



# Sexual Violence in Latin America and the Caribbean: A Desk Review







# **Sexual Violence in Latin America and the Caribbean: A Desk Review**

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## Acknowledgements

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The SVRI was established in 2002, with the support of the World Health Organization, as an initiative of the Global Forum for Health Research. Since 2006, the SVRI has been hosted by the Gender and Health Research Unit, Medical Research Council of South Africa. The SVRI is a network of experienced researchers, policy-makers, activists, donors and others committed to promoting research on sexual violence and to raising awareness of sexual violence as a priority public health issue. The SVRI promotes and disseminates action-oriented research to reduce and respond to sexual violence through: identifying research gaps, building capacity, supporting research, raising awareness and building partnerships.

The SVRI is guided by a Coordinating Group of experts on sexual violence. The members of the SVRI Coordinating Group are: Jill Astbury, Gary Barker, Claudia García-Moreno, Alessandra Guedes, Rachel Jewkes, M. E. Khan, Nduku Kilonzo, Mary Koss, Sylvie Olifson, Tandi Samir and Iatamze Verulasvhili. The SVRI secretariat manages the day-to-day activities. Members of the SVRI Secretariat are: Rachel Jewkes, SVRI Secretary, Liz Dartnall, SVRI Programme Officer and Lizle Loots, SVRI Researcher.

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## Abbreviations and Acronyms

<b>AECID</b>	Spanish Agency for International Development Cooperation / Agencia Española de Cooperación Internacional para el Desarrollo
<b>CARICOM</b>	Caribbean Community
<b>CDC</b>	United States Centers for Disease Control and Prevention
<b>CEDAW</b>	Convention on the Elimination of All Forms of Discrimination against Women
<b>CIDH</b>	Inter-American Commission on Human Rights
<b>CIM</b>	Inter-American Commission on Women
<b>CSA</b>	Child sexual abuse
<b>DHS</b>	Demographic and Health Survey
<b>ECLAC/CEPAL</b>	Economic Commission for Latin America and the Caribbean / Comisión Económica para América Latina y el Caribe.
<b>GBV</b>	Gender-based violence
<b>HIV/AIDS</b>	Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome
<b>ICPD</b>	International Conference on Population and Development
<b>ILANUD</b>	United Nations Latin American Institute for the Prevention of Crime and the Treatment of Offenders
<b>INSTRAW</b>	United Nations International Research and Training Institute for the Advancement of Women
<b>IOM</b>	International Organization for Migration
<b>IPPF/WHR</b>	International Planned Parenthood Federation/Western Hemisphere Region
<b>LAC</b>	Latin America and the Caribbean
<b>MSF</b>	Doctors Without Borders / Médicos Sin Fronteras
<b>NGO</b>	Non-governmental organisation
<b>OAS</b>	Organization of American States
<b>PAHO</b>	Pan American Health Organization
<b>RHS</b>	Reproductive Health Survey
<b>STI</b>	Sexually-transmitted infection
<b>SVRI</b>	Sexual Violence Research Initiative
<b>UN</b>	United Nations
<b>UNAIDS</b>	Joint United Nations Programme on HIV/AIDS
<b>UNICEF</b>	United Nations Children's Fund
<b>UNIFEM</b>	United Nations Development Fund for Women
<b>UNFPA</b>	United Nations Population Fund
<b>VAW</b>	Violence against women
<b>WHO</b>	World Health Organization



## Executive Summary

The World Health Organization defines sexual violence as “any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed, against a person’s sexuality using coercion, by any person regardless of relationship to the victim, in any setting, including but not limited to home and work” (Jewkes et al., 2002). A limited but growing body of evidence suggests that sexual violence is a serious problem throughout Latin America and the Caribbean (LAC) – both as a public health problem and a violation of human rights. This document reviews what is known about sexual violence in the LAC region. It aims to explore the magnitude, patterns and risk factors associated with sexual violence, as well as the legal and policy frameworks, women’s responses to sexual violence, access to services and service responses, promising interventions, research gaps and priorities for future research.

Over two hundred published and unpublished documents were reviewed to prepare this document. Grey literature was identified through internet-based searches and from experts working in the region. The scope of this review is primarily based on research produced between 2000 and the present. While an effort has been made to cover the entire Latin American and Caribbean region, research is not available for all countries in the region. As such, this document should be considered the first phase in an ongoing process of consolidating the existing evidence and identifying research gaps and priorities for this culturally, racially and geographically diverse region.

The evidence base on sexual violence in LAC has important limitations, but the number of studies conducted in the region has greatly expanded in the last two decades. There are wide geographic disparities; for example, approximately half of all studies reviewed in this document were done in Brazil and Mexico. Across the region, there is great diversity in the nature of the research conducted. Many studies provide a general overview of sexual violence in terms of levels, characteristics and risk factors. Research using qualitative methods to obtain survivor narratives and descriptions of their experiences of sexual violence is also common.

Studies reviewed highlight evidence that sexual violence is a serious and pervasive problem in the region. Throughout LAC, evidence suggests that women are most at risk of sexual violence from intimate partners. Population-based surveys have found that the lifetime prevalence of forced sex by an intimate partner ranges from 5% to 47% (see Tables 2a and 2b). In addition, a substantial minority of women and girls experience sexual abuse by non-partners, as indicated by a review of studies from LAC that found between 8% and 27% of women report having experienced sexual violence by a non-partner (Ellsberg, 2005).

Similar to other regions, most non-partner perpetrators are known to the victims and include: relatives, neighbours, friends, colleagues, priests and teachers (Jewkes et al., 2002; García-Moreno et al., 2005). In some cases, however, the perpetrator is a stranger. The most common forms of non-partner sexual violence in the region include: sexual abuse of children and youth, trafficking and sexual exploitation, sexual violence during the migration process, sexual harassment in the workplace, and sexual violence in emergencies or settings of armed conflict. Evidence indicates that the reproductive, sexual, physical and psycho-social health consequences for the victims of sexual violence can be severe and long lasting (Jewkes et al., 2002).

This review highlights a number of key factors associated with sexual violence in LAC at the macrosocial, community, relationship and individual levels. Most researchers agree that sexual violence is rooted in unequal gender social order and power relations between men and women in society (Jewkes et al., 2002). In particular, researchers have linked sexual violence with the following types of social norms: a) the legitimisation of violence against women by intimate partners; b) blaming women for rape and other types of sexual violence; c) the justification of male violence, e.g. due to their “inherent sexual desires”; d) viewing women as sexual objects; and e) the “cult of women’s virginity”. At this level, sexual violence is also associated with more generalised social acceptance of the use of violence. High levels of violence are particularly common in LAC settings where internal conflicts have taken place. In most parts of the region, government responses to sexual violence have been weak.

At the community level, a central factor associated with sexual violence is the lack of support for women’s right to sexual autonomy and for women who are victims of sexual violence. This lack of support comes from their own communities, from key institutions such as law enforcement and health services, workplaces and schools, but also from their families. At the level of relationships, there is a strong association between the dynamics of unequal control and power and sexual violence, particularly when: a) men are jealous; b) women refuse to have sex with their partners; and c) men feel at risk of losing control over the relationship. Individual risk factors for both experiencing and perpetrating sexual violence include: being young; living in a marginalised or excluded context; having experienced violence during childhood; and having rigid attitudes about gender roles. Studies from various settings, including from the LAC region, have found a strong association between witnessing and experiencing violence in childhood and perpetrating sexual violence during adulthood (Jewkes et al., 2006; Jewkes et al., 2002; Instituto Promundo, Instituto Noos, 2003).

The region has gained international recognition for progress made in legal reforms that addresses violence against women. LAC was the first region in the world where all countries ratified the Convention for the Elimination of all Forms of Discrimination Against Women and the



first to sign a regional treaty specifically aimed at eliminating violence against women: the Convention of Belem do Para. At present, nearly all countries in the region have incorporated the issue of violence against women into national legislation, by criminalising sexual violence and strengthening sanctions against perpetrators. However, many problems remain. For example, in some countries, the laws addressing violence against women are situated within the framework of legislation on domestic and family violence. A further legal constraint is the denial in some countries of the right for women to a safe and legal abortion in the event of pregnancy post rape. Moreover, enforcement of laws in the region is often weak, and the justice sector response to survivors of sexual violence has serious deficiencies.

In addition to legal reforms, governments in almost all countries in the region have developed programmes, plans and policies to address violence against women (Monatño et al., 2007). Unfortunately many of these actions, while good in theory, remain unimplemented or unsustainable after pilot efforts, despite different mechanisms to close the gap between theory and practice.

The literature reviewed found that women who report sexual violence face many difficulties (Jewkes et al., 2002; Ellsberg, 2005). Women who disclose experiences of sexual violence most often first tell a family member (such as a mother), a friend, neighbour or religious advisor. It is estimated that only around 5% of adult victims of sexual violence in the region report the incident to police. Key reasons why many women do not report sexual violence include: a) stigma, shame and fear of discrimination; b) fear of reprisals from the perpetrator; c) feelings of guilt; d) complexity of reporting the crime; and e) lack of support from family and friends; and the expectation that the law enforcement would be ineffective or even abusive.

When women do seek services, they most often seek support from the health care and legal sectors; however, the quality of service responses by both sectors is generally poor (Morrison et al., 2004). Across the region, researchers have documented many failings of these sectors, including: a lack of basic infrastructure; discriminatory and patriarchal attitudes and behaviours of service providers who justify the actions of perpetrators and blame the victims, resulting in re-victimisation; the failure of services to protect women from retributive actions by perpetrators; lack of privacy and confidentiality, and structural problems such as insufficient personnel, overly bureaucratic and complicated procedures. These situations are particularly acute in marginalised and poor areas, especially among indigenous women and in conflict settings.

As this review will illustrate, despite deficiencies, some recent progress has been made in the region to develop strategies to prevent and respond to sexual violence. These advances include improvements to policy and legal frameworks, as well as efforts to strengthen prevention

and response strategies by non-governmental organizations (NGOs), most notably in urban areas. Primary prevention efforts aimed at changing behaviour and providing support services to victims have been pursued through expansion of services, educational and capacity building interventions, raising awareness and community mobilisation, promoting public safety, and working with men and boys. Many of the most promising efforts have been driven by civil society, implemented through NGOs, and based on a human rights and gender perspective.

Operations research on interventions and programmes is relatively new to the region. Some studies have assessed the service responses to survivors of sexual violence, mainly in the health sector (Bott et al., 2004). Generally, however, information on the effectiveness, quality and impact of sexual violence programmes is limited throughout the region. Future research should focus on developing and analysing empirical data in settings where little data exists; gaining a more in-depth understanding of sexual violence using a combination of empirical data and social and anthropological theory, including different actors and utilising diverse methodologies; and conducting research that supports the development of prevention strategies and the implementation and evaluation of laws, policies and programmes.



## 1. Introduction

The World Health Organization's (WHO) *World Report on Violence and Health* estimates that more than one million people lose their lives every year, and many more suffer non-fatal injuries as a result of violence (Dahlberg and Krug, 2002). Violence against women is one common type of violence; it is estimated that up to six out of every ten women in the world experience physical or sexual violence in their lifetime (UNIFEM, 2009). The United Nations (1993) defines violence against women as "any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivations of liberty, whether occurring in public or private life". This definition includes a broad range of harmful acts directed at women and uses the term "gender-based" to emphasize that much violence against women stems from an unequal gender social order (Heise et al., 1999).

Sexual violence against girls and women is one of the clearest manifestations of patriarchal cultural values, norms and traditions that encourage men to believe that they have the right to control women's bodies and sexualities (Connell, 2000; Dobash and Dobash, 1979; Gasman et al., 2006; Heise et al., 1999; Jewkes et al., 2002). The World Health Organization defines sexual violence as "any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed, against a person's sexuality using coercion, by any person regardless of relationship to the victim, in any setting, including but not limited to home and work" (Jewkes et al., 2002).<sup>1</sup> The WHO goes on to define coercion as a broad concept that includes psychological intimidation and threats of harm – not just physical force. As understood by the WHO and the United Nations, sexual violence includes a broad range of acts, including attempted or forced sexual intercourse, unwanted sexual contact, making a woman or child engage in a sexual act without consent, unwanted sexual comments, sexual molestation of children, genital mutilation, sexual harassment, forced sexual initiation, forced prostitution, trafficking with sexual purposes, among others (UN Secretary General, 2006).

A limited but growing body of evidence suggests that sexual violence is highly prevalent in all parts of the world, including the

1 The terms sexual abuse and sexual violence are used interchangeably in this report.

Latin American and Caribbean (LAC) region. Studies from around the world have found that 7 - 36% of women report having experienced some type of sexual abuse in childhood (Jewkes et al., 2002), and that 6 - 59% of women report having been sexually assaulted by an intimate partner after age 15 (UN Secretary General, 2006).

Sexual violence has serious consequences, both for individuals and for society. It can adversely affect the physical and mental health of survivors. For example, sexual violence has been associated with a host of sexual and reproductive health problems, such as sexually transmitted infections (STIs) including HIV and AIDS, unplanned pregnancies, miscarriages, sexual dysfunction and gynaecological problems. Sexual violence can also have profound socio-economic consequences, including: stigma, reduced socio-economic status, lower levels of political and labour force participation of women, as well as the intergenerational cycle of violence (Jewkes et al., 2002).

It was not until recent decades that the international community recognized violence against women as an important public health and human rights problem, thanks largely to the efforts of feminist movements to bring the issue of violence against women into public view. Attention to sexual violence (as one type of violence against women) has also grown in recent decades, from governmental and non-governmental organisations (NGOs), academics, international organisations and the UN system — both at the global level and within LAC; though it remains a relatively neglected public health issue (Jewkes and Dartnall, 2008).

The global prioritising of the issue has been reflected in various global and regional conventions, conference declarations and resolutions that condemn violence against women as a violation of human rights and that appeal to governments around the world to enact policies to reduce levels of violence. For example, the CEDAW (1979), the United Nations Declaration on the Elimination of Violence Against Women (UN General Assembly, 1993), and the Inter-American Convention on the Prevention, Punishment and Eradication of Violence Against Women (Convention of Belem do Para, 1994) are some important international agreements that provide a political framework for developing actions to prevent and respond to violence against women – including sexual violence.

This document provides a broad overview of sexual violence in



Latin America and the Caribbean. It aims to explore what is known about the patterns, prevalence and risk factors associated with sexual violence in the region; the legal and policy frameworks; women's responses to sexual violence; access to services and service responses; promising interventions, research gaps and priorities for future research. This review highlights evidence that sexual violence is a substantial public health and human rights problems in the Latin American and Caribbean region. It also reviews what is known about effective or at least promising strategies for preventing and responding to sexual violence, and makes recommendations for programmes, policies and future research priorities.

## 2. Methodology Used to Develop this Review

Over two hundred published and unpublished documents were reviewed to prepare this paper. Sources for the review include: articles from peer-reviewed journals, book chapters, government documents, and reports from national and international organisations. Academic materials were sourced from international social and public health databases, such as Pubmed, Webscience, Popline, Medline, Sociological Abstracts and Redalyc. Information was also collected through internet-based searches and from experts working in the region on sexual violence. Preliminary findings of the desk review were presented at the Roundtable on Sexual Violence in the LAC Region held at the SVRI Forum 2009, Johannesburg, South Africa, July 6th-9th, 2009. Participants of that roundtable were asked to identify additional resources on sexual violence in LAC and were used as a reference group for developing this review. Materials gathered were analysed and organised according to topic areas, research priorities and good practices. An early draft of this review was presented at the SVRI/UNFPA Roundtable on Sexual Violence in Latin America and the Caribbean, held in November 2009 in Havana, Cuba, within the context of the Global Forum for Health Research meeting. Comments from those participants were incorporated into this document.

This review focuses on research published between 2000 and the present. While an effort has been made to cover the entire LAC region, substantial research on sexual violence has not been undertaken or published in all countries in the region. As such, this document should be considered a first phase in an ongoing

process of identifying research gaps and priorities for this culturally, racially and geographically diverse region.

### 3. The LAC Socio-economic and Demographic Context

The Latin American and Caribbean region is extremely diverse in terms of culture, race, ethnicity, language and economic development. Latin America and the Caribbean have strong Spanish and Portuguese influences, superimposed on a rich pre-Colombian heritage. The estimated population is around 570 million people who live in almost 50 countries and territories. More than 50% of the population live in just two countries, namely: Brazil and Mexico. Around 10% of the population are indigenous and about 30% are Afro-descendants (Guzmán et al., 2006).

The region is characterised by high levels of inequality and poverty. An estimated 33.2% of people living in the region do not have enough income to satisfy their basic needs, and 12.9% live in extreme poverty (ECLAC, 2008).<sup>2</sup> The LAC region has the largest income disparities in the world. Poverty levels are highest in rural areas, among indigenous groups and among populations of African descent. Many groups in the region experience high levels of discrimination linked to ethnicity, race, socio-economic status, gender and sexual orientation (Daeren, 2001).

During the 1960s, 1970s and part of the 1980s, many countries in the region were ruled by authoritarian and dictatorial governments characterised by the use of violence and the perpetration of human rights violations. In more recent decades, great progress has been made in democratic consolidation, the emergence of social movements and the protection of human rights. Despite these achievements, the region still faces important challenges in terms of democratic governance, socio-economic inequalities and human rights abuses.

Violence against women has deep roots in the Latin American and Caribbean region. The mixing of races during the European conquest of LAC was mainly the result of widespread rape of indigenous women. Historical studies indicate that husband's use of violence against wives was a common and acceptable practice

2 These figures refer to: Argentina, Bolivia, Brazil, Chile, Colombia, Costa Rica, Ecuador, El Salvador, Guatemala, Honduras, Mexico, Nicaragua, Panama, Paraguay, Peru, the Dominican Republic, Uruguay, Venezuela and Haiti (CEPAL, 2008)



during the 18th and 19th centuries (Rico, 1996). Trafficking and prostitution of women also dates back to the colonial era when conquerors commercialised the women of the defeated (Chiarotti, 2003). High levels of violence – including violence against women – also occurred during the civil wars, military dictatorships and the United States military interventions in LAC countries that occurred during the latter half of the 20th Century (MADRE, 2006).

The hierarchical gender norms common in the LAC region are deeply rooted in the traditional Catholic morals that define different roles for women and men (Szasz, 1998). In this traditional cultural and religious environment, the most influential role model for women is the Virgin Mary, who has two characteristics, namely: virginity, signifying sexual purity, and motherhood, meaning a responsibility for children and the household (Contreras, 2005). In many communities, women who challenge these traditional roles are at risk of condemnation, stigma and harm. The traditional and religious norms legitimise discrimination against women and are therefore not protective, but primarily serve to reinforce women's subordination to men (Montaño et al., 2007).

According to the gender norms common in the patriarchal societies of LAC, men are expected to control social institutions such as the family, to be the main breadwinners, to be strong, to be protective and to be sexually active, while the opposite is expected of women. The use of violence is an essential gender differentiator. Men are the predominant perpetrators of all types of interpersonal violence, including criminal homicide and violence committed by armed forces and police (Connell, 2000).

Despite the fact that gender inequality is still prevalent in the region, a process of socio-economic and cultural change has taken place in LAC in recent decades, in which women are increasingly participating in public life (Buvinic and Roza, 2004), and traditional gender structures and roles have begun to change. The transformation of rigid gender roles reflects many factors, including: feminist movements, rising proportions of women in the labour market, declining fertility rates, urbanisation, increasing educational levels of women, globalisation and changing ideological perspectives. Nowadays, governments, academics, international organisations and different sectors of civil society recognise the importance of eliminating gender inequities.

Many governments in the region have recognized violence against women as a social and public health issue and have developed

institutes, policies, plans, programmes and legal reforms to strengthen women's rights and to include violence against women on their political agendas (Montaño et al., 2007; Ortega, 2005). However, important problems persist in most countries. In many settings, limited financial and human resources are available for policies and programmes, survivors often lack access to justice and legal protection, primary prevention programmes are scarce and the quality of services for survivors is often extremely deficient. Moreover, interventions aimed at preventing and responding to violence against women often must overcome deep-seated social norms regarding gender roles and women's sexuality, and efforts to address violence against women in this region have only just begun (Montaño et al., 2007).

## 4. Data Sources and Research Methods

### 4.1. Challenges and limitations of the evidence

Sexual violence research must overcome serious methodological challenges, including the sensitivity of the topic, a lack of consensus about how to define and measure different types of sexual violence, and ethical concerns about respondents' confidentiality, safety and wellbeing (Ellsberg et al., 2001; Ellsberg and Heise, 2005; WHO, 2007a). As a result, evidence about the prevalence, patterns, risk factors and consequences of sexual violence is limited relative to other serious public health issues — both globally and regionally (Jewkes et al., 2002).

One challenge is the lack of consensus about how to define sexual violence — both conceptually (e.g. what constitutes sexual violence, sexual coercion, child sexual abuse, etc.) and operationally (e.g. how to word questions designed to measure these behaviours). Some researchers use broad definitions that include non-penetrative acts, while others use definitions and survey questions that focus narrowly on forced intercourse. Others use terms such as rape, sexual abuse, sexual coercion and/or non-consensual sex interchangeably, or do not clearly explain how they defined or measured sexual violence when they publish their results. The fact that researchers and respondents do not always share the same understanding of the terminology complicates the matter further. Ideally, researchers would carry out qualitative research on local terms and definitions about sexually coercive experiences before designing survey questions, but this is not



always done. Because studies use such a wide range of definitions and measures, comparability among prevalence studies is often impossible (Ellsberg and Heise, 2005).

Another challenge is that many studies in the region have used weak theoretical frameworks to define and measure sexual violence and associated risk factors (Castro and Riquer, 2003). As a result, researchers often fail to develop sensible operational definitions or study designs that allow them to explore prevalence levels or risk factors in a rigorous way. More work is needed to understand the socio-cultural dimensions of the problem. For example, while it is well-accepted that sexual violence has roots in gender inequality, relatively little is known about how violence is legitimised by men and women; how gender norms and masculinities influence the condemnation or acceptance of violence and coercion; how sexual violence is understood and conceptualised among different groups (e.g. according to age, ethnicity, economic status, settings, etc.); and how to change the attitudes and beliefs of women and men – particular among young people.

#### ***4.2 Overview of research on sexual violence in LAC***

The number of studies on sexual violence in LAC has expanded greatly in the last two decades. There are large geographic imbalances, however. Nearly half the studies identified by this review come from Brazil and Mexico. Some research has been conducted in Bolivia, Colombia, the Dominican Republic, Guatemala, Haiti, Jamaica, Nicaragua and Peru; fewer studies have been carried out in Argentina, Costa Rica, Cuba, Ecuador, Honduras, Panama, Paraguay and Uruguay. Studies from the LAC region vary greatly in terms of overall design, operational definitions, sample sizes and data collection approaches. Most studies cited in this review were either quantitative or qualitative; relatively few have successfully integrated the two. Most research has centred on the experiences of female victims; few studies have focused on boys or men either as victims or perpetrators. It is noteworthy that relatively few published studies from the LAC region mention ethical issues relevant to conducting research on such a sensitive topic.

A growing number of qualitative studies from LAC have collected narrative data among young women and men about their experiences of and views about non-consensual sex, gender norms,

sexuality and the terms and meanings associated with different forms of sexual violence and coercion (e.g. Cáceres, 2005; Marston, 2005). These studies can be useful for understanding the ways in which women and men view different types of sexual violence and the connections between gender power relations and sexual violence.

Many quantitative studies from the region have aimed to provide a general overview of violence against women, including prevalence levels, severity of violence, characteristics and risk factors (García-Moreno et al., 2005; Hindin et al., 2008; Montañaño et al., 2007). For example, the WHO Multi-country Study on Women's Health and Domestic Violence carried out ground-breaking research in countries around the world, including sites in Brazil and Peru (García-Moreno et al., 2005). The WHO Multi-Country Study used population-based samples designed to be representative of large selected urban and rural sites. In addition, Demographic and Health Surveys (DHS) have developed a module on intimate partner violence (that includes sexual violence), which has been used widely in the LAC region as part of broader reproductive health surveys, including in Bolivia, Colombia, the Dominican Republic, Haiti, Nicaragua and Peru (Kishor and Johnson 2004; Hindin et al., 2008). Finally, the United States Centers for Disease and Control and Prevention (CDC) has sponsored a series of Reproductive Health Surveys (RHS) in the region that have included a module on violence, based largely on the instrument developed for the WHO Multi-Country Study. Other nationally representative surveys have studied violence against women in countries such as Mexico (Montañaño et al., 2007).

Because DHS and RHS surveys are broad reproductive health surveys that explore violence against women as just one of several topics of interest, evidence suggests that they may produce lower quality prevalence estimates than surveys that are primarily dedicated to the topic of violence against women, such as the WHO Multi-country Study (Ellsberg and Heise, 2005). Nonetheless, the inclusion of violence modules in DHS and RHS surveys has increased the availability of population-based prevalence estimates from a growing number of countries in the region, even if they are likely to underestimate the problem.

Large, population-based studies such as the WHO, DHS and RHS surveys have been useful for obtaining a broad understanding of the extent of sexual violence in specific settings, for advocating change with governments and for raising awareness of violence



against women within society. Most large surveys have also gathered information on the severity and consequences of violence, including the risk of unplanned pregnancies.

Organisations such as Amnesty International (2004, 2006, 2008), Human Rights Watch (2004, 2006) and others have conducted a number of situation analyses of under-documented types of sexual violence such as sexual harassment, child sexual abuse, violence against sex workers, abuse of child domestic workers, trafficking and sexual violence in conflict settings. Typically, these studies include small-scale quantitative studies using convenience samples, qualitative data or second-hand analyses. While these methods cannot produce reliable prevalence estimates, they can provide insight about the context and forms of sexual violence that are particularly sensitive or not well documented.

Some surveillance data on sexual violence are available from official health and legal sectors in the LAC region, but the quality of this data is generally poor (Claramunt and Vega-Cortés, 2003). In some settings, including parts of Central America and the Caribbean, no records exist at all; in other settings, information systems exist but are not designed specifically for sexual violence. Health facility-based data are useful for obtaining basic information about how many survivors are assisted, the quality and characteristics of the services provided, the types of clients who access services and the response of the health and justice sectors, but they are not useful for producing reliable estimates of prevalence.

### ***4.3 Operational definitions of sexual violence***

Most researchers acknowledge the theoretical validity of the broad UN definition of sexual violence cited earlier in this review, and some have used broad operational definitions of sexual violence in their studies. For example, a large study among men in Brazil defined sexual violence as “forcing a partner to have sex, comparing her to other women, ridiculing her body or sexual performance or using blackmail or psychological pressure to have sex” (Instituto Promundo, Instituto Noos, 2003). However, this broad definition is not the norm in most prevalence studies. As illustrated by Table 1, most researchers have used an operational definition of “sexual violence” restricted to forced sex. Many operational definitions of sexual violence specifically exclude a) non penetrative experiences against adolescents and adult women;

b) attempted but incomplete penetration; and c) penetrative sex that occurred as a result of subtler forms of pressure, threats, coercion and intimidation that respondents may not consider to be physical “force”.

Even within this narrow type of definition, however, studies have often used diverse and therefore non-comparable definitions. Table 1 illustrates the difference in ways that researchers have defined and measured sexual violence in the LAC region including:

- Differences in how surveys phrase questions about sex. Some surveys just ask about forced “sexual relations”; sometimes they mention penetration, but usually they do not; others ask about both “sexual relations” and “sex acts” – either as two separate questions (e.g. DHS, Peru, 2005) or as part of a single question that lumps sexual relations and sex acts together (e.g. DHS, Colombia, 2005). Not surprisingly, asking about “sex acts” as well as “sexual relations” elicits higher response levels than just “sexual relations”.
- Different age ranges used to distinguish child sexual abuse from other types of sexual violence. For example, CDC sponsored surveys in Guatemala and Honduras asked about experiences before and after age 12, while the WHO Multi-country Study used age 15. Some surveys ask about lifetime abuse, while most DHS surveys only ask about violence after age 15.
- Differences in whether or not researchers ask about non penetrative experiences at all, or in a separate question. For example, most of the CDC-sponsored surveys in Table 2a asked all respondents about “sexual relations” in one question and non penetrative experiences in another, while the 2002 CDC-sponsored survey in Guatemala asked about sexual “touch” (i.e. non-penetrative experiences), but only before age 12. DHS surveys rarely ask explicit questions about non-penetrative experiences.
- Differences in the words researchers use to describe force. For example, some surveys specify “physical” force; some say “forced” and let respondents sort out what that means; some say “made you have sex” (“*le obligó tener relaciones sexuales*”). Some ask about sex acts that the respondent found repellent (e.g. the WHO survey). But most researchers have not classified unwanted sex as violence unless the respondent says



it occurred with “force” or fear. The exceptions are survey items about sexual debut, in which researchers tend to ask more questions about the “wantedness” of first sex. For example, the CDC-sponsored survey in Jamaica asked about wanted versus unwanted sexual debut, and the CDC-sponsored surveys in Guatemala and Ecuador mentioned in Table 2a asked whether the first sexual experience was a joint decision or not.

- Differences in the types, definitions and numbers of perpetrators investigated. For example, some DHS surveys in the region ask about non-partners; some do not. Some surveys ask about sexual violence by the current or most recent intimate partner, even if the woman has had multiple relationships.
- Differences in definition of intimate partners. Some include ex-partners (e.g. most CDC-sponsored RHS surveys), while most DHS surveys do not. Some restrict “intimate partners” to married or cohabitating partners, while others use a broad definition. For example, the DHS, Honduras, 2005 included husbands, partners, boyfriends and lovers (*esposos, compañeros, parejas, novios, enamorados*).
- Differences in the subsample of women asked about violence. In some settings, surveys only gather or report data on violence among currently partnered women. Because violence may contribute to separation and divorce, surveys may find lower reported levels of violence if they restrict their sample to currently married women (e.g. see INEGI, 2006).

Table 1. Selected examples of how researchers have defined and measured sexual violence in LAC

Coerced or unwanted sexual debut	<b>Ecuador 2004 Reproductive Health Survey</b> Did your first experience of sexual intercourse occur because: you and your partner mutually decided? He convinced you? Or you were forced?
	<b>Jamaica 2008 Reproductive Health Survey</b> How would you describe the first time that you had sex? Would you say that you wanted to have sex, you did not want to have sex but it happened anyway, or were you forced to have sex?
	<b>WHO Multi-country Study (García-Moreno et al. 2005)</b> How would you describe the first time that you had sex? Would you say that you wanted to have sex, you did not want to have sex but it happened anyway, or were you forced to have sex? [Note: unwanted sex wasn't classified as sexual violence unless it occurred because of "force" or "fear".]
Child sexual abuse	<b>The Guatemala National Maternal and Child Health Survey, 2002 (CDC, n.d.)</b> Before you were 12 years old, do you remember if anyone older than you touched you in a sexual way or had sex with you against your will?
	<b>WHO Multi-country Study (García-Moreno et al. 2005)</b> Before the age of 15 years, do you remember if anyone [examples given] ever touched you sexually or made you do something sexual that you didn't want to?
Sexual violence by any perpetrators – at any age	<b>Jamaica 2008 Reproductive Health Survey</b> Has any one ever forced you to engage in sexual intercourse with penetration against your will? What was your age when this first occurred?
	<b>Ecuador 2004 Reproductive Health Survey</b> Have you ever been forced to have sex (i.e. raped)? Has anyone ever forced you to do one of the following: undress, touch or be touched on your private parts, kiss, hug, or engage in any other sexual act without penetration?
Intimate partner sexual violence	<b>Colombia 2005, DHS</b> Has your husband/partner or ex-husband/ex-partner ever forced you physically to have sex or to participate in any sexual act that you did not want?
	<b>Peru 2005, DHS</b> Has your (last) partner (husband) ever used physical force to obligate you to have sex that you did not want? Has your (last) partner (husband) ever forced you to perform other sexual acts against your will?
	<b>El Salvador 2008, Reproductive Health Survey</b> Have you ever felt obligated to have sexual intercourse when you did not want because you were afraid of what he might do? Were you ever forced to have sexual intercourse when you did not want to?
	<b>WHO Multi-country Study (García-Moreno et al. 2005)</b> Have you ever felt obligated to have sexual intercourse when you did not want because you were afraid of what he might do? Has he (your partner/husband) ever physically forced you to have sexual intercourse when you did not want to? Did he ever force you to do something sexual that you found degrading or humiliating?
Sexual violence by a non-partner	<b>Colombia 2005, DHS</b> Have you ever been physically forced by someone (other than your husband/partner) to have sex or to participate in any sexual act that you did not want?
	<b>WHO Multi-country Study (García-Moreno et al. 2005)</b> Since the age of 15 years, has anyone other than your partner/husband ever forced you to have sex or to perform a sexual act when you did not want to?

Sources: Unless a specific source is mentioned, all the surveys are cited in table 2a.

#### *4.4 Other methodological issues for research on sexual violence*

As noted earlier, levels of violence reported by girls and women vary greatly depending on the data collection methods and the specific words used to ask about sexual violence. Girls' and women's willingness to disclose experiences of non-consensual sex can be influenced by the number of questions asked, the words used to ask questions, the type of data collection (e.g. anonymous, self-administered questionnaires versus face-to-face interviews), the training and skill of interviewers, and the extent to which researchers ensure the confidentiality, privacy, anonymity and safety of respondents (Ellsberg and Heise, 2005). In addition, research on childhood sexual abuse must consider particular challenges related to recall, especially when the abuse occurred before age 10 (Jewkes et al., 2002).

Across LAC, many girls and women do not report experiences of unwanted or forced sex by an intimate partner if asked a general question about experiences of "violence" or "abuse", but will report violence in response to questions about specific behaviours. For example, in a national survey in Mexico, fewer than 8% of women answered yes when asked a general question about intimate partner "violence", but nearly 22% reported emotional, physical or sexual violence by a partner during the last 12 months when asked about specific acts (Olaiz et al., 2006). Many women and men consider sexual coercion within intimate partnerships to be part of the "natural" sexual interaction within relationships or even a man's "right"; however, even when women do not define intimate partner violence as "violence", in-depth interviews with women suggest that forced sex by intimate partners often produces feelings of disgust and repulsion similar to those reported by victims of sexual violence by non-partners (Dantas-Berger and Giffin, 2005).

Research on sexual violence against men faces similar methodological challenges, but what is known about how to measure and interpret sexual violence against men is even less well-developed or standardized. For example, in some studies from the region (e.g. Caceres, 2005), researchers have defined "coercive" sexual debut to include sex that occurred as a result of male peer pressure (which was not included for female respondents). These types of differences present additional complexities when comparing rates of sexual abuse reported by women and men, and they highlight the need to look carefully at researchers' operational definitions when interpreting study results.

## 5. Magnitude, Types and Patterns of Sexual Violence

Although variations are considerable, a growing body of evidence suggests that sexual violence is extensive throughout the region. The following section provides an overview of what is known about the prevalence of different types of sexual violence in the region.

### *5.1 Sexual violence against women by intimate partners*

Prevalence studies suggest that sexual violence by intimate male partners is common in the region. Population-based surveys from the region have found that the percentage of women who report forced sex by an intimate partner ever ranges from 5% to 47%, while the percentage reporting forced sex in the previous year ranges from 2% to 23% (see Tables 2a and 2b). As noted earlier, while these wide variations may reflect differences in actual prevalence from setting to setting, they also probably reflect differences in the way that violence was defined and measured. The WHO surveys from Brazil, Peru and the INEGI survey from Mexico found higher prevalence estimates compared with other studies in Table 2a. This probably reflects - in part - the fact that these studies were focused on violence against women as their primary topic rather than as a minor topic in a larger reproductive health survey. As a result, they may have had better trained interviewers and questionnaires better able to reduce under-reporting.

High prevalence rates have also been found in smaller-scale studies from selected LAC cities, including, for example, 23% of women interviewed in Guadalajara, Mexico (Heise et al., 1999) and 22% of women interviewed in Leon, Nicaragua (Ellsberg et al., 2000). In the Caribbean, a population-based survey among adolescents and young adults conducted in Barbados, Jamaica and Trinidad and Tobago found that between 52% and 73% of women reported experiences of sexual violence by a partner, defined as a partner forcing or attempting to force the respondent into any sexual activity she did not want by threatening, holding down or hurting the respondent in some way (Le Franc et al., 2008). Again, this is an example of a study that included attempted – not just completed acts of force.



**Table 2a. Percentage of ever-partnered women (15-49)\* who reported forced sex\*\* by an intimate male partner,\*\*\* ever or within the last 12 months**

Country and year	Type of survey	N Unweighted	Forced sex** by an intimate partner		Operational definition	Source
			Ever %	Last 12 months %		
Bolivia 2003	DHS	12,005	15	n/a	Forced to have unwanted sexual relations often or sometimes	INE (2004)
Colombia 2005	DHS	25,669	12	7	Physically forced to have unwanted sexual relations / perform unwanted sex acts	Profamilia (2005)
Dominican Republic 2007	DHS	8,421	5	4	(Last partner only) Physically forced to have unwanted sexual relations / made ( <i>le obligó</i> ) to perform unwanted sex acts	CESDEM (2008)
Ecuador 2004	RHS	7,217	12	4	Made ( <i>le obligó</i> ) to have unwanted sexual relations	CEPAR (2005)
El Salvador 2008	RHS	7,349	12	3	Made ( <i>le obligó</i> ) to have unwanted sexual relations	ADS (2009)
Guatemala 2008/9	RHS	11,357	10	3	Physically forced to have unwanted sexual relations	Universidad del Valle de Guatemala (to be released soon)
Haiti 2005	DHS		11	11	Forced to have unwanted sexual relations or to perform unwanted sex acts	Cayemittes et al. (2007)
Honduras 2005	DHS	15,479	n/a	9	Made ( <i>le ha obligado</i> ) to have unwanted sexual relations	MOH, INE Macro International. (2006)
Jamaica 2008-9	RHS	7,222	8	3	Physically forced to have unwanted sexual relations	NFBP (to be released soon)
México 2006	INEGI		18	n/a	Made ( <i>le ha exigido</i> ) to have unwanted sexual relations or to perform unwanted sex acts	INEGI (2006)
Nicaragua 2006	RHS	11,393	9	3	Physically forced to have unwanted sexual relations	INIDE (2007)
Paraguay 2008	RHS	4,414	5	2	Physically forced to have unwanted sexual relations	CEPEP (2009)
Perú 2005	DHS	2,867	16	6	(Last partner only) Physically forced to have unwanted sexual relations / made ( <i>le obligó</i> ) to perform unwanted sex acts	INEI (2005)

\* The age range in Paraguay was 15-44.

\*\* As illustrated by the operational definitions, some surveys just measured "sexual relations" while others measured forced "sexual relations" and "other sex acts".

Note: all percentages weighted.

**Table 2b. Percentage of ever-partnered women (15-49) who reported forced sex by an intimate male partner, ever or within the last 12 months in the WHO Multi-country study**

Country, site and year	Type of survey	N	Ever	Last 12 months	Operational definition
Brazil, Pernambuco, 2002	WHO	1188	14	6	Physically forced to have unwanted sexual intercourse  Had unwanted sexual intercourse because was afraid of what he might do
Brazil, Sao Paulo, 2002	WHO	940	10	3	
Peru, Department of Cusco, 2002	WHO	46.7	47	23	
Peru, Lima, 2002	WHO	1086	23	7	

Source: García-Moreno et al., 2005

It is noteworthy that studies conducted in Brazil, Haiti, Mexico, Nicaragua and Peru have all found considerable overlap between sexual and physical violence by intimate partners (Ellsberg, 2005). In Nicaragua, for example, 36% of women reported that they were commonly forced to have sex while being beaten (Ellsberg et al., 2000). Research from Haiti found that, in that setting, women were equally likely to experience physical violence and sexual violence (Hindin et al., 2008).

## ***5.2 Sexual violence against women and girls by non-partners***

Evidence suggests that girls and women frequently experience sexual violence by non-partners. Common sub-categories of sexual violence committed by non-partners in the LAC context include: rape, sexual abuse of children and youth, trafficking and sexual exploitation, sexual violence during the migration process, sexual harassment in the workplace, and sexual violence in emergency and conflict/post-conflict settings. Studies from Haiti and Peru (Cáceres, 2005) have also described accounts of gang rape of women – though this form of sexual violence is not frequently documented in the LAC region.

A review by Ellsberg (2005) found that between 8% and 27% of women and girls reported sexual violence by a non-partner (either as a child or as an adult) in studies from LAC. However, as noted earlier, levels of reported violence tend to vary widely by the methods used to collect and analyze the data. For example, a Nicaraguan study found that only 8% of women reported having been sexually abused



at some point in their life by a non-partner in face-to-face interviews, but 26% reported abuse when asked through an anonymous self-administered questionnaire using a broad and behaviourally specific definition of sexual abuse, not just completed rape (Olsson et al., 2000). Similarly, substantial differences in levels of child sexual abuse reported by women were measured by the WHO Multi-country Study when respondents were asked about abuse in face-to-face interviews versus anonymous, self-administered questionnaires (Ellsberg and Heise, 2005; García-Moreno et al., 2005).

As a result of the diversity of research methods and the sensitivity of the topic, prevalence estimates of non-partner sexual violence tends to be even harder to compare than of intimate partner sexual violence. The WHO Multi-country Study offers one of the few sources of comparable, multi-country data for non-partner sexual violence against adolescent and adult women (see Table 3).

Most non-partner perpetrators of sexual violence are acquaintances of the victims, including relatives, neighbours, friends, colleagues, priests and teachers, though there are substantial number of cases in which the perpetrator is a stranger (García-Moreno et al., 2005). For example, 21% of women who reported forced sex by a non-partner in the 2005 Colombian DHS stated that they were raped by a stranger, as did 33% of women in the 2003 DHS from Bolivia (Montaño et al., 2007). Similarly, a study from Jamaica found that around 20% of women who reported sexual violence said that they did not know the perpetrator (Waszak et al., 2006).

**Table 3. Percentage of women (aged 15-49) reporting forced sex ever by a non-partner after age 15, WHO Multi-country study, 2002**

Country and site of survey	Percentage of women who reported forced sex / forced sex acts by a non-partner %	N
Brazil, Pernambuco	5	1472
Brazil, Sao Paulo	7	1172
Peru, Department de Cusco	11	1837
Peru, Lima	10	1414

Source: García-Moreno et al., 2005.

- *Sexual abuse of girls and female adolescents*

Child sexual abuse is typically perpetrated by an adult or someone older than the child who uses their position of power to coerce the child into sexual activity. Child sexual abuse is often defined as any type of unwanted sexual touch or act before age 15, though researchers sometimes use age 12 (Ellsberg, 2005; García-Moreno et al., 2005). Most perpetrators are known to victims; they are frequently trusted caregivers (e.g. fathers, stepfathers, relatives, friends, neighbours) who take advantage of their dominant position; abuse often occurs more than once and may last for many years (Jewkes et al., 2002).

There is increasing awareness of child sexual abuse as a problem in the LAC region, though rigorous prevalence estimates are scarce. Research on this topic is hampered by the particular difficulty of recalling events that occurred in early childhood. One source of population-based estimates of child sexual abuse from a few LAC settings is the WHO Multi-country Study, which found that nearly 1 in 5 (20%) of women in Lima, Peru reported child sexual abuse -- defined as unwanted sexual touch or sex acts before 15 years of age -- as did 18% in the Department of Cusco, Peru, 12% of women in Sao Paulo, Brazil, and 9% in Pernambuco, Brazil (García-Moreno et al., 2005).

Surveys have reported widely different patterns in terms of age of the victim. For example, a population-based, anonymous survey conducted in Nicaragua found that 26% of women reported sexual abuse or unwanted sexual activity before age 19 (Olsson et al., 2000). The majority (74%) of these women were abused before age 12, and the median age of first sexual abuse was 10 years old. Similarly, the (facility-based) National Survey of Violence Against Women in Mexico found that among the 17% of women who reported sexual violence, half reported that this abuse occurred before age 15 (INSP, 2003; Olaiz et al. 2006). An analysis of child sexual abuse data from the CDC-sponsored RHS surveys in three Central American countries (El Salvador, Guatemala and Honduras) found that the mean age of child sexual abuse victims was 10.5 years (Speizer et al., 2008). In contrast, the 2003 National Reproductive Health Survey in Mexico (SSA and CRIM, 2003) found that relatively few (14%) women who reported sexual abuse (ever) had been abused before they were 10 years old, while most (65%) had experienced abuse between the ages of 10 and 20 years (Gasman et al., 2006). As noted earlier, however, the difficulty of measuring and obtaining reliable prevalence estimates of early



child sexual abuse makes these types of data hard to interpret.

Studies focusing on sexual coercion against female adolescents reveal high levels of sexual violence against this population. For example, a household survey in Haiti estimated that 35,000 women had experienced sexual assault<sup>3</sup> in the Greater Port au Prince metropolitan area between 2004 and 2005, and more than half were younger than 18 years of age (Kolbe and Hutson, 2006). Other reproductive health surveys report similar findings. For example, the 2002 Jamaica Reproductive Health Survey found that 20% of women aged 15-19 reported having ever been forced to have sexual intercourse (Waszak et al., 2008). Surveys using school-based samples conducted in different Latin American countries have found that between 5% and 40% of adolescents report having been sexually abused at some point in their lives (Montaño et al., 2007).

- ***Forced sexual debut among girls***

For many girls and women in LAC, sexual initiation is unwanted and/or forced, but the reported prevalence rates vary widely from setting to setting. For example, the WHO Multi-country Study found rates of forced sexual debut of 3-4% reported in the Brazilian sites. (García-Moreno et al., 2005). In the Peruvian study sites, reported rates were much higher, including 7% in Lima, Peru, and nearly 24% in the Department of Cusco, Peru (García-Moreno et al., 2005). A study among adolescents in Argentina found that 12% of respondents said that their first sexual intercourse was unwanted, and 10% said it was forced (PAHO, 2006). A qualitative study in Jamaica found that many female respondents initially said they had “wanted” their first sexual experience, but when questioned further, many revealed that it had been coerced (Waszak et al., 2008). A school-based study in several Caribbean countries found that among sexually active adolescents, almost half reported that their first sexual act was “forced” or “somewhat forced” (Halcón et al., 2000).<sup>4</sup>

Evidence from nearly all studies around the world suggests that the younger the age of sexual debut, the more likely it is to have been forced (Jewkes et al., 2002). For example, the WHO Multi-country Study found that more than 40% of women who reported sexual debut before age 15 in Lima and in the Department of

<sup>3</sup> Defined as having been forced to do or watch something sexual that they had not wanted to do or see.

<sup>4</sup> This study was carried out in Antigua, the Bahamas, Barbados, the British Virgin Islands, Dominica, Granada, Guyana, Jamaica, and St. Lucia.

Cusco (Peru) reported that this first sexual experience was forced, compared with 3% and 17% (respectively) among women whose sexual debut occurred at age 18 or later.

- ***Forced unprotected sex and childbearing***

Sex that is unprotected because of coercion or sabotage by a male partner is sometimes considered a type of sexual violence, and is closely associated with the experience of physical or sexual violence (Miller et al., 2010). Forced unprotected sex and forced reproduction have serious negative consequences for girls and women, including unwanted child bearing and STIs (Miller et al., 2010). Researchers have noted that relative to higher income settings, adolescent girls in Latin America and the Caribbean experience high levels of unprotected sex, early childbearing and unwanted pregnancy (Pons, 1999). One factor for this is male partners' refusal to use condoms or to allow their partners to use other contraception (Pons, 1999). In some cases, their refusal reflects not just irresponsibility, but an explicit strategy to encourage a female partner to have a child, sometimes against their will (Pons, 1999; Miller et al., 2010).

- ***Trafficking and sexual exploitation***

Anecdotal evidence indicates that trafficking for the purpose of sexual exploitation is a serious problem in the LAC region (García-Suárez, 2006). Internal trafficking occurs within a country of origin and is typically characterised by the trafficking of young women from rural and poor areas to major cities. Girls and women are trafficked for various purposes, but are sometimes sold to owners of brothels and forced into commercial sex (Ribando, 2005).

External trafficking refers to forced movement from the country of origin to another country or region. LAC is primarily an origin region, while Japan, Western Europe and the United States are the main destinations (UNODC, 2006). According to the National Observatory on Migration and Trafficking of Women and Children (Observatorio Nacional sobre Migración y Tráfico de Mujeres y Niñas), Brazil and the Dominican Republic are among the four countries in the world with the highest number of female victims trafficked for purposes of sexual exploitation (Montaño et al., 2007). Other settings with high levels of trafficked women include Colombia and the Caribbean. For example, the Colombian government estimates that around 50,000 Colombian women engage in sex work overseas; many of whom are trafficked (Bastick et al., 2007). Other sources estimate that at least 50,000



Dominican women are involved in sex work in Europe (Luciano, 2007; Montaña et al., 2007). Trafficking in LAC is also characterised by extensive intra-regional movements. Some LAC countries are considered both important destination and transit centres for women and girls who are trafficked for sexual exploitation, including the Caribbean Islands, Mexico, Panama and Suriname (Montaña et al., 2007).

In LAC, trafficking of women and girls takes place through means similar to those used in other parts of the world. Extended criminal networks lie, intimidate or otherwise take advantage of vulnerable girls and women. These gangs often use violence with impunity. Increasingly, traffickers use false work offers, marriage arrangements and adoptions to take women under false pretences to different countries where they are victimised (Chiarotti, 2003).

- ***Sexual violence and migration***

Some evidence suggests that female migrants in the LAC region, particularly those who are undocumented, are at high risk of sexual abuse during the migration process (Mora, 2006). Girls and women are often exposed to serious hazards during their journey, particularly in border zones. Criminals, traffickers, smugglers and even border police are the main perpetrators of sexual violence. In some cases, female migrants become temporarily or permanently involved in sex work as a means of survival, in order to send money to relatives or to pay for the services of the smuggler. Little quantitative information is available about this issue in the region; however, one study from the Guatemala-Mexico border found that 70% of female migrants had experienced some type of violence, and 60% of those reported some form of sexual abuse (Montaña, et al., 2007). On the same border, it was found that 3 out of every 4 female sex workers were temporary migrants from El Salvador, Honduras or Nicaragua (Bronfman. et al., 2001).

- ***Sexual harassment in the workplace***

According to the United Nations General Recommendation 19 to the Convention on the Elimination of all Forms of Discrimination Against Women (UN, 1992), sexual harassment includes: unwelcome physical contact, verbal remarks and sexual advances. Sexual harassment in the workplace may involve a demand for sex in return for a job benefit or other actions that create a hostile, humiliating or intimidating working environment for the victim. Surveys of workplaces from industrialized and developing country

settings typically find that 30-50% of women have experienced some form of sexual harassment in the workplace at some point in their life (UN Secretary General, 2006). Research suggests that women are more vulnerable to sexual harassment in the workplace if they are young, financially dependent, single or divorced or have a migrant status in the community in which they live (ILO, 2007). Domestic workers appear to be particularly vulnerable to sexual harassment, especially when they are foreign nationals working without proper documentation.

Few studies from the LAC region have gathered empirical data about sexual harassment in the workplace, but those that have, suggest that sexual harassment is a common problem. One study conducted in Santiago, Chile among 1,200 employees, found that 20% reported some form of sexual harassment in their workplace (Rico, 1996). In a survey conducted in 12 major cities in Brazil, 52% of women reported having experienced some form of sexual harassment at work (DeSouza and Cerqueira, 2008). Some evidence suggests that the risk of sexual harassment is higher for women who work in poor conditions or without legal benefits, as well as for women who lack social support, such as workers in border zone assembly plants -- called maquilas -- in Mexico (Magallón, 2007)

Sexual harassment against domestic workers has been characterised as a particular problem in the region (Human Rights Watch, 2006). For example, a study among domestic workers in Porto Alegre, Brazil found that 26% of women working as domestic workers reported having experienced sexual harassment at work during the previous year (DeSouza and Cerqueira, 2008). A study from Guatemala found that one third of adult female domestic workers reported sexual harassment (Human Rights Watch, 2006). A study in El Salvador found that nearly 16% of female domestic workers who had changed employers reported having left their previous employment because of sexual harassment or abuse (Human Rights Watch, 2006).

- ***Emergency and conflict/post-conflict situations***

Many Latin American countries have experienced armed internal conflicts in recent decades that produced enormous social tragedies. Data are scarce, but widespread sexual violence against women and girls during armed conflicts and post-conflict periods has been documented in many settings, including: Colombia, El Salvador, Guatemala, Haiti and Peru (Bastick et al., 2007; Rico, 1996;



Human Rights Watch, 2005). Virtually all armed groups involved in LAC's internal conflicts have perpetrated sexual violence against girls and women, but government and paramilitary forces have been the main perpetrators (Amnesty International 2004, 2006 and 2008a). Sexual violence has often been used in the region to spread terror in communities, to take revenge on rebels and to use women and girls as "spoils of war".

In Guatemala, for example, the Commission for Historical Clarification (*Comisión para el Esclarecimiento Histórico*) investigated human rights abuses after the war. Of the 1,465 acts of sexual assault documented by the Commission, the vast majority (89%) were committed by members of the Army or other armed forces associated with the government (Gil Herrera, 2007). Researchers have documented many extreme acts of sexual violence during the war in Guatemala, including rape combined with torture and/or femicide (e.g. Amnesty International, 2006; Gil Herrera, 2007). High levels of rape and murder of women continue to be a problem in the post-conflict era in Guatemala, as a legacy of war.

Amnesty International reports that attacks involving sexual violence against women have been increasing in recent years in Colombia, generating terror in communities, particularly in areas controlled by the guerrillas and paramilitary groups (Amnesty International, 2004). That report argues that internal displacement as a result of the conflict appears to increase the risk of sexual violence against women, and cites government statistics suggesting that over one third of internally displaced women have experienced forced sex.

In most cases, the perpetrators of abuse during armed conflict have enjoyed impunity, especially when the aggressors were security officers. Few cases have been prosecuted. For example, as recently as 2006, several women were illegally arrested, tortured and sexually abused by members of the armed forces during a political conflict in the community of San Salvador Atenco, Mexico. Despite formal complaints, the aggressors have not been punished (Duarte, et al., 2007).

Evidence suggests that in some countries, indigenous women from rural areas are at the greatest risk of sexual violence related to conflict, and are sometimes specifically targeted as part of more generalised discrimination experienced by indigenous populations in the region (Bastick, et al., 2007). In conflict areas of Colombia, Guatemala, Mexico and Peru, evidence suggests that most victims

of sexual violence have been indigenous women and girls, including up to an estimated 90% of war-related sexual violence victims during the war in Guatemala (Hanlon and Shankar, 2000).

Even in post-conflict periods, systematic violence often continues as a legacy of war. Many Latin American countries emerging from internal conflicts report a high incidence of criminal violence, including sexual violence. Criminal gangs have emerged in post-conflict settings, such as the *Zenglendos* in Haiti and the *Maras* in El Salvador (Montaño, 2007). In some cases, members of these gangs were part of government and paramilitary forces during the dictatorships and wars. These men continue to commit human rights abuses against civilians, including sexual violence against women.

### 5.3 Sexual violence against men and boys

The majority of sexual violence victims are women and girls, but men and boys can also experience sexual violence, often perpetrated by other men against male children and young male adolescents (Jewkes et al., 2002). Research on sexual violence against males is extremely limited in the LAC region, however a small but growing number of studies have explored child sexual abuse, forced or unwanted sexual debut, and other types of sexual violence against boys and men (Caceres, 2005; Halcon et al., 2000; Pantelides and Manzelli, 2004; Olsson et al., 2000). In all studies reviewed, a small but noteworthy proportion of men report experiences of child sexual abuse, forced or unwanted sex, though usually at much lower rates than women; most sexual

#### Box 1:

A few studies have explored sexual abuse of women and girls during emergency situations caused by natural disasters in the region. For example, Alba and Luciano (2008) documented abuse experienced by women in the Dominican Republic after Hurricane Noel in 2007. That study illustrated the difficult conditions faced by girls and women living in shelters after the storm and the ways in which poor living conditions increased the risk of sexual violence.



violence against males occurs in childhood or early adolescence; and in many cases, the perpetrators are male (Jewkes, et al. 2002).

In a reproductive and sexual health survey conducted with men in different cities of Central America, men were asked about experiences of sexual abuse during childhood (Pantelides and Manzelli, 2005). Reported rates ranged from 3% to 10% (Table 4), and most reported abuse occurred between 4 and 9 years of age.

**Table 4. Percentage of men who reported having experienced child sexual abuse**

City / Country	Child sexual abuse %	N
Belize City, Belize	6	384
San Jose, Costa Rica	10	401
San Salvador, El Salvador	6	291
Tegucigalpa, Honduras	3	400
Managua, Nicaragua	8	600
Panama City, Panama	4	463

Source: Pantelides and Manzelli (2005)

Several studies from the Caribbean have found relatively high rates of sexual violence and coercion against males. For example, one study from Barbados, Jamaica and Trinidad and Tobago found that 40-54% of male respondents aged 19-30 reported experiencing sexual abuse at some point in their life (Le Franc et al., 2008). Another study by Halcón et al. (2000; 2003) found that nearly 10% of adolescent males reported sexual abuse (defined as “when someone in your family or someone else touches you in a place you did not want to be touched, or does something sexually which they shouldn’t have done to you, or forces you to touch them sexually or have sex with them”). And, almost one-third of sexually active male adolescents reported that their first sexual experience was “forced” or “somewhat forced” (compared with 48% of sexually active females) – a figure that is much greater than other studies from the LAC region typically report. Researchers suggest that this high level of unwanted sexual debut may reflect the early age at which it occurred: nearly half of the sexually active boys in that study reported having first intercourse as very young boys, before age 11.

## 6. Consequences of Sexual Violence

The reproductive and sexual health consequences for victims of sexual violence can be severe, and may include STIs including HIV, unwanted pregnancy, gynaecological complications such as vaginal bleeding or infection, fibroids, decreased sexual desire, genital irritation, pain during intercourse, chronic pelvic pain and urinary tract infections (Jewkes et al., 2002).

Demographic and Health Survey data from the region indicate that the proportion of women who report an STI is higher among women who have experienced sexual violence than other women, including 3% of women who report sexual violence versus 1% of women who do not in Colombia; 4% versus 1% in the Dominican Republic; 18% versus 10% in Haiti; and 5.4% versus 3.7% in Peru (PAHO, 2006). Similarly, in Jamaica, Waszak and colleagues (2006) found that women whose first sexual experience was forced were more likely to report genital discharge. A study from Haiti found that victims of sexual violence were significantly more likely to have experienced recent STI symptoms than other women not presenting as victims of sexual violence (Gómez et al., 2009).

Women who experience rape by a non-partner may become pregnant as a result. Amnesty International (2008) reported that 20% of women who sought treatment for rape at a health service in Port au Prince, Haiti became pregnant as a result of the assault. In Mexico, studies have found that between 7% and 26% of rape victims become pregnant (Gasman et al., 2006). In Costa Rica and Peru, studies indicated that more than 90% of pregnancies among girls younger than 15 years of age were the result of incest (García-Suárez, 2006; Rico, 1996). In settings where access to safe abortion is highly restricted, women and girls who become pregnant as a result of rape have no option but to carry their pregnancies to term or seek unsafe abortions. Either situation may create health, physical, emotional and socio-economic problems for girls and women and their children (Amnesty International, 2009).

## 7. Girls' and Women's Responses to Sexual Violence

### 7.1 Girls and women's response to sexual violence

A small but growing literature provides insight into the ways in which girls and women in the LAC region respond to experiences of sexual violence. Many girls and women do not disclose incidents



of sexual violence to those around them, and much less to authorities. Studies suggest that silence is a particularly common response to child sexual abuse (Belknap and Cruz, 2007) and forced sex by an intimate partner (INEGI study cited by Amnesty International, 2008b). In Jamaica and Mexico, studies found that only around half of the victims of sexual violence told someone about the incident (Waszak et al., 2006; Ramos-Lira, et al., 2001). Disclosure may be especially problematic in conflict settings. Evidence from El Salvador and Guatemala indicated that women did not usually report sexual violence related to armed conflict, particularly if they were married (Anaya Rubio, 2007; Gil Herrera, 2007). Similarly in a study from Peru, domestic workers who had experienced sexual abuse generally did not report acts of sexual violence against them. They often downplayed the incident and where possible simply tried to avoid the perpetrator (Ojeda Parra, 2007). These responses were often accompanied by high levels of anxiety, fear, depression, low self-esteem and other psychological consequences.

A very small qualitative study with young women in Mexico documents the narratives of young women (Belknap and Cruz, 2007). Based on 24 interviews with young women, researchers suggested that girls who experienced child sexual abuse at home seemed less likely to verbally oppose their aggressors and more likely to show signs of psychological trauma than girls who only experienced physical abuse. An analysis of violence against women in Central American countries (Velzeboer et al., 2003) found that women who experienced intimate partner violence (including sexual violence) tended to tolerate violence until it reached a point when they realized that their partners would not change or might get worse. In some cases, they reached this realization when the violent episodes escalated or when their children were directly affected.

Girls and women who decide to disclose abuse or seek help usually disclose first to a family member, (generally their mother), a friend, a neighbour or a religious advisor. This was found in both qualitative and quantitative data from Central America (Claramunt and Vega-Cortés, 2003), Haiti (Gage, 2005), Jamaica (Waszak et al., 2006), Mexico (Ramos-Lira et al., 2007) and Peru (Ojeda Parra, 2007). For example, half the women who disclosed sexual violence in the Mexican study did so for the first time to relatives, while 25% disclosed to a friend (Ramos-Lira et al., 2007). In the study from Haiti, 26% of women who experienced sexual violence reported that they had sought assistance from their own relatives.

Mothers were the single most important source of help sought, followed by friends and neighbours. In the study from Jamaica, 36% told parents, 26% told friends and 14% told other relatives. Many survivors found support from these sources; however, many others reported negative reactions, including mothers and priests who blamed women and girls for the incidents.

Some studies in LAC have tried to estimate the proportion of victims who report sexual violence to authorities or who seek other forms of professional assistance and care. Reporting levels vary according to the population studied, the setting, the methodology used, the characteristics of the incident, the type of service and other factors. Overall, it is estimated that in the region, only about 5% of adult victims of sexual violence report the event to the police (UNFPA, 2005). A study from Haiti found that fewer than 2% of survivors sought assistance from the police, and a similar proportion sought assistance from a lawyer or doctor (Gage, 2005). In Jamaica, researchers estimated that only 6% of female victims of sexual violence reported the incident to the police (Waszak, et al., 2006). Reports from Mexico and Brazil estimate that around 1 out of 10 sexual aggressions are reported (Gasman, et al., 2006). A study from Santiago, Chile, found that only 2% of rapes or attempted rapes were reported to the police (Lehrer et al., 2007).

Women who report sexual violence or seek other support services most often go to a health service, including hospitals, health centres and clinics. The second most frequently reported service utilised by survivors is the police (Claramunt and Vega-Cortés, 2003). Unfortunately, as demonstrated in the next section, this is generally one of the least supportive settings for victims. The third most cited options are NGOs and social services.

## ***7.2 Reasons why girls and women do not report violence or seek help***

Studies suggest that there are many reasons why women do not seek help or report sexual abuse to police, including the patriarchal gender order and the weakness of legal systems in the region. The following factors are the reasons most often mentioned in the LAC literature for not reporting sexual abuse (beginning with the most common).



- a) **Stigma, shame and discrimination:** In most studies reviewed, shame, stigma or fear of discrimination are the main reasons given by survivors for not disclosing or reporting experiences of violence (Amnesty International, 2006; Claramunt and Vega-Cortés, 2007; Délano and Todano, 1993 cited by Rico, 1996). In many cases, especially when sexual violence is committed by a stranger, women are afraid of rejection by their families, communities and husbands. Surviving sexual violence is sometimes viewed as shameful or “dishonourable”.
- b) **Fear of reprisals from the perpetrator:** In many cases, women stay silent because they fear retaliation by the perpetrator. A study in Nicaragua found that a high proportion of women were abused again by the perpetrator (mainly partners or ex-partners) after they reported the abuse (Meza Gutiérrez et al., 2005). Many women report being afraid that their aggressor would take revenge and further hurt them or their children (Henriques and Joseph, 1999; MSF, 2009). This fear was also found in sexual violence reported in conflict settings, where women often express fear of reprisals by military personnel, policemen and paramilitary personnel, who are usually protected by the State.
- c) **Feelings of guilt:** Some literature shows that survivors often internalize the rape myths common in society and often report feeling that the violent incident was “their fault” (Belknap and Cruz, 2007; Gil Herrera, 2007; Rico, 1996). Families and communities often blame women for the violent incident and accuse them of not having resisted enough.
- d) **The path to reporting is too complicated, dangerous or unlikely to be beneficial:** In many settings, victims do not trust law enforcement authorities or they feel that reporting violence would bring more risks than benefits (Claramunt and Vega-Cortés, 2007; Sagot, 2005). In many cases, they do not trust the confidentiality of services, or they believe that reporting the incident would mean further pain — a fear that often accurately reflects the failure of the region’s systems that are supposed to assist and protect survivors.
- e) **Lack of support from family and friends:** In many cases, girls and women believe that family and friends would not believe or support them if they revealed experiences of sexual violence, especially if the abuser is an acquaintance (Henriques and Joseph, 1999; Waszak et al., 2008). The fear is often justified; in

a study in Mexico, some girls reported that when they disclosed the abuse, their families did not believe them and in some cases even subjected them to physical punishment in response (Belknap and Cruz, 2007). In many cases, families discourage women and girls from revealing the abuse to anyone else.

## 8. Risk Factors Associated with Sexual Violence

To understand the causes and risk factors associated with violence, most researchers have used what is known as the Ecological Model (Belskey, 1980; Heise, 1998; Dahlberg and Krug, 2002). The ecological model posits that violence results from an interaction of factors at four levels, namely: the macrosocial, the community, the relationship and the individual levels (Heise et al., 1999). The following section reviews what is known about risk factors of sexual violence at these four levels within the LAC region.

### 8.1 *Macrosocial / societal level factors*

A large body of evidence from studies around the world indicates that violence against women is strongly associated with societal level factors such as: unequal gender norms, generalised male dominance in society, the acceptance of violence as a way to resolve conflicts more generally, and a failure of justice systems to sanction perpetrators or protect victims (Jewkes, 2002).

- ***Gender norms***

In LAC - as in other regions - most researchers agree that sexual violence is deeply rooted in a gender social order characterised by unequal power relations between men and women in society. A substantial body of literature from the region explores the socio-historical, cultural and religious roots and contexts in which unequal gender relations developed and the links between gender norms and violence against women (Fuller, 2001b; Gutmann, 2000; Olavarría and Valdés, 1998; Ramírez, 2005; Viveros, 2001). Particularly important in the LAC region are different gender roles assigned to women and men based on traditional Catholic influences. In the LAC region, some evidence suggests that levels of sexual violence in society are linked to cultural values and social norms that support the idea that men are superior to women and have a right to control women's sexuality, including the following:



**a) Legitimisation of intimate partner violence:**

In many parts of LAC, intimate partner sexual violence is widely accepted as part of women's domestic experiences. As noted earlier, many women and men do not label forced sex within marriage as a form of violence because sex is considered to be a husband's right. Sexual abuse by a husband seems to form part of what is said to be acceptable social norms in some communities in LAC. For example, the WHO Multi-country Study found that a substantial percentage (12%) of women in rural Peru did not think that women had a right to refuse sex with their husband, even if he was drunk or she was sick, and 26% agreed that wife-beating was justified if she refused sex (Table 5).

Qualitative research supports these survey findings. For example, an anthropological study in Guatemala found that sexual aggression is considered legitimate in some communities, if perpetrated by a husband or by a man who intended to marry a girl or woman (Hastings, 2002). In that setting, respondents did not consider forced intercourse to be "real rape", because married women are obligated to have sex with their husbands.

**b) Blaming women:**

Rape myths prevail in many LAC societies. The idea that women "provoke" men to rape or "ask" to be raped by their behaviour or dress is a common perception that places blame on victims rather than on perpetrators. A study in Peru found that young men blamed girls and women for provoking forced sex if they were "flirting" or if they "unfairly" denied them sex (Cáceres, 2005). In Jamaica, a survey found that 66% of men and 49% of women agreed with the statement: "Women and girls sometimes bring rape on themselves" (Amnesty International, 2007). Negative attitudes about victims of violence are often handed down from one generation to another, as suggested by a study from Guyana in which a large proportion of children interviewed believed that girls often instigated sexual violence by wearing "revealing" clothing (UNICEF, 2005, cited by Amnesty International, 2007).

**c) Justifying men's "inherent sexual desires":**

A common view in many settings is that sexual violence is a product of men's uncontrollable sexual desire that is inherent

to the masculine identity and, therefore, socially legitimate (Hastings, 2002; Cáceres, 2005). In a study conducted in Brazil, Moore (2006) found that many women believed that their partners needed sex and would abandon or abuse them if they did not provide it. Moore argues that these beliefs create an environment in which sexual coercion is the rule rather than the exception.

**Table 5. Percentage of women who agreed that wife-beating is justified or that wives have no right to refuse sex, WHO multi-country study, 2002**

Study site	N	Wife-beating justified		Wives have a right to refuse sex	
		For refusing sex %	For another reason* %	Agree with all reasons listed** %	Agree with no reasons listed** %
Brazil, Pernambuco	1473	<1	34	94	1
Brazil, Sao Paulo	1172	5	9	72	3
Perú, Dep. of Cusco	1837	26	78	40	12
Perú, Lima	1414	2	34	86	<1

\* Other reasons included: not completing housework, disobedience, asking about other women, or infidelity.

\*\* Reasons listed included wife didn't want to, husband drunk, wife sick, or husband mistreated wife.

Source: García-Moreno et al., 2005

#### **d) Women are viewed as sexual objects:**

Popular culture and media portrayals of men and women generate ideas and images of what each gender should represent. The traditional gender structure that predominates in the LAC region supports the view that women are sex objects who are not entitled to the same rights as men. In Caribbean countries, researchers analyzed images of men and women presented in TV, magazines and films and documented ways in which the media uses sexist images to objectify women and reduces women to instruments of male pleasure (Henriques and Joseph, 1999).

#### **e) The cult of women's virginity:**

The value placed on female virginity is deeply rooted in LAC culture, and the regulation of women's sexuality often



provides a rationale for the use of violence (e.g. Henriques and Joseph, 1999 in the Caribbean; Hastings, 2002 in Guatemala; Cáceres, 2005 in Peru). In many settings, great value is placed on women who remain virgins until marriage while girls and women who are known to have had premarital sexual relations are often stigmatized, considered “not worthy” by traditional communities, and are sometimes even considered “fair game” for assault. In a study from rural Guatemala, Hastings (2002) found that forced penetration was recognised as rape when committed against a virginal woman whom the perpetrator did not intend to marry, but not against divorced or widowed women, who were considered sexually available because they had had previous sexual experiences. In the Caribbean, Henriques and Joseph (1999) found that some respondents felt that unmarried girls who did not maintain their virginity before marriage “deserved” whatever they got. In Peru, Cáceres (2005) found that young males often failed to condemn rape when girls were not virgins, saying things such as: “nobody would believe they were forced”.

In recent years, LAC societies have undergone important socio-demographic changes that are transforming traditional gender norms, attitudes and behaviours among both women and men. In Brazil, for instance, research found that young men showed less tolerance of all forms of sexual force compared with older men (Instituto Promundo, Instituto Noos, 2003). Similarly, Ellsberg (2005) cites evidence that young women in Nicaragua were more likely than older women to leave an abusive relationship, which she suggests may reflect changing attitudes and norms about women’s right to live free from violence.

- ***Culture of violence***

Research from around the world suggests that armed conflict and criminal violence are other important macrosocial factors associated with high levels of physical and sexual violence against women in society (Jewkes, 2002). Both armed conflict and criminal violence are serious problems in the LAC region, and LAC has historically been one of the most unsafe regions in the world. According to WHO statistics, the LAC region has the highest homicide rate of any region: almost 30 per 100,000 inhabitants per year compared with a world average around nine (Mathers et al., 2002). According to Solis Rivera (2007) cited by De Leon Escribano (2008), 13 of the 15 countries with the highest murder rates by firearms in the world are located in this region.

Research suggests that key factors associated with the high rates of violence in the region include: social inequality, the expansion and impoverishment of urban populations, increases in unemployment, corruption, trafficking and use of illicit drugs, the proliferation of gangs, inefficient justice systems, social discrimination and hierarchical masculinity models (Rojas Aravena and Mesa, 2008). The use of violence in the region reflects cultural norms that — in many settings — have come to view violence as acceptable and even normal.

- ***Governmental responses to violence***

Evidence from diverse settings suggests that governmental policies and the ability of the legal sector to protect victims and sanction perpetrators are other society-level factors that influence levels of violence against women, including sexual violence (Jewkes et al., 2002). Unfortunately, government responses to violence, including sexual violence, have often been weak. Impunity is partly rooted in weak national justice systems and the failure of governments to implement national laws and plans that address these problems.

Not only have justice sector responses to violence been weak in the region, but governmental actions have often contributed to levels of violence in society rather than the reverse. An important societal-level factor associated with violence in the LAC region is the legacy of dictatorships and political conflicts that occurred in recent decades. High levels of criminal violence are a tragic legacy of civil wars in Colombia, Guatemala, El Salvador, Haiti, Nicaragua and Peru, and of dictatorships in Argentina, Brazil, Chile, Paraguay and Uruguay. During periods of dictatorship and conflict, many people in the region lived in a context characterised by oppression, torture, forced disappearances, fear, impunity, brutality and sexual abuse. States imposed authoritarian control over societies through the use of armed and paramilitary forces. In many settings, levels of violence in society have remained high or even increased during the post-conflict period (Rojas Aravena, 2008).

## ***8.2 Community factors***

At the community level, researchers have identified a lack of social support for women as a risk factor for violence against women (Heise and García-Moreno, 2002). Several studies show that women who experience domestic violence are less likely to have access to social and family support than women who have not (Ellsberg et



al., 2000; Montaña, 2007). In Haiti, Gage and Hutchinson (2006) found a correlation between intimate partner sexual violence and a shortage of community-based support networks. In a study from Peru, Ojeda Parra (2007) found that difficulties experienced by domestic workers who experienced sexual abuse or harassment were exacerbated by a lack of family protection and support.

Lack of social support also appears to play a role in trafficking and sexual exploitation. For example, Montaña et al. (2007) cites research suggesting that many young women and girls become involved in sex work catering to tourists in the Caribbean as a result of social vulnerability. In some cases, families not only fail to protect women and girls but can also push girls or young women to become involved in sexually exploitative activities because of economic need. Similarly, a study conducted by the International Organization for Migration (IOM) found that many victims of trafficking in Colombia were influenced by families looking for ways to improve their economic situation (Montaña et al., 2007).

### ***8.3 Relationship factors***

The dynamics of control and power that reflect unequal gender relations have been found to be strongly associated with intimate partner sexual violence against women (Jewkes et al., 2002). Men often use sexual violence to control women's bodies and sexuality. Evidence from the LAC region suggests that sexual violence by intimate partners is sometimes triggered when men are jealous; when women refuse to have sex with their partners; or when men feel at risk of losing control of the relationship (Montaña et al., 2007).

Several studies in the region have identified jealousy as a risk factor or trigger linked to sexual violence. National reproductive health surveys in Haiti and Mexico found a significant association between intimate partner sexual violence and jealousy (Gage and Hutchinson, 2006). In Nicaragua, both quantitative and qualitative information pointed to jealousy as a main trigger of violence, including sexual violence (Ellsberg et al., 2000). Some evidence suggests that men sometimes use sexual violence as a way of dominating their partners and re-establishing their masculine identity. For example, a study among male factory workers in Mexico found that some men reported using force when their partners did not want to have sex with them (Contreras, 2005). A study in Brazil found that when men felt their role as the main economic provider was threatened by women's participation in the

labour force, sexual violence was a way to reconstruct contested masculinity (Dantas-Berger and Giffin, 2005). In this case, men used sexual violence as a way of re-establishing control of women in the relationship.

#### **8.4 Individual factors**

Researchers have identified a number of individual factors associated with a greater risk of experiencing or perpetrating sexual violence, including the following

- **Age**

Young age is a risk factor for experiencing sexual violence (Jewkes et al., 2002). Substantial evidence from the region indicates that most sexual violence is perpetrated against adolescents and children (Amnesty International, 2007; Contreras, et al., 2007; Guzmán, 2001; Gasman et al., 2006; Geldstein and Pantelides, 2003; Olsson et al., 2000; Smith Fawzi et al., 2005; García-Moreno et al., 2005). Young girls are particularly vulnerable. Similarly, most studies have found that the younger the age of first intercourse, the more likely it is to have been forced — both for boys and girls (e.g. see García-Moreno et al., 2005 for girls and Halcon et al., 2000 and 2003 for boys). Conversely, the proportion of boys and girls whose first sexual experience is consensual increases according to the age at which they first have sex (Jewkes et al., 2002; UNFPA, 2005).

- **Socio-economic factors**

Research from Brazil, Chile, Haiti, Jamaica and other nations has found a high correlation between socio-economic factors and the individual risk of experiencing or perpetrating sexual violence (Gage, 2005; Gibbison, 2007; Hindin et al., 2008; Santos-Baptista et al., 2008; Schraiber et al. 2008). These factors include: living in marginalised contexts, adverse conditions and poverty. A study carried out in Mexico and Central America found that victims of trafficking and forced prostitution were more likely to come from socially excluded sectors (Claramunt and Vega-Cortés, 2003). In some settings, the most marginalised members of society are often the most vulnerable to sexual victimisation, including street children, orphans or young people who lack family support. In Haiti, for example, a large household survey found that children who work as unpaid domestic servants in exchange for food and a



place to live — known as restaveks — represented almost 70% of child victims of sexual assault in Port au Prince (Kolbe and Hutson, 2006).

Some evidence suggests that higher education levels may be protective in regards to sexual violence – though the findings are mixed. Table 5 presents prevalence estimates of intimate partner sexual violence (ever), according to women’s education levels. In Bolivia, Colombia and Peru, these DHS surveys found that the risk of intimate partner sexual violence decreased as women’s education levels rose. In Haiti and the Dominican Republic, however, rates of sexual intimate partner violence were higher among women who had some primary school education compared with those who had none. Jewkes (2002) offers a possible explanation for these findings. She suggests that when women’s social status is very low, male violence may not be “needed” to enforce traditional gender roles, but violence against women may sometimes rise when women seek greater educational and employment opportunities and thereby begin to challenge traditional gender roles. In the case of the Dominican Republic and Haiti, the DHS surveys suggest that women must achieve a secondary level of education before sexual intimate partner violence begins to drop. It is noteworthy that education is also correlated with other social factors such as socio-economic status and social networks.

- ***Violence experienced during childhood***

Evidence from around the world suggests that girls who experience child sexual abuse are at increased risk for re-victimisation later in life (Jewkes et al., 2002). In the LAC region, studies from Guatemala and Honduras found that women who had experienced child sexual abuse were approximately twice as likely to experience intimate partner sexual violence as adults than women who did not experience abuse as children (Speizer et al., 2008). Studies conducted in Brazil, Chile and Mexico found that child abuse was one of the strongest predictors of sexual re-victimisation, even controlling for other variables (DeOliveira et al., 2009; Lehrer et al., 2007; Ortega-Ceballos et al., 2006). One study in Mexico found that women who reported a history of rape by someone other than their male partner were more likely to be victims of sexual violence by their partners (Rivera-Rivera et al., 2004). According to the study authors, early sexual abuse may increase victims’ vulnerability to re-victimization by leaving them with fewer skills for protecting themselves, less confidence in their self-worth, and a less clear conceptualisation of abuse.

**Table 6. Percentage of ever partnered women (aged 15-49) who reported having experienced sexual violence by an intimate male partner, by educational level of the woman**

City / Country	Educational level			
	None	Primary	High School	University
Bolivia (2003)	17	16	15	10
Colombia (2005)	14	14	11	7
Dominican Republic (2007)	6	9	5	4
Haiti (2005/2006)	11	13	8*	
Perú (2004)	22	16	16	13

\*Secondaire+

Source: DHS Surveys <http://www.measuredhs.com/>

Research also suggests that child sexual abuse increases the risk of involvement in sexual trafficking (UNICEF, 2001 cited by García-Suárez, 2006).

Studies from other parts of the world have found a strong association between violent childhood experiences and perpetration of sexual violence during adulthood (e.g. Jewkes et al., 2006 from South Africa). Similarly, research from Rio de Janeiro, Brazil, found that men who had witnessed or been victims of violence in their homes of origin were more likely to use violence against their partners (Instituto Promundo, Instituto Noos, 2003).

- ***Traditional attitudes about gender roles and women's sexuality***

Evidence suggests that sexual violence is closely linked to cultural values, norms and practices that support the idea that men are superior to women and have a right to control women's sexuality. For example, some research in LAC points to a link between rigid masculine attitudes and behaviours and perpetration of violence against women, including sexual violence (Cáceres, 2005; Contreras, 2005; Fuller, 2001a). For many men, the use of violence is part of their sense of masculinity (Connell, 2000), and sexual violence is a way for men to reinforce and perpetuate a hierarchical masculinity (Anderson et al., 2001).



Data from DHS surveys in Bolivia, the Dominican Republic and Haiti revealed a significant association between experiencing intimate partner sexual violence and women's attitudes towards violence (Hindin et al., 2008). Women who agree that spousal abuse is justified in some situations are more likely to report ever experiencing sexual violence by their male partners than women who do not agree; though it is not clear whether these attitudes preceded the violence or vice versa.

## 9. Legal Frameworks and Justice Sector Responses

### 9.1 *International agreements*

Several international agreements have affirmed a global commitment to eliminate violence against women, including the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), the Convention of Belem do Para, the International Conference on Populations and Development (ICDP) Programme of Action and the Beijing Declaration and Platform of Action (UN Secretary General, 2006). These agreements use a human rights framework and a gender perspective, and they call on governments to prevent and respond to violence against women, including sexual violence.

The LAC region has been recognised internationally as the first region in the world where all countries ratified the CEDAW. In addition, most governments in the LAC region have ratified the Convention of Belem do Para — the only regional treaty in the world specifically directed at eliminating violence against women. The adoption of these instruments has advanced the progress made by governments in the region in developing legal and policy actions and reforms aimed at reducing violence against women (Luciano and Saleh-Ramirez, 2001). Despite recognition of violence against women as a priority issue by governments in the LAC region, however, many countries have not fully implemented the recommendations of these international instruments and — as will be discussed later in this review — responses to the problem have often fallen short in practical terms (Rioseco Ortega 2005).

### 9.2 *Legislación nacional*

Governments in the LAC region began to revise national legislation to address violence against women in the 1990s. Many countries incorporated specialised legislation based on a gender perspective,

and reformed their civil and criminal codes accordingly. Many advances were linked to implementing international agreements at the national level (Luciano, and Saleh-Ramirez, 2001).

These legal reforms have included strengthening women's civil rights, criminal sanctions against perpetrators of violence against women, and improvements in criminal procedures (Morrison et al, 2004; CIDH, 2007; UN-INSTRAW, n.d.)<sup>5</sup> Almost all countries in the region have approved legal reforms to protect victims, sanction perpetrators and criminalise different forms of physical, psychological, sexual — and in some cases — economic violence against women. In some countries, legislative reforms have also addressed sexual harassment, sexual exploitation or violence in conflict settings (Montaño et al., 2007). In many cases, legal reforms have reframed sexual violence as a criminal rather than a moral offence — as it was historically conceptualized in many LAC legal systems. In some settings, discriminatory clauses against the victims have been eliminated, such as allowing victims to be questioned about their previous sexual history, their conduct during the attack or their “honour”. In some settings, legal reforms have introduced marital rape as a criminal offence where it did not exist before, as was recently introduced in Mexico. Laws in Argentina, Peru and Uruguay have eliminated provisions that allowed rapists to escape sanctions by agreeing to marry the victim.

### **Box 2: A notable case: “Lei Maria da Penha”.**

In 1983, a Brazilian woman, Maria da Penha Maia survived two murder attempts by her husband Antonio Heredia Viveiros. She became a paraplegic as a result of the abuse. She battled for twenty years to bring her case to justice, appealing to international organisations such as the Inter American Commission on Human Rights. The story gained international attention. The national domestic violence law in Brazil was signed in 2006 and named “Maria da Penha” in recognition of this admirable woman. The law specifically defines sexual violence as a crime, and includes preventive, punitive and protective legal mechanisms. It is considered one of the most advanced laws in the world addressing violence against women.

<sup>5</sup> Tables listing laws related to VAW and sexual violence in LAC may be found in: the ECLAC website ([www.eclac.org](http://www.eclac.org)); CLADEM, 2005; Montaño et al., 2007; Rioseco-Ortega, 2005.



Sanctions against sexual harassment now exist in some countries, including Argentina, the Bahamas, Brazil, Chile, the Dominican Republic, Ecuador, El Salvador, Honduras, Mexico, Paraguay, Peru and Saint Lucia. In addition, the definition and sanctions against rape have been broadened in countries such as Belize, Costa Rica, Honduras, Nicaragua and Panama. In some countries, legal reforms have included increased access to safe abortions for victims (CIDH, 2007; UN-INSTRAW, n.d.).

Despite significant improvements to the laws addressing sexual violence, problems still remain. Some countries in the region still need to harmonise their national legislation with the CEDAW and the Convention of Belem do Para. One common deficiency in the region is that many laws addressing violence against women are still situated within the framework of domestic and family law (Montaño, 2007). As a result, in some settings, some types of violence against women (such as marital rape) are not addressed by the legal code, and laws sometimes focus on protecting the family rather than women's rights and safety. Moreover, some legal codes still classify rape and sexual assault as an offence against "morals" or honour ("*un delito grave contra la moral*") rather than a criminal act against the individual woman (Montaño, 2007). In addition, some legal systems still contain retrograde and discriminatory clauses, such as those that absolve aggressors if they agree to marry the victim, that classify types of rape according to the victim's sexual history, that consider young children capable of consenting to sexual intercourse, or that fail to criminalise incest.

Another legal issue is that many countries deny rape victims who become pregnant the right to a safe and legal abortion. For example, El Salvador and Nicaragua criminalise abortion under all circumstances – even in cases of rape and incest or to save the life of the mother (Amnesty International, 2009). Even in countries where abortion is legal in cases of rape and incest, official administrative and legal obstructions often make access to safe, legal abortion impossible in practice.

### ***9.3 Implementation and enforcement of laws related to sexual violence***

Despite progress made in reforming legal and policy frameworks in recent years, most countries in the LAC region face serious challenges implementing and enforcing legislation related to violence against women. Justice systems have been particularly ineffective in protecting

victims and punishing perpetrators of sexual violence, and a pattern of impunity continues to permeate the region (CIDH, 2007).

In nearly all settings, few reported cases of sexual violence proceed to prosecution, much less conviction. For example, evidence suggests that only 10% of cases of sexual violence reported in Argentina end with punishment for the aggressor (Bianco et al., 2008); fewer than 4% of perpetrators are ever brought to justice in Chile and Ecuador; and in Guatemala, this proportion is less than 1% (CIDH, 2007). In the Bahamas, data collected over a five-year period show that 80% of those accused of rape were either never brought to trial or were acquitted (Henriques and Joseph, 1999). A 2001 survey in Dominica by the Women's Bureau found that half of the girls and women who sought help from the police were unsatisfied with the response, with improper evidence gathering and lack of follow-up being the most commonly cited problems (CIM, 2009).

Commonly, police are reluctant to investigate cases and the judiciary is unable to enforce laws (Morrison et al., 2004). The justice sector response to sexual violence is often indifferent, discriminatory or hostile to victims of sexual violence (CIDH, 2007; UN-INSTRAW, n.d.). In many settings, justice sector employers place great importance on physical evidence and mistreat girls and women who come to make a complaint. In a case study from ten countries in the region, Sagot (2005) found that law enforcement officials often expressed patriarchal notions of violence against women, demonstrated inappropriate attitudes about women's sexuality and re-victimised survivors, leading to impunity for aggressors (Sagot, 2005). In Central America, Velzeboer et al. (2003) found that police stations were the least supportive service providers for women who had experienced violence, in terms of gender-sensitive attitudes, willingness to help survivors and ability to provide helpful information.

In some settings, the legal procedures are extremely complicated, often requiring women to make long, repeated journeys to report their cases. For example, in Central America, one of the most important factors that inhibit women from bringing a formal complaint are the complicated procedures and formalities involved (Sagot, 2005). Other obstacles include the fact that reforms of policies and laws are often not widely disseminated, and many women and men – including service providers – are often unaware of women's legal rights. Furthermore, health and justice systems' personnel often lack training to provide information to survivors of sexual violence about how to access the justice system.

Another obstacle to reporting sexual violence is that victims often become vulnerable to retaliation once they file a complaint against the aggressor, and most legal systems in the region have no effective measures to protect them (Velzeboer et al., 2003). This situation is particularly serious when the perpetrator of sexual violence is a family member.



These obstacles to justice are often amplified in marginalised and excluded areas and in conflict settings. In some places there are no official centres where women can report violence. In other settings, law enforcement personnel lack even the most basic resources and training needed to investigate or prosecute cases of sexual violence. For example, researchers have documented that during the wars in El Salvador and Guatemala, many girls and women had no access to a functioning justice system (Anaya Rubio, 2007; Gil Herrera, 2007). Many women confront a similar situation in the present internal conflicts in Colombia and Mexico (Amnesty International, 2004; Duarte et al., 2007).

#### **9.4 Efforts to strengthen the justice sector response to sexual violence**

- **Governmental justice sector reform efforts**

Governments in the region have carried out a number of efforts to strengthen the capacity of the justice sector to enforce laws related to violence against women, often in collaboration with or with funding from international organizations. For example, ILANUD (United Nations Latin American Institute for the Prevention of Crime and the Treatment of Offenders) has provided training and support to the police and judiciary in a number of countries in the LAC region (Bott et al., 2005a). Several UN agencies have supported a programme to strengthen the response of Colombia's "Houses of Justice" to sexual violence, incorporating a more comprehensive approach and both a gender and human rights perspective (Parker, 2003). These "Houses of Justice" are multi-agency centres located in marginalised areas that administer official and non-official judicial resolutions, and are sometimes the judicial system's only presence in rural areas. Frequently, their resolutions reflect traditional gender norms that are deeply rooted in these communities.

Beginning with Brazil in the 1980s, many countries introduced specialised women's police units designed to provide a safer and more responsive environment for women to report cases of violence. In most cases, these units employ specialised female officers with training in family violence. This approach has been replicated in many countries throughout the region, including Argentina, Colombia, Costa Rica, Ecuador, Nicaragua, Peru and Uruguay. These special units have been shown to increase reporting as well as the likelihood that victims receive comprehensive support services (Bott et al., 2005a); however,

evaluations have also found that female officers do not necessarily demonstrate more positive attitudes towards women who experience violence than male officers. In addition, many specialized units in the region lack infrastructure and other resources, including data systems to record incidents and gather statistics (Montaño et al., 2007). As a result, in many settings, evidence suggests that the introduction of specialized units has left conviction rates unchanged. And in some cases, creating these units may have encouraged regular police stations to abdicate responsibility for dealing with cases of crimes against women (Bott et al., 2005a).

As part of efforts to reduce impunity in cases of sexual violence, there has been a proliferation of forensic medical institutes in LAC. In some countries like in El Salvador, Guatemala, Honduras and Nicaragua, these are a component of an integrated sexual violence security model developed by governments and supported by different international organisations (Moser & Winton 2002).

- ***Civil society efforts to reform the justice sector response***

Numerous initiatives originated by civil society have aimed to improve the justice sector response to violence against women. One such initiative is the “Court of Conscience,” in which crimes are symbolically judged by legal experts who use national and international legal instruments and issue decisions and recommendations that are passed on to official levels. These courts have been created in Chile, Colombia, Costa Rica, Ecuador, Guatemala, Mexico, Peru and Uruguay (Montaño et al., 2007). In Uruguay, for example, a Court of Reproductive and Sexual Rights revealed the situation of women who had been victimised by health care personnel.

Another civil society initiative aimed at improving the justice sector response to violence is the Nicaraguan Network of Women against Violence. This network of over 100 women’s organizations in Nicaragua played a key role in advocating for legislative reforms and monitoring enforcement of those reforms (Ellsberg et al. 2000; Ellsberg and Clavel Arcas, 2001; Velzeboer 2003). They drafted and lobbied for the Family Violence Law, which passed in 1997, and their members have actively monitored the Women’s and Children’s Police Stations that exist throughout the country.



## 10. Multi-sectoral Plans, Coalitions and Networks

### 10.1 Governmental plans, policies and programmes

In LAC, governments have undertaken efforts in recent years to develop multi-sectoral programmes, plans and policies at the local and national levels (UN-INSTRAW, unknown; Montaña et al., 2007). These actions have increased the visibility of the problem of violence against women and supported efforts to improve prevention and response. Much policy-making to address violence against women within the LAC region has been based on a gender and human rights perspective and has emphasized inter-sectoral collaboration and social mobilisation (Luciano and Saleh-Ramirez, 2001). One of the oldest plans in the region was implemented in Costa Rica, namely the National Plan for the Care and Prevention of Intrafamily Violence (PLANOVI), drafted in 1994 (Morrison et al., 2004; Velzeboer et al., 2003). Unfortunately many plans have lacked political support, funding, implementation and sustainability (Rioseco Ortega, 2005). As a result, they have often had little impact. Moreover, many action plans and programmes focused on violence against women in the region have not addressed all types of sexual violence, such as sexual harassment or trafficking.

One common problem in the region is that governmental commitment to address violence against women is often weak. This may translate into a lack of political will, and poor coordination among different participants and sectors, including between local, national and regional strategies. Limited financial resources are another constraint to implementing plans and programmes. Often, governmental institutions do not include enough funds in their budgets for activities to address violence against women. In some countries the main source of financial support comes from international organisations, and this support is often insufficient to meet all demands (Rioseco Ortega, 2005).

To address these problems, many governments in the region have established institutions for the promotion of women's rights, such as ministries of women's affairs or national commissions. These Ministries or commissions are typically responsible for implementing national plans and programmes that address violence against women and coordinating the work of multiple sectors such as justice, education and health (Montaña et al., 2007; Morrison et al., 2004). The political strength of these institutions appears to

be the key factor for determining their success. One early and well known effort in LAC occurred in Brazil, where the National Women's Rights Council was established in 1985 (Montaño, 2007). Since its conception, this council has promoted efforts to reduce discrimination against women and to increase access to support services for victims of violence against women. Since 2003, the Council has been part of the Special Ministry on Women's Policies. Members of the Council include both government and civil society representatives. Similarly, the National Women's Institute in Costa Rica has promoted several initiatives to address violence against women, including the National System for the Care and Prevention of Intra-family Violence (Velzeboer et al., 2003). This programme has used a multi-sector approach and involved various governmental and non-governmental institutions responding to different aspects of sexual violence. Similar experiences have taken place in El Salvador (the Salvadorian Institute for Women's Development) and Mexico (the National Women's Institute and the Centre for Gender Equity and Reproductive Health, part of the National Ministry of Health).

### ***10.2 Multi-sectoral networks and coalitions***

Another important approach has been the creation of local and national networks and coalitions devoted to ending violence against women. In most cases, these networks create partnerships between NGOs, governmental agencies, private sector organizations, religious institutions and (in some cases) political parties. For example, the Nicaraguan Network of Women against Violence (mentioned earlier) and the Network of Violence Prevention and Care in Bolivia are examples of multi-sectoral coalitions that have carried out strategies to prevent and respond to violence against women, including awareness campaigns, political advocacy, monitoring the implementation of new legislation and mobilizing communities to improve the service response to violence against women.

Evidence suggests that while these types of initiatives regularly face financial constraints and other challenges, they have contributed to preventing and responding to violence against women. For example, national surveys and other data sources suggest that women in Nicaragua are increasingly aware of their rights and may be less accepting of sexual violence than in the past (Morrison et al., 2004). While these changes may be the result of many initiatives, evidence indicates that the campaigns of the Network



made an impact on public awareness about women's rights, as over one quarter of women surveyed in a subsequent DHS Survey were able to repeat one or more of the messages included in the awareness campaigns carried out by the Nicaraguan Network of Women against Violence.

### **Box 3**

Two feminist NGOs in Peru — Manuela Ramos Movement and the Flora Tristán Centre for Peruvian Women — have developed integrated initiatives for addressing violence against women. Both organisations have worked for more than 30 years to address gender discrimination and violence against women in Peru from a gender and human rights perspective. “The right to a life without violence” — a programme of Manuela Ramos — includes diverse activities to reduce violence against women, particularly sexual violence. Their activities include a comprehensive package of legal and health services, prevention activities, community-based work, raising awareness and media campaigns. Within its human rights programmatic area, Flora Tristán has implemented comprehensive initiatives to address different types of sexual violence, including sexual harassment. They offer legal support to victims, conduct advocacy, promote legal reforms and train legal authorities as part of their strategic activities.

Another type of multi-sectoral initiative was developed by the Pan American Health Organization (PAHO) in ten countries of Central America and the Andean region (Velzeboer et al., 2003; Montaña et al., 2007). This programme carried out activities at the national, community and individual levels. Their efforts were aimed at improving policy and legislation on violence against women, increasing access to services for women who experience violence and creating multi-sectoral networks at the community level for violence prevention. The strategy's primary goal was to put in place policies, capacities, systems, and networks to better detect and care for women who live with violence and to prevent gender-based violence by promoting a culture of peace, respect, and equity within families and communities.

### ***10.3 Efforts to increase access to comprehensive services for survivors***

Ideally, women and children who experience sexual violence need access to a comprehensive package of services that includes medical care, emotional support and in some cases, legal assistance. Over the past few decades, a significant number of organizations in LAC countries have expanded access to comprehensive services for victims of violence, including legal advice, medical care and psychological support (Larrain, 1999). Most of these services have been provided by women's NGOs in urban settings, with limited coverage; however, some programmes have created models adopted by government programmes offering services on a larger scale. Although their goals, achievements and impact in communities vary, the following initiatives have used a comprehensive, multi-sectoral approach, including:

- The Centro Ecuatoriano para la Promoción y Acción de la Mujer (CEPAM) (Ecuadorian Centre for the Promotion and Action of Women) promotes sexual and reproductive rights for women. They provide assistance to survivors, train health service providers in marginalised communities, and carry out prevention initiatives with adolescents and youth.
- In Costa Rica, the Centro Feminista de Información y Acción (CEFEMINA) (Feminist Information and Action Centre) is a pioneer organisation working to address discrimination against women. They have extensive experience organising support groups for survivors of sexual violence. Their programme, "Woman, you are not alone" is a comprehensive initiative that includes an emergency hotline, legal and medical support, prevention campaigns, advocacy and other interventions.
- In Mexico, the Asociación para el Desarrollo Integral de Personas Violadas (ADIVAC) (Association for the Comprehensive Care of Rape Victims) is an NGO specialising in sexual abuse. Since the early nineties, they have offered different types of support (legal, medical, prevention, training, etc.) to women and children.
- PROFAMILIA in Colombia is an example of an NGO working in an armed conflict setting that has implemented a comprehensive assistance programme for sexual violence survivors. They offer medical, psychological and legal services in several places, including conflict regions such as Putumayo. As they



are primarily a health care organization, they also provide emergency contraception, STI-HIV/AIDS tests and treatment, and long term care.

- The PAHO project (mentioned earlier) also included developing community-based activities such as training health leaders and promoters, strengthening local networks for coordinating violence prevention efforts, public education within and outside of clinical settings, working with groups of men to change attitudes and behaviours, and developing support groups for women survivors of violence. The PAHO initiative also had a strong component aimed at strengthening the health service capacity to screen for abuse; to identify women in immediate danger of violence; to provide appropriate medical care, including emergency treatment and crisis intervention; to document cases of violence and to provide counselling for women about legal rights and other specialised services (Velzeboer et al., 2003).
- Other comprehensive programmes addressing sexual violence in poor and conflicted areas of Colombia are supported by international organisations like Doctors without Borders (Médicos sin Fronteras) in Chocó District and by UNFPA in Magdalena Medio.

## 11. The Health Sector Response to Sexual Violence

### *11.1. The health sector response to sexual violence in LAC*

A growing body of research has explored the quality of the health service response to violence against women, including sexual violence. For example, some studies in Brazil have analysed health services in public health institutions in several Brazilian cities. A study at a university hospital evaluated the process and results of treatment for women after sexual violence (Tadayuki-Oshikata et al., 2005). A study by Menicucci de Oliveria and colleagues (2005) assessed public services providing care for victims of sexual violence in Sao Paulo. An interesting study was conducted in Nicaragua looking at the attitudes of health service providers and screening for victims (Rodríguez-Bolaños et al., 2005).

More recently, two situational analyses of the health sector response to violence were conducted in Central America. PAHO

is currently coordinating a project in Belize, Honduras and Nicaragua that examines the relationship between HIV and sexual and domestic violence, in order to improve institutional responses to both public health problems (PAHO, 2009). The other study was conducted by Ipas in El Salvador, Guatemala, Honduras and Nicaragua. The aim was to undertake a situational analysis on the quality of health assistance services for victims and survivors of sexual violence (Paredes-Gaitán et al., 2009). Efforts to replicate these initiatives should be encouraged.<sup>6</sup>

Support offered by the health sector is extremely important for women who have experienced sexual violence, particularly with regards to providing emergency care following forced sex. Health services need minimum quality standards that include basic infrastructure, integrated reproductive and health services, mechanisms to ensure confidentiality and protection for victims, and trained and sensitised staff. Monitoring and evaluation mechanisms, documenting events, systematising experiences and analysing data are also important (Bott et al., 2005b).

Girls and women who experience sexual violence frequently turn to health service providers for help, but evidence from the region suggests that the quality of the response from the health sector is often poor. The health sector often has serious deficiencies, such as a lack of basic infrastructure, privacy and confidentiality; discriminatory and patriarchal attitudes and behaviours of service providers who justify the behaviour of aggressors and blame victims; an inability to help women in crisis; a lack of personnel trained to care for women who have experienced violence; and poor or nonexistent institutional policies and protocols (Montaño et al., 2007; Velzeboer et al., 2003; Paredes-Gaitán et al., 2009). These problems can result in re-victimisation of survivors, and the problems are particularly acute in marginalised and poor areas, including indigenous communities and in conflict settings.

Studies from the region suggest that many health care personnel express hostile attitudes towards girls and women who reveal experiences of sexual abuse. Health care providers often fail to ask women whether they have experienced violence, even when they observe signs of abuse. Survivors often complain that providers focus only on immediate care for injuries, do not offer adequate

<sup>6</sup> For more information about the methodology used see: [http://www.ipas.org/Library/News/News\\_Items/Ipas\\_launches\\_toolkit\\_to\\_evaluate\\_services\\_for\\_sexual-violence\\_survivors.aspx](http://www.ipas.org/Library/News/News_Items/Ipas_launches_toolkit_to_evaluate_services_for_sexual-violence_survivors.aspx) and [http://www.ipas.org/Publications/Ver\\_y\\_atender\\_Guia\\_practica\\_para\\_conocer\\_como\\_funcionan\\_los\\_servicios\\_de\\_salud\\_para\\_mujeres\\_victimas\\_y\\_sobrevivientes\\_de\\_viole.aspx](http://www.ipas.org/Publications/Ver_y_atender_Guia_practica_para_conocer_como_funcionan_los_servicios_de_salud_para_mujeres_victimas_y_sobrevivientes_de_viole.aspx)



guidance, and express inappropriate attitudes that blame women (Guedes et al., 2002a; Guedes et al., 2002b). For example, a baseline study carried out among reproductive health care providers by IPPF in 11 health centres located in the Dominican Republic, Peru and Venezuela found that over half of the providers interviewed felt that women's inappropriate behaviour was responsible for provoking men's aggression, and around one-quarter believed women do not leave violent partners because on some level 'they like' the violence (Guedes et al., 2002a).

Few programmes have adequately integrated attention to sexual violence into reproductive and sexual health programmes. In many settings, health centres lack the basic infrastructure to offer comprehensive medical care needed by survivors of sexual violence, even in emergency units (Menicucci de Oliveira et al., 2005). For example, voluntary and confidential STI/HIV testing for survivors of sexual violence is lacking in many health services in the LAC region, as are post-exposure prophylaxis kits and emergency contraception (Luciano, 2007).

As mentioned earlier, health programs that care for rape victims who become pregnant as a result of the assault are often unable to offer women information, referrals or access to safe and legal abortion. Rape victims who become pregnant are often given little information about their options and sometimes experience painful, humiliating and degrading treatment from public health staff. A related issue is that some countries, such as some in Central America, do not have mechanisms to assist women who decide to give their newborn up for adoption (Paredes-Gaitán et al., 2009). In countries where abortion is illegal under all circumstances, women who become pregnant as a result of rape should, at the very least, be offered information on adoption.

Studies from the LAC region suggest that the quality of the health care response is sometimes impaired by providers' discriminatory attitudes against marginalized groups. When sexual violence is committed against sex workers, they are sometimes discriminated against based on the belief that sex workers cannot really be sexually violated. For example, a study from Lago Agrio, Ecuador, found that refugee sex workers were discriminated against and were commonly denied health services, especially if dressed in a way that was deemed inappropriate by health care workers (Rushing, 2007).

## 11.2 Efforts to improve the health service response to sexual violence

Evidence suggests that this type of institution-wide approach is the most effective way to achieve sustainable improvements in the quality of care provided to survivors of violence (Heise et al., 1999). Several organizations in LAC — including IPPF/WHR, PAHO and Ipas — have used this type of integrated, institution-wide approach to improve the health service response to violence. They have rigorously evaluated their programmes in a number of settings. They have also developed recommendations, guidelines and programmatic tools to improve the health response to sexual violence, many of which have been used at the local, regional and global levels, due to their high quality and relevance.

IPPF/WHR in partnership with PLAFAM in Venezuela, PROFAMILIA in the Dominican Republic and INPPARES in Peru conducted a sub-regional initiative to improve the health service response to violence against women in 11 participating health facilities (Bott et al., 2004). This initiative used a “systems approach” that involved reforms throughout the entire health care organization. Specifically, the IPPF/WHR initiative included: strengthening the physical infrastructure of clinics to provide private spaces for consultations, increasing key institutional resources such as referral networks and directories, written tools and information, information systems and care protocols. In addition, the initiative included a long-term commitment to sensitization and training of clinic staff, based on an understanding of violence against women as a public health problem and a human rights violation. The programme evaluation found evidence that the initiative improved the overall quality of women’s health care, improved providers’ knowledge, attitudes and practices with regard to violence against women, strengthened patient privacy and confidentiality, increased the ability of providers to detect and care for girls and women who experienced violence, and benefited survivors through the provision of specialised services such as legal aid, counselling and support groups (Bott et al., 2005b; Bott et al., 2004).

Another noteworthy initiative in the LAC region is the comprehensive model of quality services for female victims of sexual violence developed by Ipas (Troncoso, et al., 2006).<sup>7</sup> Partnering with the Ministries of Health and Justice Departments, NGOs and

7 For more information about this model see: [http://www.ipas.org/Library/News/News\\_Items/From\\_Ipas\\_Bolivia\\_a\\_new\\_tool\\_to\\_help\\_sexual-violence\\_victims.aspx](http://www.ipas.org/Library/News/News_Items/From_Ipas_Bolivia_a_new_tool_to_help_sexual-violence_victims.aspx) and [http://www.ipas.org/Publications/Construyendo\\_un\\_modelo\\_de\\_atencion\\_integral\\_a\\_mujeres\\_victimas\\_y\\_sobrevivientes\\_de\\_violencia\\_sexual\\_que\\_incluye\\_la\\_interrupcion.aspx](http://www.ipas.org/Publications/Construyendo_un_modelo_de_atencion_integral_a_mujeres_victimas_y_sobrevivientes_de_violencia_sexual_que_incluye_la_interrupcion.aspx)



hospitals, the Ipas model focuses on developing comprehensive quality reproductive and sexual health services for survivors of sexual violence in Bolivia, Brazil, Mexico and Central America. It includes access to legal, safe abortion as well as the creation of networks to offer survivors a complete package of legal, social, counselling and medical services.

A number of programmes have aimed to integrate the issue of sexual violence into HIV programming in the region. For example, in the Caribbean region, which has the second highest levels of HIV/AIDS in the world (UNAIDS, 2006), CARICOM partnered with CIM/OAS, Development Connections and others to develop a project called “Capacity-Building for Integrating Services on HIV and VAW in the Caribbean”. The aim of the project is to develop a comprehensive strategy for integrating HIV and violence against women interventions (CIM, 2009b). This initiative is in the beginning stage, but it has the potential to produce lessons to advance knowledge in this area.

Historically, many health professionals lacked training about how to deal with cases of sexual violence because it was not included in their professional training (e.g. see Menicucci de Oliveira et al., 2005 for a study from Brazil). To address this problem, a number of programmes have been developed in LAC settings. For example, in Sao Paulo, all leading medical schools have begun to provide specialised care to survivors of sexual violence in teaching hospitals (Faúndes and Andalf, 2002). Similarly, the Women’s Comprehensive Healthcare Centre of the State University of Campinas has been a pioneer in training health professionals and assisting survivors throughout the country, including providing abortion services (Bedone and Faúndes, 2007)

## 12. Primary Prevention of Sexual Violence

There is limited information available about the effectiveness and impact of sexual violence prevention programmes in the region, in part, due to weaknesses in the monitoring and evaluation capacity of many institutions. Despite challenges that the LAC region faces in addressing violence against women, some progress has been made in regards to developing promising strategies for prevention programmes, most notably in urban areas. Most actions have been civil society initiatives implemented through NGOs and based within a framework of human rights and gender equality.

## 12.1 Capacity building through education and training

In LAC, community-based organisations have played a crucial role in increasing public awareness about women's rights and violence against women and transforming community attitudes around gender norms. Community leaders are central to prevention initiatives, particularly in promoting non-violent relationships, informing women about their rights and referring victims to support centres (Velzeboer et al., 2003).

Sensitizing and training community leaders and service providers began in the region in the 1980s, as part of an overall strategy to raise awareness and empower women (Larrain, 1999). In many settings, organizations have carried out initiatives to sensitize and train health professionals, teachers, police and military forces, social workers, community leaders, adolescents, young adults, academics and others. Most of this training is imparted through workshops, seminars and courses. Some training programmes also address reproductive and sexual health issues from a gender perspective (Billings et al., 2008).

Innovative community-based actions can be found throughout the region. For example, in Cuzco, Peru, Defensorías Comunitarias (Community Legal Aid Centres) were created as part of a community project to reduce levels of family violence. Community leaders have been trained to promote women's rights within their communities. The project focuses mainly on indigenous populations, and women who speak the local language serve as volunteers (ECLAC and W. K. Kellogg Foundation, 2007). Similar projects are being carried out in Guatemala and Nicaragua, training female leaders from the community as legal aid volunteers (called *defensoras populares*). Some organizations have provided training for community leaders in which women facilitate discussions of gender issues, including violence against women (Montaño et al., 2007). These initiatives present opportunities to raise awareness and generate programme ownership within communities and to produce facilitators who are able to offer support to victims of sexual violence. In Nicaragua, health personnel and community activists participated in short internships, receiving practical training about violence against women. Participants were taught about health, legal and social dimensions of violence against women (Velzeboer et al., 2003).

Another notable initiative has been the inclusion of reproductive



and sexual health, gender, and violence against women in the curricula of military and police academies. This programme was developed by the *Comité de Prevención y Control del VIH/SIDA de las Fuerzas Armadas y Policía Nacional* (COPRECOS) (Armed Forces and Police Committee for the Prevention of HIV/AIDS), UNFPA and others, and it has been extended to many countries in the region (Mora et al., 2005).

In LAC, few examples of preventive initiatives that include the educational sector were found by this review. Some school-based initiatives have been undertaken, but this sector needs to become more involved in issues related to gender and violence against women among young people (Morrison et al., 2004). This is essential if we are to shift social norms to prevent sexual violence.

## **12.2 Communication for social change**

NGOs have carried out many campaigns to raise awareness about violence against women in LAC at regional, national and local levels. These campaigns have often used mass media, including TV and radio to promote non-violent behaviour and to help women to find a way out of violent relationships. As noted earlier, the awareness campaigns carried out by the Nicaraguan Network of Women against Violence appear to have contributed to a greater awareness of women's rights in Nicaragua as well as to a reduced acceptance of violence against women, including unwanted and forced sex within marriage (Velzeboer 2003; Bott et al. 2005a).

One successful and well evaluated mass media approach to changing attitudes, knowledge and behaviours has been carried out by the Nicaraguan NGO, Puntos de Encuentro. Puntos de Encuentro uses different media formats to raise awareness and change attitudes and norms related to violence against women. For example, their programme *Sexto Sentido* (Sixth Sense) includes a half-hour weekly soap opera produced for television that tackles topics related to sexual health, gender roles and violence. This broadcast is supported by radio shows and other educational and support activities. According to Guedes (2007), the programme provides the audience/participants with information they need to make informed choices about their lives in relation to gender and social norms. Recently, a population-based study was carried out to evaluate the impact of their work (Solórzano et al., 2008). That study found that *Sexto Sentido* has had a positive impact on attitudes, beliefs and knowledge related to gender norms and violence against women in Nicaragua.

Another example of an innovative awareness raising initiative from the LAC region is the Sistren Theatre Collective (STC), which was started in Jamaica in 1977. The STC produces popular theatre that addresses gender roles in an entertaining and educational atmosphere; it confronts problems faced by women and tries to change attitudes in society (Amnesty International, 2007). The organisation has produced several programmes, including one called “Tek it to dem and rise up wi community”, which is supported by the UN Trust Fund to End Violence Against Women. Its goal is to give women and girls tools to empower themselves and their communities to take action to prevent violence against women (STC, 2009).

NGOs from many countries in the region have developed national campaigns promoting sexual violence prevention. For example, the Chilean Network Against Domestic and Sexual Violence organises activities every year that include symbolic reparations for damage to victims. In El Salvador, the feminist NGO, Las Dignas, developed a campaign about sexual violence entitled “Nothing Justifies Sexual Violence. Respect My Body!” At the regional level, the Latin America and Caribbean Women’s Health Network designed and promoted a two-year campaign “No Violence. Protect Our Health”. This campaign included awareness raising, as well as lobbying strategies to pressure governments to increase their commitments to prevent and respond to violence against women. The global campaign, “16 Days of Activism against Gender Violence” organised by the Centre for Women’s Global Leadership has been another important campaign in the region.

Another global initiative launched in the region is the UN Secretary General’s UNiTE to End Violence against Women campaign that aims to eliminate violence against women globally. UNiTE aims to achieve the following objectives in all countries by 2015: 1) Adopt and enforce national laws to address and punish all forms of violence against women and girls; 2) Adopt and implement multi-sectoral national action plans; 3) Strengthen data collection on the prevalence of violence against women and girls; 4) Increase public awareness and social mobilization; and 5) Address sexual violence in conflict.<sup>8</sup>

### ***12.3 Promoting public safety***

Another type of programme aimed at preventing violence against women has been to consider violence against women as

8 For more information visit: <http://www.un.org/en/women/endviolence/index.shtml>



a public safety problem. This presents the opportunity to increase the profile of violence against women in political agendas and to obtain financial resources for public safety interventions (Rioseco-Ortega, 2005). Addressing violence against women as a public safety issue faces some difficulties, however, including coordinating different sectors, finding more financial resources and the need for real commitments by governments to combat the crime (Buvinic, 2008).

One example of this type of project in the LAC region is “Cities Without Violence for Women: Safe Cities for All”, led by the Women and Habitat Network and supported by UNIFEM and the Spanish Agency for International Development Cooperation (AECID). This project aims to reduce violence against women in public and private spaces in cities, as part of protecting women’s human rights. To date, the programme has been carried out in Rosario, Argentina, Bogota, Colombia and Santiago, Chile (Falú and Segovia 2007; Red Mujer and Hábitat de América Latina, 2009).

#### ***12.4 Working with men and boys***

NGOs in the LAC region have been leaders in the effort to engage men and boys in the effort to reduce levels of violence against women. Programmes targeting men and boys that focus on gender norms, masculinities and violence against women are another seemingly effective way of supporting prevention at the community level (WHO, 2007b). Usually, the purpose of these programmes is to encourage men to challenge patriarchal and hierarchical gender norms that support the use of violence against women. Particularly important is work with male adolescents and young adults, because they appear to be more open to changing their attitudes, beliefs and behaviours than older adult men.

In the LAC region, the work of the Promundo Institute in Brazil stands out. Their projects with children, youth and young adults promote equal relations between men and women and work to prevent interpersonal violence, including sexual violence against women. Promundo has developed several programmes that have shown an impact on the communities where they have been carried out (WHO, 2007b). Through south-south cooperation, Promundo has created partnerships with organizations working with men and boys in other regions of Brazil, other countries in Latin America, as well as other settings in Asia and Africa.

In particular, Program H was developed by Promundo in partnership with other organisations. Program H has been implemented in many settings, including: Bolivia, Brazil, Colombia, Jamaica, Mexico and Peru. Program H's objective is to encourage young men to question conventional gender norms associated with masculinity and to promote the advantages of gender equitable behaviours. For this purpose, Program H has developed educational workshops, awareness and behaviour change campaigns, innovative approaches to attracting young men to health facilities and a culturally sensitive impact evaluation methodology (Instituto Promundo, 2004).

Another initiative with a strong presence in the region is MenEngage. This global alliance of NGOs and UN agencies seeks to work with boys and men in promoting gender equity. A key aim of the alliance is to identify and scale up effective regional efforts that encourage positive gender equitable roles for men and improve the health of both men and women; and to embed these programmes into public policy.<sup>9</sup> The White Ribbon Campaign is another key global effort that has a presence in the region. By working with men and boys, the main goal of this campaign is to end violence against women in all its forms. Key strategies of the campaign are education and training, and the wearing of a white ribbon is seen as a symbol of men's opposition to violence against women.<sup>10</sup>

A number of organisations in the region have carried out programmes to rehabilitate perpetrators of violence against women. Work with violent men in the region started in Argentina in the early 1990s (Larrain, 1999). Most efforts have been carried out by NGOs with financial support from international organisations; though some have been carried out by governmental institutions that focus on women's rights. The majority of these interventions have used therapeutic groups or individual therapy. Interventions are usually based on a gender and human rights perspective. The few available evaluations of these interventions have found that most men drop out of programmes before they conclude, and while many men who complete the entire process appear to reduce their physical aggression, it is not clear that these programmes are effective at changing attitudes regarding gender norms among perpetrators or reducing emotional abuse (Jewkes et al, 2002). Examples of organisations in LAC that have worked for many years with aggressors include the Programme for Men Quitting

9 MenEngage: <http://www.menengage.org/>

10 White Ribbon Campaign: <http://www.whiteribbon.ca/international/>



Violence (*Programa Hombres Renunciando a su Violencia*) in Peru, Men for Equity (*Hombres por la Equidad*) in Mexico, Association of Men Against Violence (*Asociación Hombres Contra la Violencia*) in Nicaragua, and the Wem Institute in Costa Rica.

### 13. Conclusions and Recommendations

In recent decades, the LAC region has made progress in the effort to prevent and respond to sexual violence, through research on sexual violence, legal reforms, plans, networks and coalitions, health and justice sector initiatives and prevention strategies. However, much more needs to be done. In particular, evidence suggests that preventing sexual violence depends on transforming the hierarchical gender structures and social norms into more egalitarian models of relationships between women and men. For that reason, prevention strategies focusing on behavioural, attitude and value changes are a priority in the region.

A process of social change is underway in LAC. Some evidence suggests that social change is improving women's status in society and changing the values and gender norms among young people. However, this transition is, at times, accompanied by confusion and crisis. It is important to establish programmes to support this transition, emphasising the potential mutual benefits that can be gained from reinterpreting and renegotiating gender norms. Programmes aimed at changing young men's attitudes, beliefs and behaviour are particularly important for influencing this process.

Governments have a responsibility for undertaking actions to address sexual violence at different levels and sectors of society. In particular, governments should address the needs of the most marginalised communities, to protect women's human rights and to work to reduce all forms of violence against women. Sexual violence not only affects victims; it also has negative consequences for society's socio-economic and political progress. Sexual violence should, therefore, be conceptualised as part of the development priorities of governmental policies.

More research on sexual violence is needed to understand the problem in the LAC region and to develop more effective and strategic actions at different levels (macro, community, family/relationship and individual). Operational research and programme evaluations to increase knowledge about how to design effective programmes and policies to prevent and respond to sexual violence are also priorities.

Finally it is important to highlight that many programmes in the LAC region have developed comprehensive approaches that have shown positive results in preventing and responding to sexual violence. Organizations from many different sectors are developing innovative strategies to support both gender transformative preventive actions and to strengthen services for victims. These advances have occurred in the region despite limited resources.

In summary, this paper serves as an introduction to various aspects of sexual violence in LAC. Its purpose is to stimulate discussion and debate about actions that must be prioritised to strengthen services for victims; prevention initiatives that are effective in reducing sexual violence; identification of priorities for legal and policy development, and the research that is needed to strengthen diverse initiatives aimed at reducing sexual violence.

### ***13.1 Recommendations for programs and policies***

This review highlights a number of key policy and programme recommendations and priorities for the LAC region, related to preventing and responding to sexual violence, including the need to:

- Raise awareness of sexual violence as a public health problem and a violation of human rights. This a priority at the local, regional and global levels, and is needed to generate greater attention to and resources for prevention and support programmes for survivors of sexual violence.
- Focus on implementing and monitoring already established legal and policy frameworks in the region. Ideally, this would include broad efforts to strengthen the legislative and justice sector response to violence against women generally and sexual violence specifically.
- Ensure that strategies related to primary prevention are undertaken by governments, which are obligated by international agreements to address violence against women, including sexual violence. These strategies include increasing protection and justice for victims, raising awareness in communities, expanding access to comprehensive services and other efforts to empower women and sensitise men.



- Promote equitable gender relationships as way of changing social norms and individual behaviours that support or tolerate violence against women in the LAC region.
- Improve the health sector response to victims of sexual violence through strengthening the capacity of health care organizations to respond to sexual violence. Providers need thorough and high quality training and institutional support to care for girls and women who experience sexual violence. Service providers should have full knowledge of the norms and guidelines for addressing sexual violence and should also have been trained from a gender and human rights perspective. Countries need policies and guidelines.
- Include coursework about violence against women — including sexual violence — in the academic training of professionals, including lawyers, physicians, nurses and psychologists. Because sexual violence has only recently been viewed as a health problem, health systems and academic health institutions are still in the beginning stages of incorporating this topic into formal training for health professionals, and this needs to be expanded.

### ***13.2 Recommendations for future research priorities***

In LAC, knowledge about sexual violence has significantly increased in recent years; however, as highlighted in this review, there is a need for more evidence on key issues. The following is a list of recommendations for future research in the region.

- ***Research on the nature and prevalence of sexual violence, as well as risk factors***
  - Quantitative and qualitative research on the nature and prevalence of sexual violence in LAC settings, especially where information is not available, ideally using well-designed, large-scale surveys focused specifically on violence, including sexual violence, in countries where this has not yet been done.
  - More research on the risk and protective factors associated with experiencing and perpetrating different forms of sexual violence in the LAC region, as well as factors associated with non-violence.

- Strengthening of official data collection systems, including mechanisms for collecting official information, particularly in rural and marginalised areas and in conflict/ humanitarian settings.
- Situational analyses on under-documented forms of sexual violence, such as sexual harassment in the workplace, schools and communities; trafficking of girls and women for purposes of sexual exploitation, among others.
- ***A more in-depth understanding of sexual violence***
  - Research on socio-cultural contexts of sexual violence in different settings using qualitative and quantitative research methods, informed by multi-disciplinary perspectives including public health, sociology and anthropology.
  - Research on the health consequences of different types of sexual violence, with particular emphasis on sexual and reproductive health.
- ***Research on prevention of sexual violence***
  - Research on comprehensive and effective primary prevention strategies at different levels (societal, community, family/relationship and individual) that could be adapted to different socio-economic and cultural settings.
  - Research to examine how behaviour change theory and strategies can apply to sexual violence prevention programmes most effectively.
  - Monitoring and evaluation of primary prevention programmes, and scaling up of promising programmes.
- ***Research on the appropriateness and effectiveness of responses to sexual violence***
  - Identify mechanisms to monitor the enforcement of laws and norms throughout the region, particularly in marginalised settings.



- Research on the responses of the health, educational and justice systems. For example, research on the response of service providers to girls and women who disclose sexual violence; studies that analyze the quality and effectiveness of forensic medicine in bringing perpetrators to justice; analysing mechanisms that integrate reproductive and sexual health initiatives with sexual violence programmes; analysing, adapting and systematising best practices for training health service providers; and developing patients' assessments about preferred care.
- Rigorous evaluations of programmes and policies aimed at improving the response of the health, justice, social service and education sectors to sexual violence.
- Impact evaluations of programmes, laws and policies.

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