



Basic Facts

Domestic Violence against Women¹

Traditionally, women's organizations throughout the world have taken the lead in conducting research on violence against women and providing care and assistance to victims. As a result of these efforts, a body of knowledge and expertise has been gathered which can aid in the design of public policies that promote gender equity and violence prevention. Governments and international organizations have recently started to look for ways to reduce the incidence of this type of violence and it is now apparent that a coordinated effort must be made in order to provide an effective and comprehensive response to families affected by domestic violence.

What Is Domestic Violence?

The Fourth World Women's Conference in Beijing defined violence against women as «any act of violence based on gender, which may result or actually results in physical, sexual or psychological harm, including threats, coercion or arbitrary deprivation of liberty, in either private or public life.» One of the most frequent forms that violence against women takes is «domestic violence.» This is violence that occurs between people who share or have shared kinship or blood ties, or have a formal marital or consensual relationship. It takes place most often in the home.

The types of domestic violence are:

Physical violence. This form of aggression includes beating, pushing, punching, slapping, hair pulling, burning, cutting, hurling objects, attempts at choking, any action that causes physical harm, and at the extreme, murder of the victim.

Psychological violence. This type of violence involves acts of harassment intended to denigrate the victim, exert control over her, and stand in the way of her autonomy. Such acts include isolating the victim from family

members and friends; excessive jealousy; mockery; discrimination; constant put downs and criticism; ridicule; indifference; death threats, abandonment; economic control, harassment; violent acts against third persons, animals or objects as a means of intimidation; mind control and blackmail.

Sexual violence. This violence occurs usually when a member of the family (usually the male partner) forces another member of the household (generally a female) to submit to sexual activity against her will or sexually abuses a minor child (Red de Mujeres contra la Violencia, 1998).

Magnitude of Domestic Violence Against Women

It is a complex task to gauge the prevalence of domestic violence. Data collected by law enforcement agencies, women's crisis centers and other institutions do not reflect the true scope of the problem. First, large numbers of cases go unreported. Second, much of the staff at crisis centers and in domestic violence intake of the different agencies and hospital emergency rooms has not been trained in domestic violence detection techniques. And, lastly, no specific reporting mechanism has been put into place (PAHO, 1998).

Population surveys have provided experts with a tool to estimate the extent of the problem with greater

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Table 1:
Prevalence of Physical Violence Against Women

Country	Sample Type	Sample	Percentage
Barbados (1990)	Nationwide	264 women from 20 to 45 years old including those who have never been in a relationship	30%*
Bolivia (1998)	3 Districts	289 women older than 20	17%
Chile (1997)	Santiago	1,000 women from 22 to 55 years old in relationships for more than 2 years	26%
Colombia (1995)	Nationwide	6,097 women from 15 to 49 years old who have a partner	19%
Haiti (1995)	Nationwide	1,705 women	36%
Mexico (1996)	Monterrey	1,064 women older than 15 who had a partner	17%*
Nicaragua (1998)	Nationwide	8,507 women 15 to 49 years old who have had a partner	12%
Peru (1997)	Metropolitan Lima	359 low and middle income women from 17 to 55 years old who have partner	31%
Puerto Rico (1996)	Nationwide	5,755 women from 15 to 49 years of age who have had a relationship	13%
Uruguay (1997)	Montevideo and Canelones	545 women from 22 to 55 years of age who currently have a partner	10%*
U.S. (1993)	Nationwide	8,000 women older than 18 including those who have not been in a relationship	22%
Canada (1993)	Nationwide	12,300 women older than 18 who have had a relationship at one time	25%

*Physical and sexual abuse

The studies represented in this chart cannot be compared to each other since different types of sampling, definitions and methodologies were used. All samples however are random.

Source:

Heise et al., 1994; Handwerker, 1998; PAHO, 1999; Ordoñez et al., 1995; Granados Shiroma, 1996; Rosales Ortiz et al., 1998; Gonzales de Olarte and Gavilano Llosa, 1999; Dávila et al., 1998; Traverso and Larrain, 1999, Population Reports, 1999.

Did You Know that...?

- Between twenty-five and thirty percent of all abused women in Australia are victims of chronic abuse. A study conducted in this country revealed that approximately 15% of the women surveyed are abused on a daily basis and from 24% to 40% are abused weekly (Alexander, 1993). In a two-year comparative study, it was found that in more than half of the cases, violence persisted with the same or greater intensity; the intensity dropped in 10% of the cases; and no further episodes were reported in 33% of the cases (Feld and Strauss, 1989).
- In Chile, in 57.4% of the cases, domestic assaults begin during the first three years of marriage (Servicio Nacional de la Mujer, 1997). In Nicaragua, 50% of violent husbands began to abuse their wives during the first two years of marriage, while 80% of them started during the first four years (Ellsberg et al., 1996). In Uruguay, 46% of the abused women questioned reported the first violence episodes between the first and the third years of marriage (Traverso, 2000).
- In the United States, most abusers show no signs of diagnosable mental health disorders nor do they have a criminal history [which would indicate a propensity for such behavior] (The New Journal of Medicine, 1999).
- Acts of violence which do not cause physical injury can nonetheless have considerable psychological effects.
- Women who are victims of domestic violence report the incident six times less than women who are victims of violence committed by strangers (APA, 1996). In Uruguay, 25% of physically abused women filed a complaint (Traverso, 2000).

accuracy. Results of such surveys reveal that in Latin America between 10% and 36% of all women are victims of physical violence in their home (Table 1), and are actually at greater risk in their home than on the street (Bachman and Saltzman, 1995; Lozano, 1997). Women are five to eight times more likely than are men to become victims of violence in their home. In the U.S from 1992 to 1996, 21% of women were

victimized by an intimate partner, as compared to 2% of the men who participated in the survey (Bureau of Justice Statistics, 1998).

Risk Factors Associated with Domestic Violence

There are a variety of causes of domestic violence. Research suggests that the interaction of individual, social and household factors can give rise to the phenomenon (see Technical Note 3). The following factors have been identified as risk factors for domestic violence:

Individual Factors:

Gender. Biological and social differences between sexes and the inferior position of women relative to men in society and the family make women more prone to be victims of abuse and men more prone to be aggressive. In Canada, men committed 95% of the homicides of adult women (Gartner and McCarthy, 1991). A study in Brasil showed that 10% of murdered men are killed by their partner compared with 50% of murdered women. (Americas Watch, 1991)

Age. In Latin America, women between the ages of 24 and 45 are most at risk of being victims of violence (Larraín, 1997b).

Pregnancy. Pregnant women run a greater risk of being beaten (Bohn, 1990). In a study of 275 women who were interviewed during pregnancy and then six months after giving birth, it was found that 25% of these women experienced more frequent incidence of moderate and severe violence during the post natal period compared to 19% during the prenatal period (Gieleen, 1994). A study in Morelos, Mexico showed that 33% of all pregnant women respondents were victims of physical violence and, of these women, 9% had had their first experience of physical abuse during pregnancy. 11% of the battered women stated that the incidence of assault increased during pregnancy (Valdez-Santiago and Sanín, 1996).

History of family violence. A family history of abuse on the man's side is an element associated with violent behavior of a husband toward his own family (Jaffe et al., 1986). Klevens found that in nearly 70% of the studies she reviewed, a family history of abuse in the male abuser's family constituted a risk factor for domestic violence of the man against his spouse or children (Kleuens, 1998). Population surveys in

Nicaragua (Ellsberg et al., 1996) and Chile (Larraín and Rodríguez, 1993) corroborate this relationship. In Uruguay, a similar link was found to the abused wife's family history of violence. A study showed that 79% of women subjected to physical abuse had been victims of child abuse or had witnessed abuse in their families. Only 37% of non-abused women reported a family history of violence (Traverso, 2000).

Alcohol use. Some studies associate alcohol use with increased frequency (Kantor and Strauss, 1989; Leonard, 1992) and intensity (Frieze and Brown, 1989) of domestic violence towards women. In Uruguay, men who consume alcohol are six times more likely to abuse their families than those who don't consume or consume moderately (Traverso, 2000). Some authors do claim, however, that generally speaking, violence occurs also when people are not under the influence of alcohol. Two large-scale studies conducted in Canada showed that most victims of assault by intoxicated partners had also been victimized by the same partner when he was sober (Jaffe et al., 1986; Dutton, 1988).

Household Factors

Male-dominated household. Substantial evidence exists to suggest that men who grew up in homes with rigidly defined gender roles are more liable to become adult abusers than are men who grew up in homes where roles were more egalitarian (Gwartney-Gibbs et al., 1983; Fagot et al., 1988; Malamuth et al., 1991-1995). In Uruguay, couples who do not make joint decisions tend to show a higher incidence of violence. (Traverso, 2000). For example, 93% of violence-free couples mutually agree to have sexual relations, compared to only 67% of couples who have had incidents of violence.

Isolation of women and family. Nielsen et al. (1993) showed that abused women are more isolated in terms of frequency of interaction with friends, relatives and, especially, community involvement. Societies with low rates of domestic violence consistently share one common trait: family and community members intercede on behalf of abused women. When a network of friends and family is available to women, the incidence of violence is lower. Isolation can be linked to the degree of control that violent men exert over their wives. In Uruguay, 63% of abusive husbands claim to be bothered when their wives are visited by friends; whereas, among non-abusive men, only 10%, are bothered by such visits (Traverso, 2000).

Family income. Even though women of all socioeconomic classes are at risk of being victimized in the home, evidence shows that incidence of physical violence against women is higher among low-income families. The National Family Violence Survey in the United States revealed that the rate of domestic violence among families who live below the poverty line is five times higher than the rates of middle and upper income families (Strauss et al., 1980).

The correlation between income level and family violence was supported by Ellsberg (1996) in Nicaragua, where physical violence was 5.4 times higher in lower income households, and by Traverso in Uruguay (2000) where she pointed that belonging to the high socio-economic level reduces the possibility of physical domestic violence by 28%.

Poverty is not only considered a risk factor, but also a consequence of domestic violence, since this type of violence leads to poverty. In Nicaragua, for example, women who are victims of domestic violence earn only 57% of what their non-abused female coworkers earn (Morrison and Orlando, 1991).

Non Lethal Violence per Year per 1,000 People, U.S.A.

Family Income	Men	Women
Under \$7,500	2.7	21.3
\$7,500- 14,000	1.4	12.3
15,000-24,999	1.8	10.4
25,000- 34,999	1.8	7.2
35,000- 49,999	1.1	5.8
50,000-74,000	1.5	4.4
75,000 or greater	.5	2.7

Source: Bureau of Justice Statistics, 1992-96.

Social Factors

Cultural norms. Male-perpetrated violence against women has its roots in patriarchal societies where violence is regarded as a valid means of control. Equating masculinity with concepts such as domination, toughness and individual honor or family name is one of the most important factors that fuels violent behavior toward women (Sanday, 1981; Counts et al., 1992)

These norms are mostly transmitted through the family, education and the media, which makes them important “tools”, for violence prevention at a primary level.

Consequences of Domestic Violence against Women

The effects of domestic violence against women transcend the individual victim's life, affecting both family and society in general. In the next section, some of the most visible effects are discussed.

Impact on Physical Health

Aside from the high risk of physical injury or even death to which victims of domestic violence are exposed, they also face the risk of prenatal and maternal complications, gynecological problems, sexually transmitted diseases and HIV infection, somatic disorders, chronic medical conditions, failure to comply with medical treatment, depression, anxiety and suicide, eating disorders, alcoholism and drug abuse (Grisso, 1999; Brookoff, 1977).

- ▶ Violence against women was the third most important cause of disability adjusted life years (DALY) lost in Mexico City, behind diabetes and perinatal trouble, but ahead of vehicular accidents, congenital anomalies, rheumatoid arthritis, osteoarthritis, cardiovascular disease, cerebral-vascular diseases and pneumonia (Lozano, 1997).
- ▶ Studies conducted in emergency rooms in the United States show that 22% to 35% of the women who resort to emergency room services do so because of abuse-related symptoms (Council of Scientific Affairs, 1992). The National Research Council of the United States claims that domestic

violence accounts for 50% of women's injuries treated in emergency rooms and 21% of women's injuries requiring surgery.

- ▶ Abused women who are victimized during pregnancy have three times as many complications during and after birth than non-abused women. A study in Morelos, Mexico revealed that the birth weight of babies born to abused women was 560 grams lighter than the weight of those born to non-abused women (Valdez-Santiago and Sanín, 1996).
- ▶ In Uruguay, women who are victims of severe physical violence were seen by health-care specialists three times more often, went to a hospital emergency room three times more often, required five times more x-rays, and were hospitalized four times more often than women who were not victims of violence. Women who were victims of sexual violence used emergency room services of public health systems eight times more often, needed four times more x-rays and were hospitalized almost 10 times more frequently than women who had never been sexually victimized (Traverso, 2000).

Impact on Mental Health

The ongoing and chronic nature of domestic violence leads to psychological effects that are quite far-reaching. Even though a single traumatic incident may result in permanent psychological effects, cyclical aggression is clearly more harmful to social adjustment (Folingstadet et al., 1991; Gelles and Harrop, 1989; Carmen et al., 1984).

- ▶ 25% of all attempted suicides among Anglo-American women in a hospital in the U.S. had a background of domestic violence. The results of a crosscultural study led experts to conclude that violence in the home is the main cause of suicide for women (Heise, 1994).
- ▶ Studies of other health problems such as chronic pain, eating disorders, inflammatory pelvic disease and depression, have shown that violence is a main risk factor involved in these conditions. Nevertheless, health-care providers rarely, if ever, diagnose violence as the cause of many diseases among women (Schei, 1996).

Impact on Women's Productivity

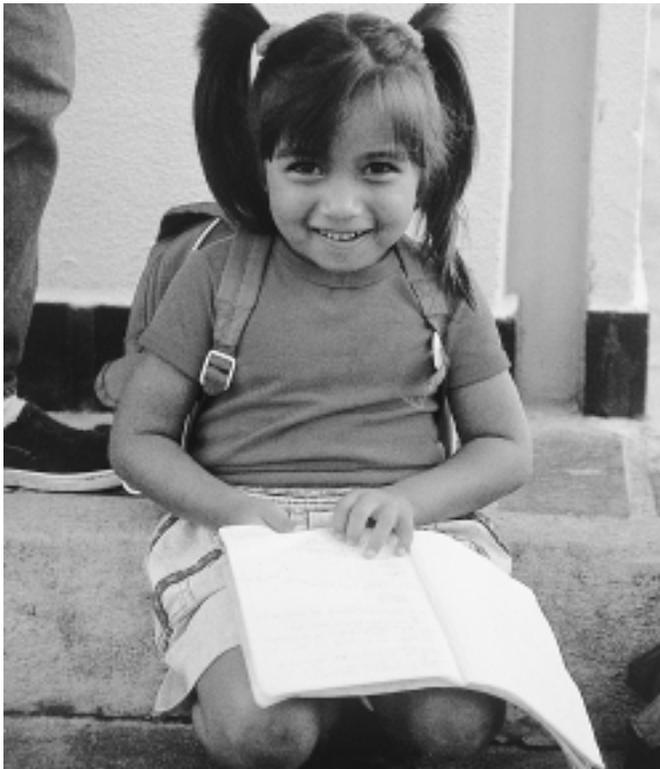
Women who are victims of domestic violence have significantly lower productivity:

- ▶ In Managua, Nicaragua, women who are victims of severe physical violence earn only 57% of what non-abused women do. In Managua these losses accounted for approximately 1.6% of the 1996 GDP (Morrison and Orlando, 1999).
- ▶ In Santiago, Chile, women who were victims of severe physical violence earn only 39% of what non-abused women do. The losses in income for all women accounted for more than 2% of Chile's 1996 GDP (ibid, 1999).
- ▶ In Uruguay, 42% of high income earning women claim not to be victims of domestic violence; while only 21% of women in general make the same claim (Traverso, 2000).

(For more information on the economic costs of domestic violence see Technical Note 4.)

Impact on Future Generations

Children who witness or are victims of violence in the home show a higher degree of aggressiveness and



antisocial behavior both inside and outside the home (Jaffe et al., 1986). Additionally, such children show higher rates of drug abuse, suicide, anxiety, depression, problems in school, violent and aggressive behavior, and sleeping and somatic disorders (Holden and Ritchie, 1991). Violence in the home is an important precursor to delinquency, violence against future partners and hooliganism.

- ▶ In Brazil, studies conducted on street children led researchers to establish that one of the main reasons why these children leave their home is the violent treatment they receive from their parents and in their community. The street has become a safer place for them than their home (Silva, 1996).
- ▶ In the United States, approximately 34% of male children and 20% of female children of women who are victims of violence have behavioral and social adaptation problems (American Medical Association, 1992).

Prevention and Control

There is a need to create comprehensive care and assistance models that include a wide range of interventions, from prevention targeting the general population to specialized treatment for victims, aggressors and witnesses of violence.

Prevention

The schools and the media are two fundamental tools for primary prevention.

Schools. Concrete steps can be taken by schools to eradicate and prevent discrimination against women which is reinforced by sexist stereotypes, values and practices that are present in education systems (Subsecretaría de Asuntos de Género, 1996).

Three courses of action may be taken to put an end to such discrimination: Revising school curriculum to include a gender perspective; controlling violence between classmates on school premises; and incorporating specific modules on peaceful conflict resolution and assertiveness into classroom studies.

The purpose of *revising the curricula* to include a gender perspective is to mitigate risk factors associated with rigidity in sexual stereotypes. This could be achieved by carrying out activities such as:

Basic Principles of Domestic Violence Prevention Programs

The American Psychology Association states that successful domestic violence prevention programs are based on the following four basic principles (APA, 1996):

- Interventions in different areas of life: family, school, community, media, etc.
- Use of transitional stages in life as opportunities for development. These are the times when interventions can really make a difference; for example, at birth, when starting preschool or elementary school, during adolescence.
- Based on theoretical identification of social risk factors and developmental factors leading to violent behavior.
- Focus on men—potential aggressors—as well as on potential victims.



- ▶ Revising classroom textbooks to eliminate gender stereotypes and including women's contributions to history, science and the arts.
- ▶ Incorporating into the curriculum—for both sexes—specific subjects that have traditionally been only taught to women such as family life, as well as problems of domestic violence.
- ▶ Creating practical skills-building and attitude-shaping courses for both boys and girls that will be useful during adulthood in home life.
- ▶ Promoting physical activity and sports for women, as well as promoting participation in other activities traditionally associated with the male gender.
- ▶ Working with teachers and other members of the education community to promote greater understanding of gender-based inequality and to stimulate critical thinking on this issue. Having teachers and school leaders identify their own attitudes toward gender differences (disciplinary rules, role assignment, how much attention is given, etc.) so that the ability, styles, interests and contributions of men and women are valued on an equal basis.

Gender Equity in Education: The Case of Bolivia

The mission of the Bolivian government office known as the Subsecretariat of Gender Affairs (SAG) is to incorporate a gender perspective into public policies of the Bolivian State. This office has produced, in coordination with the National Secretariat of Education, a document titled *La equidad de género en la educación* ["Gender Equity in Education"]. This publication outlines the main principles that should be taken into account in the formulation of education policy. The SAG has focused its efforts on ensuring that the Educational Reform Act [*Ley de Reforma Educativa*] incorporates a gender equality approach in the entire process of curricular design. Some efforts have already been made in this regard, such as training 400 officials and teachers at 36 different education facilities.

Source: SAG and National Secretariat of Education, 1997

It is important to stress that gender analysis is a useful tool not only to achieve greater social equity and justice

in the education sector, but also in other sectors. For example, Nicaragua has launched an interesting process of modernization of the National Police which includes a gender perspective component. The promotion of gender sensitive policies is a joint initiative of German Technical Cooperation (GTZ) and Nicaraguan agencies. The GTZ provides technical advice on adopting a gender approach in the planning and execution of policies and has set a goal for all participating public institutions that develop policies to be sensitive to the needs and roles of women. It has also been stressed that such policies must guarantee equal conditions between men and women (Otero, 1999).

Control of violence between classmates involves reducing the risk associated with widespread acceptance of violence. This can be achieved by creating a safe place where a clear message is sent that violence will not be tolerated. Once the pattern of aggressive behavior has been broken and an immediate response is provided to both victim and victimizer alike, relationships based on respect can be fostered.

Olweus, (1996) analyzed a school-based aggression prevention program in Germany that produced a 50% drop in the incidence of violence and vandalism, as well as improved discipline and more positive interpersonal relationships. This program involved the following components:

- Awareness training for parents regarding the problem of aggression in the schools.
- Greater supervision on the playground and at lunchtime.
- Rapid response to aggressive behavior.
- Specific classroom rules prohibiting violence between classmates.
- Class meetings on aggressive behavior
- Individual discussions with victims and aggressors.
- Individual discussions with parents of victims and aggressors.

By incorporating specific modules into the curriculum several factors associated with domestic violence can be addressed. Examples of objectives for some of the modules include:

- ▶ supporting teens in understanding, identifying and preventing violence in their own relationships;
- ▶ providing students with the means to support friends who may be experiencing violence in their lives;
- ▶ teaching teens peaceful conflict resolution skills;
- ▶ strengthening self esteem and assertiveness;
- ▶ recognizing and modifying stereotypes of men's and women's roles.

These modules, which are tailored to different target populations, have been effective in bringing about changes in teen attitudes and in increasing young people's ability to detect and stop violence (A.S.A.P., 1996).

The media. Over the last few decades it has been shown that the mass media is a powerful tool to generate behavior changes through mass campaigns or more focused strategies (Tilson et al., 1977). In order to achieve sweeping changes in attitude, behavior and social norms, sustained and comprehensive strategic approaches are essential (Suarez and Quesada, 1999).

Design and implementation of domestic violence prevention campaigns require preliminary analysis in order to determine how far advanced the country is in efforts against this type of abuse (Castillo Ruiz, 1999). Some important questions that must be addressed from the beginning are how informed people are on the subject; what are the prevailing values and attitudes on the subject; what is the extent of the coverage of victim services; legislation, and law enforcement. Being unfamiliar with any one of these aspects can be harmful to victims of violence if actions are taken that jeopardize the safety of women. Such would be the case of campaigns encouraging victims to report or file charges against the aggressor in countries where the judicial and law enforcement systems cannot provide the necessary support to protect women.

In most countries, domestic violence education campaigns use a combination of dissemination vehicles such as news bulletins, billboards, radio, television and pamphlets to pursue objectives such as:

- ▶ changing the public's attitudes and values regarding the problem of violence against women;
- ▶ raising public awareness of the problem of domestic violence,

- ▶ providing information on available support services;
- ▶ making victims as well as victimizers aware of the law and the judicial system (UN, 1993).

Even though few campaigns have been evaluated, countless innovative experiences of this type have successfully managed to focus the public's attention on the problem of domestic violence (UN, 1993). One of the most ambitious violence prevention campaigns is being waged by the UNIFEM (Consultative Committee on the United Nations Development Fund for Women), which conducts regional campaigns whose goal it is to guarantee the protection of the right stated in its motto: «a life without violence is one of our rights.» The aim of the campaign is to mobilize civil society and government decision-makers to ensure that governments honor their commitments to promote and protect the human rights of women. (The following box describes the UNIFEM-supported campaign in Argentina).

Control

Primary prevention programs have proven effective with regard to mitigating risk factors that can lead to violence; nonetheless, they have not proven effective among populations that have a prior history of highly violent behavior (APA, 1996). These cases require special attention designed specifically for high-risk populations.

In order to provide an effective response to such populations, victims need to be detected and treatment must be given. Therefore, technical training must be provided to all actors involved in the domestic violence response process: health-care providers, court officials, law enforcement agents, social workers, community leaders, etc. It is necessary to attain a higher degree of sensitivity, expertise and skill in handling cases of domestic violence as well as strengthen interdisciplinary efforts (United Nations, 1993).

This training has taken place at a variety of levels ranging from simple, informal talks to sensitize service providers to specialized academic programs at the graduate level in Argentina, Chile and Mexico. Generally speaking, the aim of training is to improve the quality of services for women suffering domestic violence and avoid what has been called “secondary victimization” (refers to abuse and neglect of the victim at an institutional level).

Table 2:

Mass educational campaign for violence prevention by the Instituto Social y Político de la Mujer, Argentina 1998

The purpose of this campaign was to raise public consciousness on the problem of violence against women and disseminate methods of prevention. The campaign was targeted towards society in general: women and men from all walks of life and age groups. Messages were crafted in keeping with each target population's particular characteristics, such as age, sex and interests.

In the preparatory stage, an effort was made to enlist the aid and support of journalists, public figures, social leaders, graphic designers, communicators, students of these disciplines, internet professionals, NGOs, service agencies that deal with these issues and private enterprise.

The main activities were:

- An advertising campaign to raise consciousness on the problem, the different forms it takes and ways to prevent it.
- A press campaign to provide basic facts and figures on an ongoing basis.
- A web site with information on domestic violence and the campaign: <http://www.ispm.org.ar/index.htm>
- A fundraising campaign to ensure continuity of the project.

The project had both a quantitative and a qualitative evaluation component. The following indicators were used in the quantitative evaluation: length of newspaper column space devoted to the issue in the press campaign; amount of television and radio time covering the problem; the number of persons seeking support from service-providing institutions; and the number of complaints filed in government institutions before and after the campaign. The number of web site hits was also counted.

A survey was used to conduct the qualitative evaluation. The standard of measurement in evaluating the fundraising campaign was, of course, the amount of funds collected.

Source: Lubertino, 1999.

Few of these training programs have been fully documented or evaluated. In Costa Rica, El Centro Nacional para el Desarrollo de la Mujer y la Familia has developed five modules titled *Sentir, pensar y enfrentar la violencia intrafamiliar* or «feel, think about and confront domestic violence» (Quirós Edda, 1997) for use in training of public officials and workers involved in the implementation of the *Plan Nacional para la Atención y la Prevención de la Violencia Intrafamiliar* (PLANOVI), a national government plan to assist victims and prevent domestic violence. These modules include a summary of the most important theories in the field and interactive workshop activities. This model is based on clearly defined methodological principles and creates opportunities for interaction and exchange of ideas on the meanings of domestic violence.

Domestic Violence Screening

Even though properly trained personnel would probably be able to pick up on certain signs indicating violence victimization, it is impossible to describe a «typical victim» or a «typical aggressor» to aid in identifying likely victims of violence. The best way to identify women who are victims of domestic violence is simply to ask them. It has been documented that women will not take umbrage if questions are properly phrased (Ellsberg, 1998). Even though the phrasing of questions appears to be quite simple, significant difficulties do arise. In the health sector, for example, the barriers include the lack of clinical guidelines, the brevity of most medical visits, doctors' discomfort with the issue, and the lack of access to services for the treatment of the perpetrator (The New Journal of Medicine, 1999).

Two recommended identification methods for cases of domestic violence are:

- Routine screening for all women. Recent studies have showed that asking simple questions can reveal if there has been abuse. The following questions have proven to be effective 71% of the time in the detection of domestic violence:

Have you ever felt unsafe in your house?

Has anyone in your household beaten you or tried to hurt you in any way?

- Identifying cases of violence against women through cases of child abuse. 51% to 70% of the mothers of abused children are also abused by their partner (Holden and Richie, 1999).

Once the victim has been identified, she needs to receive the specific care and services. This assistance may be physical, social, psychological or legal and the beneficiary of such services may be the victim and/or her family.

Domestic Violence Services

Justice. Thanks to the efforts of women's groups, a significant number of countries in the region have successfully enacted legislation that makes domestic violence a crime. Despite this progress, one of the most important challenges that law enforcement systems face is the need to do away with the impunity enjoyed by perpetrators of domestic violence. Unfortunately, domestic violence is still not perceived to be a punishable crime. Several factors contribute to this widespread misperception, including underreporting of these types of crimes, the tendency for women to withdraw the charges once the crisis situation has ended, the lack of sensitive and properly trained workers in this field. In Uruguay, for example, only 23% of women interviewed acknowledged any familiarity with the provisions of domestic violence legislation (Traverso, 2000).

The Latin American Committee for the Defense of the Rights of Women (CLADEM, 1993) has identified the following conditions for effective domestic violence law enforcement:

- Laws should provide for the creation of special funds or budget line items earmarked for effective implementation.



- ▶ Application of domestic violence laws must go hand in hand with victim and victim family protection and support services. Murder of women by their partner, for example, occurs more often during separation and up to 2 years after that time.
- ▶ It is essential to create or identify agencies responsible for application of the law.
- ▶ It is necessary to implement education campaigns to inform citizens about new laws and to hold sensitivity training sessions for all personnel responsible for the application of the law, especially police officers and court officials (CLADEM, 1993).

Police. Since the police are usually the agency with whom a victim first comes into contact prior to any initial appearance in the justice system, the response of law enforcement agents is crucial in aiding and encouraging women to follow through with the charges against their offending spouse. Two options for improving police response are: providing police officers with domestic violence training and creating specialized police stations to provide comprehensive care to women. Generally speaking, these stations are staffed by women, since it is widely believed that female personnel can better provide the care and assistance that the victims require. At the present time, women's intake centers have been established in several countries of the region, including Brazil, Peru, Argentina, Uruguay, Ecuador and Colombia.

Despite the success of these stations—measured by the increase in the number of complaints filed—critics of this model claim that whether or not the workers at these stations are of the same gender as the victims, the staff still requires as much training as any police force would. Furthermore, detractors argue that by creating specialized intake centers, these problems become ghettoized and remain only of concern to women.

In the end, the success of any police station – specialized or not- depends on the availability of trained staff and adequate infrastructure and on its ability to provide comprehensive services to battered women.

Emotional and Social Support

- ▶ *Emergency hot lines.* Generally speaking, these are emergency services that operate 24 hours a day. Usually, a combination of public and private sector resources is used to fund these services, which have become popular since they are widely available and easily accessible. This type of hot line can be found

Violence Against Women: One of the "Safest" Crimes

Even though victims may file complaints, the response of the police and the courts is frequently inadequate and ineffective. According to a study conducted in the United States, out of every 100 cases of domestic violence, 14 are reported to the police, 6 aggressors are investigated, 1.5 are apprehended, 0.75 are prosecuted and 0.37 are fined or imprisoned. According to the author of the study, violence against women seems to rank among economic crimes and tax evasion as the group of violations of the law that is most surely to go unpunished in the U.S. (Dutton, 1988).

in Argentina, Chile, El Salvador and Uruguay. During the first six months of operation in 1996 in Argentina, 15, 060 calls were taken. In El Salvador, 22,000 callers were helped over the first two years of implementation. The main criticism of this system is that it can only provide a solution to women who have access to a telephone, and therefore does not fully cover rural and low income areas.

- ▶ *Shelters for battered women.* Shelters respond to the needs of women who must leave their home in a crisis situation, when their lives are in danger and they can not rely on relatives or friends for aid. (Zurutuza, 1993). The high economic cost of maintaining shelters explains why so few of these institutions are found anywhere in the region; nevertheless, these refuges are considered to be a basic means of protection for women who wish to break the cycle of violence in their lives (Sherman, 1999).

One example of a shelter in the region is Alternativas Pacíficas [Peaceful alternatives], a non-profit organization that has been in operation since 1996 in Monterrey, Mexico. Psychological support to women, children and teens, legal aid, public assistance and medical services are provided on-site. Women at this shelter also work in job skill workshops, for example, recycling paper in order to learn a craft or job skill to generate income during and after their stay in the shelter. This program enables the shelter to be self-sustaining (Alternativas Pacíficas, 1999).

- ▶ *Domestic violence crisis centers.* Crisis centers for women who experience domestic violence are a key

part of the social reintegration process and, until recently, had been exclusively funded by women's organizations. There has been much debate on the most effective ways to care for abused women. A gender perspective in psychological interventions has been considered a basic guiding principle, and suggests that interventions should be based on building self-esteem and self-confidence in order to make the victim feel capable of making her own decisions and assuming responsibility for her own life and personal security (Larraín, 1999).

In an ideal situation, these centers are a centralized hub of different services and have crisis hotlines operating 24 hours a day, community education programs, volunteers or workers who accompany victims to health and legal service providers, professional training courses for health care workers and court personnel, individual and group therapy for victims and victimizers, shelters for women and children and social services.

In Latin America, psychological care and legal aid is generally provided at these centers and women are referred to other support services for any other assistance they may need. Despite the scarce resources available to these centers, they have proven to be effective. In Costa Rica, for example, 60% of the women who attended support groups at the women's organization CEFEMINA successfully attained a violence-free life after six months. Most of the women did so by leaving their former violent relationship. This outcome was achieved on a budget of less than \$20,000 per month for 400 women, or approximately \$50 per woman served per month (Heise et al., 1994).



- *Treatment for male aggressors.* Recently, domestic violence reduction initiatives have begun to include treatment for male aggressors. An example of this is the Center for Health and Gender Equity (CHANGE) established in Scotland in 1989 with the intention of reeducating men who have been convicted of domestic violence. The men participate in the program as a requirement of their sentence. Structured work groups are held on a weekly basis for a period of six or seven months. The working group meeting provides an atmosphere in which men are encouraged to take responsibility for their acts of violence. Based on the testimonials of women, only 33% of the men who participated in this criminal justice programs were repeat offenders of violence against their wife in the follow up period of 12 months, as compared to 75% of the men who had received criminal punishments of other types.

CANTERA, a Nicaraguan organization founded in 1988, has been a pioneer not only in providing treatment to aggressors, but also in implementing educational activities. In 1994, the organization began to conduct a series of men's education projects in an effort to bring about changes in the attitude, values and behavior of the participants (Welsh et al., 1999).

Also, the Colectivo Hombres por Relaciones Iguitarias, A.C. (CORIAC), which operates in Mexico since 1993, has adopted a model of reeducation and self-criticism for men, geared toward reducing violence by men and promoting equity between genders (Cervantes Islas, 1998).

- *Working in networks: a basic task.* Several countries have developed institutional and multisectorial models of domestic violence treatment and prevention that unify and coordinate the efforts of both public and private institutions. This has been achieved by creating an assistance network in areas that play a significant role in domestic violence intervention. These areas include the health sector, education, the judiciary, the police, local civic organizations, the church and the media. Some countries, such as Costa Rica, Brazil, Chile, Bolivia and Paraguay, have successfully linked these experiences to national plans for victim assistance and prevention of domestic violence, while others have focused their efforts on building local, community-based treatment networks.

It is clear that strengthening a community's social capital, can be an extremely important step in

preventing domestic violence. For example, it is apparent that communities that intervene rapidly in cases of abuse have comparatively fewer incidents than other communities that do not carry out any intervention (Klevens, 1998). Community models of treatment and prevention are being successfully implemented in communities like Maipú and Guamallén in Mendoza, Argentina, Loma Pytá in Asunción, Paraguay, Salcedo in the Dominican Republic, Torreón and Monterrey in Mexico, and La Pastora in Caracas, Venezuela, as well as in Bolivia and Central America (OPS, 1999). In light of the success these programs have had at the community level and their contribution to strengthening the process of decentralization in many countries of the region, governments are looking for ways to replicate them at the national level.

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Comité de América Latina y el Caribe para la defensa de los derechos
[//www.derechos.org/cladem/enlaces.html](http://www.derechos.org/cladem/enlaces.html)

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