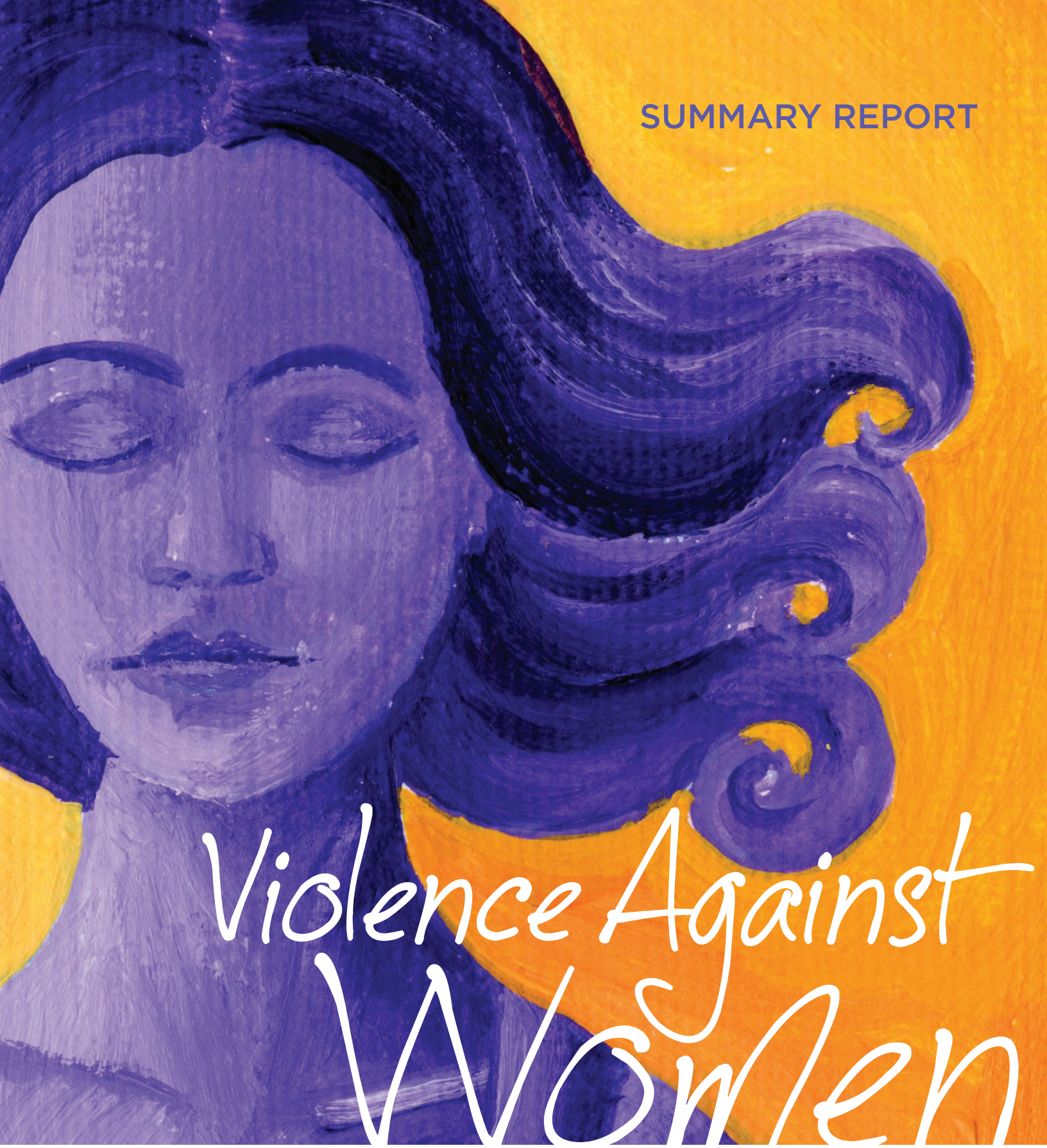
SUMMARY REPORT



Violence Against Women

IN LATIN AMERICA AND THE CARIBBEAN:

A comparative analysis of population-based data from 12 countries

Pan American Health Organization
Regional Office of the World Health Organization

CDC
Centers for Disease Control and Prevention

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of population-based data
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INTRODUCTION

Over the past 30 years, the international community has increasingly recognized violence against women as a public health problem, a violation of human rights, and a barrier to economic development.[1-6] In 1993, the United Nations (UN) General Assembly formally recognized women's right to live free of violence in the Declaration on the Elimination of Violence against Women,[1] as did the Inter-American Convention on the Prevention, Punishment and Eradication of Violence against Women (Convention of Belém do Pará) in 1994.[7]

Both the 1993 UN Declaration and the Convention of Belém do Pará used the phrase "gender-based" violence to acknowledge that the risk factors, consequences, and responses to violence against women are heavily influenced by women's subordinate social, economic, and legal status in many settings.[4, 6] Certain forms of violence against women, such as physical violence against women by husbands, are often tolerated or even condoned by laws, institutions, and community norms. And, some researchers argue that violence against women may be not just a manifestation of gender inequality, but also a way of enforcing it.[6, 8]

In fact, evidence indicates that the patterns, risk factors, and consequences of violence against women are different than those of violence against men. Worldwide, men are more likely than women to experience violence in the context of armed conflict and criminal activity, while women are more likely than men to experience violence and injury inflicted by people close to them, such as intimate partners.[9] Girls and women are also more likely than boys or men to experience sexual violence generally.[10] In addition, physical and sexual violence against women and girls has a host of reproductive health consequences that are different than the consequences of violence against men.

RATIONALE AND OBJECTIVES

There is a substantial body of research on violence against women in Latin America and the Caribbean, but studies have defined and measured violence in such diverse ways that it has often been difficult to compare findings across the Region. Studies such as the World Health Organization (WHO) Multi-country Study on Women's Health and Domestic Violence Against Women[2] and the GENACIS (Gender, Alcohol, and Culture) study[11] have gathered comparable data on violence from multiple countries using standardized questionnaires. However, they have certain limitations, such as gathering data from one or two sites per country rather than using national samples.

Demographic and Health Surveys (DHS) and Reproductive Health Surveys (RHS) were originally designed to investigate demographic and reproductive health issues, but have increasingly included brief modules on violence against women. This report presents a comparative reanalysis of data on violence against women from DHS and RHS surveys conducted between 2003 and 2009 in 12 Latin American and Caribbean countries (Bolivia, Colombia, the Dominican Republic, Ecuador, El Salvador, Guatemala, Haiti, Honduras, Jamaica, Nicaragua, Paraguay, and Peru). These nationally representative data were gathered using face-to-face interviews in the household setting. Sample sizes of women aged 15-49 ranged from 3,568 women in Haiti 2005/6 to 37,597 women in Colombia 2005. While these DHS and RHS surveys did not use identical questionnaires, their measures of violence were similar enough to allow a comparative analysis using standardized indicators.

The overall purpose of this comparative analysis is to raise awareness of violence against women at national and regional levels. Specific objectives are to:

- Make comparative data from DHS and RHS surveys from the Region easier to access and disseminate among researchers, policy makers, and program managers.
- Increase knowledge about the prevalence, risk factors, consequences, and attitudes towards violence against women in the Region.
- Catalyze change by motivating policy makers and programmers to design and implement evidence-based strategies to prevent and respond to violence against women in the Region.

Intimate partner violence against women is widespread in every Latin American and Caribbean country where these DHS and RHS surveys were conducted, though prevalence varies by setting.

In all 12 Latin American and Caribbean countries, large percentages of women ever married or in union reported ***ever*** experiencing physical or sexual violence by an intimate partner, ranging from 17.0% in the Dominican Republic 2007 to slightly more than half (53.3%) in Bolivia 2003. Most surveys found that between one-fourth and one-half of women reported ***ever*** experiencing intimate partner violence. In each country, the percentage of women who reported physical or sexual violence by an intimate partner ***recently*** (i.e. ***in the past 12 months***) was lower than the percentage who reported it ***ever***, but the prevalence of recent partner violence was still substantial, ranging from 7.7% in Jamaica 2008/9 to 25.5% in Bolivia 2008.

Intimate partner violence ranges from occasional moderate acts to long-term, chronic situations of abuse, sometimes called 'battering'.

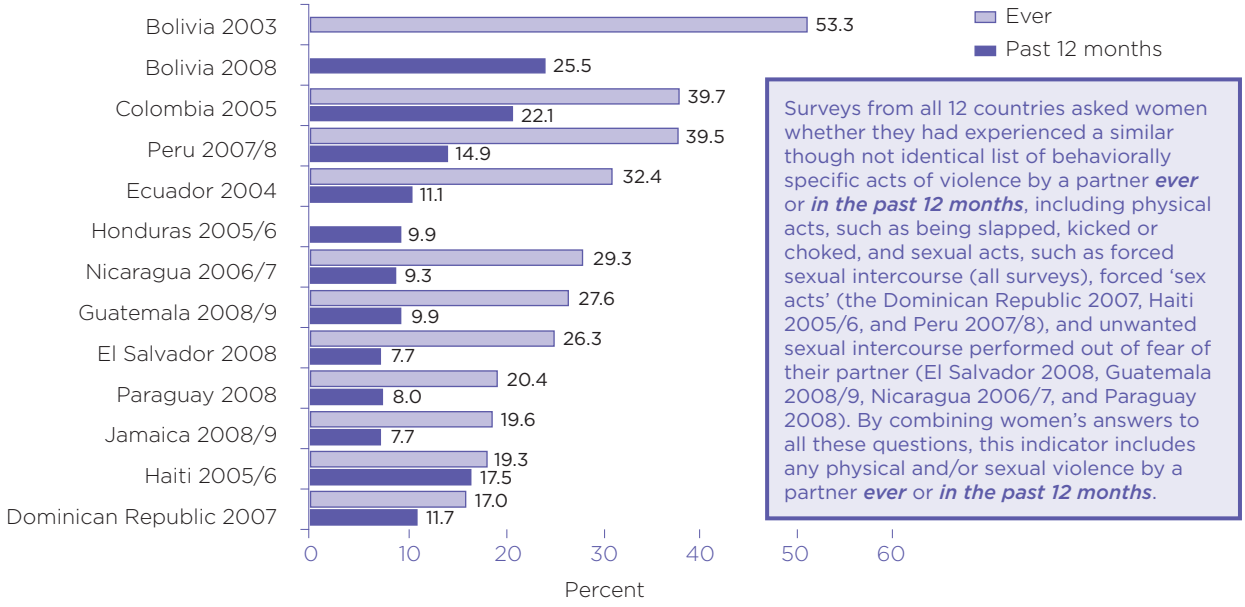
Intimate partner violence includes a wide range of types, acts, and severity of abuse. Many women in these surveys experienced moderate physical violence by intimate partners, such as slapping or shoving; but in all surveys in this analysis, a majority of women who experienced any physical violence ***ever*** reported experiencing 'severe' acts of physical violence, such as being hit with a fist, or threatened or wounded with a knife or other weapon. In addition, women often reported having been forced by a partner to have sex.

Emotional abuse and controlling behaviors are also widespread in these countries.

Emotional abuse by intimate partners, such as insults, humiliation, intimidation, and threats of harm, was widespread in these Latin American and Caribbean countries. The proportion of women ever married or in union who reported emotional abuse by a partner ***ever*** ranged from one-sixth (17.0%) in Haiti 2005/6 to nearly one-half (47.8%) in Nicaragua 2006/7. The prevalence of emotional abuse by a partner ***in the past 12 months*** ranged from 13.7% of women in Honduras 2005/6 to 32.3% in Bolivia 2008. Similarly, large proportions of women in the Region reported that their current or most recent partner used three or more controlling behaviors,

Physical or sexual partner violence ever and in the past 12 months:

Figure 1. Percentage of women who reported physical or sexual violence by a partner, ever and in the past 12 months, among women ever married or in union aged 15-49 [a-f]



Surveys from all 12 countries asked women whether they had experienced a similar though not identical list of behaviorally specific acts of violence by a partner ***ever*** or ***in the past 12 months***, including physical acts, such as being slapped, kicked or choked, and sexual acts, such as forced sexual intercourse (all surveys), forced 'sex acts' (the Dominican Republic 2007, Haiti 2005/6, and Peru 2007/8), and unwanted sexual intercourse performed out of fear of their partner (El Salvador 2008, Guatemala 2008/9, Nicaragua 2006/7, and Paraguay 2008). By combining women's answers to all these questions, this indicator includes any physical and/or sexual violence by a partner ***ever*** or ***in the past 12 months***.

such as trying to isolate them from family or friends, insisting on knowing where they were at all times, or limiting their access to money.

Emotional abuse and controlling behaviors are closely linked to physical violence by partners.

In all countries, a majority of women who experienced physical violence ***in the past 12 months*** also reported emotional abuse, ranging from 61.1% in Colombia 2005 to 92.6% in El Salvador 2008. Similarly, the percentage of women who reported three or more controlling behaviors by their partner was typically two to three times higher among women who reported physical or sexual partner violence ***ever***, compared with those who did not. In contrast, emotional abuse was relatively uncommon—ranging from 7.0% in Haiti 2005/6 to 18.9% in Bolivia 2008—among women who reported no physical partner violence ***in the past 12 months***. These findings support evidence that emotional abuse and controlling behaviors often accompany physical violence and are important dimensions of intimate partner violence.[12]

Sociodemographic factors associated with partner violence vary by country.

In many countries, the prevalence of physical or sexual intimate partner violence ***ever*** or ***in the past 12 months*** was significantly higher among urban compared with rural women, among divorced or separated women compared with married women, among women who were currently or recently employed compared with those who were not, and among women in the lowest wealth or education categories compared with those in the highest. However, differences in prevalence by women's socioeconomic characteristics were not always large, statistically significant, or consistent across countries. After controlling for other factors, the strongest and most consistent factors associated with intimate partner violence were: being separated or divorced, high parity (number of live births), and a history of their father beating their mother.

The prevalence and odds of intimate partner violence are not always highest among those with the least wealth or education.

While the prevalence of intimate partner violence was usually, but not always, lowest among women with the highest levels of wealth and education, it did not always consistently decline as education or wealth quintile increased. In some countries, the highest levels of intimate partner violence were reported by women at intermediate, not the lowest, levels of wealth or education. Similar findings have been reported from other places in the world,[13] and Jewkes (2002) argues that women may be at particular risk of violence by intimate partners in settings where women's increasing education and employment are challenging traditional gender roles—a possibility worth considering in the Region, where important shifts in women's roles and empowerment are underway.

Women cite many different situations that 'trigger' intimate partner violence, but in nearly all settings, partners' alcohol consumption plays an important role.

Women who experienced intimate partner violence ***in the past 12 months*** cited many situations that triggered their partner's violence, but in almost all surveys, a partner's drunkenness or drug use was the single most commonly cited situation, mentioned by 29.8% of such women in Guatemala 2008/9 to more than half (53.4%) in Ecuador 2004. This finding corresponds with a large body of evidence that men's alcohol abuse increases women's risk of experiencing intimate partner violence,[14, 15] including an analysis of WHO Multi-country Study data.[16]

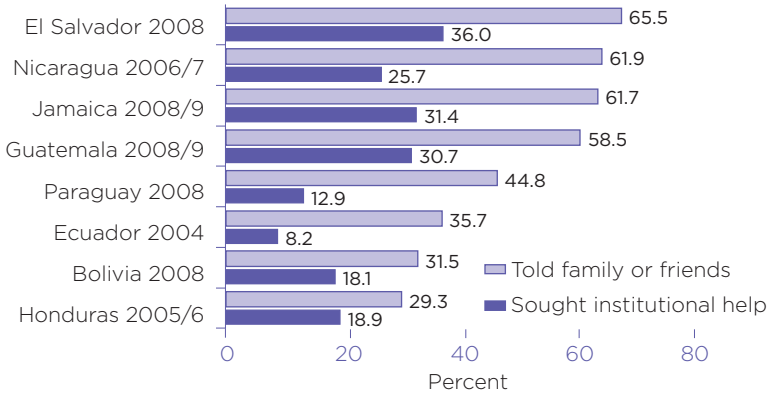
Intimate partner violence often has serious physical and mental health consequences.

In all 12 countries, large proportions of women who experienced partner violence ***ever*** and/or ***in the past 12 months*** reported being physically injured as a result, including 'minor' injuries such as bruises and pain as well as more 'severe' injuries such as broken bones, burns, and knife wounds. These findings support a large body of global evidence that intimate partner violence is a public health problem with serious consequences for women's physical health, including physical injury, disability, and chronic pain.[6, 9, 17, 18]

This comparative analysis also documented widespread emotional and mental health consequences of intimate partner violence, including fear, anxiety, depression, and suicidal thoughts. In the five surveys that measured this indicator, between one-half and more than two-thirds of women who experienced partner violence ***in the past 12 months*** said they had experienced anxiety or depression severe enough

Help-seeking for intimate partner violence in the past 12 months:

Figure 2. Percentage of women who told someone or sought institutional help for partner violence, among women ever married or in union aged 15-49 who reported physical or sexual partner violence in the past 12 months [a-g]



Six RHS surveys and one DHS survey asked women who reported having experienced physical or sexual partner violence ***in the past 12 months*** whether or not they had told family or friends or sought help from an institution (such as police or a health care facility).

that they could not carry out their usual work as a result of the violence. Two surveys (Guatemala 2008/9 and Paraguay 2008) gathered data that allowed an examination of suicidal thoughts according to history of intimate partner violence. In those surveys, women who had experienced physical or sexual partner violence ***in the past 12 months*** were significantly more likely to have contemplated or attempted suicide in the past four weeks compared with those who had never experienced partner violence. These findings support growing evidence that violence against women contributes to the burden of mental ill health among women both globally and within the Region,[18-21] and that it takes a heavy toll on women's economic productivity.[22]

Intimate partner violence is closely linked to a number of key reproductive health indicators.

In almost all countries, the prevalence of physical or sexual intimate partner violence ***ever*** or ***in the past 12 months*** was significantly higher among women who reported a younger age at first birth, among women who had higher parity (number of live births), and among women whose last live birth was unintended or unwanted. Similarly, in all surveys except Haiti 2005/6, unintended and unwanted pregnancy was significantly more common among women who reported partner violence ***ever*** compared with those who did not. In the four DHS surveys that asked ever-pregnant women whether they had ever experienced physical violence during any pregnancy, between 5.6% of ever-pregnant women in Haiti 2005/6 and 11.3% of ever-pregnant women in Peru 2007/8 reported such violence. These percentages fall within the range of 3-13% of women reporting intimate partner violence during pregnancy from global literature reviews,[23-25] as well as from studies on violence during pregnancy from countries in the Region such as Brazil,[26] Mexico,[27-30] and Peru.[31, 32]

Help-seeking behaviors by women who experience violence vary widely by country.

The proportion of women who sought help for intimate partner violence, either by telling someone close to them or by seeking institutional help, varied widely by country. Among women who experienced intimate partner violence ***in the past 12 months***, the proportion who told family or friends ranged from less than one-third (29.3%) in Honduras 2005/6 to almost two-thirds (65.5%) in El Salvador 2008. The percentage of women who sought help from any institution ranged from 8.2% in Ecuador 2004 to 36.0% in El Salvador 2008, and in all countries was lower than the percentage who sought help from family or friends. Women cited many different reasons for not seeking help, including shame, fear of retaliation, not knowing where to go, and not believing that anyone would help.

Large proportions of women in Latin America and the Caribbean report sexual violence in their lifetime, perpetrated mostly by men known to them.

Substantial proportions of women in Latin American and Caribbean countries with recent DHS or RHS

surveys reported experiencing sexual violence at some point in their lifetime, either by an intimate partner or by someone else. Among ever-partnered women, the percentage of women who reported sexual violence by any perpetrator (including forced sex, forced sex acts, forced sexual debut, and/or sex out of fear) ranged from 10.3% in Paraguay 2008 to 27.2% in Haiti 2005/6. In most surveys, the majority of these women had experienced sexual violence by an intimate partner.

Forced and unwanted sexual initiation occurs at early ages for many young women and girls in the Region.

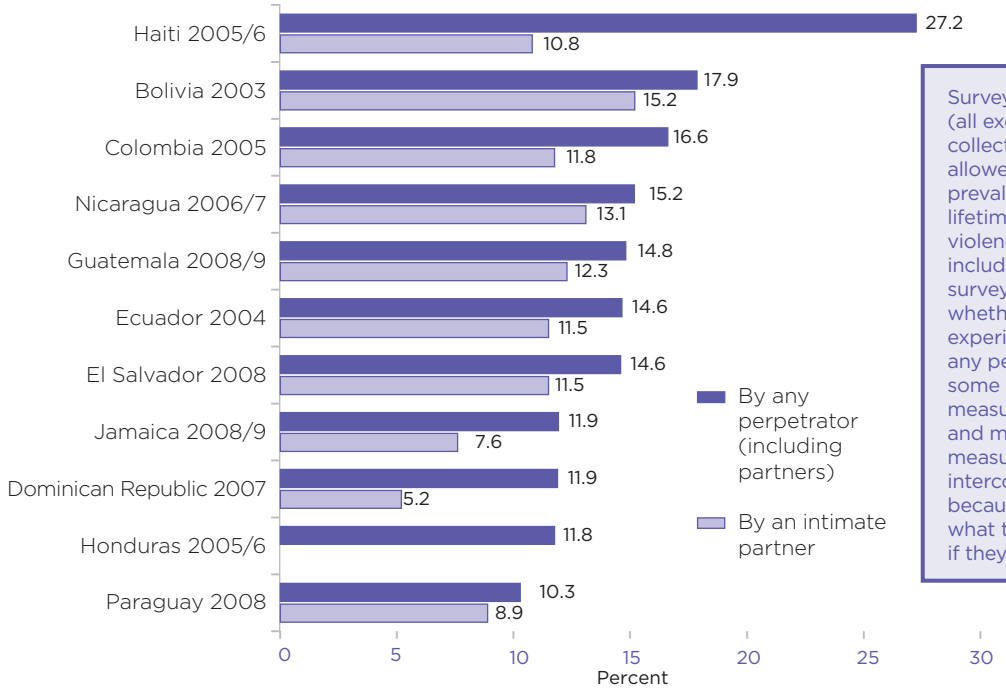
Small but substantial proportions of young women in all surveys reported that their first intercourse was 'forced'. Husbands, partners, and boyfriends were the most commonly reported perpetrators in those surveys that measured this indicator. These results almost certainly represent the tip of the iceberg of the broader problem of child sexual abuse and unwanted sexual debut. When researchers gave young women the option of reporting that their first sexual intercourse was unwanted without having to call it 'forced', large proportions of women reported unwanted sexual debut in the RHS survey from Jamaica 2008/9 and the WHO Multi-country Study surveys in Brazil and Peru. These findings suggest that many young women feel pressured to have sexual intercourse before they are ready, and that asking women to report their sexual debut either as 'forced' or as 'wanted' does not adequately measure the sexual coercion that many young women experience. Better research tools are needed to understand the circumstances of first sexual intercourse and the experience of other coerced sexual activity at early ages.

Exposure to violence in childhood raises the risk of other forms of violence later in life and has important negative intergenerational effects.

This comparative analysis produced a number of findings that suggest exposure to violence in childhood may have long-term and intergenerational effects. For example, after controlling for other factors, the most consistent risk factor for experiencing physical or sexual intimate partner violence against women across all countries was a history of 'father beat mother'. Similarly, the prevalence of intimate

Lifetime sexual violence reported by women ever married or in union:

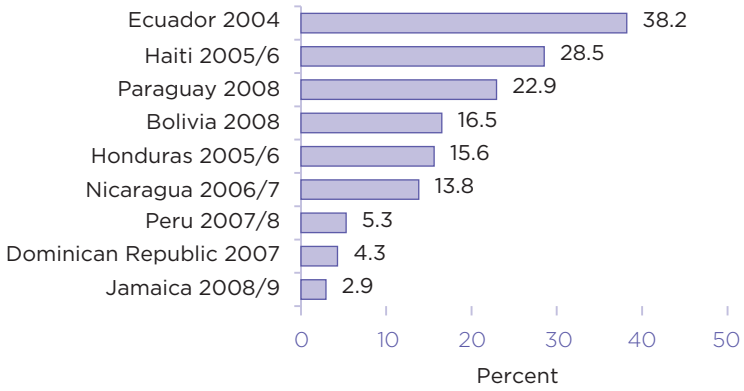
Figure 3. Percentage of women who reported sexual violence by an intimate partner and by any perpetrator ever in their life, among women ever married or in union aged 15-49 [a-f, h, i]



Surveys from 11 countries (all except Peru 2007/8) collected data that allowed an estimate of the prevalence of women's lifetime experience of sexual violence by any perpetrator, including partners. All 11 surveys asked women whether they had ***ever*** experienced forced sex by any perpetrator. In addition, some DHS surveys also measured forced 'sex acts', and most RHS surveys also measured unwanted sexual intercourse that women had because they were afraid of what the partner would do if they refused.

Agreement that wife-beating is justified for at least one reason:

Figure 4. Percentage of women who said that wife-beating is justified for at least one reason, among women ever married or in union aged 15-49 [a, b]



Nine surveys asked women whether or not they agreed that wife-beating was justified for specific reasons. DHS and RHS surveys asked about different sets of reasons, with some overlap.

partner violence was significantly higher (usually around twice as high) among women who reported having experienced physical abuse in childhood compared with those who did not. Partner violence was also significantly higher (usually more than twice as high) among women who reported experiencing sexual abuse in childhood compared with those who did not. In addition, children living in households where women had experienced intimate partner violence were significantly more likely than other children to be punished with hitting, beating, spanking, or slapping (note that surveys did not always identify who punished the children).

The acceptability of violence against women by partners is widespread but varies by setting.

Agreement with the acceptability of wife-beating for at least one reason varied widely by country, ranging from 2.9% of women in Jamaica 2008/9 to 38.2% in Ecuador 2004. Support for wife-beating was significantly higher among rural than among urban women, and among women who had experienced physical or sexual intimate partner violence ***in the past 12 months***, compared with those who had not. In each of the five countries where data from more than one survey are available (Bolivia, the Dominican Republic, Haiti, Nicaragua, and Paraguay), women's agreement with the acceptability of wife-beating was lower in the more recent survey than it was in the earlier survey. Two data points are not enough to demonstrate a trend, but other researchers have also suggested that support for wife-beating may be declining in some countries in the Region, as did authors of a longitudinal study from Nicaragua,[33] for example.

There is also widespread agreement in the Region with norms that reinforce gender inequality, discourage women from seeking help, or downplay the duty of bystanders to intervene in situations of abuse.

In many countries, large proportions of women supported norms that reinforce gender inequality or discourage families and communities from helping women who experience violence, though levels of agreement with these norms varied widely among and within countries. In RHS surveys, the proportion of women who agreed that a wife should obey her husband even if she disagreed with him ranged from just over one-fourth of women in urban Paraguay 2008 to nearly three-fourths of women in rural Guatemala 2008/9. In addition, substantial proportions of women in these surveys did not agree that outsiders should intervene to help a woman who was being abused by her husband or that family problems should be discussed with those outside the family.

RECOMMENDATIONS FOR FUTURE RESEARCH

This comparative analysis highlights the need for research on violence against women to incorporate lessons learned about how to measure such violence in scientifically rigorous and ethically sound ways, as well as in ways that will maximize comparability across different settings. Specific recommendations include:

- To increase comparability with other surveys around the world, prevalence surveys should measure intimate partner violence both ***ever in life*** and ***in the past 12 months*** by any current or former partner—not just the current or most recent partner.
- More methodological work is needed to improve and standardize nearly all types of measures of sexual violence, including sexual violence by partners, sexual abuse during childhood, and forced and unwanted sexual debut.
- More research is needed to understand risk factors associated with violence against women—not just individual background characteristics of women, but also those of partners and communities.
- Surveys should follow international ethical and safety recommendations for researching violence against women, including interviewing only one woman per household.

RECOMMENDATIONS FOR PROGRAMS AND POLICIES

- Policy makers and programmers in Latin America and the Caribbean should address violence against women and children, given the widespread prevalence and the significant negative health, economic, and human rights consequences that result from such violence.
- Evidence suggests that violence against women can be prevented. While violence against women was reported by substantial proportions of women in all settings, prevalence varied by setting, indicating that high levels of violence are not an inevitable feature of human society. Work by WHO and others[22, 34-36] documents examples of strategies that have shown potential for preventing violence against women.
- There is a need to improve the response to violence against women by key institutions across all sectors. Women who experience violence in the Region do not always seek help, often because they do not know where to go or do not have confidence that they will receive effective, compassionate, and confidential assistance.
- The close link between different types of violence, including evidence that violence has strong intergenerational effects, suggests there might be value in comprehensive strategies that address multiple types of violence and multiple generations simultaneously.
- Policy makers and programmers should address norms and attitudes in the Region that support gender inequity or that view violence against women as a 'private' matter. These norms are still widespread in many parts of the Region, and they may discourage women from seeking help or families and community members from assisting women who experience abuse. Changing these norms and attitudes may contribute both to prevention and response to violence against women, as well as to promoting gender equality more broadly.

PROMISING STRATEGIES FOR PREVENTING AND RESPONDING TO VIOLENCE AGAINST WOMEN

In 2008, United Nations Secretary-General Ban Ki-moon launched the global campaign called UNiTE to End Violence against Women,[37] which calls on governments, civil society, women's organizations, young people, the private sector, the media, and the entire UN system to support strategies to address violence against women and girls. In recent years, a number of international reviews have synthesized what is known about how to prevent and respond to violence against women and girls.[4, 22, 34-36, 38, 39] These reviews suggest a need for investment in both prevention and response, and for comprehensive, multi-sectoral, long-term actions that involve collaboration between governments and civil society at different levels of society. These reviews have also identified a number of specific strategies as effective or at least promising, including the following:

- Reform both criminal and civil legislation.
- Carry out media and advocacy campaigns to raise awareness about existing legislation.
- Strengthen women's ability to exercise their civil rights related to divorce, property, child support and custody, employment, and freedom from sexual harassment in the workplace.
- Build coalitions and networks of government and civil society institutions that can collaborate to develop and implement comprehensive approaches to addressing violence against women.
- Use community mobilization and mass communication to achieve social change.
- Work to transform whole institutions in every sector using a gender perspective; in particular, integrate attention to violence against women into sexual and reproductive health services.
- Promote social and economic empowerment of women and girls.
- Engage men and boys to promote nonviolence and gender equity.
- Provide early intervention services to at-risk families.

Evidence suggests that violence against women can be prevented. While women experience violence in all settings, prevalence varies widely, indicating that high levels of violence are not an inevitable feature of human society.

NOTES ON THE FIGURES

a. *Paraguay 2008 interviewed women aged 15-44.*

b. *Surveys classified women as 'ever married or in union' if they had ever married or lived with a male sexual partner, except Jamaica 2008/9, which also included women who reported a 'visiting partner'.*

c. *A partner was defined as a husband or cohabiting male sexual partner, except in Jamaica 2008/9, which also included 'visiting partners', and in Bolivia 2003 and 2008, Ecuador 2004, and Honduras 2005/6, which also included boyfriends and lovers.*

d. *Bolivia 2008 and Honduras 2005/6 asked women about partner violence only if they reported a husband, partner, boyfriend, or lover in the past 12 months. For comparability, this analysis restricted the data further to women ever married or in union.*

e. *RHS surveys asked women about violence by any current or former partner. Honduras 2005/6 asked about violence by any partner in the past year. All other DHS surveys asked about violence by the current or most recent partner only.*

f. *Bolivia 2008 and Honduras 2005/6 did not ask about partner violence ever (before the past 12 months). Bolivia 2003 did not specifically ask about the past 12 months.*

g. *Paraguay 2008 asked about help-seeking by women who reported physical (rather than sexual) partner violence. Bolivia 2008 asked about help-seeking only if women reported a physical or mental health consequence, and the question about institutional help-seeking asked about 'denouncing the violence' ("para denunciar la agresión").*

h. *DHS surveys asked about forced 'sex acts' in addition to forced sexual intercourse, except Bolivia 2003 and the Dominican Republic 2007. RHS surveys asked about unwanted sexual intercourse because women feared what their partner might do as well as 'forced' sexual intercourse, except in Ecuador 2004 and Jamaica 2008/9, which asked about forced sexual intercourse only.*

i. *Honduras 2005/6 did not ask a specific question about forced intercourse by an intimate partner ever, though partners were implicitly included in a question about forced sexual intercourse or sex acts by any perpetrator ever, after age 12.*

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