Symposium 2001
"Gender violence, health and rights in the Americas"
Cancun, Q.R.. Mexico
June 4-7, 2001

ADDRESING DOMESTIC VIOLENCE AS ONE OF THE MANIFESTATIONS OF GENDER VIOLENCE, FROM THE HEALTH SECTOR IN THE JUAN DÍAZ TOWNSHIP

Ivonne L. Abadía
Panama

I. INTRODUCTION

Panama is geographically located between Costa Rica (to the west), Colombia (to the east), the Caribbean Sea (to the north) and the Pacific Ocean (to the south). As a sovereign, independent State, Panama has a sovereign, republican, democratic and representative government. Politically, its territory is divided into nine provinces, which are in turn divided into districts (a total of 67) and *corregimientos* or townships (a total of 517). In addition, there are four indigenous regions. Spanish is Panama's official language, and the country has a population (according to the 2000 census) of 2,815,664 inhabitants, of whom nearly 50% live in the capital city.

Juan Díaz is a township with a total land area of approximately 35.6 square kilometers, with a population of 87,265 inhabitants, according to the May 2000 census. It is located in a metropolitan area and its heterogeneous population is distributed in more than 80 communities that range from a middle socioeconomic level to below the poverty line. This is due to the fact that during the past 50 years, it has become one of the capital's primary areas of expansion and migration. The political structure includes the highest township authority, the Honorable Representative, who is elected by popular vote every five years and who presides over the Municipal Board which coordinates the actions of the local government. The latter is dependent on the Mayor's Office of the district of Panama, while police authorities are dependent on the local police substation.

The Juan Díaz Health Center is part of the Metropolitan Health Region which includes 16 other local health units and a Health Promotion Center, all of which are located in Panama City or nearby areas. Together with services provided by a Social Security Polyclinic, public health needs in the township are met.

II. POLITICAL AND LEGAL ANTECEDENTS

The political and legal antecedents that generated the conditions for an Integral Service Model for Domestic Violence to have been established in the Juan Díaz township began with a Commitment to Women and Development pact reached in November of 1993. Representatives from all the political parties involved in an election at that time promised to take up the National Plan for Women and Development containing the proposals agreed upon within the women's movement. As a result, in December of 1994 the demands contained in the plan were transformed into public policy. They especially included women's priorities for being granted the same rights and opportunities as men to participate in public life and equally share the fruits of development, including the elimination of violence in the lives of women. A political commitment was made to the issue, and regional commitments to fight against violence were accepted.

Between 1991 and 1994, the Pan American Health Organization (PAHO) established, as part of its strategic orientations, that the abuse of women is a public health problem that should be given priority for providing government services. It implemented a regional action plan that

reinforced the responsibility attributed to the health sector—as the primary channel for reaching the majority of the population.

In the 1994 Political Guidelines and Strategies for the Department of Health, priority was given to the primary problems of health related to violence, placing them in the category of problems in social adaptation, and emphasizing the increase in violence against women, adolescent girls and children.

In January 1995 Panama's Department of Health initiated efforts to encourage public institutions and community organizations to become agents of change with respect to the problem of violence. Specifically, they were invited to participate in programs and actions aimed at developing and consolidating preventative measures through the program entitled "Healthy Municipalities," in which municipalities from the country's 13 health regions were chosen. While it is actually a township, Juan Díaz was one of those chosen—because of its level of community organization—to work toward achieving the distinction of a Healthy Township.

This Department of Health strategic guideline was later incorporated, in April 1995, into the 21st Century Municipal Program, a government policy on Social Development with Economic Efficiency aimed at facilitating sustainable human development. In addition to confronting poverty, it was to work toward communities' integral development, with qualify of life and well-being for all Panamanian women and girls.

In August 1995, as a result of a middle-level sector policy, the Department of Health chose the Juan Díaz Health Center, a local health unit within the Metropolitan Health Region, to carry out actions aimed at strengthening the operative capacity of local units in primary and prevention care in cases of domestic violence, and also at strengthening social action in health promotion, prevention, care and management.

An instrument which has served as the basic framework for defining the sphere and scope of violence is the Inter-American Convention on the Prevention, Punishment and Eradication of Violence against Women "Convention of Belem Do Para" that was ratified by Panama through Law No. 12, on April 20, 1995. The Fourth World Conference on Women held in Beijing in 1995 laid the groundwork for promoting stronger, more concrete, radical actions—on the part of both the women's movement as well as governments—for the protection of women.

Law 27, passed June 16, 1995, was the concrete result of the commitment derived from the Convention of Belem do Para. It qualified domestic violence and child abuse as crimes, ordered the establishment of specialized units for providing services to victims of these crimes, reformed the Penal and Legal Code with the addition of articles, and also adopted other measures. While this is not a Law on Violence, it does elevate domestic violence and child abuse to the level of a crime. In addition to modifying articles in the Penal Code, it also obliges government personnel to denounce acts qualifying as domestic violence, and establishes sanctions to be applied if this requirement is not fulfilled. In Chapter III on "Specialized units for providing services to victims of domestic violence and abuse," Articles 17 to 24 refer specifically to the health sector's obligations in terms of addressing domestic violence and child abuse, and the requirement that health personnel notify the competent authority by way of a "Suspicion Form" developed as a result of this law and currently available in all the country's health care units.

Complementary to Law 27 is Executive Decree No. 222 dated September 5, 1996 which approves the Form for Investigation from Suspicion of Domestic Violence and Child Abuse. On March 2000, legislative initiative No. 106 was presented before the country's Legislative Assembly, for creating a law on domestic violence, on the abuse of children and adolescents, and for reforming and adding to the Penal and Judicial Code, as well as adopting other measures. Legislators began discussion the initiative on May 14, 2001.

III. WHAT SITUATION DID WE FIND OURSELVES IN?

In August 1995 when we were assigned as the health team in charge of implementing a Pilot Plan for Integral Services for Domestic Violence at the local level, we had to confront a number of situations in relation to the health care we were providing at that time and the work we were

carrying out with the organized community and other governmental and nongovernmental institutions. In January 1995 we had initiated a joint project with the community including concrete actions to be taken which were specified and accepted in a Commitment Act, designed to transform Juan Díaz into a Healthy Township.

Since this was a proposal from the health sector, we were the ones to organize and focus the activities. In April 1995 when the Juan Díaz Township was designated as a 21st Century Township, all the organization and authority around this government policy was placed with the Township Representative. The Integral Development Committee for Juan Díaz, 21st Century, was formed and the actions proposed from the health sector were concentrated there but the power for convoking participation was transferred to the Municipal Board—and since the latter is of a political nature, it was viewed by the community from this perspective.

When the Juan Díaz health sector was chosen for the Pilot Plan for Integral Services for Domestic Violence, and even though Law 27 already existed and was already approved, health personnel were not familiar with this issue, nor its implications, or the rights and obligations involved. The same was true for most women and men in the community and in the community legal entities charged with guaranteeing the implementation of the Law

The Juan Díaz Health Center team began to address a problem that had not been acknowledged as a health problem before, and had not been approached in terms of detection, services, or prevention, in relation to the rights of women. The cases that had been previously detected and referred to other programs for medical and legal treatment had consisted of a few, but outstanding, cases of physical or sexual abuse of children. In these cases, notification by health personnel was obligatory, as established by the Penal Code and later, by the Family Code in effect since January of 1994.

Furthermore, the designation of the Juan Díaz Health Center for carrying out the plan was not accompanied by the allocation of human or physical resources, and the only support available was the training provided by PAHO and the Women, Health, Gender and Development Office within the Department of Health. As a result, there was a overload of work from the beginning that affected the personnel who were carrying out other programs and continue to do so. With the March 1997 enactment of the Health Sector Plan for Services for and Prevention of Violence and the Promotion of Ways to Live Together in Solidarity, as well as the existence of obligations established by the Law which needed to be fulfilled, the Juan Díaz Health Center team and the organized community began to not only receive training in the areas of violence, domestic violence, gender, and national and international laws and agreements, but they also became responsible for carrying out the tasks of validating notification forms, investigating the critical route for those affected in the search for help, and developing and validating protocols for assisting affected persons and instruments for gathering statistical information. In particular, they had the additional task of replicating the training they received for other institutions and individuals within and beyond the community, with the aim of sensitizing as many of the township inhabitants as possible as to the problem of domestic violence. Currently, we have the task of evaluating the way the Health Sector Plan was carried out, and reformulating concrete actions for the coming year. As the awareness of the community was increased, especially women began to seek assistance in health facilities. The demand for services grew, however structured, systematic training for the team that was providing and continues to provide services was not considered.

This had to wait until awareness was increased in other health regions and teams, so that joint training would be provided—and this took more than two years before it began. The full definition of gender violence against women was not inserted into the institutional actions that were proposed for Juan Díaz: the plan was placed into effect with domestic violence as only one of its various expressions.

IV. DO THE WOMEN AND GIRLS OF JUAN DÍAZ EXPERIENCE VIOLENCE?

In Panama, gender violence and especially domestic violence is not among the statistical information gathered by the national office responsible for organizing and publicizing the national system of social statistics. Only those manifestations of gender violence classified as

crimes, such as rape and incest, are included. Furthermore, before 1995, domestic violence was registered as an administrative misdemeanor at the legal level, and the diagnosis of manifestations, especially physical ones, present in those affected was carried out when they arrived at health facilities.

It is not possible to indicate the prevalence of domestic violence in the country over the past five years. And the fact that we are not organized enough to have a standardized information system is yet another violation of the rights of women. Not only is the problem kept invisible, but in many cases, important information remains hidden and this prevents a genuine diagnostic study of violence that would allow for the consequences in the country's development to be revealed, therefore leading to the allocation of adequate resources for integral attention to this matter at all levels.

Nor is analysis of information possible, since even when institutions have information, it is not usually processed, and thus it is not possible to establish joint, concrete actions among the organizations working to address and prevent violence against women. By looking at the data gathered at the local level by the health sector over the last five years, we can see that adult women affected by violence in their relationship with their partners, children suffering negligence or physical or sexual abuse, and adolescent girls becoming pregnant by adults are the major populations requiring the actions that have been planned, but often blocked by the lack of human and physical resources and the time to provide the services.

At the local level, according to research results on the critical route taken by women affected by domestic violence, the Township offices are the first place women turn to. By 1997, when this research was carried out and despite the existence of Law 27, women said they felt "re-victimized" by the legal system, because of the way they were treated in the respective offices, or simply because they were not listened to. The problem of violence against women has been acknowledged by the women themselves and those who provide services. But when the women affected do not receive expeditious legal attention or the appropriate health or community care, they desist from the search for assistance, and then transmit this hopelessness to their children and also to other women in the same situation. As a result, the entire system loses its credibility.

In Panama, we have witnessed some positive advances in the area of domestic violence, however as women, we are victims to other types of gender violence that are just now being revealed publicly through approval of laws such as the Equal Opportunity Law. Just as in the case of other approved laws, the new laws do not have adequate budgets to be carried out. Each institution with responsibility in providing services, detecting and preventing domestic violence, reports the actions it has taken, but there is no coordination or feedback among the different institutions and often in the same geographic areas, actions are taken that if they were more organized, would avoid the duplication of such valuable time, and human and financial resources. Since October 2000, the Department of Youth, Women, Childhood and Families has been carrying out actions for placing the National Plan for Integral Services for Violence into effect.

WHAT HAVE WE DONE TO CONFRONT OUR LOCAL REALITY IN PROVIDING SERVICES FOR DOMESTIC VIOLENCE?

Identifying those in the organized community and in the health team interested in working on the model and able to do it

The Juan Díaz community has a history of organizational experience with leaders who have identified, over time, with the joint work carried out with health authorities in the area. Because of its geographic location, near the coast, with a river and a number of its tributaries running through it, and because of the uncontrolled population growth experienced during the past 50 years, the population of the Juan Díaz township has been exposed to natural disasters (tornadoes and repeated flooding), and also because of the inadequate urban planning of residential districts and commercial centers having insufficient drainage, we have responded to the call and the obvious needs, and we have become efficiently organized. In August 1995 we asked ourselves how many of us were there—among all the governmental and nongovernmental organizations in the township—to form a health team, given that not even

those of us in the community had the training or a concrete plan with which to address the issue. And thus, our first task was to undertake a diagnostic study of the organizations, most of which were focused on social development. We identified 45 with which we had contact and had worked together with, and of all of them, only eight qualified as social actors participating actively in this area, another eleven could be considered as potential actors, and 26 as not involved. Actually, of the first eight identified, half of them were not even in the township, but rather in the metropolitan area and they provided a reference for us in providing services to the cases.

Working to increase the awareness of all the organized groups in the community and all the health personnel in the local area with regard to the basic issues of violence, domestic violence and Panama's laws

From the beginning, local level health services played a leadership role in confronting this social problem, and the role it has played in bringing people together in this community was and has continued to be primordial. Because of the level of awareness and dedication in the health team around the problem we were planning to address, we were open to general training on domestic violence and on the existing laws in Panama. Among all the female government workers at the local level, we could be identified as the group that has taken on the task of carrying out the model, both in health facilities and in community work, and we have become the interdisciplinary group moving the process forward.

In order to carry out a program of services for domestic violence from the health sector, it is not enough however to be part of a local team and have the necessary academic credits. Rather, one has to be willing to accept the challenge, put interests aside, look at one's one life, seek help to change what needs to be changed, and be open to everything new we are taught by the women affected—since they are the experts.

The success of the work in Juan Díaz is based on the health team and members of the organized, trained community: Dr. Hilda Ruíz, psychiatrist; Mayra Samudio, mental health nurse; Omaida De Frías, clinical psychologist; Itxomara de Serracín, health educator; Siria de Batista, social worker; Evelia Puga, nurse assistant; Tilcia de Garay, in charge of medical records and statistics; Dr. Ivonne de Regalado, pediatrician and local program coordinator; and Sheyla De León, secretary.

JUAN DÍAZ SUPPORT NETWORK AGAINST DOMESTIC VIOLENCE

This network is the current manifestation of the way the community has taken ownership of a health problem that has been discussed on an ongoing basis in local forums since 1996. In January 1998, the organized community, convoked by the health department and together with some local government institutions, decided to take on this name. Since Panama does not have a National Plan for Addressing Gender and Domestic Violence, coordination and local communication with some government institutions in the legal, justice, police, and educational areas, and even the other local health area (Social Security), was hindered by the lack of guidelines for community work on this issue within the areas mentioned. However, after persisting with the organized community, requesting and receiving assistance from the Municipal Board, and carrying out ongoing advocacy work with these institutions, we can report that since the year 2000 they have joined the Network in an active way, carrying out concrete actions.

The Juan Díaz Support Network Against Domestic Violence conducted an analysis of its strengths, the threats it faces, its opportunities and its weaknesses—leading to its existence since 1998—and through that analysis and also some strategic planning, it has managed to strengthen its social management capacity and self-sustainability, and currently it is serving as the community and institutional representation for the Prevention of Domestic Violence at the community and family levels in the Juan Díaz township.

EARLY DETECTION OF PERSONS AFFECTED BY DOMESTIC VIOLENCE

In the community:

It has been possible to create the conditions for listening especially to women, and providing them with guidance in an accessible way, by working to increase the public's awareness of acts of domestic violence. This has been accomplished by taking advantage of existing community forums and training individuals from the community to become Community Facilitators in the area of domestic violence and Legal Promoters in the areas of Caring for, Raising and Maintaining Families and Women's Rights. Currently, the Network's Training Commission is preparing individuals selected from community groups to carry out appropriate crisis intervention in their local areas. Also, there is a Legal Advisor subsidized by the Municipal Board working at the local level to offer free legal guidance three times a week. Since the year 2000, contact has been made through the Network with the local police, and awareness-raising and training has begun with members of the Juan Díaz police force.

In schools:

Training in detecting domestic violence and preventing abusive treatment in the classroom and in school facilities has been offered to all the teachers in the township's public primary schools. This has facilitated the early identification of girls at risk who in other circumstances have been characterized by the schools as having potential learning and behavior problems. Appropriate detection of the different forms of abuse is part of the daily tasks of well-trained, sensitized teachers, and in addition, they have learned techniques for conflict resolution that establish norms for the prevention of abuse and violence. The teachers have become organized and participate in the Network through a coordinating committee representing the eleven primary schools. Because of the lack of resources and time, only three schools have been selected for establishing an ongoing program for working in the community with teachers, parents, children and administrative personnel in preventing abuse and promoting living together in solidarity.

In health facilities:

Health units that have benefited from awareness-raising and training are currently one of the best places for detecting problems of violence experienced by women and children. There is opportunity to ask them directly about their situation or investigate beyond merely providing medical attention, knowing they constitute the township's most vulnerable populations. Mental health workers can help identify women experiencing domestic violence among those who come with psychological problems. Situations of violence can also be detected among children manifesting behavior and learning problems, and among "rebellious" adolescents or those who have attempted suicide. Prenatal care units see pregnant adolescent girls who constitute a high risk population for continuing to be the victims of violence. Women who come with injuries in the mouth area that are secondary to physical abuse do not only receive services for resolving the physical damage, but in addition, the dentistry team takes notice of the situation, asks questions based on their suspicion, and assists women affected by referring them to a team specializing in domestic violence. While it is true that not all government personnel are interested in providing specialized attention, the domestic violence team has intervened across the different programs carried out at the local level to establish a service model for domestic violence, and this has facilitated not only detecting cases in a timely manner but also reaching other sectors of the population who come for health services such as groups of adolescents, prostitutes who come for weekly check-ups, workers who have contact with food, and groups of elderly women. In addition, personnel carrying out daily visits to inspect homes and commercial establishments have regular contact with others.

INTERVENING IN A TIMELY WAY TO PREVENT AN ESCALATION OF HARM AND PROVIDE PROTECTION FOR PERSONS AFFECTED

Since the community and health center personnel know about legal measures to protect persons experiencing domestic violence and they also know about the obligation to report such cases, the major obstacle we have confronted has been the appropriate implementation of such measures by the corresponding authorities. At the local level, in the research conducted in 1997

of the critical route taken by women experiencing violence in their search for assistance, the township office was the first place visited—and also the place where these women felt they were not attended to adequately, were re-victimized and unable to obtain a response to requests correctly formulated such as the protection *boleta*, eviction order (from housing), alimony and detention of the aggressor— the measures that can be implemented by local authorities in cases of domestic violence, in addition to referring the case to the Forensic Medical team and later to the Public Prosecutor's Office-Families Section.

Because of frequent changes in the personnel in charge at the township office, coordination in this area has not been satisfactory and it has been difficult to provide training for personnel.

Our strategy under these circumstances has been for health personnel or often other women from the community to accompany the women who have suffered violence. Since a year ago, a written line of communication has been established so that authorities are more expeditious in attending to women who have already received services at a health center and are registered there. In addition, the current township mayor as well as the administrative secretary and social worker assigned to the mayor's office are participating in the monthly Network meetings and in the joint actions we are carrying out—something achieved through the efforts of the Township Representative. The township mayor also serves as the highest police authority in the area and is an effective liaison with those who should comply with the actions issued from the township office.

PREPARING OURSELVES ON A DAILY BASIS, AND DARING TO PRIORITIZE GIVING EMOTIONAL SUPPORT TO PERSONS EXPERIENCING DOMESTIC VIOLENCE

The health team established two priorities in terms of service-providing: to provide emotional support services, and to develop a system for registering the cases for which services are provided, by sex and by age. In response to the requirement in Law 27 that the Department of Health develop a document for notification of cases detected in health facilities, our health team participated in developing as well as validating such a document, and all local health personnel providing services began to use it. In order to systematize the information gathered on this form (relating to both victims as well as potential victims) we developed two statistical instruments in which information is entered by sex and by age. These instruments were later used as a model for national medical and statistical records for replicating at other health facilities. For the year 2001, we have a manual of the codes used for diagnosing violence in general, and the link with records of cases of domestic and sexual violence, based on CIE-10, which permits quick, effective recording, but above all, a better analysis of the situation. Since the year 2000, these initial statistical records have also led to the establishment of a System for Epidemiological Monitoring of Domestic Violence, which is being implemented at the sector and inter-sector levels. At the health center, we have statistics from since 1996 that reveal information as to the characteristics of domestic violence in the Juan Díaz township, and this has helped us to increase the visibility of this problem in the eyes of local authorities and the community, and has allowed us to orient our actions in prevention, directed at identified risk groups.

In 1998 the Department of Health, with support from the Pan American Health Organization, initiated the task of developing a Norms and Procedures Manual for Integral Services for Victims of Domestic Violence and the Promotion of Forms of Living Together in Solidarity, as part of the National Health System. It was presented to all health authorities on May 17, 2001. The Juan Díaz health center team actively participated in developing this manual, and the validating process was carried out at our local facilities. It has been useful to us in providing services to persons experiencing domestic violence, together with the use of a Service Flowchart. Both of these instruments have allowed us to give priority to providing services to the cases detected, but in particular, they have helped us to avoid re-victimization, with coordination by an interdisciplinary team to provide the needed follow-up.

The domestic violence team has received training in crisis intervention and in forming support and self-help groups of women who have experienced physical and sexual (incest) violence, and also of children who have experienced the same types of violence. The training sessions, offered only very sporadically over the past five years through PAHO support, constitute only one of the ways used by the team to improve services provided. Another strategy has been to

participate in training offered by nongovernmental organizations, universities and private associations on the topic of services and treatment for victims of violence against women. As a result, in addition to initial individual attention and crisis intervention, the team is also currently providing services oriented toward repairing the damage caused in the individual and personal rehabilitation, through Support Groups for Women Affected by Partner Violence. In addition, services are also provided to aggressors—however only in the cases of physical or verbal abuse, and parental negligence toward daughters, the latter through Support Groups for Fathers and Mothers with Mistreatment Problems. The health center currently has a Guide for Support Groups for Women Affected by Partner Violence with the information to be developed in each session and formats for evaluating the sessions by facilitators and by users of the services provided.

V. CONCLUSIONS AND RECOMMENDATIONS

The integral service model for domestic violence developed in the Juan Díaz township has been useful at an institutional level and an inter-sector level, to assist other health teams and other organizations in assuming their responsibility in this area. Our health team has supported regional and national programs in awareness-raising and training on the topic of violence, and while there was more activity in this area during the 1996-98 period, it is once again being taken up in health facilities. Inter-sector contacts within and beyond the Juan Díaz township have facilitated increasing the visibility of this topic in the eyes of the community, by developing the appropriate responses for the individuals affected. We have served as an effective vehicle for increasing the awareness of professionals with regard to this problem.

Organizations coordinating efforts through the Juan Díaz Support Network Against Domestic Violence meet on a monthly basis. This is a forum where the community can raise concerns that are then resolved or consultation is provided from the health, judicial or educational areas or from the community itself. This network is the current guarantee for the project's sustainability and it strengthens the health sector's capacity to identify and respond adequately to persons who have experienced domestic violence, especially women and girls. Daily contact with the painful stories told by so many women and children is something no one can be prepared for. If a woman voluntarily chooses this path because her beliefs and values tell her that beyond institutional obligations there are moral and ethical obligations to other individuals, then it becomes clear that the task ahead is greater and will require more effort than realized at the time. What women and girls are able to overcome in their lives is much more significant than the difficulties experienced by the health team. The path will never be easy, but it could be less difficult if efforts at carrying out this service model would receive adequate support from decision-making levels in the Department of Health.

We became involved first at the institutional level, and then at the personal level, because this is not like a vaccination, a wound, a cold–something that you apply, treat and cure. At stake here are individual's lives and our own lives. The designation of time to carry out this program plus stability in the workplaces requiring the skills personnel were trained in and which workers wish to place into practice are the repeated requests not only from the Juan Díaz health team but those from other regions as well. It is necessary to restructure health teams and give priority to domestic violence, given the costs implied by each case of violence registered. As health teams, we have institutional and social responsibility that we cannot avoid, but for which we are not prepared. A health team that has identified with this problem deserves clear, precise institutional support on an ongoing basis. We "discovered" domestic violence in our local programs, and while we learn something new about this problem every day, it will continue to form part of our personal and institutional lives for a great deal more time to come.