media and other opinion-makers about gender violence and the need to actively involve men in its elimination.

3.5. Training

Human resources are an essential factor in the implementation of policies related to GV. The staff in charge of services plays a key role in providing political content at

every step of the policy implementation process. Human resources transform decisions into actions and into real life components for people and communities.

In addition, the feasibility of achieving institutional changes depends on the knowledge, abilities, and skills of human resources to provide efficient services, on their understanding of the crucial role of the health sector in the elimination of the problem, and on their motivation and attitude towards the issue.

To ensure the successful training of staff the following is recommended:

- ▲ Train and sensitize officials about gender violence, taking into consideration the different levels of responsibility, the workplace and cultural differences.
- ▲ Train members of political parties in the design and implementation of gender policies.
- ▲ The countries that have ratified the CEDAW and the Convention of Belém do Pará should coordinate actions to train and sensitize officials from the justice and health sectors in the enforcement of the Conventions.
- ▲ Integrate the issues of human rights and gender violence in the curricula of the education system, especially at the primary level.

- ▲ Include the subject of masculinity and GV in the curriculum.
- ▲ Train the different actors involved in the prevention and treatment of gender violence on the administration of justice from a gender perspective.
- ▲ Educate professionals to provide clinical supervision and psychosocial support to teams attending cases of gender violence, including the review of institutional practices associated with discrimination, early detection of child abuse, and gender violence.
- ▲ Disseminate the legal framework related to the prevention, treatment and punishment of GV as a way of raising awareness within the health sector of its responsibilities.

3.6. Research and Indicators


Research on gender violence not only sheds light on the characteristics and dimensions of the problem, but also provides a basis for the design of effective programs based on evidence. In addition, research offers reliable information for decision-making in the implementation process of policies and programs. Nevertheless, for research to have a significant impact on policies and programs within the health sector, the issue should be highlighted as a public health and human rights problem. This entails analyzing a

broad range of determining factors, not only the risks and clinical factors. Furthermore, research should not simply focus on the numeric aggregation of cases and their characteristics, but rather in the analysis of the phenomenon as a collective problem. Thus it is necessary to review traditional epidemiological paradigms and adapt them to the production and follow up of information on health problems of a socio-cultural nature as in the case of GV. It is also necessary to establish and strengthen national information and registration systems on gender violence, making them accessible to all the sectors involved, and ensuring their compliance with current ethical and research standards in every country.

To promote the development of sound research and the establishment of reliable indicators, the following is recommended:

- ▲ Conduct research and create the methodologies to generate indicators of quality of care for integrated services.
- ▲ Develop studies that establish the social cost of violence against women for the national economy.
- ▲ Conduct research on intra-family relations and peaceful conflict resolution mechanisms.



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- ▲ Develop common GV indicators that permit the analysis of the phenomenon at the regional and sub-regional levels.
 - ▲ Investigate the impact of the social incorporation of the issue of masculinity based on the self-analysis of groups and organizations.
 - ▲ Promote a new social vision in public health research that incorporates a gender perspective based on ethical principles.
 - ▲ Disseminate and promote the WHO ethical guidelines on research.
 - ▲ Systematization of methodologies to define and measure gender violence in all its forms. Ensure disaggregation by sex and age in the collection and analysis of the information.
- ▲ In the specific case of epidemiological research, systematize methodologies to define and measure violence against women in all its forms.
 - ▲ Evaluate existing programs with an emphasis on quality and on including users' perspectives.
 - ▲ Conduct qualitative and quantitative research on the magnitude, causes, and consequences of violence on the health of women as well as on the personal and social strategies to face the problem.

4. Conclusions

The Symposium constituted an important forum for the analysis of experiences and the definition of future strategies to strengthen the role of the health sector in addressing gender violence. The policymaking process promoted in the Region illustrates the progress made by the health sector and others in the prevention and care of gender violence. Nevertheless, limitations persist in the design and implementation of policies and programs.


Changes within the legal framework and the design of national plans to deal with the problem have promoted social mobilization and have laid the groundwork for the development of programs and services, particularly in cases of sexual and domestic violence. Despite these achievements, it is necessary to promote strategies to improve the enforcement of laws, standards, and national plans. These strategies should incorporate specific actions to deal with the cultural resistance to confront the problem found at the institutional, community, family and personal levels. Moreover, it is necessary to strengthen initiatives to train human resources, disseminate information, and expand the public agenda on the different forms of gender



violence. Greater public investment is also necessary to implement policies and programs that respond to the problem.

The health sector's response has included the establishment of services and standards, which resulted in improved identification and registration of cases, quality of care, and survivors' increased access to available support resources. To strengthen these initiatives it is necessary to expand financing resources, provide training for personnel, achieve greater effectiveness in applying an integrated approach, and strengthen intersectoral coordination.





The progress achieved to date rests, to a great extent, on social mobilization and community participation. Wide mobilization and participation made it possible to move gender violence from the private realm and place it on the public agenda as a human rights and public health problem, and to advocate for the design and implementation of policies and programs to confront the situation. Local initiatives demonstrate that the effectiveness of policies can be found in their application at the different levels, and that survivors can face the sequelae of violence more effectively when there are support resources in the communities.

It is foreseen that the Call to Action, the Agenda for Action, and the recommendations from the Symposium will be used as tools to develop new policies and programs, strengthen existing initiatives, and to carry out advocacy activities at the local and regional

levels. It is also foreseen that representatives from the participating organizations will create national coalitions to follow up the recommendations, and international cooperation agencies will provide technical and financial support to intersectoral initiatives that strengthen the leadership of the health sector.

The organizing institutions and the sectors represented at the Symposium have reiterated their commitment to continue promoting efforts to improve the response of the health sector to gender violence by supporting multi-sectoral efforts to develop services, training, and research, support social participation, strengthen the legal framework, and improve the evaluation and monitoring of policies. A wide base of support will facilitate systematic and coordinated actions to fulfill the commitment to gender equity and the establishment of models of human coexistence free from violence. ■



Annex 1

Call to Action.

Symposium 2001: Gender Violence, Health and Rights in the Americas
June 7, 2001

We, the participants of the Symposium 2001: Gender Violence, Health and Rights in the Americas, call the attention of states, civil society, the media, and organizations of the Inter-American System and of the United Nations, and urge them to take into consideration that:

- ▲ The States have assumed responsibilities and obligations through various conventions and international agreements, especially the Inter American Convention for the Prevention, Punishment and Eradication of Violence against Women (Belem do Para), the Convention for the Elimination of All Forms of Discrimination against Women (CEDAW) and its Optional Protocol, the Convention on the Rights of the Child and its protocols, the United Nations Declaration on Violence against Women, as well as the United Nations Conferences on Human Rights, the International Conference on Population and Development, and the Fourth World Conference on Women;
- ▲ Violence against women, in all of its forms throughout the life cycle, constitutes a violation of human rights both in the public as well as the private spheres. It is also an obstacle to equity and a problem of justice. In view of the grave implications it has for women's health, it should be considered a public health priority;
- ▲ Gender violence has been perpetuated and tolerated as a result of historical, cultural, racial and structurally rooted inequities in the relations between women and men in different social, cultural and political areas;
- ▲ In spite of the existence of protective legislation that punishes violence against women, impunity persists in most countries in the region, exacerbated by the difficulties that women still face in terms of accessing justice;
- ▲ Violence against women carries a high social and economic cost in terms of individual, community and national development and has a negative effect on the outlook of future generations to live free of any form of family and community violence, and that which is tolerated and perpetrated by the State;



Annex 1

- ▲ Addressing the complexities of gender violence will require that all of the relevant sectors take joint and coordinated actions. These actions should guarantee the protection and respect of women's human rights, taking into consideration diversity of age, ethnicity, class, sexual orientation and belief systems, among others;
- ▲ Violence against women constitutes a public health problem. Therefore, the health sector has a responsibility to address it, and the response should be holistic and take into account women's emotional, mental and physical well-being throughout their life cycle;
- ▲ In addition, it is essential that women have access to both information and education, as well as social, economic, and judicial resources that will enable them to build a life free of violence.

The participants gathered at the Symposium 2001, representing governments, civil society organizations, in particular of the women's movement, organizations of the United Nations and of the Inter-American System, and of international cooperation agencies, recommend:

- ▲ That the state guarantee the respect, protection, and exercise of women's human rights, including their rights to a life free of violence, comprehensive health, and the exercise of sexual and reproductive rights, through protection mechanisms that are efficient and accessible to women, and that facilitate the full exercise of their citizenship and empowerment;
- ▲ That the state guarantee women's full access to justice, ensuring effective enforcement of existing national legislation, corresponding to ratified international conventions on women's human rights;
- ▲ That states ratify the Optional Protocol of the Convention to Eliminate all Forms of Discrimination against Women, to guarantee women's full access to international protection mechanisms;
- ▲ Encourage states to assign sufficient human and financial resources in national, regional and local budgets, particularly in the health sector, as well as involve the private sector and international cooperation agencies, to reduce the high costs faced by society as a result of gender-based violence;
- ▲ Promote the creation of a non-violent culture through education and sensitization strategies targeting women and men, specially through

the mass media and the education sector, as fundamental tools to prevent intergenerational and social reproduction of violence;

- ▲ Eliminate stereotypes and attitudes that legitimize or exacerbate violence against women and girls, fostering the participation of men and boys in the prevention and eradication of violence against women;
- ▲ Promote legislation and institutionalise policies and programmes that address gender equity and violence against women and girls, in all its forms, from an intersectorial approach;
- ▲ Integrate and strengthen gender violence prevention and care, at all levels, in health sector policies, programmes, norms and protocols in the context of health sector reform, especially at the primary health care level, in sexual and reproductive and mental health services, emphasising protection for migrant women and women from discriminated ethnic groups;
- ▲ Improve the quality of care, through integrated services, that offer dignified and respectful care, while eliminating institutional discriminatory practices;
- ▲ Sensitise and train health sector personnel to identify, screen, and care for victims of gender violence, and provide them with the conceptual and technical tools, psychological support and judicial and personal protection that would enable them to actively participate in referring cases to the legal system;
- ▲ Strengthen coordination mechanisms between the health and other key sectors for prevention, care and protection, both within governmental and private institutions, including non governmental organisations, ensuring systems to guarantee protection for women in high-risk situations;
- ▲ Guarantee women's and adolescents' rights to privacy and confidentiality;
- ▲ In cases of rape, promote and facilitate access to emergency contraception, prevention and treatment of sexually transmitted infections, including AIDS, and access to safe services for pregnancy termination where allowed by law;
- ▲ Ensure specialised health care for minors who are victims of incest;
- ▲ Standardise methodologies and concepts for information and statistical data collection within the health sector, that illustrate the magnitude of



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gender violence and which allow for monitoring and impact evaluation, incorporating mechanisms for civil society monitoring;

- ▲ Promote research on the causes and consequences of gender violence on women's health;
- ▲ Promote addressing gender violence in national, regional and international fora at the highest level.

We urgently appeal to all relevant parties to subscribe to this *Symposium 2001 Call to Action*, convinced that the achievement of its objectives will contribute to building societies in which the full enjoyment and exercise of women's human rights becomes a reality, thereby achieving sustainable development based on equitable gender relations.

Agenda for Action on Gender Violence, Health, and Rights in Latin America and the Caribbean

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1. Continue and strengthen efforts to expose gender violence as a systematic violation of human rights, a public health problem, and a threat to public safety.

It is estimated that in Latin America and the Caribbean 50% of women suffer some type of violence within the family, without counting other forms of violence that affect women and girls in other environments.

It is understood that gender violence includes physical, sexual, and psychological harm, including threats, coercion, or arbitrary deprivation of freedom, in the private or public spheres. Gender violence is a direct violation of the human rights and fundamental freedoms of women and affects them throughout their life cycles. The impact on the physical and mental health of women and girls, including damage to their sexual and reproductive health, is profound. Violence can cause unwanted pregnancies, abortions, gynecological problems, sexually transmitted diseases (STD), including, among others, HIV/AIDS.

It is important to emphasize that gender violence not only has an impact in the private realm, but also on the social, economic, cultural, and educational conditions of society as a whole, hindering the achievement of equity. The high social and economic cost to individual and national development adversely affects the prospects of future generations to live in peace, free from any form of violence, in their homes, communities, education and the workplace. Women victims of violence are usually less productive in their work and earn less, thus affecting their family's welfare, national production, and economic development.

For these reasons, it is of vital importance to link violence against women with human rights, public health, and social and economic development, from a perspective that includes socioeconomic, ethnic, racial, generational and gender equity.



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2. Prioritize Prevention and Early Intervention Strategies

To put an end to gender violence it is indispensable to allocate resources and to focus efforts on its prevention. The roles and behavior that facilitate violence are learned during childhood. To break the cycle and avoid the generational and social reproduction of violence, an investment must be made on interventions targeting girls and boys that promote equitable relations, conflict resolution strategies, and alternatives to abusive behaviors.

The formal and non-formal education systems, fathers and mothers, and the media can play a very important role in the promotion of a culture of peace, by promoting non-violent conducts and behaviors. Decision-makers and other actors should promote the development and incorporation of education modules on peace and non-violence in the curricula. Community groups should also assume the role of agents of change in their localities, since children usually spend most of their time in their neighborhoods.

3. Enforce and Review the Legal Framework and Formulate New Legislation to Expand Protection of Women's Rights

3.1. Create and/or Strengthen Legislation

It is necessary to promote mechanisms that ensure the effective enforcement of legislation and current policies as well as to review the legal framework to adapt the laws in accordance with the international conventions that guarantee women's human rights. To expand the protection of women's rights, legislation should be created or strengthened in the following areas:

- ▲ Anti-Stalking (Acts of harassment and persecution directed at a specific person representing a threat to his/her safety and/or his/her family).
- ▲ Sexual tourism and its linkage with trafficking of people.
- ▲ Sexual harassment.
- ▲ Asylum for women who are forced to abandon their countries for reasons of violence.
- ▲ Right of access to emergency contraception.

- ▲ Right to abortion in cases permitted by the law.
- ▲ Protection from ethnic and cultural discrimination.
- ▲ Legal protection of people who denounce and attend cases of gender violence.
- ▲ Establishment of Public Prosecutor's Office for Women with jurisdiction at the national level.

As established by the Beijing Conference and the Protocol to prevent, repress, and punish trafficking of people, especially of women and children, and the United Nations Convention against transnational organized crime, the elimination of trafficking of women and girls for sexual trade is an urgent international problem. Trafficking of people is a problem in several countries of the Region, primarily affecting women and girls. However, the lack of concrete data has prevented determining the magnitude of the problem, placing the issue in the public agenda, and responding to the situation. The countries of the Region should promulgate laws that classify the trafficking of people as a crime, and that guarantee the rights and protection of victims. Regional and international cooperation is essential to study the problem, design strategies, launch information campaigns, investigate cases, and provide assistance to reintegrate victims into society.

3.2. Use of Regional and International Instruments to Promote and Protect Human Rights

The states have assumed responsibilities and obligations through the different conventions and international agreements, especially the Inter-American Convention on the Prevention, Punishment and Eradication of Violence Against Women (1994), the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW, 1993) and its Optional Protocol, the Convention on the Rights of the Child (1990), as well as the United Nations Conferences on Human Rights held in Vienna (1993), on Population and Development that took place in Cairo (1994) and the one on Women held in Beijing (1995).

Although the majority of the States of the Inter-American System ratified the Inter-American Convention and have made considerable progress in legislative matters, the implementation and enforcement of the laws and policies that protect women and girls from violence require greater devel-



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opment and strengthening. The legal frameworks should be reviewed and adapted to the International Conventions. To that end, it is proposed that advisory committees be created at the national level ensuring that the relevant sectors are duly represented (governmental sector, academia, civil society, etc.).

It is also necessary that the national institutions of women and other specialized agencies train officials in the enforcement of the aforementioned Conventions. The creation of social control mechanisms will allow the monitoring of such activities by civil society.

All the countries of the Region should ratify the Optional Protocol of the CEDAW.

4. Design and Implement Specific Policies

It is fundamental to formulate and implement public policies that require local and national levels as well as all sectors involved to implement strategies, actions and sustained public investment against gender violence.

Although decentralization creates opportunities for the formulation of local responses and facilitates the administration of resources, the establishment of control mechanisms is needed to ensure the use of financial and human resources for prevention, detection, care, and rehabilitation programs and strategies.

4.1. Participation of Adolescents and Young Adults in the Decision-making Processes

Within the framework of the Convention of the Rights of the Child and the International Conference on Population and Development+5 (ICPD+5), mechanisms should be created to guarantee the right of young men and women to participate in decision-making processes and to propose and carry out initiatives in the prevention and treatment of violence. National plans should promote the institutionalization of policies, legislation, and programs that include the perspectives of young people.

4.2. Male Involvement in Strategies and Actions Against Gender Violence

In compliance with the ICPD (especially ICPD+5) and the Conference on Women held in Beijing, it is essential to include specific strategies to

ensure that policies and programs involve men in the prevention of gender violence, and also promote non-violent masculine models that emphasize equity. Decision-makers and community leaders should promote and support alliances with groups of men working on the issue of male violence.

According to the Action Platform of Beijing, it is also necessary to develop programs for the reeducation, social rehabilitation, and isolation of aggressors, with the objective of modifying the socio-cultural patterns of men and women. Equally important is the promotion of research to determine the impact of programs for the rehabilitation of aggressors and identify new strategies to prevent the recurrence of acts of violence.

4.3. Expand the Participation of the Women's Movement

It is important to showcase the work of the women's movements in the design, execution, and monitoring of policies, programs, and activities against violence, and to give them the necessary financial support to strengthen their involvement in the design and monitoring of policies and programs on gender violence.

5. Create Adequate Follow-up and Monitoring Mechanisms

Monitoring and evaluation systems for programs and services as well as national strategies, policies and existing laws, should be established. It is essential to involve civil society, particularly non-government, women's, and youth organizations in the monitoring and evaluation processes. The participation of citizens as agents of change and social control mechanisms that allow the exercise of citizen's rights help improve the health of societies.

6. Combat Gender Violence through Inter-sectoral Alliances

To address the complexity of gender violence, joint and coordinated activities that respond to gender dynamics, age, ethnic-racial, class diversities and sexual orientation should be undertaken by all relevant actors and sectors.

6.1. Resources

It is necessary that both local and national governments and the private sector assign sufficient human and financial resources in their budgets to strengthen existing services and programs and to create new prevention and care initiatives in collaboration with civil society and/or governmental agencies.



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6.2. Education and Economic Opportunities

It is essential that women have access to information, education, and to social and economic resources to break the economic crisis associated with victimization. Access to housing, credit programs, job and training opportunities, and food security are necessary for women to rebuild independent lives free from violence.

6.3. Communications Media

The role of the media is not only to inform but also to educate, since its messages permeate the socialization processes and individual and collective perceptions.

The media should play an important role by providing spaces to discuss and analyze violence; expose its impact on the physical, mental, sexual, and reproductive health, and its links to human rights; disseminating information on prevention and care, and promoting concepts of equity and non-violent behavior.

7. Strengthening the Response of the Health Sector

The health sector provides unique opportunities for addressing gender violence, even to the extent of making a difference between life and death. Its response should be based on a comprehensive and intersectoral approach that takes into account the emotional, mental, sexual, and physical well-being throughout women's life cycle. The health sector's budget should give priority to financial and human resources to prevent, treat, and eradicate gender violence.

7.1. Policies

The policies of the health sector should mainstream gender equity, and social, and ethnic-racial perspectives across programs, plans, and other actions at all levels of care and in the different clinical specialties. Treatment protocols should take into account the specific needs of victims of sexual violence (screening for HIV/AIDS, access to prophylaxis for STD, including HIV/AIDS, and emergency contraceptives) and domestic violence. Health institutions should establish guidelines for the documentation of violence cases treated and referred to other institutions.

Accreditation systems requiring health centers to identify, register, and respond to cases of sexual and domestic violence, should be established.

The registration systems within health centers should take into account the privacy of the user and establish regulations to limit access to medical information by the aggressor (as may be the case of conjugal violence).

7.2. Education

It is necessary to include the subjects of violence, human rights, particularly sexual and reproductive rights, and discrimination against women in the curricula of universities and medical schools. This requires updating the content of educational and pedagogical materials to eliminate sexist, racist and social class concepts that reproduce prejudice and discrimination, and the development of new pedagogical methodologies from a gender perspective.

7.3. Training

The training programs for health workers in prevention, detection, diagnosis, care, and referral should be systematized to achieve greater impact. The training should include a general framework on human rights and gender, social and racial equity, and review of institutional practices associated with discrimination.

The training of personnel in the application protocols of care and in documentation systems should be a permanent component of health centers.

7.4. Access to Health Services

Access to health services, especially reproductive health, is fundamental, including access to emergency contraceptives and to prophylaxis for HIV/AIDS and other STDs. Strategies should be developed to eliminate the factors that restrict access: distance/geography, cost of services and transportation, age (especially in places where girls and adolescents do not have access without the consent of parent or guardian), institutional, etc.

7.5. Quality of Care

It is necessary to establish criteria for quality of care and monitoring systems for all levels of care. The services should be culturally appropriate, protect the privacy and dignity of the user, and specially respond to the specific needs of adolescents and other age groups.

Routine identification of cases of violence should be included in the protocols of all levels of care and specialties. It is also necessary to create



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outcome measures to evaluate progress in the physical health, including sexual and reproductive health, and mental health of victims of violence as an instrument to monitor initiatives aimed at improving the quality of care.

Referral and cross-referral multidisciplinary systems should be developed and coordinated to insure that victims of violence receive the support and the services they need at the time the case is detected. Coordination between the health and justice sectors is particularly important to guarantee the safety of women who live in violent situations and to respond to the problem.

7.6. Information and Research

The health sector should launch information campaigns that address gender violence as a risk to comprehensive health throughout the life cycle, and that also promote the protection of human rights, especially sexual and reproductive rights.

It is essential to strengthen the capacity of the health sector to conduct research on the prevalence and incidence of gender violence in different ethnic and age groups, as well as on its association to sexual and reproductive health, masculinities, its impact on individual and community health and social and economic costs.

It is also fundamental to standardize methodologies and concepts for the collection of data and statistics to uncover the hidden magnitude of gender violence, its processes and determining factors, as well as its incidence on the different ethnic, racial, and age groups, and to improve the availability and comparability of data in the Region.

It is recognized that in all the countries of the Region there are efforts to develop registration systems within health units for cases domestic and sexual violence. However, a serious review of the traditional epidemiological paradigm is urgently required to develop more precise health surveillance mechanisms that define and measure all the manifestations of violence against women.

