



# What policies are effective at eradicating violence against women?

Violence against women is widespread in Latin America and the Caribbean. On average, every day, 10 women are murdered in the region (according to data from the Economic Commission for Latin America and the Caribbean [ECLAC]), and of the 25 countries with the highest rates of femicide in the world, 13 are in this region<sup>[1]</sup>. Violence against women invades women's everyday lives and takes place in both public and private spheres and within all socioeconomic groups. Most femicides are committed by their partners or former partners—one out of every three women between the ages of 15 and 49 in the region have experienced physical and/

or sexual violence at the hands of a partner<sup>[2]</sup>, with rates [ranging between 17% \(for the Dominican Republic\) and 53% \(for Bolivia\)](#). Violence against women has a negative impact (physical and psychological) on the health of victims, and it also affects their economic decisions and opportunities for development. Additionally, it increases the probability that children suffer abuse, corporal punishment, and/or neglect/dysfunctional care as well as the likelihood that minors end up reproducing this behavior when they are adults, perpetuating the cycle of violence<sup>[3]</sup>.

## How can this problem be addressed?

**Trustworthy measurement is crucial.** Quality statistics on the prevalence of intimate partner violence are crucial to guide targeting efforts for violence prevention and response. However, due to fear of repercussions, and because the perpetrator is an individual with an affectional and/or economic bond to the victim, self-reporting by many women tends to underestimate the true prevalence of the phenomenon. To find alternatives to traditional data collection methods, which use surveys that ask direct questions, a study conducted in Lima looked at the effect of using indirect methods, such as list experiments, to give the respondent more privacy to self-report the experience of violence. Relative to face-to-face surveys, using list experiments does not allow

linking individual responses to individual women. Rather, the rate of intimate partner violence is obtained in the aggregate by comparing the responses of two groups—the control group, who receives four neutral statements, and the treatment group, who receives the same four along with a fifth describing an act of this type of violence. The survey respondent must indicate the number of statements that are true but not *which ones*, thus protecting the confidentiality of her answer. The findings indicate that, on average, providing more privacy does not change the amount of violence reported. However, the authors find that indirect methods [reversed the negative correlation](#) between education and the prevalence of intimate partner violence captured by

traditional surveys; with the list experiments, women with more education report higher rates of violence than their peers with less education. This change in the correlation between education and violence is explained by underreporting among women with more education when surveyed using direct methods. The study suggests that this trend toward underreporting likely reflects conflicts due to stigma. This evidence is a key reminder that the measurement agenda remains pending and of its importance for promoting cost-effective policies.

### **Men must be involved in prevention from a young age.**

The evidence shows that violence in relationships between adolescents who do not live together can lead to violence perpetrated by a partner during adulthood. However, the research and interventions addressing violence between adolescents is particularly limited in Latin America and the Caribbean. Consequently, a large portion of policies and programs aimed at eradicating violence against women leave out adolescence, a time of life when violent behavior begins to manifest. To outline potential strategies for addressing this issue in the region, a qualitative study was carried out to identify the risk factors of intimate partner violence during adolescence in Brazil and Honduras. The outcomes indicate that although teenage girls are capable of recognizing physical violence, [they often do not identify a series of violent behaviors by their partners](#), such as monitoring their cellular phones or their social media accounts, scrutinizing how they dress, or policing their freedom to leave the house or socialize with friends.

Educational programs targeting adolescents can play an important role in a prevention policy as the behaviors that facilitate violence tend to begin at this stage of life. The evaluation of “Haz tu parte,” a community education program for young people between the ages of 13 and 18 in El Salvador, explores the effectiveness of interventions aimed at changing attitudes toward gender-based violence in this age group. The findings show that, among men, [the program improved awareness around gender](#), while among women, it encouraged conversations and changes in attitudes in favor of gender equality.

### **Interrupting the inter-generational transmission of violence.**

The negative effects of violence against women are

not limited to the lives of those involved. Rather, its impact can be perpetuated through future generations. Situations of intimate partner violence and violence against children often arise in the same home, and exposing children to violence is the strongest and most consistent predictor of its inter-generational transmission. Despite the key role that men play in the quality of domestic and partner relationships, efforts to encourage them to participate in caring for their children, support maternal and infant health, and prevent domestic violence have been largely absent from public policy. The Latin American and Caribbean region has very few programs aimed at enhancing parenting skills that include men and focus on preventing violence against women and child abuse<sup>[4]</sup>, and those that do exist have not been subjected to rigorous evaluation.

One notable exception is the ongoing evaluation of “Programa P,” a socio-educational intervention targeting mothers and fathers aimed at reducing the risk factors associated with violence against children and women in the communities of El Alto, Bolivia, where rates of intimate partner violence are at epidemic levels, and the corporal punishment of boys and girls is very common. [A survey conducted prior to implementation confirmed these trends](#). In families with mothers and fathers of children under the age of three, more than 50% of the women surveyed experienced psychological violence, and almost 30% had suffered physical or sexual violence at the hands of their current partner at some point during their lives. Likewise, 40% of mothers and 28% of fathers reported having used corporal punishment to discipline their children at some point during the last six months. The results of the evaluation will contribute to enhancing understanding of how these types of interventions can aid the adoption of more egalitarian and nonviolent attitudes and practices.

### **Access to support resources in emergency cases must be offered.**

Emergency lines for situations of violence against women exist all over the region. However, their effectiveness depends on how well the people answering the calls are trained as well as on the swiftness and usefulness of their response. An evaluation of Línea 123 in Medellín found that the faster the response, the greater the reduction in violence—when the response came in no more than 12 hours after the call, [there was a 19% decline](#) in intimate partner vi-

olence and a 17% decline in violence overall, whether caused by a partner or by others in the social, workplace, or school environment, compared to the numbers reported when the response to women was delayed, or they did not receive a response. Improvement in psychological wellbeing was also detected for women who received a faster response (in 10 minutes or less). These results show that quickness and efficiency in providing support through emergency lines can help empower the victims and/or deter attackers. However, it remains to be seen whether these impacts will persist in the long term, and more still needs to be learned about the barriers that limit women's access to these types of resources.

Also in Medellín, a process was implemented for training the officials who work at Family Precincts with the objective of improving the services provided to the victims of gender-based violence. The training consisted of raising awareness on the phenomenon and on the role played by gender norms in incidents of violence against women. Officials also received training on the quality of care that victims should receive. These types of interventions are key for preventing women from being re-victimized by the type of assistance they receive. The training [led to increases of 7% and 8%](#), respectively, in the rates of reports of cases of violence against women and intimate partner violence. Victims also increasingly felt that the assistance had respected their confidentiality. The higher reporting rate indicates that the training strengthens the role the officials play as counselors to women who take action to report their attackers.

**Changing gender bias through education.** Educational programs can impact social norms, changing how women perceive their role in society. Along these lines, one study conducted an experimental evaluation of the role of training on human rights, gender, and violence against women in rural parts of Peru. The study focused on the clients of a micro-finance institution—that is, on women who were already at least partially empowered in economic terms. It found that the educational program had no effect on intimate partner violence in the long term (one or two years following the intervention). However, the training increased the likelihood that [women would be aware of the support resources available](#) (such as help lines) and recognize a partner's controlling behavior. This suggests that initiatives to

change social norms that are aimed only at women, without including their male partners, have a limited capacity to reduce gender-based violence.

**Violence against women also must be prevented in public spaces.** Violence against women transcends private or domestic spaces, emerging in public spaces as well. For example, almost half of the women who use public transportation in Mexico City [report dealing with unsafe situations and sexual violence](#), and almost eight in 10 do not know how to report it if they are harassed on public transportation. To reduce the rate of such situations, Mexico City implemented a system of segregated male and female metro cars. An evaluation of this program found a reduction of around 11 percentage points in the rate of acts of sexual violence against women on public transportation although it also [found an unintended increase in situations of physical violence](#)—for both women and men—of more than 30 percentage points.

**Will the COVID-19 crisis have an impact on rates of violence against women?** During times of crisis such as the one caused by the spread of COVID-19, the frequency and intensity of domestic violence may increase, endangering the lives and wellbeing of millions of women in Latin America and the Caribbean. The confinement and social distancing measures ordered by the region's governments contribute to increasing the risk of intimate partner violence for a series of reasons, including anxiety and mental health problems, the dismantling of community social networks, the interruption of services that provide care and protection to victims of violence, economic vulnerability, and women's inability to temporarily escape abusive partners<sup>[5]</sup>. An analysis of the trend in calls to emergency lines for cases of violence against women in the city of Buenos Aires found a [28% increase since the implementation of measures to restrict mobility](#). Also in Buenos Aires, the rate of reports of intimate partner violence according to a survey of victims indicates this type of violence is closely associated with confinement. Reports of violence [are higher among women whose partners are forced to comply](#) with the confinement order compared to women whose partners are exempt from restrictions on movement. The public policy implications are clear: restrictions on mobility must include specific services to address cases of violence against women.



## How can we move forward?

In recent years, the Latin America and Caribbean region has made progress in implementing policies to prevent and eradicate violence against women. GDLab's research has helped identify some policy actions aimed at reducing violence against women that may be effective. However, we still have a long way to go.

If we can't measure it, it doesn't exist. An important task that remains pending on the agenda to eradicate and prevent violence against women is to make progress on measuring it. The traditional methods of collecting self-reported information may hide biases and represent underreporting for certain population groups. Additionally, rigorous evidence must be gathered in order to produce tools that are effective at eradicating gender-based violence in the region. In this regard, more evidence must be produced on programs that are effective during adolescence, the stage at which violent behavior begins to develop. Rigorous evidence is also need-

ed on programs that include men and are oriented toward changing unequal social norms. Likewise, there is still little evidence on the effectiveness of programs that influence the behavior of mothers and fathers to reduce violence against children and improve the home environment, with the goal of breaking the cycle of inter-generational violence.

It is also essential to understand how the inclusion of digital and/or behavioral economics tools can help improve programs to prevent violence and provide care to victims. The pandemic triggered by COVID-19 has underscored the urgent need to work together on this agenda. Likewise, the availability of services such as education and emergency lines may not be sufficient if there are barriers that limit their use by victims or affect the behavior of service providers. In some cases, [these barriers may be related to behavioral biases](#), both in the victim and in the service provider, which could be addressed by using the tools of behavioral science.

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This resource was developed by:  
Monserrat Bustelo, Veronica Frisancho and Mariana Viollaz.

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