



PAN AMERICAN HEALTH ORGANIZATION
WORLD HEALTH ORGANIZATION



19th SESSION OF THE SUBCOMMITTEE OF THE EXECUTIVE COMMITTEE ON WOMEN, HEALTH, AND DEVELOPMENT

Washington, D.C., USA, 12-14 March 2001

Provisional Agenda Item 7

MSD19/7 (Eng.)
7 February 2001
ORIGINAL: SPANISH

EXPERIENCES WITH THE INCLUSION OF SEXUAL VIOLENCE INDICATORS IN THE HEALTH INFORMATION AND SURVEILLANCE SYSTEMS OF BOLIVIA, ECUADOR, AND PERU

This document analyzes the information and surveillance systems for intrafamily violence developed and applied in Bolivia, Ecuador, and Peru. These systems are part of the Integrated Model for Addressing Intrafamily Violence, developed by the Pan American Health Organization and its national and intersectoral counterparts to deal with this prevalent problem in the Andean countries. At the community level, the model is applied through intersectoral networks that detect, support, and look after women living in violent circumstances; in the health sector or other sectors, through instruments and systems for surveillance and referral, care, standards and protocols, and training for their application; and at the national level, through intersectoral coalitions that engage in advocacy for the institutionalization of achievements, policies and favorable legislation.

Information systems are an important part of the model, for they help to define the prevalence and characteristics of the problem and furnish information for the programming of services and interventions, policy-making, and surveillance.

The 19th Subcommittee is requested to strengthen PAHO's Program on Women, Health, and Development and its national counterparts in the application of the model and its information and surveillance system in the Andean countries and, at the same time, to support its replication in the other countries of the Region to address this problem, which affects 40% and 60% of women in the Americas.

MSD19/7 (Eng.)

Page 2

CONTENTS

	<i>Page</i>
1. The Problem.....	3
2. The Responses	3
3. The Results.....	4
4. The Difficulties	6
5 The Challenges	7
6. Actions Requested of the Subcommittee.....	8
Annex: Intrafamily Violence-Information and Surveillance Systems: Bolivia, Ecuador y Peru	

1. The Problem

Intrafamily and domestic violence constitute a serious public health problem in the Region of the Americas. This document describes the specific problem in the Andean subregion (Bolivia, Ecuador, and Peru) and its implications at the individual and collective level. Despite this recognition, the systematic lack of information on the frequency, intensity, distribution, and forms of violence, as well as age group and sex, makes it enormously difficult to know the magnitude of the problem and its characteristics and, naturally, to raise awareness among decisionmakers so that it can be addressed and controlled.

Notwithstanding, there are some studies in this area. A 1999 study in Bolivia on the prevalence of domestic violence shows that five or six out of every 10 women (married or living in a consensual union, of childbearing age, and economically active) are victims of some type of domestic or intrafamily violence.

In the case of young girls and adolescents, few studies are generally available on the prevalence of this phenomenon, due to problems linked with the registry of such incidents, the lack of reporting, and lack of mechanisms to protect the victims, among other things. Nevertheless, in cases of rape and pregnancy in adolescents, very frequently there is empirical evidence of family ties between the victim and the assailant. An exercise conducted by the World Bank estimates that domestic violence and rape account for 5% of the years of healthy life lost by women of reproductive age.

Several other studies of adolescent populations suggest that people who have been the victims of domestic violence and child abuse are at greater risk of becoming perpetrators of violence themselves. Experts believe that conflict and traumatic situations and events in the family and immediate environment create a social climate in which adolescents and young adults learn and act out aggression, fostering violence (crime, homicide, assault, fighting, and street violence) in the population at large.

2. The Responses

PAHO has dealt repeatedly with the phenomenon of violence because of its impact on particular groups (women, children, adolescents, the elderly, and the disabled), its implications for health care and rehabilitation services, and the imperatives of health promotion. Moreover, it has promoted the collection and systematization of epidemiological information and published documents on the subject.

At the 37th Session of the Directing Council of PAHO (July 1993), the Member States issued a document stating that violent behavior is a public health problem of great magnitude and importance in the Region of the Americas and that the health sector should contribute to the search for solutions and the application of measures for the prevention and control of all forms of violence.

Through its Program on Women, Health, and Development, PAHO has promoted an Integrated Model for Addressing Intrafamily Violence in various countries of the Region, seven of them in Central America and three in the Andean Subregion. This model includes the development of information systems that permit the identification of the problem so that it can then be controlled.

In the Andean countries, in the last 5-year period, as a result of international commitments (Belém do Pará, Beijing), legal mechanisms have been established to punish and eradicate violence, especially violence against women. These mechanisms consider reporting a necessity.

In 1995 the project “Violence against Women and Girls: A Proposal to Establish Coordinated Interventions” was implemented in Bolivia, Ecuador, and Peru under a financing agreement between PAHO and the Government of the Netherlands. This project sought to increase public awareness about intrafamily and domestic violence as a public health problem, articulating different actors and sectors.

As a result of this important project, initiatives designed to sensitize personnel, give visibility to, and report the problem of intrafamily and domestic violence were carried out for the first time in the health sector and, specifically, the ministries.

3. The Results

In the last 5-year period, Bolivia, Ecuador and Peru have engaged in many efforts to ensure the availability of information that will enable them to understand this social problem from a public health perspective. Work is currently under way in the three countries to incorporate variables on intrafamily violence into the existing epidemiological surveillance systems of the ministries of health.

The processes are in different stages of development with respect to the definition of information tools and mechanisms, a situation that can be observed in the Annex. This model involves the registry, or entry, of the data, the necessary instruments for the entry, the

processing of the data and its analysis by levels, multisectoral articulation with civil society from data collection up to joint decision-making.

- ***Bolivia***

Bolivia's National Health Information and Epidemiological Surveillance System, has incorporated the intrafamily violence variable (IFV), disaggregated by age group and sex. A surveillance form is used; this form is also used for reporting other problems subject to epidemiological surveillance. Local information is collected with the participation of the community, networks to prevent and address intrafamily violence, and other pertinent sectors; it is then processed and analyzed at the local, departmental, and national level. The Ministry of Health is currently developing a National Health Surveillance System; this system is already considering the incorporation of the IFV surveillance model for other forms of social violence.

In general, in recent years as a result of the countless efforts in the three countries, it is now possible to obtain information on intrafamily/domestic violence and to determine its contexts and its characteristics in order to mount responses that are not only sectoral for the most part, but multisectoral and involve the organized community.

Among the most relevant responses hoped for are the recognition of the issue as a public health problem in the respective ministries; the design and implementation of standards and procedures for health care, with the consequent development of epidemiological surveillance models; the incorporation of these models into police information systems and, consequently, the development of procedures to address the issue. Also being developed are legal instruments and mechanisms for multisectoral articulation with the various social actors.

- ***Ecuador***

In 1999, through the Ministry of Health and the Program on Intrafamily Violence, the unified reporting form was adopted for the registry and management of cases of violence. This form permits referral, counter-referral, and monitoring of the treatment provided to victims. Data processing is currently done only in the Metropolitan District of Quito as part of the Surveillance Network on Accidents and Injuries. This system, it is hoped, will be extended to the entire province of Pichincha and then to the rest of the country. In this process, it is important to point out the participation of civil society in the detection and reporting of violence, as well as the willingness of the pertinent officials in the Ministry of Health to ensure that this topic is addressed in the redesign of the surveillance system that is being implemented in the sector.

- **Peru**

The General Bureau of Epidemiology under the Ministry of Health has adopted a multisectoral reporting form on intrafamily violence for use in its surveillance system. This form permits the identification of variables related to sex and age group; data on the assailant, the victim, and the form of aggression; the action taken; and monitoring. This instrument is utilized within the Pilot Epidemiological Surveillance Network on Intrafamily Violence in eight localities, which is being expanded to the entire country. These activities and greater knowledge about the problem have led the Ministry of Health and other institutions to promote and intensify their mechanisms for articulation (working groups) and to conduct research that will lead to more in-depth knowledge about this issue.

4. The Difficulties

Although institutions such as the ministries of health and gender, the judiciary, and the police have demonstrated the political will to develop an institutional approach to the problem, a number of difficulties have been encountered along the way during the effort to gain recognition of intrafamily violence as a public health problem and during the attempt to include the topic in the information and surveillance systems. The most common difficulties have been:

- The belief among individuals and institutional personnel that domestic/intrafamily violence is a *private* matter (among the other myths and social constructs that tolerate violence, particularly against woman);
- The resistance of institutional human resources to take on “other new tasks;”
- The fear, especially among health workers, of getting involved in judicial and police matters;
- Managers (and other decisionmakers) who not always understand the magnitude of the problem or its implications for the health and socioeconomic well-being of victims and the community.

These obstacles have largely been overcome with education, sensitivity training, and information through the various media, including the mass media.

Today, even though the topic is addressed in national policies and included in information and surveillance systems, difficulties can be observed, namely:

- Problems in collecting the information, due to the poor training of operational and statistical personnel;
- The institutions that analyze the data at the national, departmental, and local level do not always have appropriate methodologies at their disposal;
- Use of the information tends to be limited (especially at the national level, due to the dominance of a single institution);
- The reorientation of national health information systems can affect the epidemiological surveillance models agreed upon;
- Quality control of the information may be deficient, due to problems in the supervision and monitoring mechanisms—a situation that can affect data registry and the sensitivity of the indicators;
- Dissemination of information among the various actors and sectors is sometimes limited, chiefly when a sector holds back the production of information;
- Staff turnover and changes in the authorities as a result of partisan politics.

5. The Challenges

The present report summarizes the processes involved in the recognition of intrafamily violence as a public health matter and the incorporation of the topic in information and epidemiological surveillance systems.

There is no doubt that these systems offer valuable information on the problem and the geographical areas in which it occurs. However, even though the processes have not yet been concluded in the three countries, a series of problems has been detected ranging from data collection to the use of the information generated.

The information generated at the various levels is often used inappropriately, especially in strategic decision-making. In addition, the lack of coordination among the institutions and organizations responsible for data collection leads to a lack of joint activities.

The importance of an information system lies not only in the quantity of the knowledge that it can generate, but in its capacity to meet the requirements and needs of the users of that information to solve their day-to-day problems—in this case, the problem of intrafamily and domestic violence.

The major strides in bringing visibility to the issue, in developing response mechanisms, and in addressing the topic in information systems have made it possible to identify a number of areas that pose a challenge when the countries attempt to strengthen the processes:

- Monitoring and evaluation of the current systems and the identification of critical knots with respect to the intrafamily and domestic violence variables utilized;
- Adjustment of variables in terms of the service delivery processes;
- Ensuring concerted, multisectoral action and the involvement of multiple actors--among them, the entities that generate sociodemographic information at the different levels (national, departmental, and local);
- The search for strategies for optimal utilization of the information, especially for policy design and decision-making;
- Creation of opportunities for the systematic training of operational personnel (the human resources who enter and process the data);
- Establishment of mechanisms for intrainstitutional, interinstitutional, and mass dissemination of information; and
- Allocation of human resources with specific responsibilities to institutions with functioning systems.

Finally, given the wealth of experience in the Andean countries, it is recommended that the models for addressing and controlling the problem be expanded to other countries in the Region, emphasizing the development of epidemiological surveillance models and models to deal with the issue of intrafamily and domestic violence.

6. Actions Requested of the Subcommittee

Strengthen PAHO's Program on Women, Health, and Development and its national, sectoral, and civil society counterparts in the application and expansion of the Integrated Model for Addressing Intrafamily Violence and corresponding information and surveillance system in Bolivia, Ecuador, Peru, and the Central American countries. The health sector could play an important role in:

- Evaluating and monitoring current information systems to improve the efficiency and applicability of the variables for detecting and dealing with the problem, as well as programming and policy-making;
- Enlisting the various civil society and intra- and interinstitutional sectors in the design, application, referral, and evaluation of the information systems, and in the development of programs and policies based on their results;
- Training staff from the various sectors in the implementation of the information systems and in the analysis of their results;
- Allocating financial and human resources to ensure the institutionalization of the system, and
- Engaging in advocacy to incorporate the Integrated Model for Addressing Intrafamily Violence into the national information systems of the health sector.

Promote application of the Integrated Model for Addressing Intrafamily Violence, its instruments, and its information and surveillance systems in the other countries of the Region.

INTRAFAMILY VIOLENCE–INFORMATION AND SURVEILLANCE SYSTEMS BOLIVIA

Type of information/ Indicators	Instruments/ Processing	Year	Responsible Entity	Scope	Users	Results of the use
<p><u>Research</u></p> <ul style="list-style-type: none"> Critical path of women who are victims of domestic violence. <p>Variables refer to Service Providers for dealing with IFV, Women who are victims of domestic violence, and community perceptions problem.</p> <ul style="list-style-type: none"> Descriptive studies of domestic violence. <p>Variables on demand for services, contexts, characteristic of victims and assailants.</p> <ul style="list-style-type: none"> Prevalence of Domestic Violence. <p>Refers to variables on the magnitude of the problem by sex and form of violence, precipitating factors, characteristic of the events, history of IFV in childhood.</p>	<p>Characteristic of qualitative research.</p> <p>Characteristic of research (literature review).</p> <p>Characteristic of research (application of surveys in uninsured population by sampling).</p>	1995	Ministry of Health, Vice-Ministry of Gender Affairs, NGOs, National Police and PAHO	<ul style="list-style-type: none"> Site <p>Viacha and El Alto – Dept. of La Paz, Mizque–Dept. of Cochabamba, Riberalta–Dept. of Beni, Santa Cruz de la Sierra–Dept. of Santa Cruz.</p>	<ul style="list-style-type: none"> Local, departmental, and national health, police, legal, and gender institutions. Universities. Local networks to prevent and deal with IFV. 	<ul style="list-style-type: none"> Recognition by the Ministry of Health as a public health problem. Incorporation in the Strategic Health Plan (national health policy) 1997-2002. Incorporation of the topic into the SNIS–Epidemiological Surveillance. Incorporation the variable into the National Information System of the police. Preparation of standards and procedures to address IFV in health Preparation of instruments for community work through networking. Preparation of a model for community-based monitoring of IFV.

References:

IFV: Intrafamily Violence
 NGOs: Nongovernmental Organizations
 Dept.: Department (Political division of the Bolivian State)
 CAI: Committees for Information Analysis
 SEDES: Departmental Health Services

BOLIVIA (cont.)

Type of information/ Indicators	Instruments/ Processing	Year	Responsible Entity	Scope	Users	Results of the use
<u>Epidemiological surveillance</u> Intrafamily violence variables, disaggregated by sex, age group, place, epidemiological characteristics, forms of violence, clinical data, signs and symptoms, hospitalization, type of case.	Epidemiological investigation reporting form (in formats established for surveillance). Surveillance Report (in formats established for surveillance).	1997	Ministry of Health and Social Welfare, NGOs, Vice-Ministry of Gender Affairs and PAHO	<ul style="list-style-type: none"> • Site • Departmental • National 	<ul style="list-style-type: none"> • Health workers (CAI). • Networks to Prevent and Address IFV. • Departmental Health Workers (CAI, SEDES). • Departmental coalitions. • Health workers at the national level. • Human resources of other institutions and different sectors. 	<ul style="list-style-type: none"> • Mounting of local responses to the problem. • Mounting of departmental and multisectoral health responses. • University involvement. • Addressing of the topic by other Units of the Ministry of Health (Social Management, Services for Individuals, children, and adolescents, sexual and reproductive health). • Adaptation of National Information System of the police • New research (Profile of the assailant in domestic violence, Study of sexual abuse in boys, girls and adolescents). • Incorporation of the subject into the INE (National Statistics Institute). • Articulation between sectors involved. • Implementation of standards and procedures, and registry for surveillance in health. • Development and implementation of police standards. • Development of comprehensive legal services in municipios (new Municipalities Act). • Public visibility of the problem.

INTRAFAMILY VIOLENCE–INFORMATION AND SURVEILLANCE SYSTEMS

ECUADOR

Type of information/ Indicators	Instruments/ Processing	Year	Responsible Entity	Scope	Users	Results of the use
<p><u>Research</u></p> <ul style="list-style-type: none"> Critical path of women who are victims of domestic violence. <p>Variables refer to Service Providers that deal with IFV, Women who are victims of domestic violence, and community perceptions of the problem.</p> <ul style="list-style-type: none"> Approximation of sexual violence. 	<p>Characteristic of qualitative research.</p> <p>Characteristic of research.</p>	1995	NGOs Ministry of Health PAHO	<ul style="list-style-type: none"> Site <p>Barrio El Carmen in Quito Guasmo Norte in Guayaquil and Sigsig canton in Azuay</p> <p>(2 periurban and 1 rural locality)</p>	<ul style="list-style-type: none"> Networks <p>Community, established in the three places where the health, education and legal sectors come together: the Municipio, NGOs and the Church</p>	<ul style="list-style-type: none"> Recognition by the Ministry of Health as a public health problem. Formulation and pilot testing of standards for dealing with violence. Three localities with trained health personnel. IFV recorded in clinical histories and in the sections forwarded to the respective Provincial offices (3). IFV integrated into sexual and reproductive health programs. Interaction between the health and legal sectors. National sectoral committee on Health and Gender.

INTRAFAMILY VIOLENCE–INFORMATION AND SURVEILLANCE SYSTEMS

PERU

Type of information/ Indicators	Instruments/ Processing	Year	Responsible Entity	Scope	Users	Results of the use
<u>Research</u> <ul style="list-style-type: none"> Critical path of women who are victims of domestic violence. <p>Variables refer to Service Providers that deal with IFV, Women who are victims of domestic violence, and community perceptions of problem.</p>	Characteristic of qualitative research	1995	Ministry of health, through the Program on Women, Health, and Development; NGOs (Flora Tristán, Education and Promotion: José María Arguedas, Diaconate for Justice and Peace, Ministry for the Promotion of Women and Human Development; and PAHO.	Site San Juan de Lurigancho in Lima, Valle deauta in Cuzco and Valle de Chira in Piura (5 localities).	<ul style="list-style-type: none"> Local working groups 	<ul style="list-style-type: none"> Local working groups. National and departmental working groups (15). Mutual aid groups.
<u>Epidemiological surveillance</u> <p>Variables refer to sex, age groups, data on the assailant, data on the victim, data on the aggression, action taken, and monitoring.</p>	Multisectoral reporting form under the leadership of the Ministry of Health. Pilot Epidemiological Surveillance Network on IFV formed	1998	Ministry of Health, through the Program on Women, Health, and Development; NGOs (Flora Tristán, Education and Promotion: José María Arguedas, Diaconate for Justice and Peace, Ministry for the Promotion of Women and Human Development, Public Ministry, Ministry of Education, the Judiciary, Police, Mutual Aid groups, community organizations and PAHO.	<ul style="list-style-type: none"> Site Ancash, Cajamarca, Huánuco, Ica, Piura, Puno, Callao, Lima - city and Lima-east. 	<ul style="list-style-type: none"> Working groups Health workers Ministry of Health 	<ul style="list-style-type: none"> Training module for health. Promoter networks. Standards and procedures for health care. Mutual aid groups. Database (Between 1999 and the 2000 new works: Violence as a Public Health Problem: A Bibliographic Approximation, Violence, and Associated Patterns in Uninsured Populations of Lima, Violence in the Communications Media and its Impact on the Child and Adolescent Behavior).

