Women, Health and Development Program

Gender and Public Health Series

Pan-American Health Organization
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PAN-AMERICAN HEALTH ORGANIZATION
Women, Health and Development Program

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10

INTEGRATED MODEL OF ATTENTION
TO INTRA-FAMILY VIOLENCE

Deconstructing intra family violence: State and civil society
The role of the health sector

San José, Costa Rica
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CONTENTS

PRESENTATION

The "Gender and Public Health" Series is produced by the Women, Health and Development Program of the Pan American Health Organization/World Health Organization in the sub-region of Central America with the purpose of disseminating different topics of interest which are promoted by the Program. Its goal is to stimulate reflection, analysis and actions from an interdisciplinary gender perspective on public health matters.

Under the auspices of the governments of Sweden and Norway, documents will be published in these Notebook Series which will help consolidate the processes that are currently underway in the Central American countries to incorporate gender considerations into policies and actions of the Health Sector. The content of the Series may be conclusions from workshops, contributions by individual authors and results of research.

The content of the works published and the manner in which the data is presented do not necessarily imply the position of PAHO/WHOs WHD Program on a particular topic.

*"...It is true that at that time my theorization
was very poor: I thought in terms of Russian dolls,
one inside the others - the individual, the family,
the neighborhood, the social group, etc. -
The concept of resonance[2] has created a transverse
line with which one can think in social terms,
even when seeing just one individual..."*

Mony Elkaim

[2] Resonance: phenomenon particular of oscillating systems which are subjected to the action of an external force, prolonged interaction of sound...

INTRODUCTION

This document proposes steps to deconstruct[3] the social mechanisms which facilitate violent acts in family relations. It emphasizes violence against women within the family, in particular marital violence[4]; however, it can be useful with the relevant specificity in providing integrated attention   to children (boys/girls), elders (men/women) and adolescents affected by violence.

Two aspects are addressed: the first is the framework and the methodological considerations for the construction of a model for comprehensive care to Intra family Violence; and the second is the translation of this framework into a social response, with emphasis on the role of the State and the health sector, without disassociating the participation of civil society.

The architecture of the model has been guided by data, which is the basis of the lines of action and the coherence between both (Morín, 1988).

Epistemological aspects and interdisciplinary information on Intra family Violence are taken into account, as well as the solutions that society, and in particular the feminist movement, has been creating. The latter is captured through experiences that have been generated in different geographical areas and specifically in Central America during the last decade.

The proposal has some uncertain elements. There are gray areas of knowledge with regard to violence against women inside the family, violence directed towards girls and boys, adolescents..., topics like the study of aggressors, the factors of risks and resilience in different cultural contexts, etc. (American Psychological Association, 1996).

The aspects presented here are of an instrumental character and suggest conceptual and practical elements for the incorporation of social actors who are susceptible to participate in the construction of a model of integrated attention to intra family violence, as well as selection criteria for actions to be carried out, and their possible articulations and intentions.

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[3] "Deconstruction, as a philosophic strategy, is a critical posture that affects all disciplines related to cultural production." (Culler, 1992).

[4] Marital violence constitutes one of the most frequent and relevant forms of the categories of intra family violence. It occurs in a family group, this being the result of a consensual or legal union; it consists in the use of instrumental means by the spouse or partner to psychologically intimidate, or intellectually or morally nullify, or physically and sexually hurt the partner with the object of disciplining according to judgement... (Duque, Rodríguez and Wenistein. New Delhi, 1996).

1. CONCEPTUAL AND METHODOLOGICAL ASPECTS FOR THE CONSTRUCTION OF SOCIAL RESPONSES TO INTRA FAMILY VIOLENCE

1.1   Epistemological problems, their conceptual and methodological approach.

The recognition of the multi dimensionality of violence towards women within the family is essential. Approaching it creates cognitive problems.

The recognition of IFV as a health problem represents an advancement, however it doesn't solve the problem as to how to approach it in its etiology and eradication.

The topic's characteristics represent a challenge since health interventions alone are not sufficient: detection, medical diagnosis, registry and the knowledge of cultural, legal and sociological aspects   are also necessary.

Different specialized works point out that IFV can be approached from the individual (through the victim, the aggressor or the indirect victims)[5], from the different family groups or types of families, and from the society.   It can also be analyzed according to the types of violence (physical, psychological, sexual, patrimonial, neglect, etc.). For this reason, intra family violence has been turned into a multi disciplinary field of convergence of actions by different social actors.

Definitions of intra family violence may emphasize different aspects. We believe that it is essential to take into account the following criterion (Larrain, 1995):

- The relationship between the persons involved that has to do with the different types of family, the ties or kinship that may exist (marriage, birth, intimate relationship, sharing of the home), in other words, a whole range of types of cohabitation that are found in our society.
- The nature of the acts is related to the types of violence. These can be emotional, physical, sexual, negligence, financial, patrimonial, etc.
- The intensity, an aspect which isn't always considered within the definitions, is tied to the frequency that the acts occur and the impact of these acts on the victims.

Another relevant aspect is the dynamics of marital violence as described by Leonore Walker in 1979. The so-called cycle of violence is presented in three stages: in the first, "lesser" aggressions are produced, many couples can be in this state called "accumulation of tension". In other relationships a series of incidents accumulate which end in a second stage called "crisis or acute episode" which has an explosion of violence. The last stage is characterized by "repentance or a honeymoon phase" of the committed act. This cycle is

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[5] Indirect or secondary victims are those persons who are in the home, particularly the children (boy/girls) who are present during the acts of violence, as is cited in the Report of the American Psychological Association (1996).

essential for understanding battered women and their learned lack of defense, as well as the aggressor's behavior.

Moving closer to the problem we can identify two obstacles of an epistemological character. One is related to the object of knowledge and its complexity and the other, refers to the inherent difficulties of who wants to know; take note of the existing of epistemophilical obstacles: the mobilization of individual experiences, representations, fears. (Velásquez 1996).

Both obstacles are present in research regarding IFV and in the social manner of confronting it. Acknowledgment of these obstacles implies the search for a way to approach them conceptually and methodologically.

1.1.1. Conceptual

This not only supposes the accumulation of knowledge about intra family violence, but also the need to find **the principles that organize this knowledge**, with the aim to avoid simplification, (reductionisms/disjunctures) which would skew comprehension and appropriate responses to the problem.

It is necessary to advance in the development of theoretical framework in an interdisciplinary and dialogical manner, that permits feedback between disciplines and also shared logic of comprehension with regard to the problem. For example, it is not the same to understand poverty or unemployment as factors that favor intra family violence, than to analyze them as motives for it. Moreover, the question should be asked as to why they are factors to be considered taking into account that not all poor women are victims and not all poor men are aggressors. It is necessary to include other elements into the analysis of the lineal causality of poverty -- violence towards women. This means that attention should be given to the unique interrelations of the individuals, of the families, as well as the social and cultural aspects that contextualize them.

It means that other categories of analysis, from different disciplines, should be recognized, so they can contribute to the comprehension of the problem and thereby determine the interrelations and resonances of the different parties involved. In other words, recognition of the complex relations between the parties on the whole and to reason in these terms, with the aim to construct comprehensive responses.

At the conceptual level, the starting points selected in this proposal do not only come from the field of health sciences; the problem's multi dimensionality is also considered. From this premise, the framework for comprehensive care and steps for the necessary social responses constructed. A **"paradigm of complexity"** is developed, where the principles of distinction, conjunction and implication operate (E. Morin).

Elements to be conceptually developed in the paradigm of Intra family Violence:

- Inter-disciplinarity, which doesn't mean the negation of the particularities of the disciplines of knowledge nor the actions that have to be carried out from ones dominion, but the recognition of the complexity of reality in dealing with the victim, aggressors, family, community and society.
- Recognition of the link between the uniqueness of the individual's history and the trauma of social relationships that this person, woman or man, has: gender, age, ethnicity, class, religious relations, "a common topic but a distinct history" (Elkaim, 1994).
- Recognition of the subjective aspect; on one hand, he (she) who wants to intervene in the topic of violence is influenced by cultural models, which is to say, he (she) has a social rooting. Devereux amply treats the topic of tension between the researcher and the object of knowledge in the social sciences (Devereux, 1980). Also, persons who work on the topic should recognize its impact on affect, and support to the direct providers of services should be integrated into the social responses to IFV (Velásquez, 1996).

1.1.2. Methodology

The following aspects should be considered:

- Recognize the quality and peculiarity of the different parties that intervene in the processes that construct the violent relations within the family.
- Recognize the interaction that exists between these parties and the alternating effects that they generate. The effect of the violence becomes the cause and vise versa originating a network of causes and effects.
- Recognize the peculiarities and the interactions will allow us to carry out actions in different parts and in the totality of the processes that construct the acts of violence.

This proposal proposes, from the conceptual and methodological point of view, an approach to Intra family Violence towards women that begins with the **life conditions of the women and men**. Here, life conditions are understood as the interaction and resonance of four large dimensions: the biological aspects (individual potentials, functional development and organic growth of the biological system with all of its elements); the habitat -which does not only mean housing and services, but the articulation of a combination of facilities and community activities that increase the quality of life- (Massolo, 1997); cultural representations at both the individual and collective levels; and the interaction within economic and social relations (economic insertion, acquisition and consumption of goods and services).

This paradigm attempts to understand the quality and characteristics of the different parts in a systemic complexity where each dimension has an effect of resonance that isn't necessarily harmonious. The

proposal does not intend to determine a mathematical model; this paper's scope is to visualize how intra family violence is constructed and affects people's life conditions.

Figure 1 – The Dimensions of Life and Health Conditions
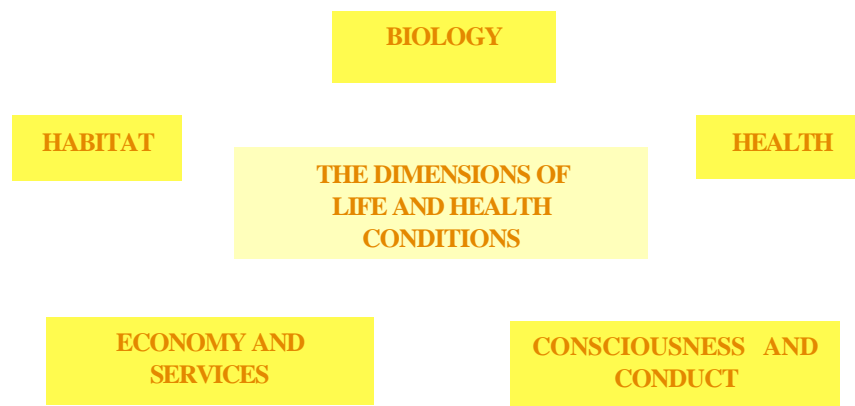
Life conditions (see figure 2) allow us to analyze the quality of life, to understand health as a **social product**, an expression of the opportunities that men and women have to satisfy their needs for human development, and the existing social responses at the individual, group and societal level. And, therefore, the responses that are generated need to be placed in the different dimensions, at the individual, group and particular society levels. The actions appropriate or not, have a resonant effect between the bio-anthro-social. The absence of responses to IFV, will have the same effects on life conditions, as will living in a situation of violence.

The analysis of intra family violence according to life conditions means addressing the individual's particularities and context, gender, ethnic background, class, etc. For example, non indigenous and non-impoverished Guatemalan women victims of intra family violence, share with the rest of the non indigenous, non-impoverished men the same condition of class but at the same time live in a different manner since they are women. These women share the same gender condition with other women (indigenous, *Garifunas*, etc.). This condition may be affected by ethnicity, class, age, etc. This example tries to illustrate the articulation of different dimensions, but at the same time the particularities according to the different existing social orders or hierarchies in a determined society.

1.2. **Life conditions: interaction --biology--habitat--economic relations and violence against women in the family.**

"...Let the common surprise us.

8

> *Let us see the norm as an abuse to us.*
> *And where you find abuse,*
> *make a remedy".*
> *(Bertold Brecht)*

Intra family violence as a problem of interest of different sectors dates back some decades. It's interest stems from a collective diagnosis, and from it emerges felt needs. These evolve into other more specific needs through epidemiological and clinical studies.

Social visibility of violence against women is related to the existence of a social movement for the equality between men and women. This movement has achieved organizational expressions in the civil society in all countries of the planet and in the academic community through the development of gender studies, research and theoretical elaborations concerning the construction of what is feminine and masculine, the social relations between the sexes, social differences based on sex, the gender bias within the social system, etc. It proposes new approaches to specific problems such as the topic of gender violence, including violence towards women within the family.

The academic community has added gender[7] as a category which has been become a tool for the comprehension of women and men's living conditions. In the health field, it is essential for situating health needs and problems, risks and consequences, through an interaction between biological characteristics and gender conditions.

1.2.1. Violence towards women, human rights and gender orders

Over the last number of years a concept has been developed in the different generations of rights[8] which questions the universal validity of andro-centrism and ethnocentrism, which has brought recognition and awareness to the particularities of persons, by gender, ethnic background, age or any other factors. This recognition is based on the principal of plurality and the respect for differences and invites the correction of these biases in the law.

The topic of gender violence was approached in the World Conference on Human Rights held in Vienna in 1993; this signified a conceptual revolution regarding human rights (considered to be a set of ethical

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[7] Gender is an analytical category that explains the ordering and classification of persons as well as feminine and masculine things, "in this framework we humans have organized our social and natural world in terms of the meaning of gender...Genderized social life is produced through three distinct processes: gender symbolism, gender structure (or division of work according to gender) and individual gender" as expressed by Sandra Harding.

[8] Four generations of rights are considered: the first is related to civil and political rights; the second with cultural and economic rights; the third with rights related to peace, development and environment and the fourth with peoples' rights.

standards with legal projection, which has involved an arduous social process of construction over the last two centuries). Its result was the recognition of all forms of gender violence as a violation of women's human rights.

The aforementioned is outlined in two legal documents: one has a hemispheric character which is the Inter American Convention to Prevent, Sanction and Eradicate Violence against Women (Belen do Pará, 1995) and the United Nations Declaration on the Elimination of Violence against Women 1993, at the world level. These documents identify three common aspects:

- Definitions on violence against women where gender violence is included as well as violence occurring within the family.
- They establish that violence against women violates the human rights which have already been accepted by those States that have ratified Declarations, Pacts and Conventions.
- Also defined in these documents are the responsibilities of the State in reference to developing specific actions.

This process, still at an initial stage, sets out a civilized potential of equality between the genders by the end of the twentieth century.

1.2.2. Social representations, violence against women and the gender order

Social representations are mental realities, symbols which guide, name and define the different aspects of our reality. They are important in daily life because they allow us to interpret and situate social attitudes in the culture.

Social representations around IFV in the different societies can be observed or reconstructed through scientific work. They permit us to evidence social attitudes with respect to intra family violence and in particular those towards women. They are fundamental since they determine actions and responses to the problem and inhibit or stimulate the victims to seek help. These facts have been studied in a research conducted in ten countries of the Americas, with the support of the PAHO/WHOs Women, Health and Development Programme, through the "Critical Route followed by Women Affected by Intra family Violence" in search of solutions to their problems.

Legal norms where violence has been explicitly sanctioned or implicitly condoned can also be a very illustrative example of how social representations materialize through the norms of law that contribute to a social stratification based on sex, giving superior powers to men in comparison to women. This not only can be illustrated with rights related to the family, but also those related to land, credits, etc.

The andro-centric essence of the law has given one gender greater power at the macro social level and in daily life. Jurist Catherine MacKinnon explains this pointing out that sexual aggression has not been prohibited but only regulated by legal systems. Up until 1975 rape within the marriage was not considered a crime in the United States; in France this act was changed into an offense in 1992; in Spain in 1989 it was considered a human rights violation and in Latin America, at the end of the eighties, modifications to legislation were initiated to typify intra family violence as a crime. In Central America, between 1992 and 1997, 7 laws related to violent acts within the family were passed.

The cultural dimension, symbolism and representations influence public policies, laws and the existence or not of services for support to victims of IFV.

1.2.3. Individual conduct and power relations between the sexes

The category **power** is central in the feminist movement and in the work of men against violence.

There is concurrence in gender studies that the dominant power appears as an explicative element of the violence that occurs within the family because it promotes the construction of affective ties based on possession, domination and the other's exclusion (male/female).

Studies on intra family violence suggest that a common dynamic exists; this is the aggressor's **use of power**, control and authority over his victim (Walker, 1993).

This appreciation is not only a product from the analysis of aggressors by the behavioral sciences, but also comes from approaching the victims about their own empowerment and their context (Addison, Glazer and Eimear O'Neill n.d.).

1.2.4   Health and intra family violence towards women within the family

Intra family violence is not an illness but it can be associated with a variety of symptoms and effects in the health of the victims of violence and its witnesses.

In the health professions the visibility of violence as a public health problem is of recent emergence. Cases of abused boys and girls and women began to reach social welfare institutions at the end of the XVIII and the beginning of the XIX century, according to some records. Nevertheless, it wasn't until very recently that its epidemiological surveillance and specialized attention was established. The International Classification of Diseases (ICD-10) only recently incorporated definitions regarding the different types of IFV.

In the study of **who the victims of abuse are**, the focus of attention has been particularly directed towards

battered children (boys and girls) and women. Research has been carried out in different countries of the continent and more recently, on elders, in countries where this population demographically represents a growing segment. In Central America, Costa Rica began research in this regard, which was the outcome of a demand for services from the National Geriatric Hospital in 1995.

The identification of the male adult population as victim has been deferred in the clinical realm as well as in research (Sexual Assault of Adult Males, 1996). The reason for this deferment may be related on one hand with the consensus in research that the victims of child abuse are in their majority female (National Survey of Canada, 1993; Gil, 1998; Claramunt, 1992; Finkelhor, 1981; Russell, 1986). The same is found in adolescents, women and men of adult age.

On the other hand, it is estimated that between 5 and 10% of the victims of sexual violence are men (Sexual Assault of Adult Males, 1996). Different studies included in the previous reference, suggest that in this population the majority of these victims are homosexuals and bisexuals.

Among male victims it appears that in addition to sexual preference that 35% have some physical or cognitive limitation (Stermac, 1996).

Knowledge about the **most vulnerable groups** shows us that intra family violence is not distributed randomly, but that it has some directionality: female sex, age, sexual preference in male adults, disability or dependence, among others. There seems to exist an association between social inequality in certain human groups in the selection of the victims; for example, no legal protection, lack of knowledge and abuse of rights at the social and family level, social representations that devalue feminine traits, children, elders and anything different.

Regarding **who the aggressors are**, many studies indicate that men as well as women can be and are physical, sexual, psychological, patrimonial, negligent, etc. abusers; nevertheless, it is the male sex that incurs most frequently in this act (Batres, 1997; Claramunt, 1996; Correctional Service Canada, 1994).

This disproportion, as far as the sex of the perpetrators is concerned, is not the result of biases or classification (Herman, 1981), but rather demonstrates a pattern. Judicial statistics, as well as an analysis of the content of written media in Central America, confirm the frequency of the aforementioned.

According to the Report of the American Psychological Association Presidential Task Force on Violence and the Family (1996), aggressors can be grouped by types (with certain overlapping):

- Typical abusers who use violence to exercise power and control over others (male/female) represent more than half of the total.

The rest of the types of aggressors are distributed among the following:

- Aggressors with mental disorders;
- Abusers who also commit criminal acts outside of the family.

Referring to women aggressors, the same report presents a classification of 5 groups:

- Women who use violence in self-defense; this represents the majority;
- Women with mental disorders;
- Women who commit criminal violence outside of the family;
- Women abusers who have learned to react to frustrations by using violence;
- Women who mistreat their spouses in response to control, emotional abuse or in anticipation of abuse.

The usefulness of these differences between women and men aggressors is that different approach strategies are suggested at the individual and family level as well as at the community and state levels.

1.2.5. Individual characteristics and intra family violence

Existing literature shows that the group of aggressors as well as that of the victims is a **heterogeneous group;** that is to say that no profile of an aggressor or victim exists. Intra family violence is not specific to one social class. All social, economic and cultural groups, age groups, urban and rural groups, are involved independently of the educational level, religion or ethnic group they belong to. (Commission Violence á l'encontre des femmes, 1995).

At the same time, research suggests a constellation of risks and resilience that can influence the complex phenomenon of intra family violence (American Psychological Association, 1996). Psychology, psychiatry, sociology and anthropology contribute valuable elements through a variety of studies on socialization patterns, cultural representations, social symbolism, the media and intra family violence.

The risks can be socio-cultural and interpersonal factors, the existence of addictions such as alcohol, drugs and a history of abuse. The risk factors are not the cause or predicative of intra family violence, but their presence can contribute to it. A study carried out nationwide in Canada based on records of cases of violence showed a certain number of risk factors associated with men who exercise violence in their family. These factors should be the basis of programs for approaching aggressors (Correctional Service Canada, 1994). It should also be pointed out that some persons who have been exposed to these risks have been resilient to violence due to factors of fortitude (American Psychological Association, 1996).

Resiliency is sustained in the comprehension of individual differences and how these differences enter into equally distinct interactions, depending on different factors such as age, the level of development, the nervous system, gender, genetic traits, and the environmental and cultural context.

Studies undertaken particularly with the infant and adolescent populations have allowed for the detection of a set of characteristics that act as factors for protection in risk situations (Michel Rutter; María Angélica Kotliarenco, International Forum for Child Welfare).

Different disciplines of the health sciences have undertaken research on the consequences of IFV at the individual level, the victims' self-esteem, their health and even their life. Research in the field of psycho-neurology suggests that there is a relationship between high levels of stress and effects on the immunological system. For example, five years after a woman has been sexually abused, she visits health services two and a half more times than a woman who has not been a victim.

Intra family violence and abuse produce post-traumatic stress[9] that can last many years after the incident. This has been found in children, adults and elders. (American Psychological Association, 1996).

Intra family violence affects other family members although they are not its direct target. Psychologists have called this effect secondary victimization. There is a possibility that the victim, the family and particularly the children who have witnessed it, may generate a destructive process at the psychological and physical level. (American Psychological Association, 1996).

Intra family violence has a social cost in human lives and its consequences are hard to place into proportion.

Canada has carried out studies about the costs of three forms of violence against women and children: sexual assault (rape), abuse of women in intimate relationships and incest (sexual assault of boys and girls). The study was carried out in four areas (medical services, criminal justice, social support services, education and employment). The estimated cost is US$4,225,954,322. Of this amount, 87.5% corresponds to the State, 11.5% at the individual level and 9% to third parties (Centre de recherche sur la violence faite aux femmes et aux enfants, 1995).

1.2.6. Conditions of habitat and violence

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[9] Repetitive images, nightmares and other symptoms that are intrusive to the memory are very common in survivors of the DSPT trauma when developing memories of the abuse. These memories can be controlled by avoiding behaviors such as disassociation, negation, minimization and repression.

The habitat is an important factor to take into account in the primary prevention of intra family violence. The urbanization process in Central America has produced great social inequalities in the space of the cities and in the lack of protection of services in the rural areas. The crisis of the eighties, the hegemony of the market and the globalization of the economy have extended urban poverty (Massolo, 1997). While the conditions of habitat are not a direct cause, they can be conditioning factors for acts of IFV. The topic of housing is inseparable from the topic of the family "neither theoretically or empirically, is the housing situation generically neutral or innocuous: it implies different effects and experiences among men and women" (Massolo, 1997). The topics of violence, security and citizenship have gained importance over the last years. Violence in the cities and security is a topic with gender implications, specifically related to the rape of women (Participation in the City Jobeall, Gender and Development, Vol. 4, No. 1, February 1996).

1.2.7.   Economic relations and intra family violence

Economic insertion and access to resources; time, goods and services- impacts the life conditions and quality of life of both men and women. The structures and socio-economic processes produce gender inequalities that situate women in situations of disadvantage (Gideon, 1977), due to the absence of a market for a large part of women's labour, bias and discrimination in the labour market, double and triple work shifts (productive, reproductive) and the over-utilization of women's time by the State, community projects and the family.

Access to goods and money is not neutral in terms of gender, but is determined by gender relations in society, with the State and its institutions and by the relationships within the family.

A trans-cultural study by Levisson (1989) shows that male authority within the family in the economic aspect and in the relation of power in decision-making is a factor that propitiates violence towards women.

Economic reform programmes have not reduced economic gaps nor gender barriers; it seems that they may have even intensified them. One of the problems is unemployment. The effects of unemployment on the health of individuals have become a topic for research. Research on the effect of unemployment at the interpersonal level has been a deficient area of research (Hammtrom, 1994). Studies which include boys/girls show that unemployment of the father forecasts severity of abuse against boys/girls; it can also be a factor related to the abuse of women. In India unemployment among men stimulates the increase of fatal burns among wives (Hammtrom, 1994). Research carried out in Latin America and in other continents show that economic adversities add pressure to family relations. In the communities researched, women reported acts of violence and established a relationship between the economic situation and income of their partners and violence within the family (Caroline Moser, 1997).

1.2.8. Social responses and intra family violence

Other information to be included into the framework is the **social responses** that the society has sought to deconstruct intra family violence.

1.2.9. Women's Movement

It is necessary to look at those who took up the struggle to visibilize the violence and create strategies to confront it. The topic of violence emerged in the seventies in European countries like England in 1971, Holland in 1974, West Germany in 1976, France in 1974; and in the United States and Canada, in the middle of this same decade women's groups created among other strategies, shelters for battered women. In Latin America, the decade of the eighties, Integrated Attention Centers are a new strategy to confront the violence (Isis: Violencia Doméstica y Sexual contra las Mujeres, Hoja de datos No. 3, junio 1994).

The Care Centers, the creative work of feminist women, offer multiple options to women according to their medical assistance resources, legal services, self-help and reflection groups. Sometimes the Centers have a shelter but these, in any case, have been more limited in Central America (there are shelters in Honduras, Nicaragua, Guatemala, Belize and Costa Rica). Certain centers provide attention to other family members that have been affected and the aggressor. (Diagnóstico de Actores Sociales susceptibles a participar en un Modelo de Atención a la VIF, OPS/OMS, Costa Rica, 1996).

The Centers propose to treat the multiple effects of intra family violence by providing integrated services; they have been friendly towards women victims of abuse tying the singularity of each case to the visibility of its causes at the social level.

1.2.10 The State

Its incursion has been slower and initially related to legislation around intra family violence. Canada initiated actions regarding abused children since 1976. In 1982 the Family Violence Information Center was created, in 1988 a national initiative with an assigned budget was promoted for the struggle against intra family violence, in 1989 a national survey related to the abuse of elder adults was carried out. In France, the *Commission Violence á l'Encontre des Femmes* produced a balance on the state of the situation in 1995; in this commission, ministries, experts (men/women) and non governmental organizations are represented; there have been advances in the legislative a sphere inter-ministerial work. The departmental prefects have formed action commissions against violence to women that bring public authorities and non governmental associations together, but a structure of this nature does not exist at the national level. In 1993 the European Community defined strategies for the elimination of violence related to women.

In **Central America**, the first governmental initiatives have come from the legislative sector. In Costa Rica, in 1994, progress was made towards a national government plan against violence. In Panama a sectorial plan with experience at the local level was elaborated in December of 1995. In El Salvador in 1989 the *Secretaría de la Familia* (Family Secretariat) was created and Clinics for the Care of Victims of Sexual Aggression were created in the hospitals (1989-1995). In 1997 the *Instituto de la Mujer de El Salvador* (Women's Institute of El Salvador) was created and in Honduras work was carried out to establish *Consejerías de Familia* (Family Counseling Services), developing them through the health sector. In Belize the Domestic Violence Law was passed in 1992 and the National Domestic Violence Plan was launched in 1999. Nicaragua created *Comisarías de la Mujer* (Women's Commissaries) promoted by the *Ministerio de Gobernación* (Department of the Interior) and the *Instituto Nicaraguense de la Mujer* (Nicaraguan Women's Institute), in coordination with other governmental and non governmental bodies. Even though there have been some advancements, some are still initial experiences restricted to limited geographical areas. In some of them, such as Orange Walk in Belize; Santa Lucía in Escuintla, Guatemala; Tegucigalpa, Honduras; Guazapa, El Salvador; Estelí, Nicaragua; Goicoechea, Costa Rica; Pocrí and Juan Díaz in Panama, the PAHO/WHO, in conjunction with the region's Ministries of Health and other social actors, has technically supported these country experiences. Today many of these experiences have been substantially strengthened and expanded.

The characteristics of the social responses originating from civil society and the State are an eloquent indicator of how they stand in relation to intra family violence and equity.

1.3.   Ethical aspects

- A substantive element of the proposal to approach violence towards women within the family should be the **ethical aspect**, since it has ties with the fundamental rights of persons.
- Recognition that family violence is a criminal infraction.
- Actions should not generate re-victimization by those who pretend to support the victims of violence. They should be friendly actions that take into account the critical route followed by victims of violence.
- Episodes of violence increase in frequency and graveness and do not disappear if there isn't a conscious intervention by the society, community, families and individual.
- The interventions should contribute to the human development of women and men without discrimination due to sex, religious belief, sexual option, race and age.

2.   ACTIONS FOR INTEGRATED ATTENTION TO INTRA-FAMILY VIOLENCE

The dimensions of the life conditions system form objects accordingly form sensitive information and

Figure 2 – Steps for the Operation of the Framework

ORGANIZATION OF
THE MODEL OF

CONDUCT A DIAGNOSIS OF SUSCEPTIBLE SOCIAL FACTORS TO PARTICIPATE IN A

IDENTIFY RISK FACTORS BY DIMENSION AND PROTECTORS OF IFV

FORM MULTI - DISCIPLINARY COMMISSION THAT DOCUMENTS, AND ORGANIZES EXISTING INFORMATION

CONSENSUS: DEFINITION OF IFV BY CENTRAL MOTIVATOR OF PROCESS
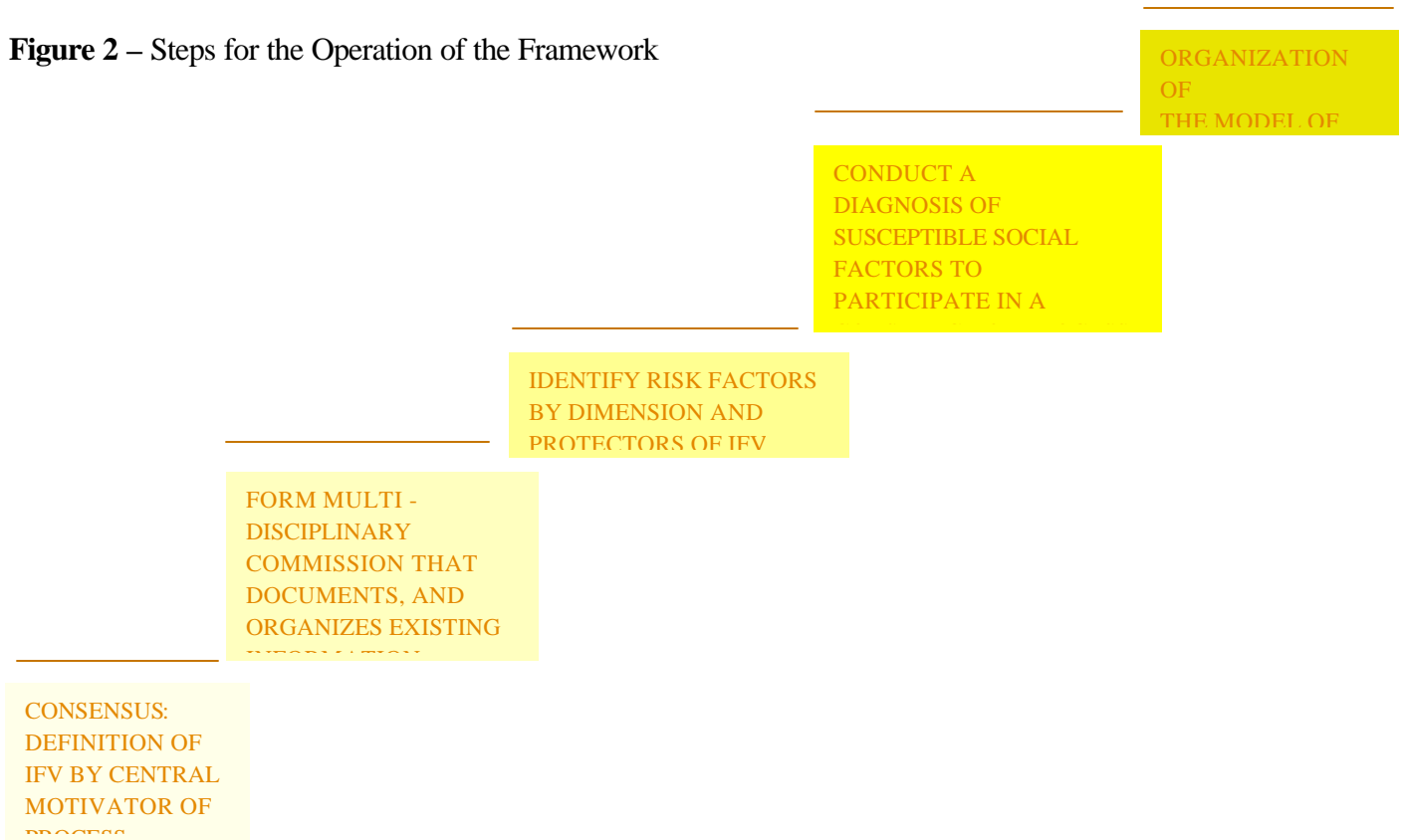
The effects of IFV as well as the factors that favor it, suggest different levels of intervention: individual, family, community and societal, to be able to generate a process that allows for the eradication of intra family violence from family relations.

Each level sets forth spaces for differing actors and interventions. The identification of these spaces permits the construction of a multidimensional matrix which contemplates the levels of intervention: macro, social, meso or sectoral and micro or local; social actors, target population and actions by the different social actors in the different dimensions of life conditions.

This matrix can be simplified by levels, by actors and be transformed into a grid for the analysis of the processes for deconstruction of violence in a country.

2.1 The macro level and the role of the State

The macro level is related to the social economic model and its link to gender equity and the State. This relationship can be expressed in the creation of policies, programs and actions that give access and control of material and symbolic resources without discrimination of men and women. Equity is a result of social relations. The analysis of IFV as established in the framework and based on life conditions, takes into account the interaction victim-aggressor within a specific context.

Macro involves the State as the creator of public policies which are understood as measures to resolve problems that affect society and proposals of social goals to be achieved.

A social goal of the State would be equity between women and men, ethnic and cultural groups. Public policies contain "packages" of State actions and strategies aimed at modifying non equitable relations in the economic model. Public policies permit a more precise vision of the State and its forms of approaching equity.

It is an established empirical fact that the human development indicator is impaired when it is separated by sex. This indicator varies among countries, among regions of the same country and even among segments of the population, due to pertinence to an economic stratum, ethnic or cultural group. Gender is inserted into all these differences. The study of social divisions and their approach implies an examination of gender differences with the aim to bring human development out of its impasse.

To recognize that gender divisions harm social development is fundamental and for this reason it is important to submit public policies into this analysis.

Aspects to consider for the construction of public policies with gender equity:

* Acknowledgment of the gender divisions in society and that they are not natural relationships.
* Recognition that public policy design processes affect relationships between men and women,

between the State and the population.
- Governmental political disposition to address the social divisions between the sexes.
- Promotion of participation processes in the elaboration of public policy.
- Gender equity indicators to measure changes in social relations.

2.1.1. Focus of attention at the macro level and the role of the State:

- **Surveillance, information and analysis of the effects generated by the current economic and social model in the countries.**

 In addition to being macro-economic measures, the processes that were set into action in Central America through the Structural Adjustments Programmes (SAPs) are also a matter related to the structure of citizens' rights. Structural adjustment programmes do not necessarily translate into equity among the different social groups. One of the sectors in social disadvantage is women.

The governments have created emergency funds to alleviate the effects of the adjustments. Some countries, later on in the nineties, opted for more positive measures through the implementation of anti-poverty plans. "Without a doubt the focalization on children and youth has been more clear than those based on gender" (Cepal, 1996).

- **The State as articulator, regulator and formulator of policies**

The State is vital for the promotion of social equity and it should therefore stimulate actions in the legal sphere that give women full access to economic resources, guarantee equality and non discrimination by law, ensure access to education, health and employment.

The World Conference on Women held in Beijing, China (1995), generated a platform of action which is an instrument that orients public policies on gender matters and equity in the countries. In particular, the advancement in the countries of the region is very unequal; some like Belize and Costa Rica have national plans for carrying out the platform, while others are still in the process of elaborating policies and others still have not begun.

- **The need for specific policies related to intra family violence by the State.**

A package of specific measures with regard to IFV is needed in order to direct the action of the different State institutions and the society in general. On this subject, the experience of Costa Rica's National Plan against IFV is an example to study and to take into account. A State Policy for non violence involves the search for well being and conflict resolution in a non violent manner within the family.

The problem's dimensions, the violation of individual human rights, security, liberty, negation of development and of life, the economic costs of IFV at the individual, family levels and of the State's services; demand interventions at the legislative, inter-ministerial level with the civil society and with the mass media thereby contributing to the detection, prevention, care and promotion of non violent forms, with actions directed towards the general population, the victims of intra family violence and for the control of aggressive conducts.

DEFINITION OF INTEGRATED ATTENTION TO IFV

Integrated attention is understood as a system that operates at different levels: at the **macro** level, in the public policies of the State and juridical norms; at the **meso** level, in the sectoral institutional sphere, through the sectors that develop norms and directives; at the **micro** level where the system is operative in geographic spaces. These three levels develop integrated actions directed towards the persons who are victims of IFV, aggressors, family, community and society in general.

The axes addressed are: detection, prevention, attention to the damage and the promotion of non violent forms of living. All these actions are developed through integrated measures of a social, psychological, legal and biomedical character.[10]

2.2.   The meso level and the role of the health sector

It originates with the role of the state institutions as an intermediary element for the development of gender equity, through sectoral policies, norms and services to the citizens.

The Model can be considered from the health sector. It can also be implemented with other key sectors of the State, depending on its specific application, for example, Justice, Education, etc. At this level, the approach commences with a focus on equity in the same way as with the macro level.
The health sector as an institution can contribute to a distribution policy. Social programmes can have a distributive impact that contributes to sustainable development, if one considers that the socio-economic process is interacting.

In the nineties, the health sector of Central America was involved in sectoral reform processes; these have redefined the role of the Ministries of Health, social security and the private sector in the provision of services and the financing of the population's access to health services.

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[10]   Some elements of this definition are taken from the PLANOVI, Costa Rica.

The topics of equity and efficiency are at the center of the challenges of these reform processes. This challenge does not exclude funding and cooperation agencies, which play a role through financing or technical assistance.

In Central America, there still are no studies that determine the effects of the health reform and equity in gender matters for us to draw conclusions in this respect. Nevertheless, we believe that it is important to analyze the following aspects, in each one of the countries, as a measure of primary prevention to IFV.

2.2.1.   Focus of attention of the health sector for the promotion of equity in gender matters.

- **Surveillance and analysis of the health conditions from an equity perspective.**

The development of studies with a gender focus that allow for an evaluation of the impact of structural adjustment programmes and economic reforms on the health conditions of men and women is necessary. This means that the needs and health problems be determined, taking into account the interaction between the biological particularities according to age groups and their interaction with the gender conditions and other existing social differences.

Identification of the tensions will permit a more effective and coordinated policy of the sector with other State institutions. The topic of equity is expressed many times in official documents of the countries but the methodology as to how to achieve it, particularly with regard to gender matters, is not clearly established.

- **Incorporation of the gender perspective in the reform processes**

Legislative frameworks and norms that are being created in the area of regulation and management that the Ministries of Health can exercise throughout the health sector and in other bodies, should contemplate gender equity in the provision of private and public services.

Government intervention is necessary in health since the market does not guarantee adequate coverage to the most socially vulnerable sectors.[11] It can even worsen the existing social divisions. Some efficient activities for health may not necessarily be profitable for the private sector, as the prevention of intra family violence could be; however, for the public sector this would mean a savings of large sums for the attention of the consequent morbidity, thereby resulting in high cost-effectiveness and equity.

As far as funding for access to and quality of services, different schemes have been introduced to increase it

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[11]   The reform processes establish the relation between collective interests and privatization of the sector and its relation to equity and efficiency; these subjects indicate the particularity of the health market.

in the health sector. The reforms propose greater participation from private sources. The question to ask here of the State would be how much is gained in health and gender equity, and what is the cost of the actions to be carried out? The inclusion of gender equity as a tool for cost analysis contributes to more cost-efficient health actions. One example is the management of primary prevention of HIV and another could be family planning and sex education.

It is a fact that important biological differences exist between men and women with regard to their vulnerability to HIV, but these differences by themselves do not explain why women make up 75% of the newly infected.   Unequal relations between men and women increase the vulnerability of women (PAHO/WHO Women, Health and Development Programme, 1997).

Family planning and sex education are essential for the health of women and children and it is necessary to incorporate men into these aspects. Biological reproduction and sexuality should not be viewed as only being related to women.

The problem is not only to formulate health packages or economical health baskets, but that these allow us to face public health problems prioritizing equity, no matter who carries them out, while guaranteeing access and quality. Equity in the financial aspect is related to regulation and the State's distributive policy to assure the necessary actions.

- **The need for specific policies and actions related to IFV at the health sector level.**

The definition of basic packages or baskets is a trend that has been used in the majority of the countries to determine whether the actions for promotion, prevention, attention and rehabilitation that are provided to the population are cost-effective. How far does the dollar go in terms of gained health or illness avoided? (World Bank). This means the selection of cost-effective interventions for the composition of these baskets.

The need to incorporate integrated attention to IFV into the new models of attention is a strategy to confront other health disturbances.

Between 30 and 50% of women in Latin America have experienced some violent, according to studies. The development of norms for attention that orient detection at the different levels of health services can generate timely interventions and avoid greater damage to health and greater costs to the institutions. Health providers can give out information and provide timely interventions thereby avoiding fatal outcomes. On the other hand, a process of registry, classification and epidemiological analysis of intra family violence can be initiated in institutional health spaces. The development of this proposal with the health sector takes into account the levels of attention.

Figure 3 – Actors Involved and Types of Action:
Social, Judicial, Biomedical, Psychological

attention and promotion, and can also address the resolutive capacity of the different units or services.

TYPE OF ACTION	ACTORS INVOLVED	TARGET POPULATION
Local Interventions: Prevention, Detection, Care, Promotion	Ministry of Health	General Population
Applied Protocols, Policies, Norms	State Institutions	
LOCALLY COORDINATED ACTION PLAN	NGOs	Population of Victims
	National & Local Services	(Women, Girls and Boys affected by IFV)
Sectoral Plan, Norms and Protocols		
NATIONAL PLAN ON IFV		

LEVELS OF CARE		
	Specialized	Hospitals & Clinics
	General	Health Center
	Basic	Basic Health Teams

The normative levels are responsible for the elaboration of plans, norms and protocols according to the type of violence and victims (boys and girls, adolescents, women, adults and elders).

This level can also develop the processes for follow-up and evaluation of the interventions. The work method is in the process of being developed in Panama, Costa Rica and Honduras.

2.2.2. Axes of action from the health sector to confront intra family violence

The **promotion** of non violent behavior within the family is the direction of the model; it signifies the primary intervention. The actions promoted intend to develop changes in the social representations and attitudes that favor non violence, and not minimize or deny the violence. An indispensable action is the promotion of non discriminatory conceptions based on sex, age, ethnic group, sexual option, etc., in health education and the delivery of services.

The early **detection** of persons who are victims of violence is an indispensable requisite in order to provide them with security, assistance, protection; it constitutes the first step to detain physical and sexual abuse. The model of attention should unfold, through the different social actors and the mechanisms that allow for the identification of the persons who are victims of violence. This can be accomplished through norms of detection and the public's sensitization regarding acts of IFV. There are accessible mechanisms for consulting and reporting violence for women, girls, boys and elders (male/female): orientation centers and

telephone lines for reporting exist which facilitate the demand for assistance. Routine consultations of the health services are a privileged space for the detection of problems of violence, the same as the education sector is with regard to children (boys/girls).

Prevention is a timely intervention aimed to avoid an increase to the damage, to protect the affected persons and to control re-incidence in the aggressor population. Legal protection measures are important for the prevention and security of the victims. Health personnel should be aware of the legal procedures and the sector's corresponding obligations.

The objective of **attention** is to provide actions at the emotional and assistance level, prioritizing the victims of violence. Services include: education, information, biomedical assistance, the organization of support groups according to age, sex and the problems experienced. The goals of these services are aimed at the empowerment of persons who are victims so they may construct alternative survival strategies for themselves. The development of actions for attention requires the establishment of coordinating mechanisms with private and non governmental organizations which already work with attention to IFV, in addition to State institutions.

As far as actions which address the physical and sexual aggressors, these will always be coordinated with the services of attention to victims. However, they will be carried out in different physical places to assure the protection of the later by controlling re-incidence of aggressor behavior (Claramunt, 1996).

The Central American region has more experience with attention to victims. Experience with aggressors is limited or almost non existent; it is one of the aspects where theoretical work is in process. An examination of experiences that are currently being undertaken in the region and in other countries is also in progress.

Figure 5 – Axes of Action in the Model of Care of IFV

	PROMOTION	DETECTION	PREVENTION	CARE
OBJECTIVES	To reduce the incidence of intra-family violence	To establish policies and criteria for detection of intra-family violence in health services	To detain the increase of intra family violence and reduce its effects	To repair the damage caused to the victim and rehabilitation
		Detection of aggressor-offender behaviour	Prevention of aggressor-offender behavior according to risk criteria	Attention to persons, aggressors-offenders according to risk criteria
STRATEGY	Collective policies to promote equity	To disseminate and train on criteria for detection of IFV in schools, health posts, community	To inform about: Accessible services Legal measures	Protocols established in all health units with biomedical actions and emotional support
	Non-discriminatory legal frameworks	To establish means for consulting and reporting:	Training for health personnel, directed towards	Protocol for dealing with aggressors

TARGET POPULATION

ACTORS

2.2.3. Some actions to develop to structure a process from the health sector

Short term:

- Form an interdisciplinary group as leader of the process, sensitizing about the problem of IFV. This measure has been implemented in Central America within the framework of the Strengthening and Organization of Women and Coordinated Actions between the State and Civil Society against Violence project (APAXVIF) which is developed by the PAHO/WHOs Women, Health and Development Programme.

- Document and develop appropriate registries by sex and age on acts of IFV. At present, the seven Central American countries have designed a form for the registration of IFV in health spaces.
- Develop proposals for coordinated actions between private and public entities involved in the problem and conduct fundraising at the level of international cooperation. This process is being achieved by motivating inter-institutional networks and civil society in the locations where the above-mentioned project is being implemented.

- Sensitize and train at different normative and service levels. These actions are underway in the countries of the Central American region.
- Understand the Critical Route that is followed by women affected by intra family violence.
- Train the providers (male/female) of private sector services for intervention in the problem of IFV through the professional associations.
- Develop model protocols by type of violence and population affected, to be implemented according to the level of complexity of services. These protocols should be elaborated in a interdisciplinary manner, taking into account already existing experiences on this topic.
- Implement referral experiences at the local level that assure comprehensive and effective care to the victims, which can be systematized.

Currently the countries of Central America are in this process. They have selected seven municipalities where action plans in the above-mentioned areas are being implemented.

Medium term:
- Systematize and evaluate the referral and counter referral experiences. The next step in the Central America region is to evaluate the experiences being undertaken using the model presented which will allow us to observe particulars, gaps and contributions.
- Develop actions that permit early and effective intervention with persons affected by IFV.
- Identify the criterion or factors which favor the development of juvenile sexual aggressors.
- Develop promotional campaigns for non violent forms of living together and of non discriminatory conceptions.
- Develop norms and standardized procedures for the detection, registry and attention to IFV.
- Develop specialized actions to achieve control of the re-incidence of aggressor behavior in coordination with other State institutions: Justice, Education and NGOs.
- Broaden the model to other health areas.
- Develop indicators that permit the evaluation of the interventions.

Long term:
- Achieve State strategies with policies, plans and governmental resources for integrated attention to the violence. The development of local experiences will be necessary if the sectoral plan appears first.
- Form national and regional networks that permit the promotion of social mobilization against the violence.
- Reduce the effects of intra family violence through timely and effective interventions.

With regard to the order and time-frame of the actions presented here, they may not necessarily be

developed this way, nor is it the intention that all the actions be developed. This will depend on the characteristics of each separate reality. Not all the health institutions have explicit policies regarding IFV, in some cases they are local initiatives by public officials (male/female) and non governmental organizations that develop social responses at their own initiative. In these cases, this proposal can also be useful and advance use of the model which is in a process of social concertation-mobilization against violence with other social actors to build networks and impact at the local level. The suggestions set forth are indicative and try to capture the rich social practice in Central America and other experiences.

2.3.   Steps to construct the model at the micro level and the role of the health sector

The model of integrated attention to IFV is established in different geographic spaces according to each country's national organization, the existence of health services infrastructure, justice, education, police, community organizations, non governmental services, trained human resources, sensitivity and political disposition around the problem.

This is the territorial space where persons participate and receive concrete actions to improve their quality of life.

At this level, the model can be the product of a state decision, that obeys a macro policy, which is the case of Costa Rica, Belize and Honduras, or the product of a sectoral policy at the meso level as is the case of Panama, or the commencement of a pilot experience as in the rest of the countries of Central America at this time.

The organization of the model at the local level establishes the need:

- To identify the different social actors who are susceptible to participate in a model of integrated attention to IFV. This task has been carried out in seven countries of Central America -identifying state institutions, non governmental institutions, women's movement, local leaders, etc. The research can be carried out using the "Snowball" technique, a methodology of rapid evaluation, by identifying key informants. This investigation allows us to be informed about the existing resources that can complement and support actions to approach IFV; the information is also an input for the construction of a local network.
- To know the Critical Route followed by persons affected by IFV who seek assistance and what social responses they find at the local level. This investigation can also be carried out by rapid evaluation, using focal groups at the community level and providers. The research will try to know the social representations of the community in relation to IFV, the possible providers and the women and men of the community. The information obtained will permit the development of more

precise actions in training, as well as the modification of obstacles for more appropriate attention to victims of violence.

- To evaluate the situation of intra family violence in the health sector using secondary sources: Police, Mayor's office, community, NGOs. It is important to compile data from the community itself, although this data will be approximate due to the absence of adequate registries.

- The results of operative research should be presented to local leaders (male/female) and possible solutions to confront IFV in their municipality discussed. This activity permits the community organization to have a contextualized view of the problem.

- To develop a sensitization and training process around the problem of IFV through a structured plan that addresses different actors: leaders, service providers (male/female), etc. The plan could address: what intra family violence is, its expressions, the impact, how to detect it, how to intervene, how to promote forms of non violent living and the country's legal framework to deal with the problem.

- To stimulate the creation of a local network to coordinate actions between the different social actors interested in constructing a model of integrated attention to IFV. It could be said that the model itself is a network that is being constructed at macro, meso and micro levels. It is important to define criterion for the operation and organization of this body. The network can form work commissions for promotion, community actions, training, etc.

- One of the tasks of the Network is the elaboration of a local action plan of the model's axes that contemplates biomedical, psychological, social and legal actions, with the participation of the actors involved and through participative methodology.

The plan can be structured through the logical framework methodology which allows for the visualization of results, activities and indicators. The goals to be achieved, priority populations and most urgent actions will be established in the plan; it should be coherent with the philosophy of the conceptual framework.

2.3.1. Development of the model and the health sector

The model at the micro level will be shaped according to local reality. This section sets forth the health sector's role without disassociating it from the totality, in other words, from other State institutions and social participation.

Local health levels can play a leadership role in the confrontation of this social problem and have the role of bringing together the public, private sectors and non governmental organizations for the achievement of the goal of equity through the formulation of local plans.

This model of attention suggests the following steps to operate an integrated response: the health sector at the institutional level is responsible for providing leadership in attaining the goals and objectives to be

reached in addressing IFV and it develops the technical support for its regional health units.

Promote the existence of an Institutional Committee which directs the institutional process from the health sector's headquarters. This Committee will plan, provide follow-up, technical support and evaluates the process within the institution, in the different levels of complexity of the services that exist in the geographical spaces under its supervision.

Promote the existence of Norms and Protocols for integrated attention to IFV in the areas of the health services is a requisite for the development of quality and coordinated actions around IFV.

Develop a registry of incidences of IFV by groups of age, sex, type of IFV, relationship of victim with aggressors (male/female). The Health Sector, by applying ICD-10, can develop a registry of IFV, but the coordination with other organizations is also important guaranteeing the confidentiality of the affected persons. Surveys can be an auxiliary instrument due to the fact that health statistics will have a sub-registry, since it is a passive registry.

Develop a training and continuing education plan for the persons who carry out direct interventions according to the level of complexity of the area's services: basic, general and specialized care (intervention in crisis, self-help groups, individual and group psychological counseling, etc.). Ethical issues should be included into the training's content.

Integrate attention to IFV into the health services' system of referral and with other institutions and organizations: local network of social actors. The creation of a directory of existing services and support networks is suggested.

Elaborate an institutional plan of the sector with actions in the axes of the model to approach IFV; indicators of results should be incorporated into the planning of health sector activities. The planning should give care to the goals in order to avoid greater damage to the victims and frustrations to the personnel. It is important to disseminate the plan at the level of the services, present it to the inter-institutional network, and also explain how to evaluate it.

The sector's programming can use the approach to violence as a strategy that contributes to confront other health problems of the women, children and elders. For example, IFV is a high risk factor for pregnant women and affects the weight of the new born infants. It is important that criterion for detection of IFV are managed by general practitioners, pediatricians, gynecologists/obstetricians, nurses, etc.

2.3.2. Norms for the model's development at the level of the units or spaces of institutional

health

Teamwork among the different health professionals (male/female) is necessary for appropriate integrated attention to the victims. For this reason it is suggested that at the level of the health unit there be a person or commission, according to the availability of personnel, which coordinates and provides follow-up to the institution's actions in relation to IFV. This way re-victimization of persons affected by violence, caused by the excess of procedures or inappropriate interventions, may be avoided.

The training of personnel about IFV is indispensable, not only in the area of services but also in administration.

More specialized training should be carried out according to actions that are executed and with relation to the level of the unit's complexity. Support by trained behavioral science professionals is indispensable to address IFV, as well as the support from male and female attorneys regarding legal aspects.

There is evidence that the existence of policies and protocols on IFV increases its identification during consultations with battered women.

Steps to be carried out when attending a victim of IFV should be designed in the different institutional health units: detection, interview, information provided, what to document of the incident, biomedical care to the lesions and attention to emotional and psychological needs, evaluation of danger, security plan and references to other services. Direct interventions to IFV should have clearly defined objectives and the interventions to be carried out, be it individual or group attention, clearly established. The attention should be interdisciplinary, provided from within a network (since not all the resources are in a single place), be coordinated and include therapeutic and biomedical care when both are required, and the necessary coordinating mechanisms for social and legal support.

The decision of women adults being attended in the health spaces, regarding the reporting of the aggressor, should be respected. However, there are cases, when the victim is at high risk, when health personnel should evaluate protective measures in coordination with other members of the network.

The victims of violence can access services due to emergencies, for consultations or from referrals by the community. It is important for persons of the community to know about the services offered by the health unit, health center or hospital.

A process of response to acts of sexual violence of a Canadian hospital is detailed, as follows (Petersborough Civic Hospital, September 1992).

The entire process of the protocol's application -interview, victim's story, diagnostic- is carried out with a policy of confidentiality:

- Consent is requested of the victim if he/she is over 16 years old or under 16 years old and married.
- Assurance that the information is restricted to the attending medical team and that it will not be accessible to any non-authorized person or patient.
- Only personnel who are directly attending the victim can provide information to the police and the victim should be informed and asked for his/her consent.
- The victim is assured friendly and quality service that allows for emotional support and the collection of forensic evidence according to the steps established for this purpose.
- There are standardized steps for the medical evaluation of all the patients (male/female) who are victims of sexual violence and it involves specialized health personnel.
  (P.C.H. 1992)

In the same manner, norms should be established regarding the steps to be taken in the attention of battered women. In addition to caring for the physical lesions caused by blows, attention to the emotional effects is a necessity.

Health Center or Hospital administrators should ask their health personnel the following question: What is possible to do? The Center's goals can be short, medium or long range.

2.3.3   Some elements to take into account in the planning of the health unit

a.   Commence with knowledge about the health unit's existing professional staff and its profile.
b.   Take into account the center's resources for support, its diagnostic means and laboratory.
c.   Know what the level of the professional's technical knowledge on intra family violence is.
d.   Distribute the actions based on the sector's policies for provision and financing of services.
e.   At the moment of planning actions, take into account the existing norms of productivity of the personnel according to level of complexity.
f.   Know, inside the health unit, the critical route followed by persons affected by violence.

The model protocols can be adjusted in the different units based on these critera.

The actions that can be developed in each unit should be tied into the local network and have a relationship of complementation and comprehensiveness.

3.   Conclusion

This document has not approached attention to the aggressors. In Central America, it is a gray area of knowledge and one of very limited experience. In other geographic areas outside the region the creation of programs targeting this group have been under the efforts of the judicial or police systems, or by the men's movement, social workers (male/female) or by persons who work with abused women and children (boys and girls). Programmes of this nature have been developed in the United States, Canada, in Europe and in some Latin American countries, such as Mexico and Chile.

Interventions necessary for the aggressors should be part of the integrated approach to intra family violence.

Another aspect that has been minimally addressed in this proposal is related to the subject of the effects of intra family violence on the personnel who work directly with the victims and aggressors. This aspect should be taken into account by the Center's administrator and spaces should be programmed to permit the discussion of the cases that can personally affect certain personnel. The promotion of teamwork is a form of self-care of the personnel. On the other hand, it is necessary to provide free time to the person or team of persons who are working in the direct intervention (i.e. listening to victims of acts of violence) so that they can remove themselves from the subject during certain periods which will allow them to become involved in different activities. Another recommended measure is the technical supervision by other teams, exchange of experiences.

In conclusion, throughout this document it has been suggested that the approach to intra family violence is a political, social and technical process where the different actors should involve themselves starting from a paradigm of complexity whose entry point is the life conditions of women and men. To be operative, the proposal should be contextualized in each country's cultural environment, the economic reform processes, the policies towards women, the health sector's reforms and models of attention. Contextualization involves learning from those who work for non violence within family relations and also involves learning from other experiences and in other spaces.

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