



STATUS REPORT
ON VIOLENCE
PREVENTION IN
THE REGION OF THE
AMERICAS, 2014



Pan American
Health
Organization



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REGIONAL OFFICE FOR THE Americas

STATUS REPORT ON VIOLENCE PREVENTION IN THE REGION OF THE AMERICAS, 2014



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Introduction

In the Region of the Americas, homicide deaths due to violence are the leading cause of death for young males (Pan American Health Organization, 2012). In addition, thousands of people, primarily women and children, are victims of nonfatal violence every day. These include victims of assault who sustain physical injuries requiring treatment in emergency departments and those who suffer other physical, sexual, and psychological abuse but may not come to the attention of health or other authorities.

This document presents recent information on interpersonal violence prevention in the Region of the Americas based on the Global Status Report on Violence Prevention 2014 (GSRVP, 2014), compiled by the World Health Organization (WHO), the United Nations Development Programme (UNDP), and the United Nations Office on Drugs and Crime (UNODC) (WHO/UNDP/UNODC, 2014). Interpersonal violence is violence that occurs between family members, intimate partners, friends, acquaintances, and strangers. It includes child maltreatment, youth violence, intimate partner violence, sexual violence, and elder abuse. Interpersonal violence is a risk factor for lifelong health and social problems. It is both predictable and preventable, and responsibility for addressing it clearly rests with national governments. The document provides a starting point for tracking future progress and offers a benchmark that countries can use to assess their own progress.

Twenty-one of the 35 Member States in the Region of the Americas participated in the GSRVP 2014, covering 88% of its population (see Figure 1 for a list of participating countries). Of these, three were high-income countries (HIC) and 18 were low- and middle-income countries (LMIC) as defined by the World Bank (2014). Data were systematically gathered from each country in a four-step process that was led by a government-appointed national data coordinator. First, within each country a self-administered questionnaire

was completed by respondents from ministries of health, justice, education, gender and women, children, social development, and the interior, as well as law enforcement and police, and, where relevant, non-governmental organizations. Second, the respondents held a consensus meeting and agreed on the data that best represented their country. Third, technical staff from the WHO regional and global violence prevention programs validated the final data submitted for each country by checking them against independent databases and other sources. Finally, permission to include the final data in the status report was obtained from country government officials. For data comparability among countries, homicide deaths were also estimated using models that took into account the quality of the data collected.

Current Status of the Problem in the Region of the Americas

There were an estimated 185,235 deaths from homicide in the Region of the Americas in 2012. The average homicide rate was 19.4 per 100,000 population (35.1 for males and 4.1 for females). However, there were large disparities among the countries. The average estimated rates were 28.5 for low- and middle-income countries (52.3 for males and 5.4 for females) and 5.3 for high-income countries (8.4 for males and 2.2 for females), and they ranged from 1.8 in Canada to 103.9 in Honduras (2.8 in Canada to 193.6 in Honduras for males and 0.8 in Canada to 16.9 in Bahamas for females). Young male adults (aged 15-44 years) bear much of this burden, accounting for about 72% of the deaths. Estimated deaths caused by firearms accounted for about 74% of the homicides, ranging from 5% in Cuba to 90% in Venezuela. Over the period 2000-2012, homicide rates were estimated to have increased by about 20% in the Region as a whole, with nearly all of this increase in low- and middle-income countries and only negligible changes in high-income countries.

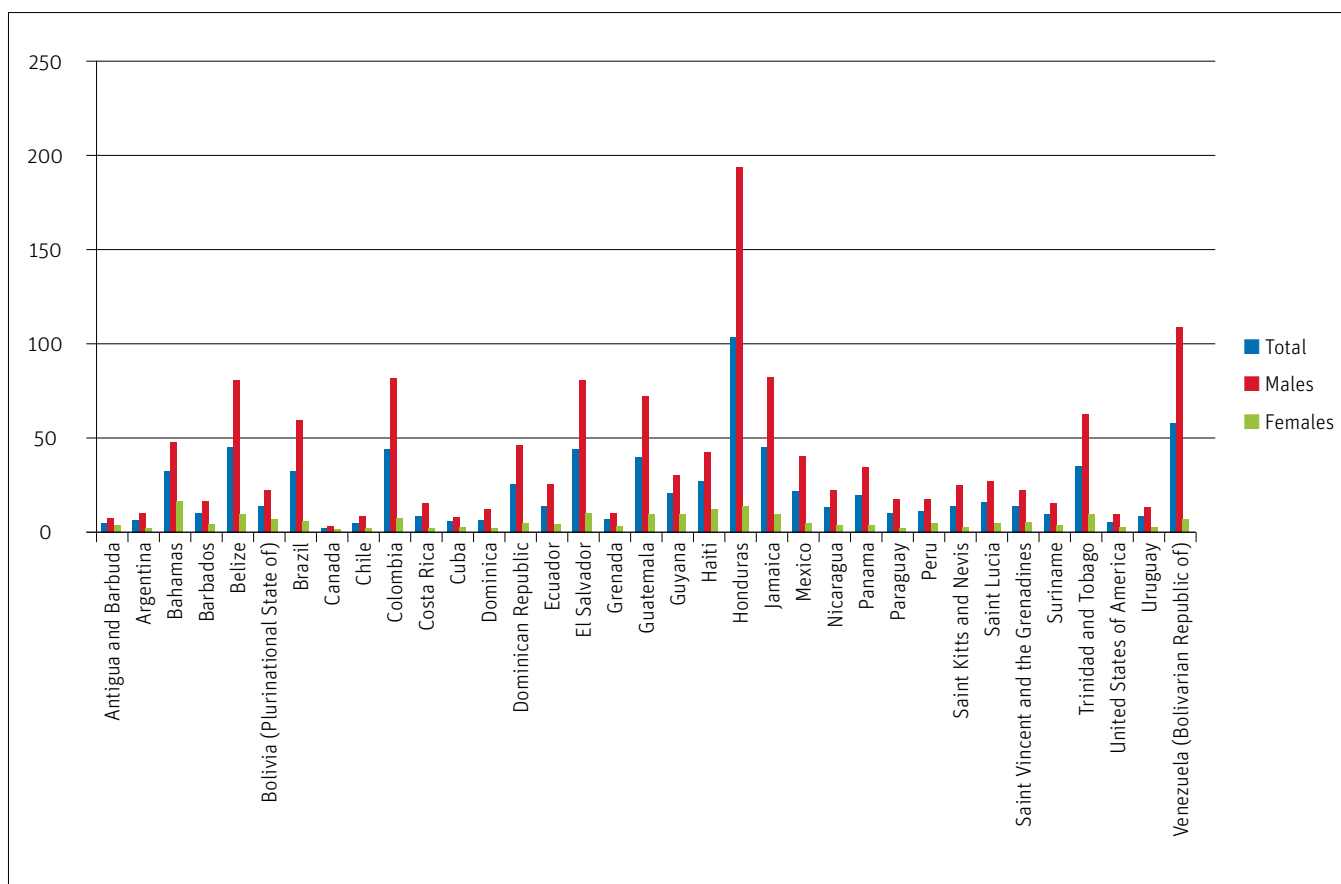
Women, children, and older persons bear the brunt of nonfatal physical, sexual, and psychological abuse. Such violence can contribute to lifelong ill health – particularly for women and children – and early death. About one in three women in the Region of the Americas report physical and/or sexual intimate partner violence or sexual violence by any perpetrator during their lifetime (World Health Organization, 2013). Studies document high levels of physical violence in childhood. For example, in a nationally representative study from El Salvador, 42% of the women and 62% of the men reported being the victims of physical violence before the age of 15 years (Speizer et al., 2008a). Data on child sexual abuse are more limited, but in population-based surveys in El Salvador, Guatemala, and Honduras,

women reported experiencing childhood sexual abuse at levels ranging from about 5% to 8% (Speizer et al., 2008b). At the other end of the age spectrum, the United States National Elder Mistreatment Study (Acierno et al., 2008) reported that 11% of the national population of older adults suffered at least one form of emotional, physical, or sexual abuse or potential neglect, excluding financial exploitation, in the year prior to the study.

Key Data on Violence Often Lacking

Despite the large number of deaths resulting from violence and the massive scale on which the nonfatal consequences of violence affect women, children, and older persons, there are sizable gaps in the data, and this

Figure 1. Estimated homicide rates per 100,000 population in 21 countries of the Region of the Americas (2012)



Source: Global Status Report on Violence Prevention, 2014.

Note: Participating countries in the GSRVP 2014 by income status: high-income countries (HIC): Canada, Trinidad and Tobago, and United States of America; low- and middle-income countries (LMIC): Belize, Bolivia, Brazil, Colombia, Costa Rica, Cuba, Dominica, Dominican Republic, Ecuador, El Salvador, Guatemala, Guyana, Honduras, Jamaica, Mexico, Nicaragua, Panama, and Peru.

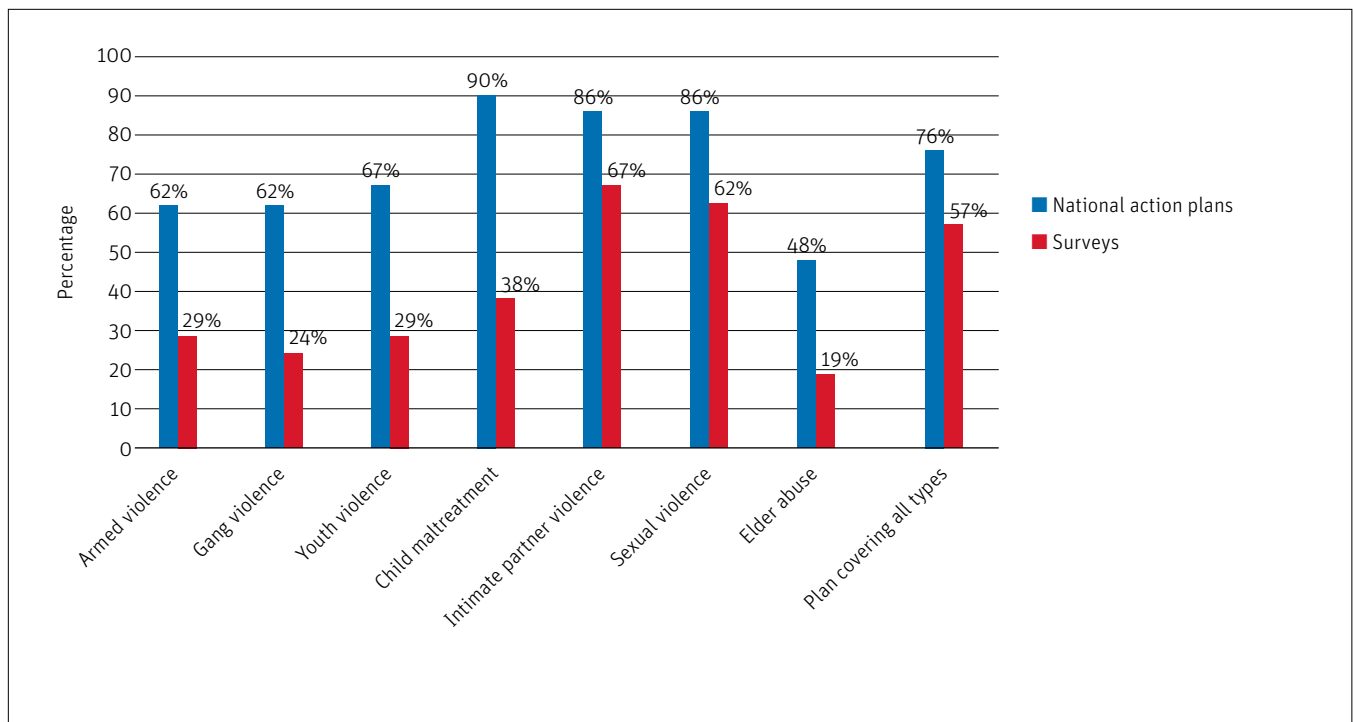
lack of information undermines violence prevention efforts. For example, seven of the 21 countries did not report data on homicide from civil or vital registration sources.

Most instances of nonfatal violence against women, children, and older persons do not come to the attention of authorities or service providers, making population-based surveys a critical source of information to document the nature and extent of these problems. More than 60% of the countries reported that they gathered data on intimate partner and sexual violence and just over 40% reported that they gathered data on child maltreatment; however, less than 30% of the countries reported that they had conducted population-based surveys on other types of violence, such as youth violence, gang violence, and elder abuse.

National Action Planning Underway in Most Countries, Not Always Informed by Data

Sixteen out of the 21 countries reported having integrated national plans that address multiple types of violence. However, the survey found that six of the 16 countries had national action plans but were lacking data from national surveys on interpersonal violence, suggesting that much planning and policy-making is done in the absence of evidence. While for some countries this situation may reflect a lag between calls for and actual improvements in the data collection process, future work should prioritize filling this gap by ensuring that national plans of action are firmly anchored in data that show the scale and the risk factors of the different types of violence. In addition, violence prevention activities are often spread across multiple agencies without a lead agency to assume the functions of coordination.

Figure 2. Percentage of the countries surveyed in the Region of the Americas that had national action plans in place and conducted surveys, by types of violence



Countries Beginning to Invest in Prevention, but Not on a Scale that Matches the Burden

Box 1: “Best buy” violence prevention strategies (World Health Organization, 2010)

1. Developing safe, stable, and nurturing relationships between children and their parents and caregivers;
2. Developing life skills in children and adolescents;
3. Reducing the availability and harmful use of alcohol;
4. Reducing access to guns and knives;
5. Promoting gender equality to prevent violence against women;
6. Changing cultural and social norms that support violence; and
7. Identifying victims and providing them with care and support programs.

The survey found that, while the countries are investing in prevention programs that include the seven “best buy” violence prevention strategies, the investment is not on a level commensurate with the scale and severity of the problem. With regard to the 18 types of programs asked about in the survey to address different types of violence, eight countries are implementing more than half of these programs on a larger scale (i.e., across many schools or communities or with a reach to over 30% of the intended target population). Preschool enrichment and life skills training were the most common types of programs reported for addressing youth violence on a large scale, whereas social and cultural norm-change types of programs were the most common approach for intimate partner and sexual violence. In addition, community and problem-oriented policing strategies are widely used in most countries.

Efforts are also being made to begin prevention activities at younger ages. About half of the countries reported that they are implementing on a larger scale

programs such as home visits and other parenting education approaches designed to improve parent-child relationships and to prevent child maltreatment and the developmental pathways that lead to later violent behavior. Implementation of programs to prevent elder abuse on a large scale was more limited. About half the countries reported that they have residential care policies and provide caregiver support, but only a quarter of them reported such initiatives as programs aimed at educating professionals to recognize the signs and symptoms of elder abuse and improve their problem-solving and case management skills or public information campaigns on elder abuse.

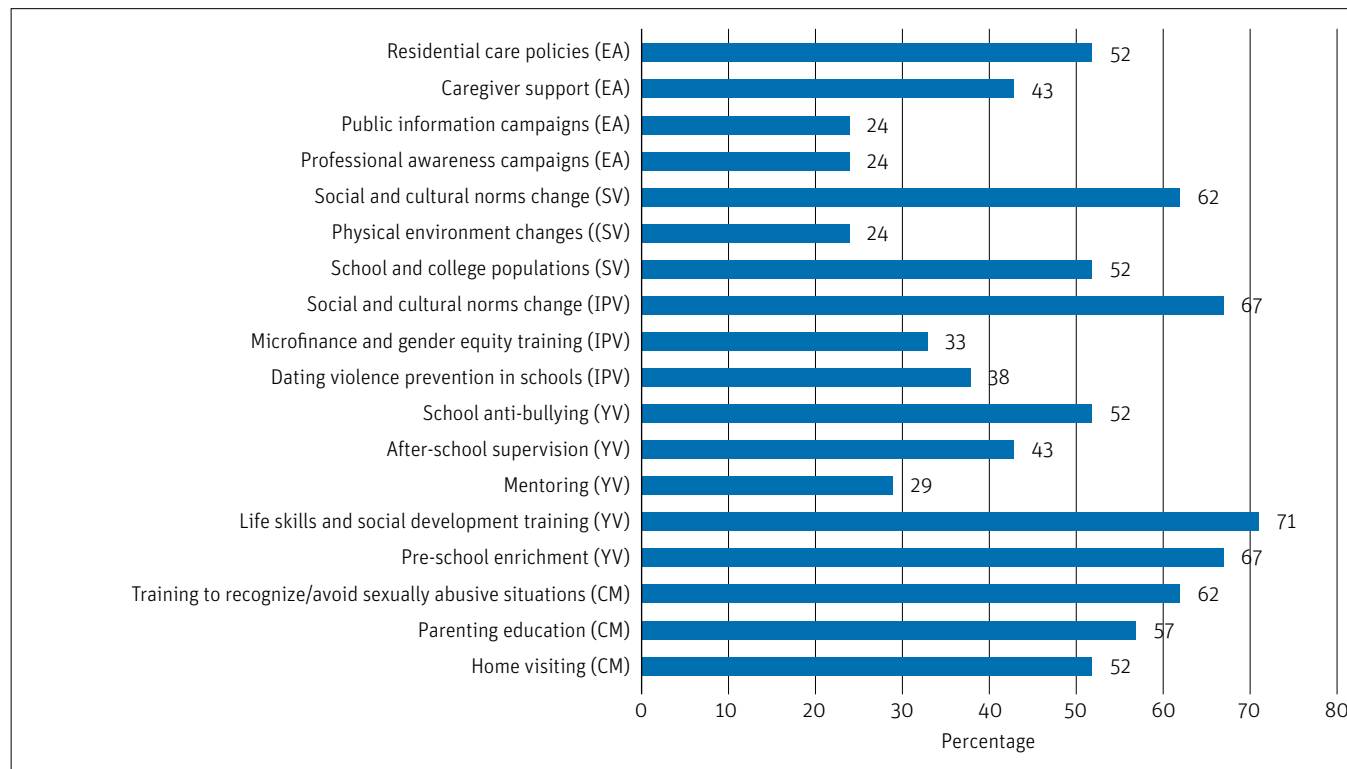
Addressing Key Risk Factors for Violence through Policy and Other Measures

Less than half the countries surveyed are implementing national social and educational policy measures to mitigate key risk factors for violence. For example, nine countries reported national policies that offer incentives for youth at risk of violence to complete secondary schooling. Nine countries also reported national-level housing policies to reduce the concentration of poverty in urban areas (explicitly aimed at reducing violence). The majority of countries reported that they are tackling the harmful use of alcohol, although patterns of risky drinking behavior remain at medium to very high levels in most of them. Nearly all the countries reported measures to regulate access to firearms, although the laws vary widely, as do the populations covered.

Violence Prevention Laws Largely in Place; Enforcement Often Inadequate

All the countries reported that they had enacted at least two-thirds of the 15 types of laws relevant to the prevention of the different types of violence asked about in the survey, but only six countries reported that at least half these laws are fully enforced. For example, laws against intimate partner violence and laws against sexual violence were reported to exist nationally in all the countries, but less than half the countries fully enforce them. The biggest gaps between the existence and full enforcement of laws were for laws against rape, contact sexual violence without rape, and non-contact sexual vi-

Figure 3. Percentage of the countries surveyed in the Region of the Americas that have violence prevention programs on a large scale for different types of violence, by type of program



Key: child maltreatment (CM), youth violence (YV), intimate partner violence (IPV), sexual violence (SV), and elder abuse (EA).

olence (reported to exist nationally in all the countries, with only 25% to 30% of the countries reporting full enforcement). Laws against weapons in school premises and against elder abuse were reported to be fully enforced in less than 20% of the countries. Focusing on better enforcement of existing laws is likely to lead to significant gains in violence prevention. These gains should include strengthening institutional mechanisms and resources and increasing the human capacity needed to ensure that the enacted legislation protects people from violence, holds perpetrators accountable, and creates safe environments for all citizens.

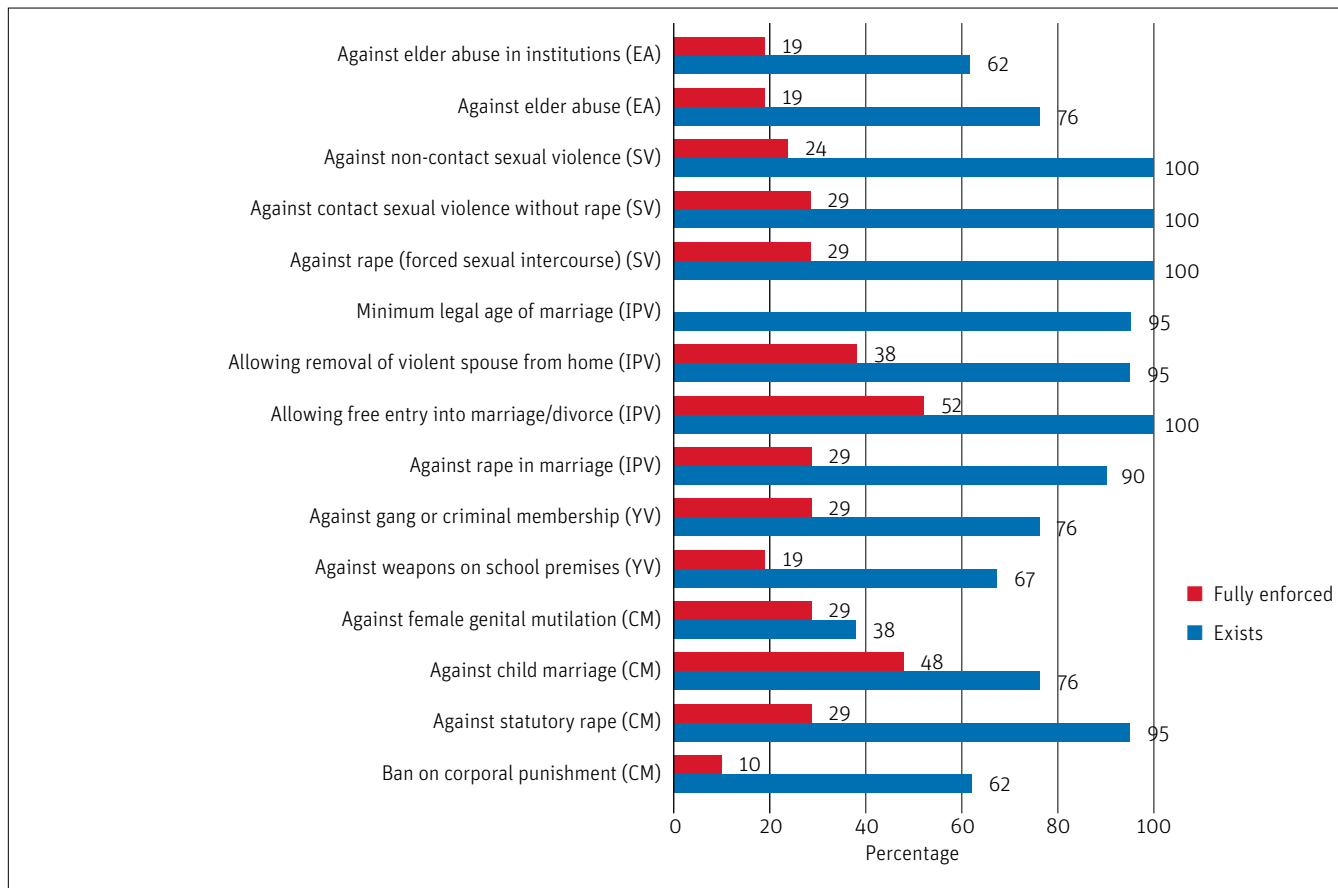
Marked Variation in Availability of Services to Identify, Refer, Protect, and Support Victims

The availability of high-quality care and support services to victims of violence is important for reducing trauma, helping victims heal, and preventing repeat victimization and perpetration. The medico-legal services most widely reported to exist on a large scale are

those related to sexual violence and child protection (18 and 17 countries, respectively). However, the quality of these services and their accessibility to victims were not ascertained; these relatively high levels of reported availability may conceal low-quality services and challenges in accessibility. Adult protective services and identification and referral for victims of intimate partner and sexual violence by health care providers exist on a large scale in only 10 and 11 countries, respectively.

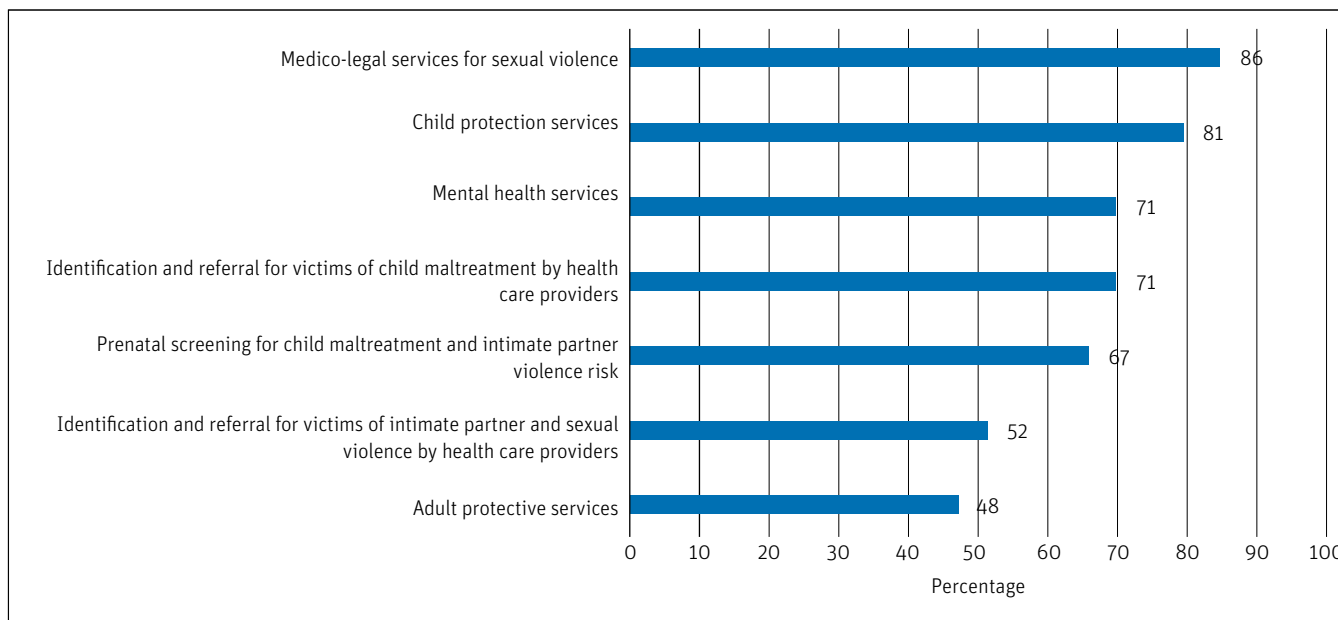
Victim support services often extend beyond medical and other care. Legal representation in criminal courts and compensation from the state are important for all types of interpersonal violence. While 16 of the countries surveyed have national laws that provide victims with legal representation and participation in criminal courts, these laws are fully enforced in only six of them. Furthermore, less than half the countries (ten of them) have laws on victim compensation and only three reported that these laws are fully enforced.

Figure 4. Percentage of the countries surveyed in the Region of the Americas that have laws against violence and that fully enforce these laws, by subject of the laws



Key: child maltreatment (CM), youth violence (YV), intimate partner violence (IPV), sexual violence (SV), elder abuse (EA). Level of enforcement was not asked for laws on minimum legal age of marriage.

Figure 5. Percentage of the countries surveyed in the Region of the Americas that implement health and social services on a relatively large scale, by type of service



Conclusions and Key Recommendations

On average, the Region of the Americas was estimated to have the highest homicide death rate in the world in 2012. However, there were large disparities between countries. Low- and middle-income countries had an average estimated homicide death rate almost six times higher than high-income countries. In addition, there were large disparities between males and females. Males had an average estimated homicide death rate about nine times higher than females. Youth bear much of this burden and firearms were the main mechanism of these homicides.

A growing body of research shows that much interpersonal violence can be effectively prevented and its far-reaching consequences can be mitigated. The Global Status Report on Violence Prevention 2014 shows that many countries in the Region of the Americas have

begun to implement prevention programs and victim services and to develop the national action plans, policies and laws required to support violence prevention and response efforts. At the international level, resolutions have been adopted that commit the Member States to tackling interpersonal violence within their countries and through the establishment of networks and partnerships.

Yet this survey shows that serious gaps remain and that much work is still required in order to realize the full potential of violence prevention. No country can rest on its laurels and assume it has successfully addressed interpersonal violence. The international community must continue to recognize interpersonal violence as an important issue that cuts across the fields of health, criminal justice, development, and gender, and it must step up its support for prevention.

Box 2: Key recommendations

- Strengthen data collection and data management efforts to reveal the true extent of the problem including prevalence, risk factors, and consequences of violence. Enhance data collection efforts in particular for child maltreatment, youth violence, armed violence, gang violence, and elder abuse;
- Develop comprehensive and data-driven national action plans with well-established mechanisms for leadership and coordination;
- Integrate violence prevention into other health platforms and school health programs;
- Ensure prevention programs are comprehensive, in particular, informed by evidence, and context-specific. Enhance primarily youth mentoring programs, microfinance training combined with efforts to change gender norms, physical environment changes, and public information and professional awareness campaigns against elder abuse;
- Ensure that care services for victims are comprehensive and informed by evidence. Enhance in particular adult protective services and identification and referral for victims of intimate partner and sexual violence by health care providers;
- Enforce existing laws and review their quality. Strengthen in particular the enforcement of laws to ban corporal punishment of children and weapons in school premises, against rape, and against elder abuse;
- Implement and enact policies and laws relevant to violence;
- Strengthen capacity for violence prevention, enhancing the knowledge on violence prevention and supporting the evaluation of prevention initiatives.

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