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VIOLENCE AGAINST WOMEN AND GIRLS: THE CONCEPTUAL FRAMEWORK BEING OPERATIONALIZED IN TEN COUNTRIES

Since 1994, the Regional Program for Women, Health, and Development (HDW) has mobilized approximately $7 million to support Member States' efforts to address the issue of domestic violence. This document (1) provides a brief overview of the framework being elaborated to shed light on the multiplicity of factors, and their interaction, that underlie gender-based abuse; (2) describes the efforts being undertaken by HDW to address these factors; and (3) pinpoints the major hurdles that still must be overcome in designing and implementing effective policies and programs that prevent violence against women and provide services for battered women.

The Subcommittee is requested to review the advances made to date by this initiative and reflect on how individual Member States can continue to address this public health and human rights issue in their respective countries.

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1.   Introduction

The concern with violence as a public health issue was first discussed by a formal body of the Organization at the Subcommittee on Women, Health, and Development in April 1993. On the recommendation of that body, PAHO's Executive Committee identified this issue as one for which the Member States requested PAHO's technical cooperation.

Since 1994, the Regional Program for Women, Health, and Development (HDW) has been embarked on an effort to address domestic violence against women and girls. Supported by the Governments of Sweden, Norway, and the Netherlands and by the Inter-American Development Bank (IDB),[1] this 16-country initiative includes the following: Argentina,* Belize, Bolivia, Brazil,* Costa Rica, Dominican Republic,* Ecuador, El Salvador, Guatemala, Honduras, Mexico,* Nicaragua, Panama, Paraguay,* Peru, and Venezuela* (countries followed by an asterisk are those which will begin project execution in 1997).

This report presents the direction which the Program is taking to address violence against women, provides an overview of the advances to date, and reviews the main concerns that have emerged as this initiative develops.

2.   Background

In Latin America and the Caribbean today, a woman who decides to seek a solution to a problem of domestic violence comes into contact with a number of different entities. Some of these represent public sector institutions, such as those within the legal or the health systems. Within the legal system, she will probably be interviewed by police, judges, or forensic experts; within the health system, she will probably be examined by doctors, nurses, or nurse

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[1] HDW has mobilized approximately $7 million in the last three years to support countries' efforts to address domestic violence.

auxiliaries.   If she must seek shelter from an abusive partner, chances are she will seek this from a women's organization, if such an option exists.

However, each one of these private and public institutions will respond in an isolated manner to the woman's needs, rarely consulting with one another, and often giving conflicting messages with regard to possible alternatives or solutions.   In fact, the woman within the violent relationship becomes the only reference point that links these institutions together, as she bounces from one to another and back again.   There is an urgent need to coordinate efforts at the local and national levels which address this social and political problem.

3. Beginning to Understand the Factors that May Precipitate Violence against Women

Domestic violence against women is a multifaceted phenomenon grounded in an interplay between personal, situational, and sociocultural factors. HDW has conducted a review of research findings from many different disciplines and has begun to construct a framework based on embedded levels of causality of violence. This framework, although incomplete, provides a heuristic tool for organizing what we know to date about factors that have been empirically identified as related to violence against women.

The nested framework identifies four levels of analysis, best visualized as four concentric circles. The innermost circle represents the personal history factors that each individual brings to his or her behavior and relationships. At the individual level, two developmental experiences have emerged in the literature reviewed as particularly predictive of future abuse: (1) witnessing domestic violence as a child, and (2) being physically or sexually abused oneself as a child. The first factor is particularly significant for men.

The next level, the microsystem, represents the

immediate context in which the abuse takes placeCfrequently
the family or other intimate or acquaintance relationship.
Four factors have been shown in the literature reviewed to be
related to increased risk of physical abuse of women and
girls: (1) male dominance in the family; (2) male control of
wealth in the family; (3) marital conflict; and (4) use of
alcohol.

     The third level, the exosystem, refers to the "social
structures, both formal and informal that impinge upon the
immediate settings in which a person is found and thereby
influence, delimit, or determine what goes on there."[2]   The
following three exosystem factors have been linked to
violence against women in the research literature examined:
(1) unemployment/low socioeconomic status; (2) isolation of
woman and the family; and (3) delinquent peer associations.

     The fourth level, the macrosystem, refers to a broad
set of cultural values and beliefs that permeate and
influence the above three layers. For example, male
supremacy as a macrolevel factor would likely influence the
organization of power within community organizations as well
as the distribution of decision-making authority within
intimate relationships. The following values and beliefs
have been associated with societies where violence against
women is prevalent: (1) the notion of masculinity linked to
dominance/toughness/honor; (2) rigid gender roles; (3) a
sense of male entitlement/ ownership of women; (4) approval
of physical chastisement of women; and (5) a cultural ethos
that condones violence as a means to settle interpersonal
disputes.

     In Latin America and the Caribbean, perhaps the most
difficult levels in which to intervene are the individual and
the microsystem levels. One strategy PAHO is putting in
place to begin to penetrate these "private" spaces involves
working at the exosystem and the macrosystem levels,
sensitizing communities and their institutions, looking to
influence society and its values, so that violence against

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[2] J. Belsky (1980).   Child Maltreatment: An Ecological
Integration. *American Psychologist*, 35, p. 321.

women is considered a crime which impedes sustainable human development.

Aside from identifying the gaps, the framework may also help visualize differences among abusers themselves. For example, why does one man become violent in certain situations whereas another does not? Consider the case of a man who was abused himself as a child (individual) and has a strong need to feel in control (individual), who exists in a culture in which maleness is defined by one's ability to respond aggressively to conflict (macrosystem) and where "good" women are supposed to be submissive (macrosystem). Suddenly he loses his job (exosystem) and his wife, who has become more empowered after participating in a community group, decides to get a job, leading to power struggles, conflict, and violence in the relationship (microsystem). It could be that this man would not have become violent if he had not lost his job and become threatened by his wife's growing autonomy. Alternatively, given sufficiently strong individual and macrosystem factors, perhaps the man would have been violent even without additional exosystem stressors.

Acknowledging the influence of situational or individual history factors in the etiology of abuse in no way exculpates the perpetrator of the violenceCthis type of logic has never been applied to other crimes. Nor does it lessen the significance of macrolevel factorsCsuch as notions of masculinity and male hegemonyCin defining why women, especially intimate partners, are so consistently the targets.

The nested framework briefly described above provides a way of understanding the multiplicity of factors that underlie gender-based abuse and emphasizes their interaction in the etiology of abuse. This is particularly useful in designing prevention strategies and conceptualizing future areas of research. It also sheds light on why, despite increasing efforts at the local, national, and global levels to address gender-based abuse, a world where violence against women is considered unacceptable is still years away.

4.   The Nature of HDW's Efforts

The initiative catalyzed by HDW to address violence against women and girls attempts to intervene at all four levels of the nested framework. The general objective of this initiative is to increase the capacity of institutions, both governmental and nongovernmental, to design prevention and support strategies that address domestic violence against women and girls. The specific objective is to create coordinated community networks that systematically work together to prevent gender abuse and to put in place mechanisms that respond to the immediate needs of victims of domestic violence, with emphasis on strengthening the health sector's response.

The project uses a two-pronged approach to respond to the situation: at the local level, it seeks to stimulate the creation of coordinated community networks where all of the actors, among them, the local health system, the legal system including police and judges, churches, other NGOs, and community-based groups, meet on a regular basis to devise and implement a coordinated response to domestic violence (exosystem); and, at the national level, it seeks to promote the adoption of legal norms and policies designed to strengthen the institutional capacity to effectively respond to domestic violence (exosystem). Additionally, the project fosters linkages with mass media in an effort to challenge the social attitudes and beliefs which posit the basic superiority of men, granting them the right to control female behavior, and to communicate that violence against women is unacceptable (macrosystem).

The most convincing proof that domestic violence can be eradicated is the existence of success stories at the community level. HDW's efforts seek to create those success stories through a process of continuous engagement with selected communities in participating countries, piloting models of intervention and prevention of violence against women on a small scale at the local level that subsequently

can be scaled up to achieve broader based reforms.

The project has the following components:

Coordinated Community Networks (exosystem):   Until
recently, most efforts to address violence against women have
been undertaken in isolated fashion by women's groups;
despite their critical role, they have had limited coverage
and little financial and human resource support. On the
other hand, public sector organizations such as health,
justice, and education have been unwilling, or at best
reticent, to consider violence against women as an issue
which they should address. HDW's initiative proposes a new
alternative which requires relatively small financial
commitments and focuses on catalyzing joint community
responses in a manner that generates a collective response to
gender-based violence.

The initiative seeks to establish and strengthen
coordinated community networks in urban and rural areas in
countries of project execution comprised of representatives
of the public health, judicial, and education sectors, as
well as those from local community-based and grassroots
organizations, including organized groups of women, so as to
analyze, address, and monitor the institutional response to
gender-based violence.
This project and all of its activities have been
designed and are being executed in close collaboration with
women's nongovernmental organizations that have worked
continuously for decades on gender-based violence in each of
the countries of project implementation, to develop
strategies, together with governments and community-based
actors, that will strengthen the community-based response.

Improvement of Information Systems (exosystem): Public
health professionals pinpoint the lack of a uniform
definition of domestic violence against women as a deterrent
to efforts to understand the extent and frequency of the
problem.   However, it is acknowledged that there are
important limitations to conducting traditional
epidemiological surveillance of domestic violence.
Surveillance methods that work well for communicable diseases

where most persons affected seek health care services may be very inefficient in detecting a problem such as domestic violence where the vast majority of women stay away from such services. Recognizing these limitations, HDW's initiative seeks to design and put in place a uniform system of data collection on domestic violence that involves all of the actors working in the network, thus expanding the capacity of the network to identify, assist, and refer women.

Establishment of Self-help Groups for Women and Treatment of Offenders (microsystem/individual): Women's groups working to address domestic violence have long recognized the importance of self-help groups for battered women. Such groups provide women with a sense that they are not the only ones who suffer from abuse, that the problem is not inherent to them, providing them with opportunities to overcome their isolation and the "learned helplessness" it creates. Self-help groups are an important source for promoting self-esteem and personal empowerment, both necessary ingredients to propel a woman to seek sustainable solutions for herself and her family. In addition to programs to assist battered women, there is also a need to fashion programs for perpetrators of abuse. In this effort, local community and church groups are important actors in reaching out to men; moreover, there is a growing number of NGOs composed of men who work with male aggressors. The project is working with these groups to devise context-appropriate ways of working with batterers.

Design of a Pilot Intervention in Health (exosystem): The health care system is the one public institution that is most likely to interact with all women at some point of their life cycle, either when they seek contraception, give birth, or seek care for their children. Thus, the health system is well placed to identify and refer battered women. The initiative seeks to strengthen its capacity to identify and respond to battered women, piloting models of interventions and prevention of intrafamily violence against women. This includes the sensitization and training of health professionals so that they can identify and respond appropriately to victims of abuse. Few health care professionals are presently able to identify injuries that

are highly suggestive of abuse among women who seek their help. However, studies show that, with proper training and protocols, health care facilities can significantly improve their staff's sensitivity to gender-based abuse.[3]

Institutional Sensitizing and Strengthening (exosystem): In addition to the focus on the health sector, the project is working systematically with other network members, among them, police, judges, school teachers and principals, the religious community, and women's groups, to raise awareness about the problem of intrafamily violence and its social and economic ramifications and strengthen their respective capacities to respond more effectively to prevent the problem and respond in a humane manner to cases that arise.

Legal Reforms (macrosystem): Over the last few years, countries increasingly have recognized the need to institute legal reforms that more adequately protect battered persons and sanction violent perpetrators. Many have attempted to enact laws in this regard. The project seeks to promote and/or strengthen legal reforms that would condemn domestic violence and provide safe alternatives to those who suffer the consequences. The project has initiated an analysis of the laws that exist in the countries of the Region to address domestic violence and, most importantly, the processes that are in place to have or bar access to those legal mechanisms that protect women and girls and enforce such laws.

Disseminating the Results (macrosystem): Attacking the root causes of the problem of violence necessitates challenging the social attitudes and beliefs which posit the basic superiority of males and which grant men the right to control female behavior. This necessitates a concerted effort together with mass media in each country to communicate social norms that define violence against women as unacceptable. The project is working with sympathetic inidividuals within the mass media in each country to go

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[3] Helton, McFarland, and Anderson, 1987.

beyond the "symptoms" of abuse and focus on eliminating the attitudes and beliefs that legitimize violence against women. As the project develops in the local communities selected, media representatives are reporting the results of these efforts.

5.   Preliminary Results of the Community Diagnosis

The project initiated its activities in mid-1995. The first step in fashioning the community-based response was the implementation of a qualitative study at each site that provides not only a baseline measure but also an instrument around which solutions can be collectively designed and pursued. This effort, called "The Critical Path Taken by Women Who Suffer Intrafamily Violence (IFV)," traces the path battered women take in finding a response to a problem of violence. The purpose is to shed light on the dynamics at work in each community that facilitate or prevent an effective response to the problem. The study recognizes that the challenge and beginning of the solution lie in teasing apart the multifaceted aspects of this intricate web of personal (individual), interpersonal (microsystem) and institutional (exosystem and macrosystem) dynamics that facilitate or prevent an effective response to a personal and a community health problem.
The study had the following objectives: (1) to gain information about the path undertaken by women affected by IFV as they seek care and solutions; (2) to learn from battered women themselves what are their perceptions of the responses they received as they searched for help; (3) to gain insights into the preconceptions and the responses of service providers in relation to IFV; and (4) to formulate interventions, together with the community actors, that identify the obstacles identified in the study and strengthen a coordinated response.

The forms of family violence addressed by the study are physical, sexual, and psychological. Of course, these forms of violence do not commonly occur separately, in isolated instances, but rather form part of a violence continuum. However, for operative purposes, the study makes a

distinction, defining psychological violence as any act or
omission that damages the self-esteem, identity, or
development of the individual. That includes constant
insults, negligence, humiliation, the failure to recognize
positive qualities, blackmail, degradation, isolation from
friends and family, destruction of prized possessions,
ridicule, rejection, manipulation, threats, and exploitation.

Preliminary findings are sobering. The study
interviewed women who had already begun the process of
finding help. So in that sense it left out the vast number
of women who do not do so. The approach of seeking women who
initiate an institutional response to the problem is valid,
as HDW is trying to improve the institutional responses to
the problem. But in some areas in some countries, this
sampling strategy proved to be difficult to implement
precisely because battered women live in the shadow of public
service institutions. In the case of the health system, for
example, even when a woman must seek help for a physical
lesion, she does not reveal the shame of being battered, and
the health care provider may suspect, but does not ask. In
those places, HDW has relied on the NGOs and community groups
with which it is working to identify women who they know or
suspect to be survivors of domestic violence. When the women
were approached to inquire whether they would be willing to
discuss their experience with an interviewer (always a
woman), all of them have been eager but terrified. There
have been several cases where the interviews have had to be
conducted out in the middle of a field for limited periods of
time, agreeing to meet again at a future point in hiding.
The fear of spousal revenge for having left the house was
tremendous, and were the husband to find out the reason for
the interview, several respondents indicated they feared for
their lives.

Other preliminary results from this study show that the
web of family violence is intricate, as the nested framework
described in Section 2 indicates. It is not just a matter of
insults, blows, and threats made by the male companion to the
woman. It seems that the very family may validate the abuse.
 In a number of sites in different countries, for example,
the batterer's mother contributed overtly to the abusive

situation. One explanation for this may be that these older women were battered by their own intimate partners and feel it is their sons' prerogative to conduct themselves in similar fashion. As discussed above, men who witnessed as children their own mothers subjected to violence on the part of their male companions are highly likely to grow up to be batterers. Moreover, this diagnosis has indicated that the majority of battering is witnessed by the children living in the household. The anxiety a mother feels with the presence of her children at the scene of a violent exchange, and her heightened concern regarding her children's perceptions of the situation, pose serious concerns for her mental health. For her children, particularly her sons, this display may be the precipitator of future violent behavior in their own relationships.

The results of the "Critical Path" also indicate that the institutions set up to protect citizens are in fact part of the victimization. Women report that even when laws against wife abuse are in place, the law enforcement officers and judges are quick to accept bribes, even payoffs with a beer from the batterer, and drop the case. Domestic violence against women in Latin America and the Caribbean is not a crime, nor in many cases, even a misdeameanor. It is expected to happen, and women expect to be beaten. When they are, they want their men to change and most refuse to consider leaving the batterer. In the Americas, intrafamily violence against women still remains a private affair.

6.   What is Being Done: An Overview

The process of undertaking the diagnosis of the "Critical Path" described above had the added advantage of serving as an instrument whereby those interviewed, specifically key community actors, became interested in being sensitized about the problem of domestic violence. Thus, what was conceived initially as an instrument that would provide a mirror of sorts of community institutions' responses to battered women, also became a vehicle for raising awareness of the problem. When results were shared

with the community actors, the commitment to the issue in most cases had already been nurtured.

Within this context, in the past year significant advances have been able to be made at the community level in the 18 communities in 10 countries where the project is being undertaken at this time. In many of the countries, the project has been included as part of the "Healthy Municipalities" efforts, and town mayors, state governors, and local authorities are heavily involved. In two sites, the commitment of the community to the project has resulted in the ousting of senior-level officials who were known to beat their wives. In rural areas, where there are few institutions, the project is seeking to explore with the community creative ways to prevent and address violence. This is the case in approximately six sites, many of them populated primarily by indigenous groups. Work in these areas has been heavily supported by the local parish priests who, together with the staff of primary health care centers, are becoming key actors in HDW's efforts in rural areas.

HDW is working closely with the Regional Program for Violence and Health of the Division of Health Promotion and Protection, specifically, to review ways of improving surveillance mechanisms that include nontraditional sources of information. The project seeks to strengthen traditional surveillance systems within the health sector and include in each clinical history two or three questions that inquire about violence. Health service personnel are increasingly aware of their responsibility to address the problem, and with the training that is occurring within the service at each of these sites, health workers are beginning to feel more confident about their ability to approach a problem of this nature. Moreover, they are being reinforced in several cases by the incipient referral system that has been put in place within the respective community networks.

At the national level, the project is working with a variety of actors, mainly, ministries of health, justice, women's and human rights groups, and other international organizations with efforts in this regard. In some countries, PAHO has been able to mobilize significant

additional local resources from different sources to support the project's efforts.   In this process, a number of obstacles to continued progress can be readily identified, which are delineated subsequently.

7.   The Hurdles to Overcome

On the part of the health sector, there are important concerns that must be addressed. Chief among these is the high turnover of health care personnel at the local level, a critical issue for a process that depends on sensitization and capacity-building of local health personnel. In one country, the project has suffered a change of three health clinic directors in one year. Another concern is the issue of confidentiality, particularly in sites with populations under 20,000. This issue has been brought up by battered women in reference to the nurses and nurse auxiliaries who, in general, are from the site where the intervention is being developed. Strategies are being developed to deal with this concern.

Within the judicial sector, an obstacle of great magnitude to an effective response in many Latin American countries is the role of the medical forensic examiner as gatekeeper to the legal system. The report of such an examiner is essential in order for a woman who has been raped, battered, or otherwise abused to initiate a response through the judicial system. Many of the battered women interviewed for the "Critical Path" diagnosis reported having to wait for days for the medical forensic to examine them, and by then the wounds were on their way to healing. It is important to note two things here. First, in most countries, punishment of the batterer is linked to whether the victim is unable to work in the formal labor force for a given period of time, in some cases for more than 20 days. Less than the stipulated time period and there is no sanction.

Second, medical forensics are few in number and their presence is limited to cities and specific hours of

operation. Moreover, they have little training or interest in dealing with cases of wife battering. By way of example, recently in one of the countries of project execution, a medical forensic discussed his role in such cases with a staff member of HDW. He threw up his hands in despair at one point, exclaiming, "In one day I have at least 30 cadavers I have to examine. When I get a woman in here that's been beaten up, I just tell her, ,Sorry, I don't have time for you . . . can't you see all the bodies in here? Now just go home and be a good girl and he won't beat you up.'" Aside from the disinterest of many, medical forensics charge for their services, limiting the access to them to those who can pay.

Another concern is related to the nature of the laws to address domestic violence and violence against women in general that Member States are ratifying. Paradoxically, in several countries, laws that are enacted to "safeguard" women from batterers may have the opposite effect. For example, one country has legislated in favor of mandatory reporting; that is, any public servant is required by law to report an incidence of violence, and this holds for the health sector. Thus, a woman with a problem of violence in her home who seeks the privacy and confidence of the health sector is faced with the fact that if she discloses it, the health worker is, by law, required to report her case. Under these circumstances, women will be less inclined to come forward. Another similarly paradoxical initiative involves countries that are trying to legislate to make any act of physical aggression in the family punishable by incarceration for a time dependent on the severity of the lesion. While it is critical to have a system that punishes batterers, the type and duration of punishment should be jointly determined by the judge and the victim. The safety of the victim should be paramount, and forced incarceration for any and all cases again has the effect of keeping women away from the penal system, as they fear the reprisal of their batterers after they are released.

Because of its regional nature, PAHO's initiative has been well placed to foster exchanges between countries that are seeking to put in place legal mechanisms that protect women and foster disclosure. There are many lessons to be

learned from one another in this regard. For example, in the state of California mandatory reporting of domestic violence has been in place for at least a decade and, according to legal and health workers there, it is a significant deterrent for women seeking help against violence. The same law is currently being implemented in some Latin American countries. It is important to ensure that countries are privy to one another's experiences before launching on initiatives that, even when being implemented with the best of intentions, may backfire. HDW has fostered two such exchanges in the past two years.

Another possible drawback has to do with the national institutions that take up the challenge of addressing violence against women. In many countries, it has been the Ministry of Women's Affairs or the National Office for Women that has been at the forefront of such initiatives. However, it is critical that other government institutions become committed. Violence against women is not just a "women's issue." It is a political, economic, and social issue that must be viewed as seriously as any threat to sustainable human development.

Finally, there is the hurdle that must be overcome by women themselves who for generations have seen themselves as victims of a series of circumstances, including having been born female, which are beyond their control. Among the most sobering results of the "Critical Path" diagnosis, confirmed by the preliminary results of the research presented in the project "Gender Equity in Health Care" (Provisional Item 7 of the 17th Meeting of the Subcommittee on Women, Health, and Development), is the degree to which women feel powerless to change their circumstances and accept them as part of "being female." One way of addressing this entrenched view is fostering opportunities for women to engage in the self-help groups set up by the project. Another is sensitizing the institutions in place to assist women to the stereotypes which operate in their own interactions with female clients to perpetuate dependence, passivity, and powerlessness.

8.   Conclusion

Despite the seemingly overwhelming obstacles which remain in the path of constructing a society in which violence against women and girls is not tolerated, there are a number of positive developments in this direction. There is a growing public mobilization around the problem of violence. Politicians, whether they are so inclined or not, are being pressured to address the issue. International organizations such as PAHO, the Inter-American Development Bank, the World Health Organization, and the World Bank are beginning to address the issue; many of them are funding projects to prevent violence. Mass media is more conscious about its responsibility in preventing violence. Women's organizations continue to work tirelessly to offer psychological assistance and space for the formation of self-help groups to counteract the psychological damage of wife abuse.

Another positive element can be found in women themselves. In one country, for example, in a random sample of 488 urban women, over half reported having been beaten by an intimate male partner at least once in their lives, and 30% of that total reported having been severely beaten in the past year. However, the trend indicates that the majority of this second group has been living in the violent relationship for over eight years and that younger women who find themselves in a violent relationship seem to be less inclined to put up with abuse. Apparently, at least in some places, young women refuse to live with the situation in silence as their mothers and grandmothers did.

PAHO, through the Regional Program on Women, Health, and Development and in collaboration with the Regional Program on Violence and Health, will continue to work with other organizations at the global, regional, national, and local levels to eliminate the violence which threatens the health and quality of life of women and men, girls and boys in our Member States.

The Subcommittee is requested to review the advances made to date by this initiative and reflect on how individual

members can continue to address this public health and human
rights issue in their respective countries.