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ADDRESSING GENDER-BASED VIOLENCE IN LATIN AMERICA AND THE CARIBBEAN: A CRITICAL REVIEW OF INTERVENTIONS

Andrew Morrison, Mary Ellsberg and Sarah Bott

Violence against women is a grave social and human rights concern affecting virtually all societies. It is often referred to as gender-based violence (GBV) because it is rooted in women's lack of power in relationships and in society relative to men. GBV has serious consequences for women's health and lives, and imposes significant economic costs.

This new paper by the World Bank and PATH analyzes the most common forms of gender-based violence—intimate partner violence and sexual coercion—in Latin America, emphasizing good practice interventions to prevent violence against women or help its survivors or perpetrators. The paper summarizes data on the extent of GBV, and reviews risk factors, health consequences and socio-economic costs. It describes good practice interventions in the justice, health and education sectors, and multi-sectoral interventions to empower women economically and socially, improve access to services for GBV survivors, and transform community norms about GBV. It looks at (i) laws and policies; (ii) institutional reforms; (iii) community-level interventions; and (iv) individual behavior change strategies in each sector. It distills recommendations for priority actions.

Scope, magnitude, risk factors and impacts of Gender-Based Violence

GBV includes, but is not limited to: (i) physical violence, such as slapping, kicking, hitting, or use of weapons; (ii) emotional violence, such as systematic humiliation, control-

ling behavior, degrading treatment and threats; (iii) sexual violence, including coerced sex, or being forced into sexual activities that are considered degrading or humiliating; and (iv) economic violence, such as restricting access to financial or other resources with the purpose of controlling or subjugating a person.



Both men and women can be victims or perpetrators of violence, but the characteristics of violence commonly committed against women and men differ. Women are more likely to be physically assaulted or murdered by someone they know, often a family member or intimate partner. They are also at much greater risk of being sexually assaulted or exploited, in childhood, adolescence or as adults.

Prevalence estimates for intimate partner violence vary widely among countries, and sometimes even between studies in the same countries. Data from 15 countries in Latin America and the Caribbean (LAC) show rates of physical abuse by a partner ranging up to 69 percent of all women, with up to 47% of women reporting being victims of sexual assault during their lifetime. Internationally, 8-26% of women and girls report having been sexually abused as children or adults. An estimated one of every three women globally is beaten, raped or otherwise abused during her lifetime (Heise, Ellsberg et al. 1999).

GBV is a complex phenomenon, shaped by forces operating at the individual, relationship, community and societal levels. Key risk factors include witnessing or suffering abuse as a

child, exposure to violence as a child, male control of household decision-making and wealth, cultural norms that support violence as a way of resolving conflicts or support male dominance over women, low educational levels of men and women, and policies and laws that discriminate against women. Male abuse of alcohol is an important trigger.

GBV has serious consequences for women's health and well-being, ranging from fatal outcomes, such as homicide, suicide and AIDS-related deaths to non-fatal outcomes such as physical injuries, chronic pain syndrome, gastrointestinal disorders, gynecological problems, unwanted pregnancy, miscarriage, low birth-weight of children and sexual dysfunction. Sexual abuse in childhood and adolescence is associated with higher risk of subsequent victimization, early sexual activity, substance abuse, and multiple sexual partners. Researchers have also documented negative outcomes among children of women who experience violence, including increased levels of child mortality and emotional and behavioral problems. GBV causes significant economic costs from lower worker productivity and incomes, disability, lost years of life, and lower rates of accumulation of human and social capital. And it generates other forms of violence now and in the future.

United Nations Definition of Violence against Women

The term "violence against women" refers to any act of GBV that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life. Accordingly, violence against women encompasses but is not limited to the following:

- a) Physical, sexual and psychological violence occurring in the family, including battering, sexual abuse of female children in the household, dowry-related violence, marital rape, female genital mutilation and other traditional practices harmful to women, non-spousal violence and violence related to exploitation;
- b) Physical, sexual and psychological violence occurring within the general community, including rape, sexual abuse, sexual harassment and intimidation at work, in educational institutions and elsewhere, trafficking in women and forced prostitution;
- c) Physical, sexual and psychological violence perpetrated or condoned by the State, wherever it occurs.

Acts of violence against women also include forced sterilization and forced abortion, coercive/ forced use of contraceptives, female infanticide and prenatal sex selection.

Beijing Declaration and Platform for Action

Good practice interventions

The results of hundreds of published and unpublished studies and reviews were distilled to draw out the lessons learned on the interventions that seem to work best in preventing violence against women. While few interventions have been rigorously evaluated, evaluation evidence is cited where it is available.

Justice sector

The justice sector can help prevent intimate partner violence and sexual violence in a number of ways: by sanctioning those who perpetrate crimes against women; increasing awareness throughout society that physical or sexual violence against women is considered a crime; strengthening women's rights with regard to marriage, divorce, property and child custody; increasing women's access to the legal system; increasing the range of interventions to protect victims; correcting procedural and evidentiary problems in criminal prosecutions; and reducing mistreatment of women and children by law enforcement institutions themselves.

In LAC, efforts to improve laws and policies have focused on: (i) drafting and ratifying international conventions that provide an overarching legal framework to support national legislation (notably the Inter-American Convention on the Prevention, Punishment and Eradication of Violence Against Women, known as the *Belém do Para* convention), and (ii) enacting new specialized legislation on GBV or reforming national civil and criminal codes. The overwhelming lesson from legislative reform is that changing the law is only the first step in a long process; much legislation has been implemented poorly or not at all.

Several promising initiatives have been undertaken in the region to sensitize and train police, judges and other law enforcement personnel to improve knowledge, attitudes and practices related to GBV. Other important justice sector initiatives include: improving services to victims of GBV within justice sector reform projects; creating women's police stations; improving the medico-legal response to GBV; and improving knowledge of women's right to live free of violence.

Health sector

Many Latin American countries have enacted laws and policies outlining the responsibilities of the health sector in cases of violence against women, but many health professionals are unfamiliar with them.

In the last decade, there have been many initiatives to strengthen the health sector's response to GBV. The most common activities carried out include: screening for abuse, risk assessment, providing medical care, documenting violent events and their health consequences, counsel-

ing, referrals to a network of service providers, and community-focused prevention initiatives.

Many NGOs have also launched programs to promote community-wide changes in attitudes and practices related to gender norms and violence against women—often as a component of HIV/AIDS prevention or reproductive health programs. The few that have been carefully evaluated suggest that community-level approaches can be effective in changing violence-related attitudes and behaviors. “Edutainment”—using radio and television to promote changes in attitudes and behaviors—has worked well for other issues and is now being tried for violence prevention.

Many health sector-based programs have attempted to change individual behaviors by working with individual men and boys. Some programs report a positive impact on men’s self-reported attitudes and behaviors, but most information is still preliminary or based on evaluations without control groups or baseline data.

Education sector

Sexual harassment is widespread in educational settings in many parts of the world, but data remain scarce for the LAC region. Schools—and more broadly the educational system and communities—can help prevent GBV by: reforming education sector laws and policies, improving schools’ institutional response to GBV, and mobilizing communities in support of girls’ safety and rights.

Promising policy interventions by Education Ministries include: (i) preparing a national action plan to combat GBV in schools; (ii) developing a code of conduct for teachers that, among other elements, prohibits gender violence in schools; (iii) developing policies on how to deal with teacher misconduct, including investigative mechanisms; and (iv) covering violence against women and harassment within health and sexual education programs for students.

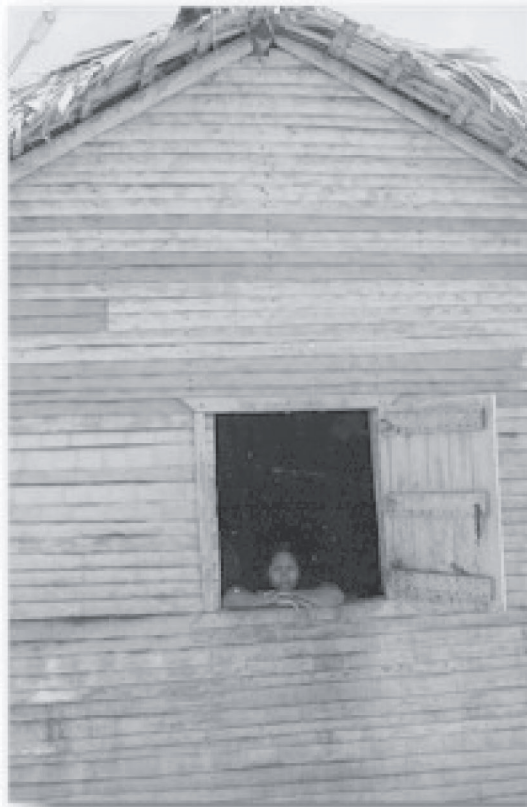
There is little regional experience to draw on, but successes in other regions suggests these priority actions:

- Collect more data on the prevalence of GBV in schools;
- Develop a strong zero-tolerance policy on sexual violence and harassment in schools;

- Train all teachers and school staff to detect and prevent sexual abuse, and involve parents and communities;
- Focus on changing boys’ norms and behaviors, not on teaching girls to defend themselves. Use edutainment as a tool and provide opportunities to practice desired behaviors.

Multi-sectoral approaches

Improving coordination between sector-specific approaches, civil society initiatives and government institutions is a critical part of an effective strategy for addressing GBV. A study by PAHO in 10 Central American and Andean countries found that poor coordination across agencies and institutions meant that women had to negotiate through complex and sometimes contradictory information and requirements when seeking care and support.



Most Latin American governments have established national commissions to improve inter-sectoral coordination and monitor progress in developing national plans and policies on violence. Although there are no rigorous evaluations, qualitative reports suggest that the existence of a national plan on violence against women creates commitment and political space for dialogue between civil society and the state.

Services for survivors of GBV provided through multi-sectoral initiatives include telephone hotlines, emergency shelters, police intervention, legal assistance, counseling, psychological care, support groups, income-generation programs, programs for batterers, and child welfare services. Support groups (such as organized by CEFEMINA in Costa Rica and Flora Tristán Center in Peru) appear effective and

low-cost in reaching large numbers of women. Research has documented the impact of comprehensive services in LAC on the proportion of women who know about services and who seek help, but not yet on whether these services reduce the probability of revictimization.

A relatively new approach is to develop community-based networks for coordinating services to victims, improving access to justice and promoting violence prevention. Some networks comprise only governmental agencies such as the criminal justice sector, social welfare and education. Others (like the Nicaraguan Network of Women Against Violence) coordinate civil society response to violence. A third type integrates public and private agencies addressing GBV. These

networks can greatly enhance the quality of care provided to survivors, and help mobilize public support for survivors and decrease tolerance of violent behavior.

Community-based educational activities can increase women's knowledge of legal and social rights and empower them to seek help for abuse. They can also challenge the underlying beliefs that justify women's subordination and the use of violence for settling conflicts. Changing attitudes, however, is easier than changing behaviors. Promoting non-violent and equitable relationships between men and women is the key to preventing future violence.

Conclusions and recommendations

The review identifies "guiding principles" (Guedes 2004) for work on GBV:

- Ensure that all programs and projects prioritize survivors' safety and autonomy;
- Employ a human rights perspective that explicitly challenges prevailing norms that make violence acceptable within a society;
- Ensure that interventions are culturally appropriate before transferring them from another cultural context.

There are other important conclusions as well. It is essential to focus on preventing GBV, not just on services for its survivors. Prevention is best achieved by empowering women and reducing gender disparities, and by changing norms and attitudes that foster violence. Young people appear more open to changing their attitudes about violence, so targeting youth is a good long-run strategy. Interventions should employ a multi-sectoral approach and work at different levels: individual, community, institutional, and national laws and policies. More rigorous evaluations are needed to inform decisions, demonstrate the impact of programs, and justify the allocation of more resources to address GBV.

About the Authors

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PATH (<http://www.path.org>) is an international, nonprofit organization that creates sustainable, culturally relevant solutions, enabling communities worldwide to break longstanding cycles of poor health.

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Addressing Gender-Based Violence in the Latin America and the Caribbean Region: A Critical Review of Interventions

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Abstract

Morrison, Ellsberg and Bott present an overview of gender-based violence (GBV) in Latin America, with special emphasis on good practice interventions to prevent GBV or offer services to its survivors or perpetrators. Intimate partner violence and sexual coercion are the most common forms of GBV and these are the types of GBV that they analyze.

GBV has serious consequences for women's health and well-being, ranging from fatal outcomes, such as homicide, suicide and AIDS-related deaths, to non-fatal outcomes, such as physical injuries, chronic pain syndrome, gastrointestinal disorders, complications during pregnancy, miscarriage, and low birth-weight of children. GBV also poses significant costs for the economies of developing countries, including lowered worker productivity and incomes, and lowered rates of accumulation of human and social capital. The authors examine good practice approaches in justice, health and multisectoral approaches.

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