

## 4. Magnitude of the problem

Intentional and unintentional injuries now rank among the leading causes of morbidity or mortality in several countries of Latin America and the Caribbean. The magnitude of the problem is reflected not only in homicides, which of course are an expression of extreme violence in that they threaten the fundamental right to life, but also in other less visible forms of violence, such as intra-family violence against children, women, and the elderly; violence in institutions; violence in public by and among young people; and self-inflicted violence. Some of these different forms are described below.

**a) Violence against children.** The World Health Organization (WHO) estimates that 40 million children worldwide suffer the effects of violence. In LAC all forms of violence against children are found, in all the diverse scenarios in which it occurs. According to Orpinas, the prevalence of corporal punishment of minors is high in Latin America.

A comparison of factors associated with violent and aggressive behaviors in seven Latin American cities and Madrid in 1997 showed that the majority of children subjected to corporal punishment are between 2 and 7 years of age<sup>27</sup>. Those most affected by corporal punishment are in the age group from 3 to 5 years; the practice then declines gradually as the age of children increases.

**Physical aggression against children is more common among young parents or caretakers with less education who consider physical punishment to be a valid means of achieving disciplined behavior.** Exposure to violent environments is reflected in aggressive behavior in children. Perry, Perry, and Rasmussen found significant differences between aggressive and non-aggressive children. Those children who had been victims of violence reported greater difficulties in inhibiting their own aggressive impulses<sup>28</sup>. In addition to physical aggression in the home, violence against children on the street is also a problem of major proportions.

In Brazil there are between 7 and 8 million youth from 5 to 18 years of age who live **and work on the streets of the cities**<sup>29</sup>.

These youngsters are frequently subject to violent persecution by groups of "vigilantes," bands linked to the drug trade and the police. The great inequity and poverty that affects many children forces them to work on the street in order to contribute to family income. Sexual violence is also common and minors of both sexes are violated by adults who take advantage of their vulnerability. There is also violence among the children themselves. The majority of these youth are male. However, **it is estimated that there are at least 800,000 girls in Brazil who live on the street and work mainly in prostitution.** Violence against minors perpetuates the cycle of violence and results in the learning of aggressive behaviors and attitudes<sup>29</sup>.

**b) Violence against women.** Violence against women was defined in the Convention of Belém do Pará in 1994 as

*“Any action or behavior, based on her gender, that causes death, injury, or physical, sexual, or psychological suffering to a woman, in either the public or the private arena.”*

It includes actions against women inside or outside the home, independent of whether the aggressor is or is not the victim’s spouse or companion at the time of the aggression, or whether the aggressor is a stranger. There is a similar concept in PAHO’s definition of conjugal violence as **“Any act or omission that is aimed at controlling and/or suppressing and that results in harm to physical, emotional, sexual, or economic integrity, used against adolescent or adult women by their current or previous partners<sup>30</sup>.”** As a result of studies done, and thanks to the work of countless groups of women and nongovernmental organizations, today we have a clearer vision of the problem. The need for improved information is also of interest to groups working against domestic violence.



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In Nicaragua, for example, the health services are used two to three times more frequently by women who are abused than by those who are not abused. Women who do not work have a higher probability of being beaten than those who work. Children of beaten or abused mothers tend to drop out of school early in greater proportion than children of mothers who are not abused<sup>9</sup>. In the American hemisphere, from 30% to 50% of women suffer some form of violence. A study prepared in Mexico City found that for women, more than two-thirds of the visits for treatment of injuries at health care services were associated with domestic violence, including one-fourth were due to fights between partners. Eighty-five percent of aggressions between family members take place in the home<sup>3</sup>. In the United States, abused women tend to lose their employment as a consequence of the abuse<sup>9</sup>. The World Bank estimates that throughout the world, rapes and violence cause 9 million years of potential life lost.

Different studies use different methodologies and definitions of types of injuries or assaults, and this tends to hinder valid comparisons among them. If observation is restricted to physical or sexual violence, then the psychological factor is overlooked and fewer acts are reported than really occur. Women's groups along with national and international networks against abuse of women and children are working to raise public awareness of gender equity.

**c) Violence against young people.** According to Weaver and Maddaleno<sup>31</sup>

in the American hemisphere the highest homicide rates occur among people from 15 to 24 years of age and are frequently related to the increasing presence of juvenile gangs in urban areas.

The youth population has been widely affected by child abuse and neglect, which is associated with teenage pregnancies (< 19 years), presence of a single parent, and low socioeconomic status<sup>32</sup>. Adolescents are the population most affected by all kinds of violence. This includes not only physical aggression, but also sexual, verbal, and emotional abuse, and abandonment. At the same time, they are often influenced by the aggressive and violent messages produced by the mass media. In addition to being the most common victims, young people are the most frequent perpetrators of violent acts. Individual characteristics, family experiences, access to firearms, alcohol, drugs, and political and social violence more frequently affect this age group, especially males. These behaviors are learned and frequently originate in a violent family environment.

**d) Homicides.** Reported homicide rates per 100,000 population, an indicator frequently used for comparison between countries, **exceed 10 per 100,000 in more than 12 countries of Latin America and the Caribbean.** This high figure in itself reflects the severity of the problem. In the United States, which has the highest homicide rate among developed countries, the Centers for Disease Control and Prevention (CDC) reported a rate of 7.3 per 100,000 for 1997 (<http://www.cdc.gov>). Canada has the lowest rate in the Region, with 1.6 per 100,000 in 1995<sup>9</sup>. In several countries, increases in the rate have been observed in relatively short periods. In others, there is widespread absence of reporting, under-reporting, or inconsistency in the official reports (for example, in Guatemala, Jamaica, and Honduras).

In the 1980s, in 17 of the 27 countries of the Americas that reported data to the World Health Organization, **homicides ranked among the top five causes of death**<sup>33</sup>. In several countries, political, social, and interpersonal violence and common crime were the leading causes of homicide. During the same period, the countries most affected by violence were Guatemala and El Salvador. In Guatemala, for example, homicides were 11% of all deaths, contrasting with countries such as England where, during that period, homicides were only 0.03% of the total number of deaths<sup>33</sup>.

Toward the end of the 1980s and beginning of the 1990s, Colombia had the highest rates of homicide in the Region<sup>30</sup>.

In the city of Cali, interviews with perpetrators of homicide showed that in more than 85% of the cases, there was a background of family violence or of abuse<sup>34</sup>.

The figures cited above do not necessarily reflect the reality. Studies and monitoring by national and local groups have managed to determine homicide rates with greater precision, showing the dimensions of the problem, and they have advanced in the characterization of homicides. Some examples follow:

#### 4.1 Argentina<sup>35</sup>:

In 1997 the Ministry of Justice, through the Directorate of Criminal Policy, confirmed through a careful review of data in judicial records that the homicide rate in Argentina was **8.8 per 100,000 population**, rather than previously reported figures on the order of 4.5 per 100,000. Homicides are especially prevalent in urban areas. This is a high rate for this country, whose reality of urban violence has emerged in recent years as a subject of growing debate and national concern. It should be noted that the data compiled and analyzed by the Directorate of Criminal Policy appear to correspond to reality.

#### 4.2 Cali, Colombia<sup>2, 36</sup>:

Cali is one of the cities most affected by homicidal violence. Between 1983 and 1994 the homicide rate increased five times, soaring from 23 per 100,000 to 124 per 100,000 in that period. Efforts begun by the mayor's office in 1992 **lowered the rate in subsequent years; in 1997 it was 86 per 100,000**, still an extreme figure. Intentional injuries continue to be the leading cause of mortality in the age group from 15 to 34 years, with a rate of 400 per 100,000 in 1994. Problems associated with social and interpersonal violence, common crime, drug trafficking, and political violence are some of the causes of these figures, but they are not the only causes.

**4.3 Caracas, Venezuela<sup>37</sup>:**

In the Federal District of Caracas, the rate of homicide increased **from 13.4 per 100,000 in 1986 to 81 per 100,000 in 1993**. The juvenile population has been most affected, and 95% of the homicide victims are males. The majority are carried out with firearms. There is an increasingly unequal distribution of economic resources between high-status and poorer social groups, and these differences are accentuated by the present economic crisis.

**4.4 Mexico City, Mexico<sup>3</sup>:**

Between 1981 and 1995 the reported homicide rate increased 90%, **from 10.2 per 100,000 to 19.6 per 100,000**. The rising trend occurred in all age groups and in both sexes. In 1,550 homicides in Mexico City in 1995, 18% of the victims were unemployed or children or had no known occupation. Seventy percent of the homicides were carried out with firearms and 75% in public areas.

**4.5 São Paulo, Brazil<sup>38</sup>:**

The city has seen an increase in the homicide rate since the end of the 1980s, mainly in young men between 15 and 24 years of age. In 1995, a rate of **200 per 100,000** was reported for this age group. Young men are the most affected. Firearms are the most common murder weapon. The time distribution of these events is similar to that of other cities in Latin America, that is, they are more prevalent at night and during weekends.

**4.6 San Pedro Sula, Honduras<sup>39</sup>:**

In 1998 Forensic Medicine carried out 1,160 autopsies for deaths from external causes. Of these, 831 were intentional homicides, the majority taking place in the urban areas. With 600,000 inhabitants, San Pedro Sula is the second largest city of the country; it has an estimated rate of **90 homicides per 100,000**, excluding those that did not occur within its perimeter.

**4.7 El Salvador<sup>40</sup>:**

After the signing of the peace accords, El Salvador experienced an increase in social violence. During the war, homicide registries basically did not exist. More reliable data is available since 1995, but disparities are still observed. The rate for recorded homicides is 40 per 100,000, but after a careful review of the books of the District Attorney's Office and Forensic Medicine it was determined that the rate **in 1995 was 139 per 100,000**. This declined to 90 per 100,000 in 1998.

It is clear that the magnitude of the problem is serious, as is the need for information. Below we present the concepts, components, and elements that make up epidemiological surveillance systems.