

Prevalence of intimate partner violence in the Americas

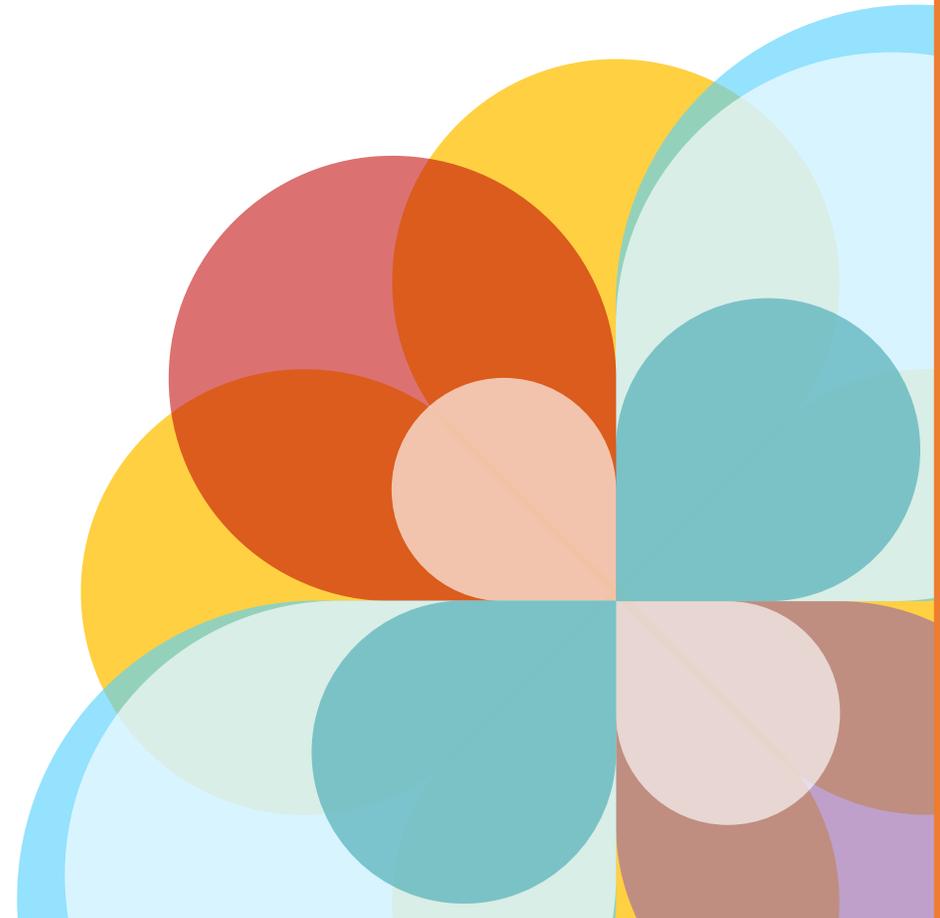
Presenter:

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Overview of presentation

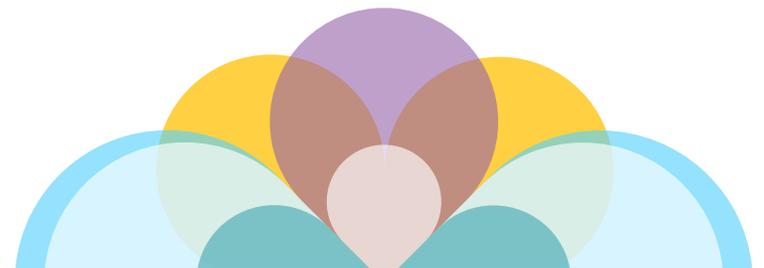
Background

Methodology: Systematic review and reanalysis

Findings: Most recent IPV prevalence estimates

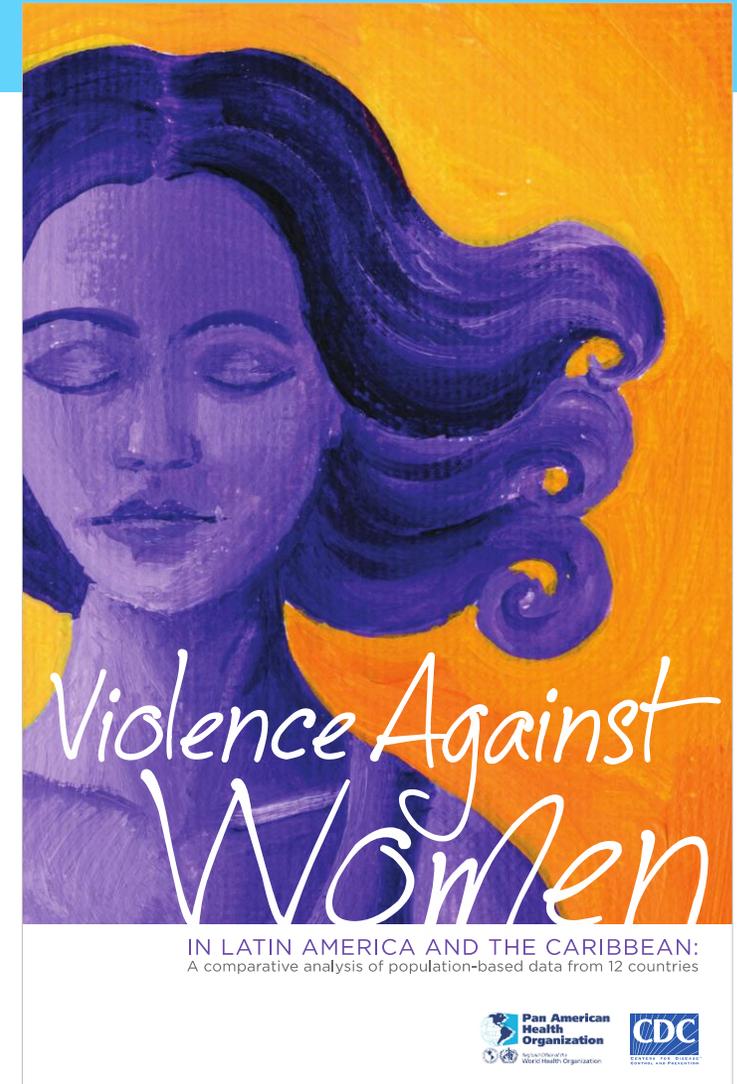
Findings: Changes in IPV prevalence over time

Recommendations and conclusions



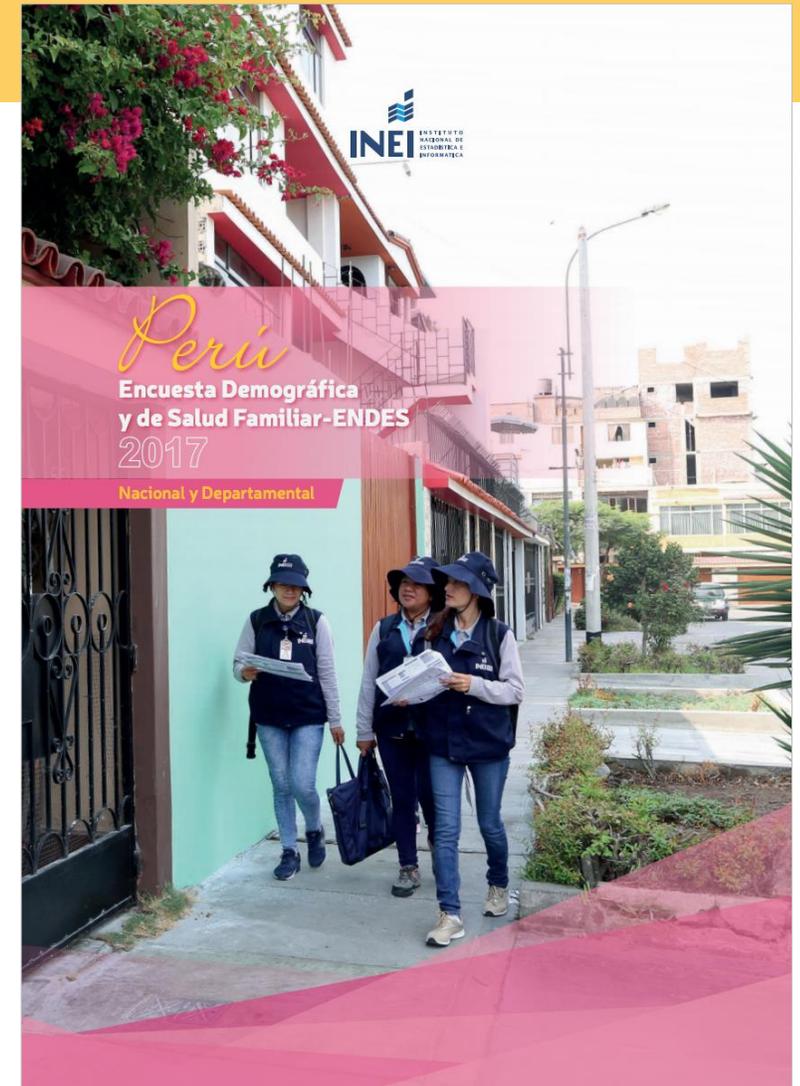
Violence Against Women in Latin America and the Caribbean: A Comparative Analysis of Population-Based Data from 12 Countries

- PAHO and CDC 2012
- Demographic Health Surveys and Reproductive Health Surveys
- First regional comparison of nationally-representative data
- Physical, sexual and emotional violence; controlling behaviors
- Prevalence, risk factors, consequences, and attitudes towards violence

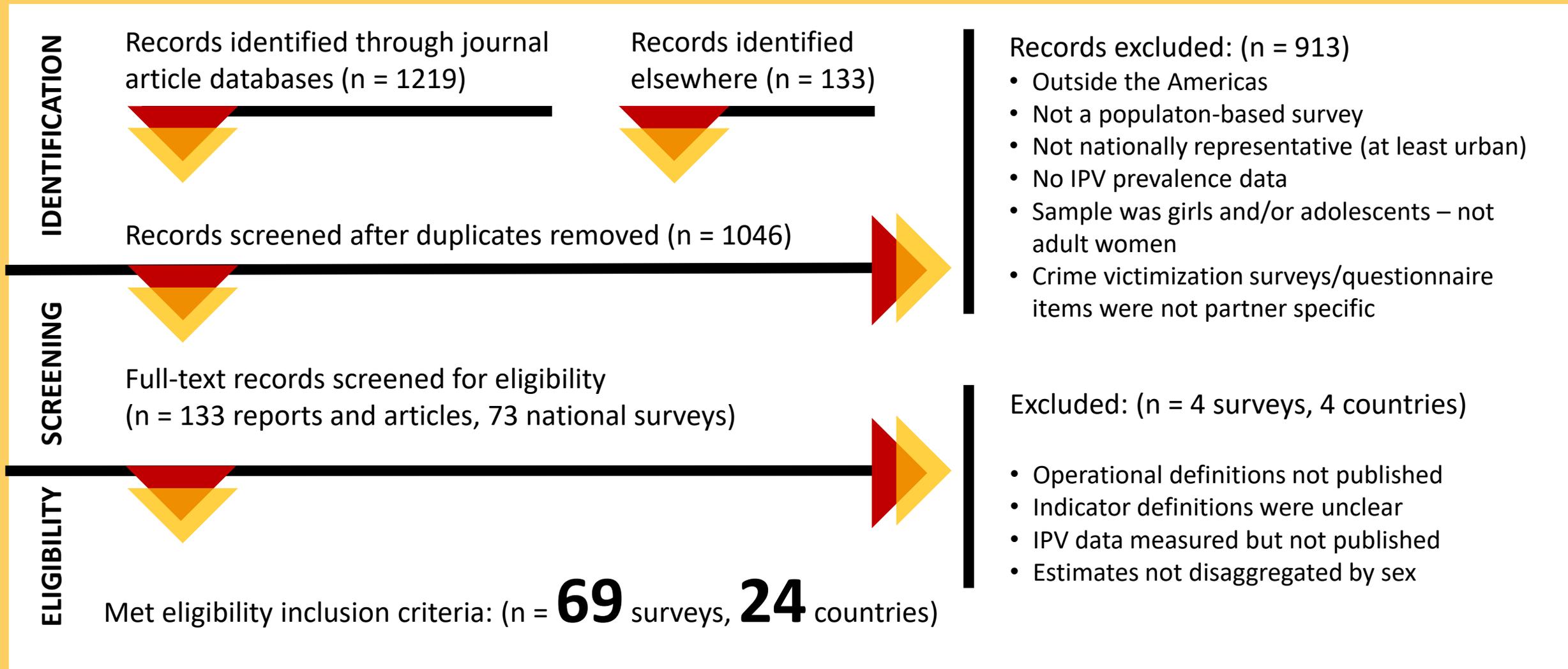


Survey eligibility criteria – 2018 Systematic review

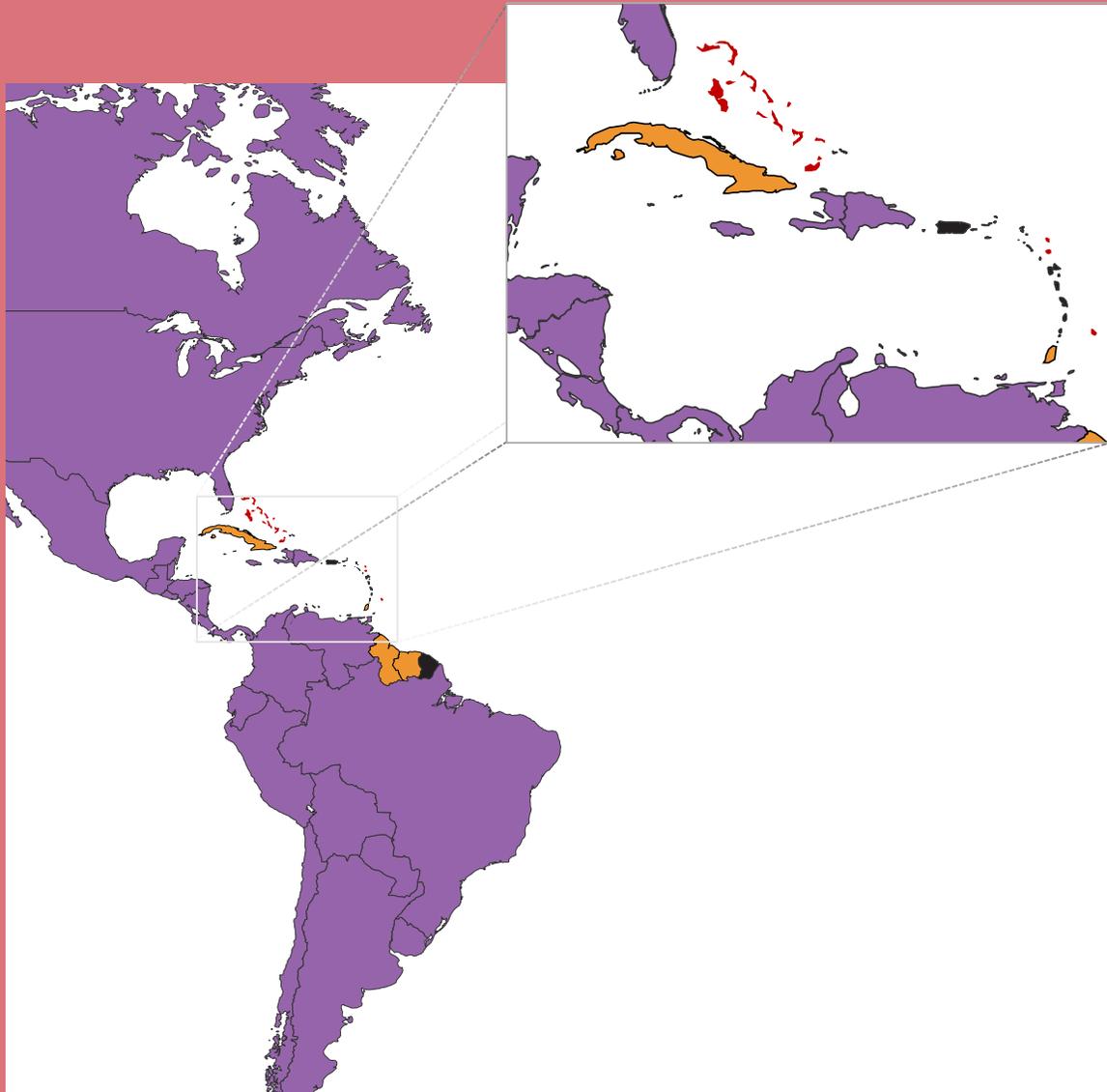
- Nationally representative (at least urban)
- Population-based
- Household or telephone survey
- From any PAHO Member State
- Gathered IPV prevalence data
- Collected data 1998 - 2017
- Published (at least online) by July 2018
- Any language (*English, French, Portuguese, Spanish*)
- Sufficient information to assess quality
- Explicitly mentioned partners when measuring violence



Search and screening for eligible surveys (per PRISMA guidelines)



Geographic coverage of eligible surveys



Searched for national surveys from 35 PAHO member States

24 countries: Eligible survey found (*Argentina, Belize, Bolivia, Brazil, Canada, Chile, Colombia, Costa Rica, Dominican Republic, Ecuador, El Salvador, Guatemala, Haiti, Honduras, Jamaica, Mexico, Nicaragua, Panama, Paraguay, Peru, Trinidad & Tobago, Uruguay, USA, and Venezuela*)

11 countries: No ***published*** national survey found

4 countries: Survey in development or close to publication (*Cuba, Grenada, Guyana, Suriname*)

7 countries: No survey found (*Antigua and Barbuda, Bahamas, Barbados, Dominica, Saint Lucia, St. Vincent and the Grenadines, St. Kitts and Nevis*)

Overseas territories with no eligible survey

Prevalence indicators: Challenges to comparability

% of **ever partnered**

Ever-partnered, currently-partnered, or never-partnered women?

women and girls
aged **15-49 years**

What age range?

subjected to
physical or sexual **violence**
by a **current or former**

*What forms of
violence?
Defined how?*

*¿Current, most
recent partner
and/or any
partner in life?*

*Who was considered
an intimate partner?
Husband?
Cohabiting partner?
Stable partner?
Boyfriend? Lover?*

intimate partner,

ever and in the
past 12 months,

*In what timeframes did
violence occur?*

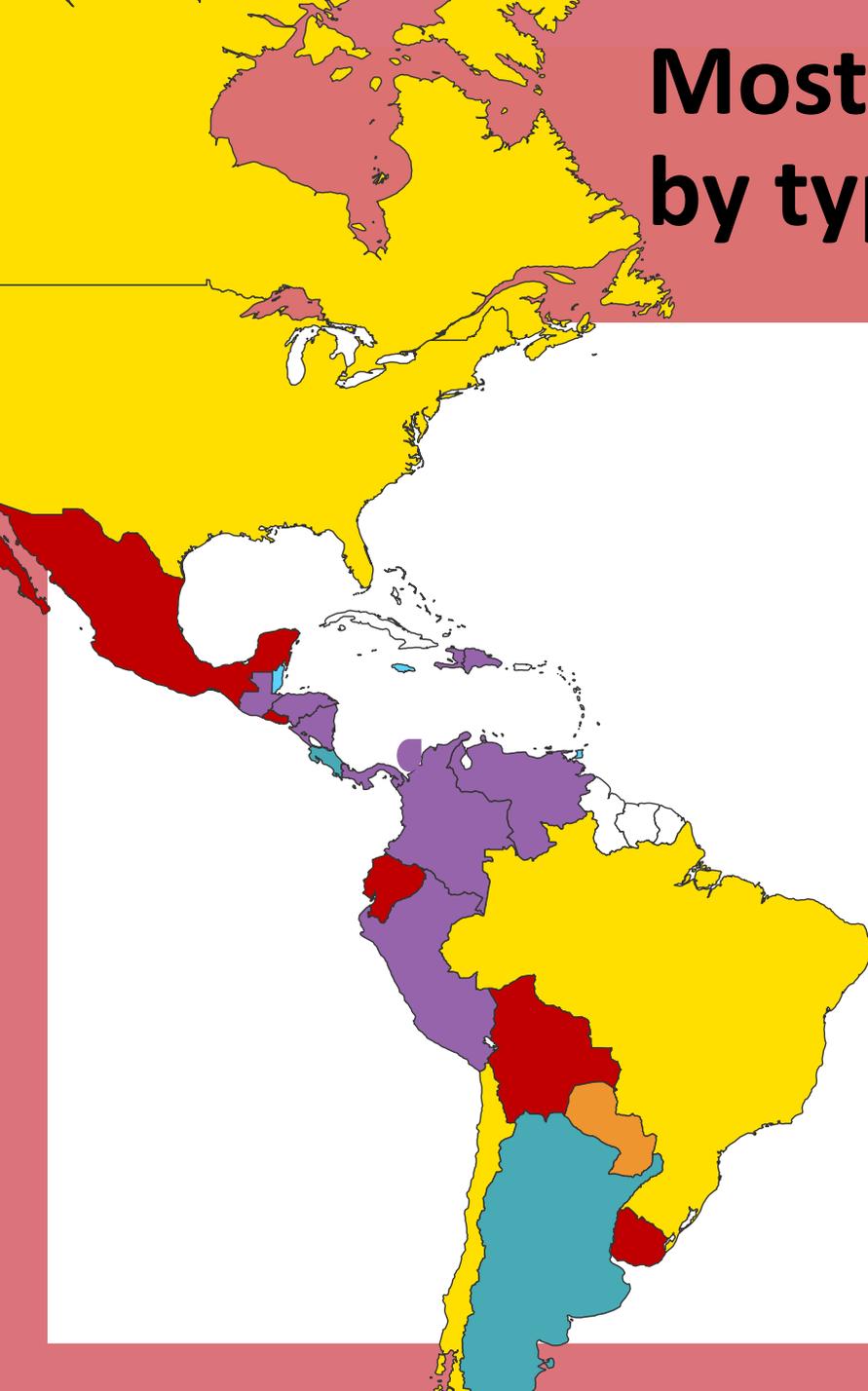
disaggregated by
type of violence

*What type(s) of violence?
Physical? Sexual?
Physical and/or sexual?*

and **type of partner**

*Current/most recent partner
and/or any partner in life?*

Most recent 24 eligible surveys by type of instrument



Demographic Health Surveys (DHS)

Colombia (2015), Dominican Republic (2013), Guatemala (2014/15), Haiti (2016/17), Honduras (2011), Nicaragua (2011/12), Panama (2009), Peru (2017), Venezuela (2010)

Reproductive Health Surveys (RHS)

Paraguay (2008)

World Health Organization, Multi-country study (WHO MCS)

Belize (2015), El Salvador (2013/14), Jamaica (2016), Trinidad and Tobago (2017)

International Violence Against Women Survey (IVAWS)

Argentina (2015), Costa Rica (2003)

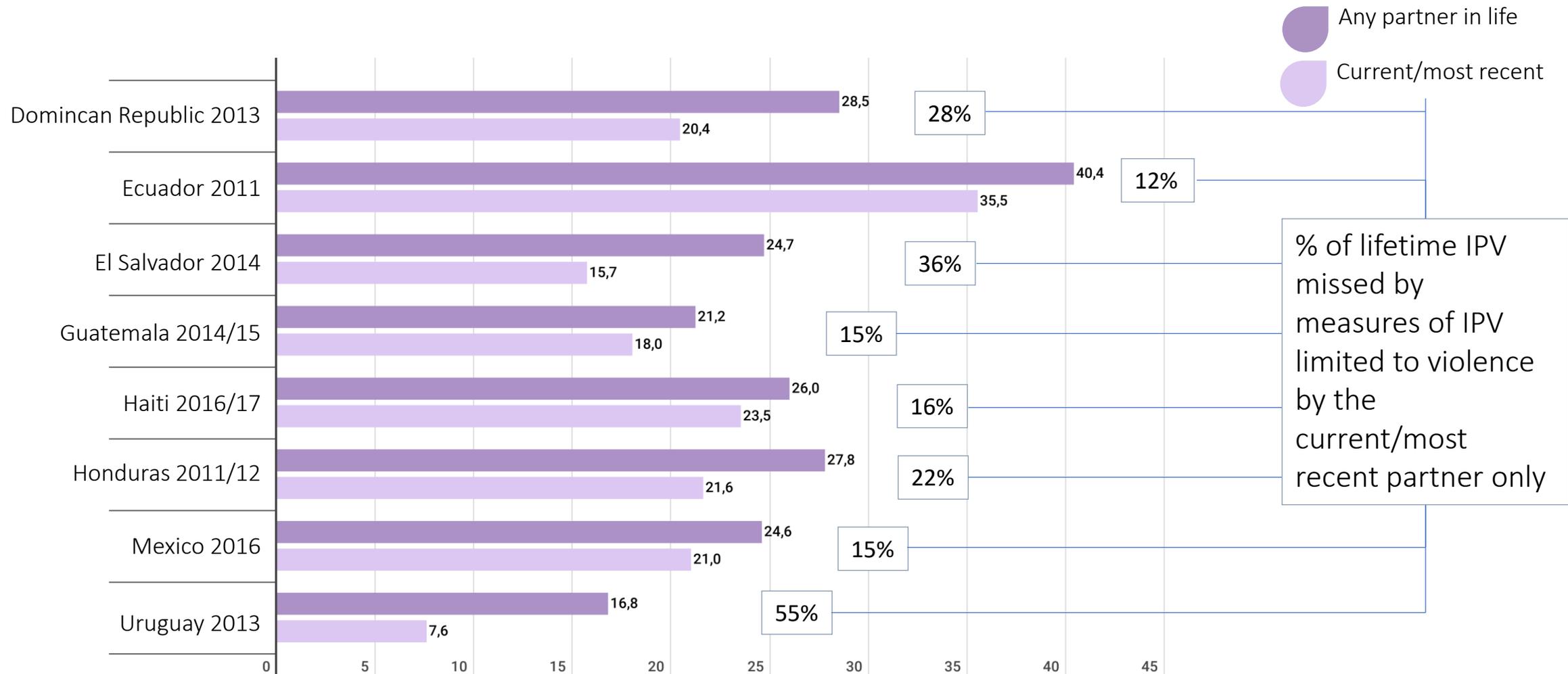
Encuesta Nacional sobre la Dinámica de las Relaciones en los Hogares (ENDIREH) or similar

Bolivia (2016), Ecuador (2011), El Salvador (2017), Mexico (2016), Uruguay (2013)

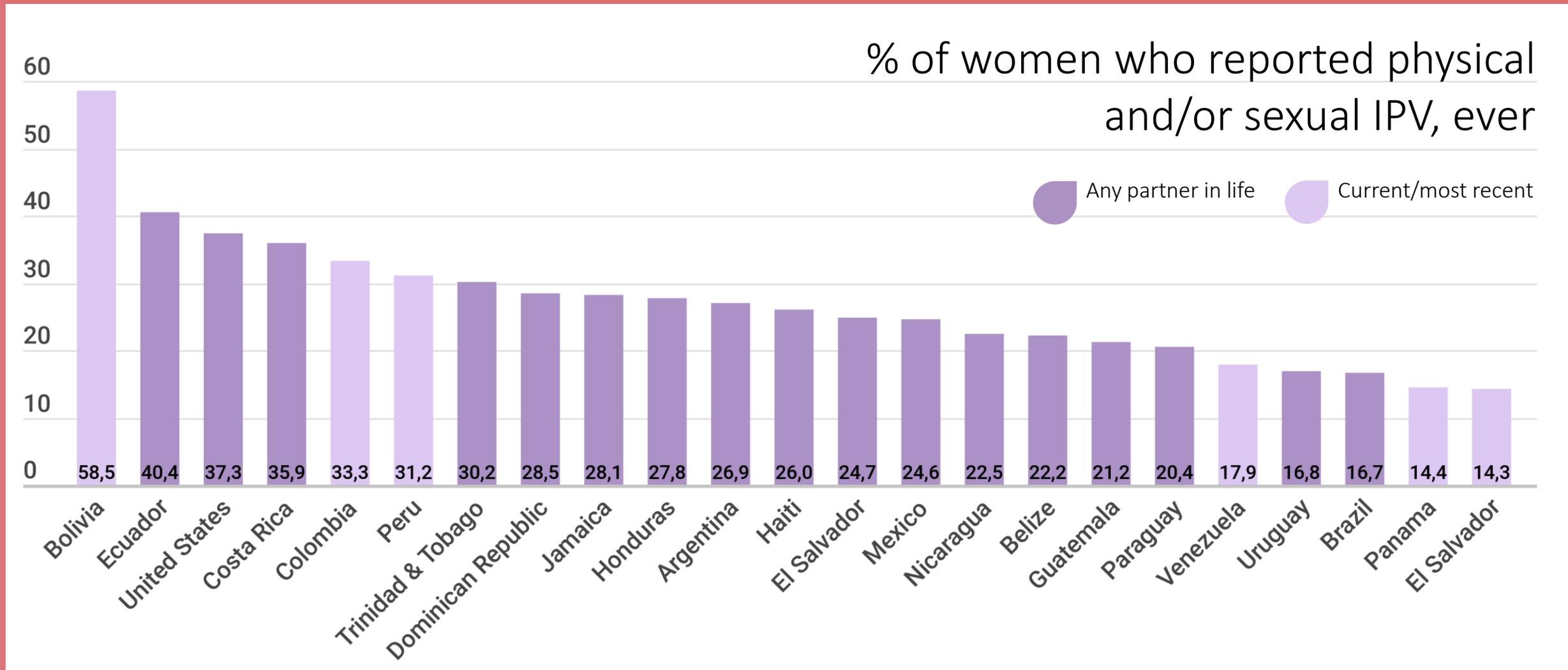
Unique surveys

Brazil (2017), Canada (2014), Chile (2016/17), USA (2010/12)

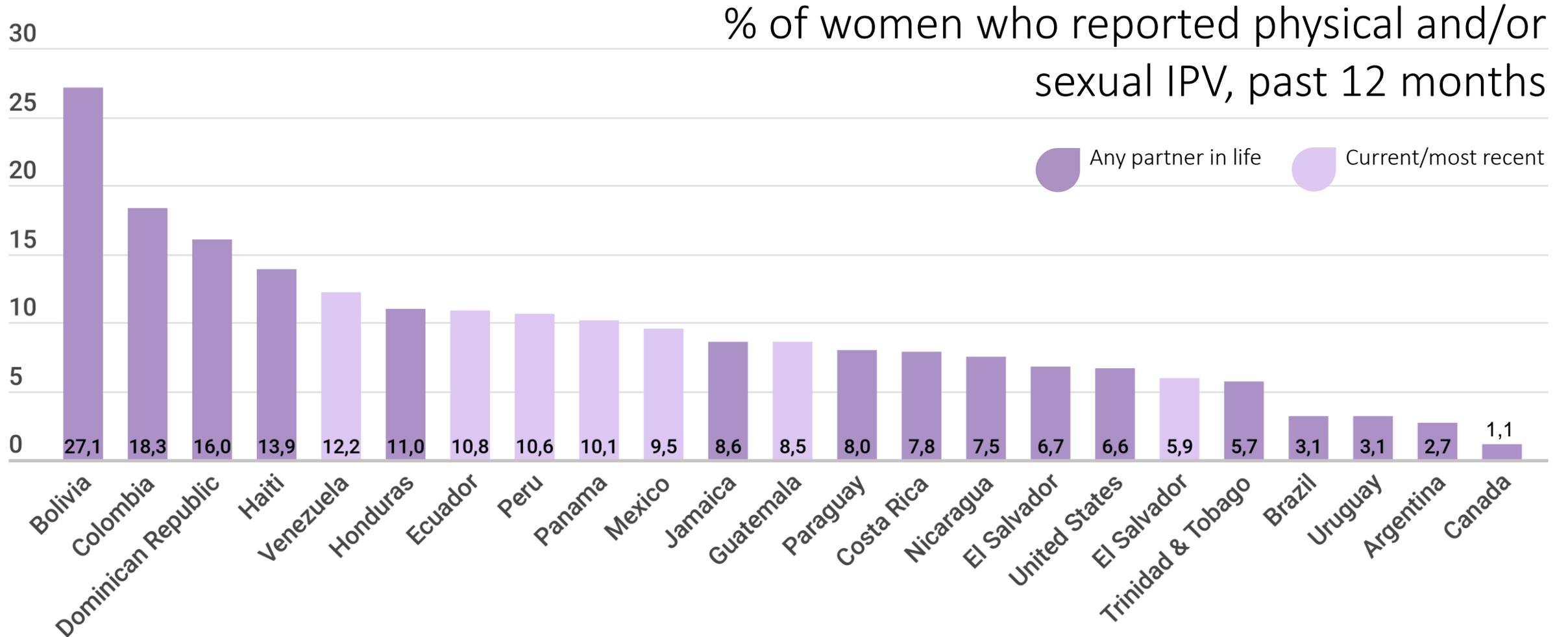
Challenges to comparability: Difference between any partner in life and current/most recent partner



Prevalence of PHYSICAL and/or SEXUAL intimate partner violence EVER



Prevalence of PHYSICAL and/or SEXUAL intimate partner violence PAST YEAR



Analysis of changes over time in reported IPV prevalence

7 countries

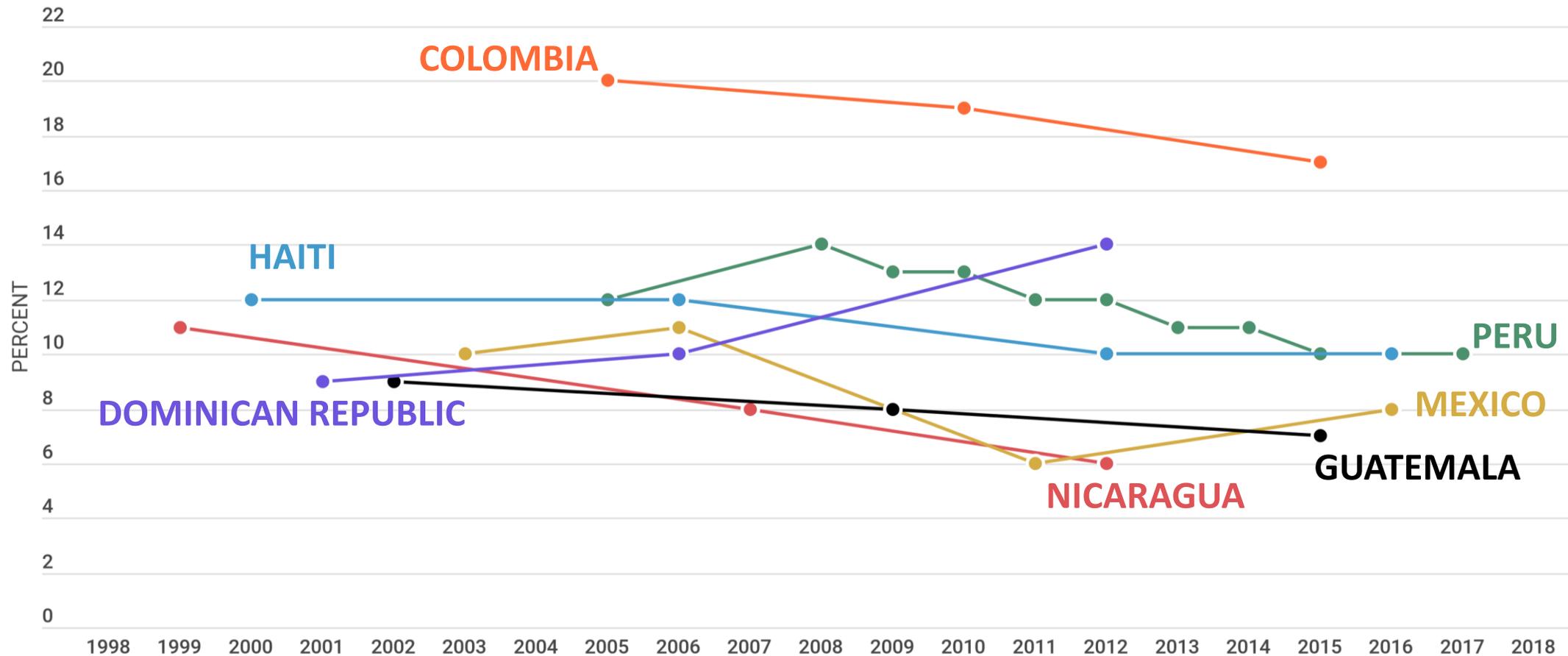
- 3+ rounds of open access data based with a comparable instrument 1998-2017
- *Colombia, Dominican Republic, Guatemala, Haiti, Mexico, Nicaragua, Peru*
- PAHO analyzed changes over time using Cochran Armitage Trend Test

1 country

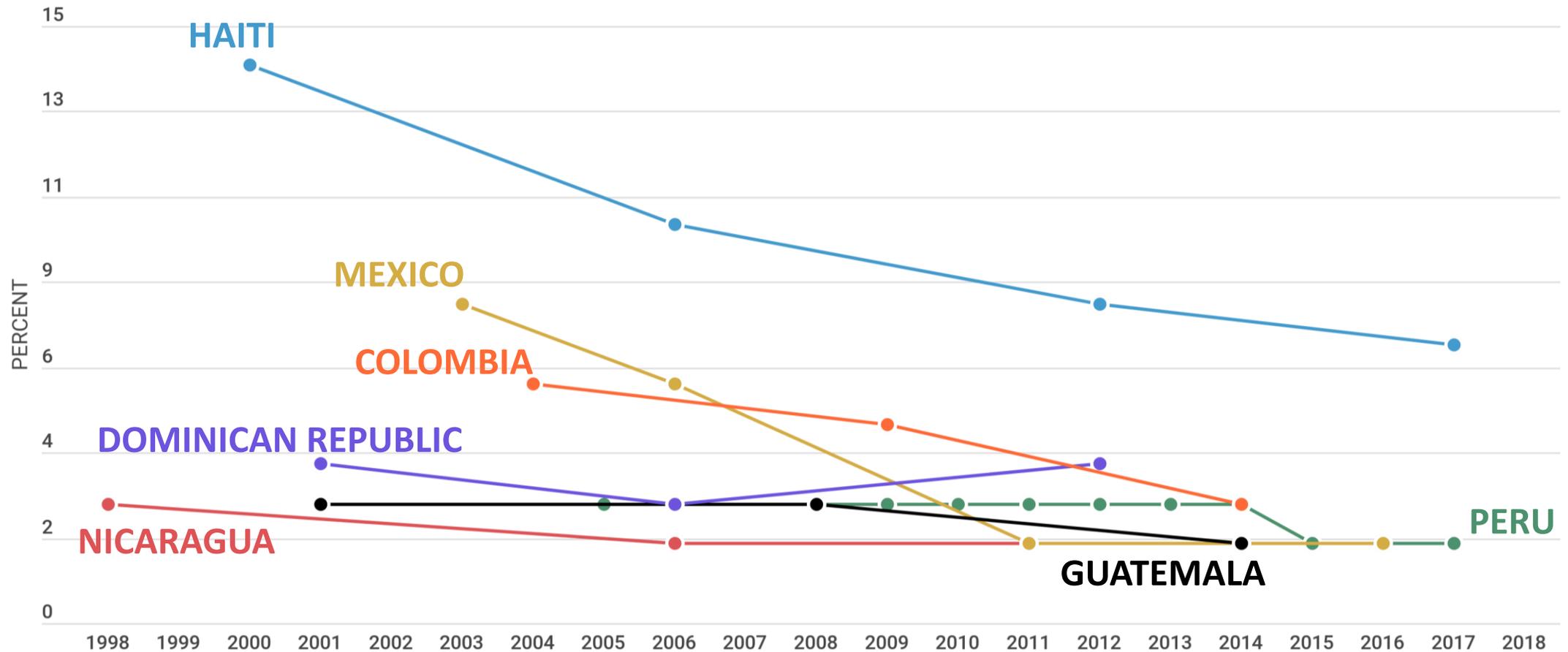
- Canadian researcher already published an analysis of changes over 3 points in time



Changes over time: Physical IPV past year



Changes over time: Sexual IPV past year



Methodological findings of systematic review

- Estimates of IPV by any partner in life are NOT comparable to IPV by the current/most recent partner only – surveys should measure and publish both.
- In accordance with SDG and UN guidelines, surveys should publish indicators of physical and/or sexual IPV
- Composite indicators of physical, sexual and/or emotional IPV are less helpful (not comparable, tier 3, not compelling to policy makers)
- Surveys vary by age range – please disaggregate for the 15-49 year old cohort
- Many reports do not clearly define their indicators or label their tables/charts for numerator and denominators (type of violence, partner, etc.)
 - readers need more clearly labeled findings
- Inadequate information about ethics and safety

Conclusions

1

IPV remains widespread in the Americas

2

While reported IPV prevalence declined significantly in several countries, some indicators were unchanged or rose over time

3

Availability of prevalence estimates increased significantly, but need: Greater geographic coverage, improved quality and comparability and repeat surveys

4

Greater and sustained investment needed on evidence-based VAW prevention and response

How WHO/PAHO is working **to strengthen health systems** in the Americas

1

Strengthen leadership and governance:

- Strengthen political will
- Integrate violence within policies, programs
- Advocate for adoption/reform of laws

2

Strengthen health service delivery:

- Develop evidence-based normative guidance & curricula
- Train health care professionals
- Integrate VAW into university-level and continuing education

3

Strengthen prevention:

- Support programs that challenge gender norms
- Inform policies and programs in other sectors

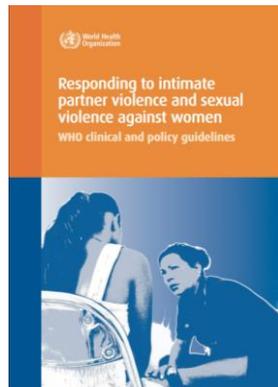
4

Strengthen evidence:

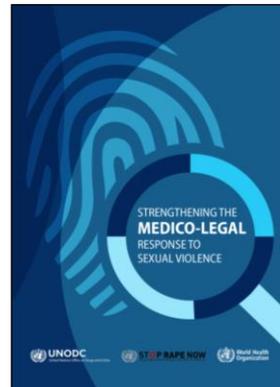
- Strengthen routine reporting
- Support research to develop, evaluate, and scale up health systems' interventions
- Provide guidance to improve quality and comparability of data

Tools by WHO and PAHO to support health systems

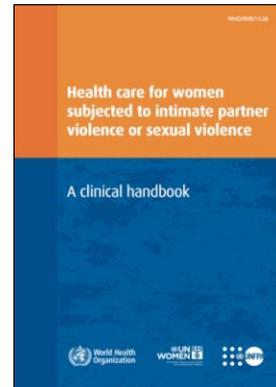
Responding to intimate partner violence and sexual violence against women: WHO clinical and policy guidelines



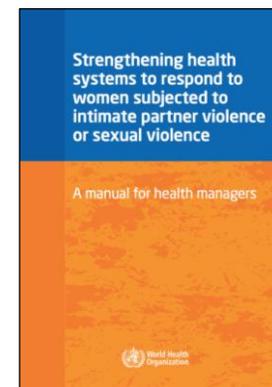
Strengthening the medico-legal response to sexual violence



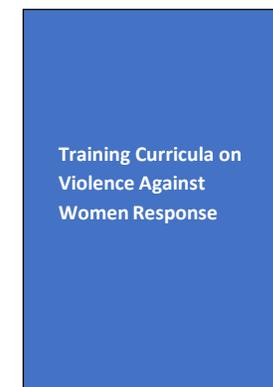
Health care for women subjected to intimate partner violence or sexual violence: A clinical handbook



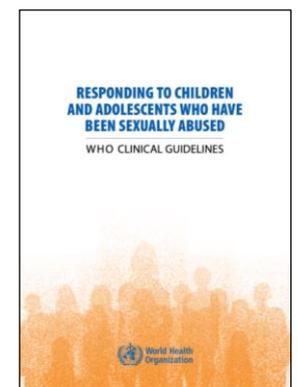
Strengthening health systems to respond to women subjected to intimate partner violence or sexual violence: A manual for health managers



Training Curricula on Violence Against Women Response (forthcoming)



WHO Clinical Guidelines for responding to children and adolescents who have been sexually abused



Thank you

Bott S, Guedes A, Ruiz-Celis AP, Mendoza JA. Intimate partner violence in the Americas: A systematic review and reanalysis of national prevalence estimates. Rev Panam Salud Publica. 2019;43:e26. <https://doi.org/10.26633/RPSP.2019.26> (forthcoming).



www.paho.org/violence