

VIOLENCE AGAINST WOMEN & VIOLENCE AGAINST CHILDREN

PAHO/WHO's Key Areas for Action



WHAT IS VIOLENCE AGAINST WOMEN?

Violence against women takes many forms, including physical, sexual and emotional violence by intimate partners, rape and sexual coercion by any perpetrator, trafficking, femicide, and culturally-specific forms such as so called 'honor killings', female genital mutilation (FGM) and early and forced marriage. Intimate partner violence is the most common form of violence against women worldwide.

WHAT IS VIOLENCE AGAINST CHILDREN AND CHILD MALTREATMENT?

Violence against children includes all forms of physical, sexual and emotional violence, neglect, negligent treatment and exploitation.^{1,2} Child maltreatment refers more specifically to violence perpetrated by adults in positions of responsibility, trust or power.³

HOW COMMON ARE VIOLENCE AGAINST CHILDREN AND VIOLENCE AGAINST WOMEN IN LATIN AMERICA AND CARIBBEAN?

Violence affects large numbers of women and children in the region. About 1 in 3 women report physical and/or sexual intimate partner violence or sexual violence by any perpetrator during their lifetime.⁴ Studies document high levels of physical violence in childhood, as did a nationally representative study from El Salvador in which 42% of women and 62% of men reported physical violence before age 15.⁵ Data on child sexual abuse is more limited, but in population-based surveys, women report experiencing childhood sexual abuse at levels that range from 4.7% in Guatemala to 7.8% in Honduras.⁶

WHY SHOULD THE HEALTH SECTOR ADDRESS VIOLENCE?

Violence contributes to high levels of mortality and morbidity in the Latin American and Caribbean. In addition to death and physical injury, violence has long term, and often under-recognized consequences for women's and children's health, including mental health conditions such as depression, suicidal ideation and substance abuse; negative sexual and reproductive outcomes such as unwanted pregnancy, sexually-transmitted infections and miscarriage; and (among children) impaired social, emotional and cognitive development.

HOW DO PATTERNS OF VIOLENCE AGAINST WOMEN AND VIOLENCE AGAINST CHILDREN DIFFER FROM VIOLENCE AGAINST ADULT MEN?

Patterns of violence vary by sex. In virtually all settings, men are more likely than women to suffer violence related to criminal activity and armed conflict. Women are more likely than men to suffer physical and sexual intimate partner violence and sexual violence by any perpetrator. Patterns of violence also vary by age. For example, children are at risk of maltreatment by adults in position of authority and trust.

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.

WHAT DO VIOLENCE AGAINST WOMEN AND VIOLENCE AGAINST CHILDREN HAVE IN COMMON?

Perpetrators are often close to the victim |

Women and children are more likely than adult men to suffer violence in the home by people close to them. Globally, an estimated 38% of women murdered are killed by current or former partners, compared with an estimated 6% of men.⁷

Social acceptability | In surveys from Latin America and the Caribbean, between 3% (Jamaica) and 38% (Ecuador) of women say a husband has the right to beat his wife under certain circumstances.⁸ A UNICEF analysis found that in over half of 33 countries for which data is available, more than 20% of caregivers believe that violent discipline is necessary for raising children.⁹ These types of violence stem from gender norms that prioritize the rights of men over the rights of women and the rights of adults over those of children.

Barriers to help-seeking | Women and children who suffer violence often do not seek help due to stigma or fear of retaliation. Social norms often view such violence as a 'private matter' and discourage help seeking.

Invisibility of the problem | Violence against women and children is often absent or grossly underestimated in national and international statistics because indicators are not tracked and/or survivors do not report. Additionally, a woman or child can visit health services for a number of reasons that are the result of violence, without the health care provider ever identifying it as a cause.

Lack of criminal sanctions and weak enforcement of legal protections | Penal codes do not always recognize violence against women or children as a crime (particularly in the case of marital rape and corporal punishment), and governments often fail to enforce legal protections that do exist.

Violence against women and children has intergenerational consequences | Evidence suggests that children who experience or witness violence are more likely than those who do not to perpetrate violence (in the case of boys/men) or experience violence (in the case of girls/women) later in life.¹⁰ Violent discipline is more common in households affected by intimate partner violence than in households that are not.¹¹



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HOW CAN THE HEALTH SECTOR ADDRESS VIOLENCE AGAINST WOMEN AND VIOLENCE AGAINST CHILDREN?

The health sector can play an essential role in preventing and responding to violence, including:

- Collecting data about prevalence, risk factors and consequences of violence and raising awareness of violence against women and violence against children as public health problems;
- Using public health strategies to change social norms and behaviors linked to violence, and to provide early intervention for families at risk (e.g. home visitation and parenting programs);¹²
- Provide comprehensive care to survivors. Early identification, acute care, appropriate sexual and reproductive health services, danger assessment, safety planning, mental health care, and referral to legal and social support services can mitigate consequences of violence and prevent re-occurrence.

FOR MORE INFORMATION:

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Subscribe to the Violence
Prevention Newsletter,
“Breaking the Cycle”:
<http://eepurl.com/MhYp1>

Visit our web site:
www.paho.org/violence

Read the 2014 World Health
Assembly resolution:
<http://bit.ly/1mz1ieL>

WHAT IS PAHO/WHO DOING TO ADDRESS VIOLENCE AGAINST WOMEN AND VIOLENCE AGAINST CHILDREN?

PAHO/WHO has a long history of working to improve prevention of and response to violence against women and violence against children. Below are four priority areas for violence prevention in the region:

- 1 Improving the scope, quality, dissemination and use of data on violence against women and violence against children for evidence-based policy and programming.**
 - Producing comparative estimates of prevalence, risk factors and health effects for countries in the region
 - Improving violence surveillance
 - Reviewing and synthesizing the evidence
- 2 Strengthening capacity for preventing violence against women and children.**
 - Carrying out capacity building workshops on prevention of violence for policy makers
 - Supporting the evaluation of prevention initiatives
- 3 Improving the health sector response to violence against women and violence against children.**
 - Supporting development and implementation of health sector clinical and policy guidelines
 - Assessing and providing technical support for development and implementation of national protocols for the health sector response for violence against women and violence against children
 - Developing training curricula for health providers on responding to cases of violence against women
- 4 Supporting the development and revision of national policies and plans on violence prevention and response.**

On 24 May 2014, the 67th World Health Assembly adopted a historic resolution, co-sponsored by 24 governments, entitled “Strengthening the role of the health system in addressing violence, in particular against women and girls, and against children”.

This resolution recognizes that violence persists in every country of the world as a major challenge to public health. It calls on the World Health Organization to prepare the first ever global plan of action on strengthening the role of the health system in addressing interpersonal violence, in particular violence against women, girls, and children. Member States are urged to ensure that all people affected by violence have timely, effective and affordable access to health care, including sexual and reproductive health services. The resolution also calls for Member States to promote gender equality and support programs to counter the acceptability of violence against women and girls.

- 1 United Nations General Assembly (adopted 1989; entered into force 1990) Convention on the Rights of the Child, (Article 19). Geneva. United Nations, Office of the High Commissioner for Human Rights. www.ohchr.org/en/professionalinterest/pages/crc.aspx.
- 2 UNICEF (2014) Hidden in plain sight: A statistical analysis of violence against children. New York, United Nations Children's Fund. www.unicef.org/publications/index_74865.html.
- 3 Krug EG, Dahlberg LL, et al., Eds. (2002) World report on violence and health. Geneva, World Health Organization. www.who.int/violence_injury_prevention/violence/world_report/en/
- 4 WHO (2013) Global and regional estimates of violence against women: Prevalence and health effects of intimate partner violence and non-partner sexual violence. Geneva. World Health Organization, Department of Reproductive Health and Research, London School of Hygiene and Tropical Medicine, South African Medical Research Council. www.who.int/reproductivehealth/publications/violence/9789241564625/en/.
- 5 Speizer IS, Goodwin MM, et al. (2008) Dimensions of child punishment in two Central American countries: Guatemala and El Salvador. *Revista Panamericana de Salud Pública*, 23(4): 247-56.
- 6 Speizer IS, Goodwin M, et al. (2008) Dimensions of child sexual abuse before age 15 in three Central American countries: Honduras, El Salvador, and Guatemala. *Child Abuse and Neglect*, 32(4): 455-62.
- 7 WHO (2013).
- 8 Bott S, Guedes A, Goodwin M, Mendoza JA (2012) Violence Against Women in Latin America and the Caribbean: A comparative analysis of population-based data from 12 countries. Washington, DC. Pan American Health Organization. Available at: paho.org/violence.
- 9 UNICEF (2010) Child disciplinary practices at home: Evidence from a range of low- and middle-income countries. New York, United Nations Children's Fund. http://www.childinfo.org/files/report_Disipl_FIN.pdf
- 10 Fulu E, Warner X, et al. (2013) Why Do Some Men Use Violence Against Women and How Can We Prevent It? Quantitative Findings from the United Nations Multi-country Study on Men and Violence in Asia and the Pacific. Bangkok. UNDP, UNFPA, UN Women and UNV. www.partners4prevention.org/resource/why-do-some-men-use-violence-against-women-and-how-can-we-prevent-it-quantitative-findings.
- 11 Bott et al. (2012).
- 12 Krug et al. (2002).