Violence against women and girls in LAC and recent health system mandates

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Outline of the presentation

• Violence against women in Latin America and the Caribbean
  ✓ Magnitude
  ✓ Consequences
  ✓ Intersections with violence against children

• Mandates approved by health ministers regionally and globally
  ✓ PAHO Regional Strategy and Plan of Action
  ✓ WHO Global Plan of Action
  ✓ Risk and protective factors
Violence is on the development map...

Millennium Development Goals

NO TARGETS or INDICATORS related to violence in the MDGs

Sustainable Development Goals

Gender Equality
SDG Target 5.2
Eliminate all forms of violence against women and girls

SDG Target 5.3
Eliminate all harmful practices, such as child, early and forced marriage, and female genital mutilation

Peaceful and inclusive societies
SDG Target 16.1
Significantly reduce all forms of violence and related death rates everywhere

SDG Target 16.2
End abuse, exploitation, trafficking and all forms of violence against children
Prevalence of VAW globally

1 in 3 women throughout the world will experience physical and/or sexual violence by a partner or sexual violence by a non-partner.
Percentage of women who reported physical or sexual violence by a partner, ever, past 5 years, and past year, recent national population-based surveys

Source: ongoing analysis by PAHO, not to be quoted/cited
Source of most data in this presentation

- PAHO and US Centers for Disease Control and Prevention (CDC)
- First comparative analysis of national violence against women data from LAC
- Demographic Health Surveys and Reproductive Health Surveys from 12 countries
- Currently being updated
- Available in English and Spanish from www.paho.org/violence
Young women have greater risks of experiencing physical & sexual intimate partner violence.
Pregnancy does not protect women from violence:

% of women who report intimate partner violence during pregnancy

- Peru 2007/8: 11.3%
- Colombia 2005: 9.7%
- Dominican Republic 2007: 6.6%
- Haiti 2005/6: 5.6%
Health effects of intimate partner violence

Physical trauma
- Injuries:
  - Musculoskeletal
  - Soft tissue
  - Genital
  - Other
- Mental health problems:
  - PTSD
  - Anxiety
  - Depression
  - Eating disorders
  - Suicidality
- Substance abuse
- Non-common diseases
  - Cardio-vascular
  - Hypertension
- & Somatoform
  - Irritable bowel
  - Chronic pain
  - Pelvic pain

Psychological trauma
- Reproductive coercion
  - Lack of contraception
  - Unsafe sex
- Poor maternal outcomes:
  - Low birth weight
  - Prematurity
  - Pregnancy loss

Fear & control
- Poor health care seeking
  - Lack of autonomy
  - Difficulties seeking services
- S&R Health problems:
  - Unwanted pregnancy
  - Abortion
  - Gynecological problems
  - HIV
  - STIs

DISABILITY & DEATH

42% of women who have experienced physical or sexual violence at the hands of a partner have experienced injuries as a result.

16% more likely to have a low birth-weight baby.

15 times higher

38% of all murders of women globally were reported as being committed by their intimate partners.
Intimate partner violence is associated with suicide

% women who considered or attempted suicide in the past 4 weeks, according to experience of physical or sexual partner violence

Guatemala 2008/9

Among women who reported partner violence in the past 12 months: 26.8%
Among women who reported partner violence ever: 21.9%
Among women who did NOT report partner violence ever: 5.8%

Paraguay 2008

Among women who reported partner violence in the past 12 months: 14.1%
Among women who reported partner violence ever: 7.9%
Among women who did NOT report partner violence ever: 1.9%
Intimate partner violence is associated with unintended pregnancies
% women who reported an unintended pregnancy in the past 5 years, according to experience of partner violence ever

- Jamaica 2008/9: 63.1%
- Bolivia 2003: 62.8%
- Dominican Republic 2007: 61.1%
- Haiti 2005/6: 57.6%
- Peru 2007/8: 55.5%
- Colombia 2005: 53.3%
- El Salvador 2008: 53.1%
- Guatemala 2008/9: 50.6%
- Ecuador 2004: 50.0%
- Nicaragua 2006/7: 48.2%
- Paraguay 2008: 45.2%

Legend:
- Among women who reported partner violence
- Among women who reported NO partner violence
## Consequences of violence against women

go beyond survivors themselves

### Effects on children of women who experience abuse

- Higher rates of infant mortality
- Behavior problems
- Anxiety, depression, attempted suicide
- Poor school performance
- Physical injury or health complaints
- Experiencing or perpetrating violence as adults

### Effects on families

- Inability to work
- Lost wages and productivity
- Housing instability

### Social and economic effects

- Costs of services incurred by victims and families (health, social, justice)
  - 42% higher health care expenditures in US
- Lost workplace productivity and costs to employers
  - 3.7% of GDP in Peru
- Perpetuation of violence
Intersections between violence against women and violence against children

Why are health systems key to addressing violence against women?

1. Women exposed to violence seek health care more frequently
2. Health care providers are often women’s first point of professional contact
3. All women are likely to seek health services at some point in their lives
Recent mandates agreed by Health Ministries

**PAHO Directing Council 2015:**
Strategy and Plan of Action on strengthening the health system to address violence against women

**World Health Assembly 2016:**
Global Plan of Action to strengthen the role of the health system to address interpersonal violence, in particular against women and girls, and against children

**Key lines of action:**

- Strengthen the **availability and use of evidence**
- Strengthen **political and financial commitment**
- Strengthen the **capacity** of health systems to provide **effective care and support**
- Strengthen the role of the health system in **prevention**
How was the Regional Strategy and Plan of Action developed?

• 4 virtual consultations (in multiple languages)
• 1 in-person consultation
• Additional consultations with organizations representing indigenous and afrodescendant communities
• Reviewed and approved at PAHO’s Directing Council by Ministers of Health from 38 countries from the Americas
• In total, 100 colleagues from 19 countries participated (Governments, CSOs, academic institutions, multilaterals, UN agencies)
Objective 1.1: Increase the collection and availability of epidemiological and service-related data on violence against women

Indicators

1.1.1 – Number of countries that have carried out national studies on violence against women within the past 5 years

1.1.2 – Number of countries whose studies include an analysis of violence against women across different ethnic/racial groups

1.1.3 – Number of countries whose homicide data is disaggregated by age, sex, and relationship of victim to perpetrator
Objective 2.1: Strengthen national and subnational policies and plans to address violence against women within the health system

Indicators

2.1.1 – Number of countries that included violence against women in national health plans and policies

2.1.2 – Number of countries whose national health budget has one or more dedicated budget lines to support violence against women

2.1.3 – Number of countries that have a unit or focal point within health ministry responsible for violence against women
Objective 2.2: Increase the **health system’s participation in multisectoral plans, policies and coalitions to address violence against women**

**Indicators**

2.2.1 – Number of countries that have a national or multisectoral plan addressing violence against women that includes the health system
Objective 3.1: Strengthen national standard operating procedures (protocols, guidelines) for providing safe and effective care and support for women experiencing intimate partner and/or sexual violence

Indicators

3.1.1 – Number of countries that have a national standard operating procedures for the health system response to intimate partner violence, consistent with WHO guidelines

3.1.2 – Number of countries that provide comprehensive post-rape care in emergency services, consistent with WHO guidelines
Objective 3.2: Increase the capacity of health professionals to respond to violence against women

Indicators

3.2.1 – Number of countries that have included violence against women in their continuing education processes for health professionals
Objective 4.1: Strengthen the participation and commitment of the health system in efforts to prevent violence again

Indicators

4.1.1 – Number of countries that have a coalition/task force in place for coordinating prevention of violence against women that includes participation from the Ministry of Health

4.1.2 – Number of countries that have a national violence against women plan that proposes at least one strategy to prevent violence against women
How can the Strategy and Plan of Action be useful to you?

• Offers a road map of health systems’ priorities for the Americas
• Provides indicators to monitor progress
• Can be used as an advocacy tool to promote action
Gracias!
Obrigada!
Thank you!

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