



# INTIMATE PARTNER VIOLENCE AGAINST WOMEN IN THE AMERICAS: AN INFOGRAPHIC

**Violence against women is a human rights violation and a public health problem.**

Violence against women has been recognized as an important public health and human rights problem, both globally<sup>1</sup> and within the Americas<sup>2</sup>. The World Health Organization (WHO) estimates that 30% of women in the Americas have experienced physical and/or sexual violence by a partner, while 11% have experienced sexual violence by a non-partner.<sup>3</sup>

Intimate partner violence (IPV) – the most common form of violence against women – has serious consequences for women's health and wellbeing.<sup>3</sup> A 12-country analysis from the Latin American and Caribbean region<sup>4</sup> found that large proportions of women who experienced IPV reported physical and mental health consequences, including physical injuries, chronic pain, anxiety, depression, and suicidal thoughts. In most countries, IPV was significantly correlated with lower age at first union, higher parity, and unintended pregnancy. IPV also has well documented negative consequences for children and the broader society.<sup>5,6</sup>

**An estimated 1 in 3  
ever-partnered  
women aged 15–49  
in the Americas have  
experienced physical  
and/or sexual violence  
by a partner.**

In 2015, United Nations (UN) Member States agreed to work towards eliminating violence against women as part of 2030 Sustainable Development Goals (SDG).<sup>7</sup> Member States of the Pan American Health Organization (PAHO) and the World Health Organization (WHO) made similar commitments as part of PAHO's 2015 Strategy and Plan of Action on Violence against Women<sup>8</sup> and WHO's 2016 Global Plan of Action on interpersonal violence, in particular violence against women and girls and violence against children.<sup>9</sup> Strengthening data collection systems and measures is a key commitment made in all of these agreements and a priority for PAHO.



**[www.paho.org/violence](http://www.paho.org/violence)**

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

**SDG Target 5.2:** Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation  
**SDG Indicator 5.2.1:** The proportion of ever-partnered women and girls aged 15+ years subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months.



# Intimate partner violence in the Americas: A systematic review and reanalysis of national prevalence estimates and changes over time

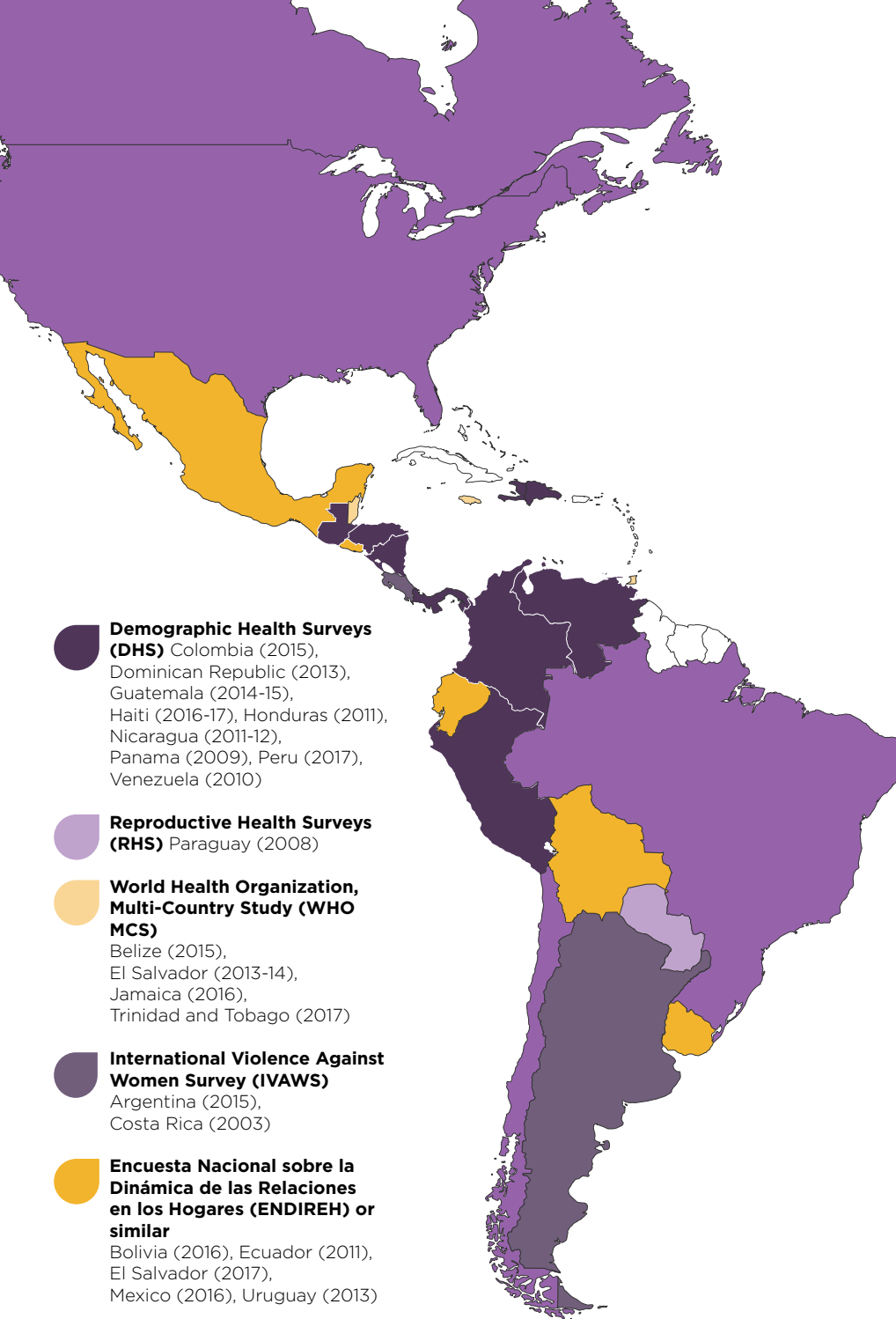
**Objectives:** To describe what is known about the prevalence of intimate partner violence against women in the Americas across countries and over time, including geographic coverage, quality, and comparability of data.

**Methods:** A systematic review of national, population-based estimates of IPV against women from any PAHO Member State in the Americas from 1998 to 2017 was carried out by searching the indexed journal literature, international and governmental databases; hand-searching existing reviews; and contacting researchers and governments throughout the Region. Eligible surveys had to provide adequate information about methods and measures and meet basic quality criteria. Estimates from the most recent eligible national surveys in each country were reanalyzed for cross-country comparability (by PAHO), received directly from the original research teams or extracted from reports, including IPV prevalence by type (physical; sexual; physical and/or sexual), timeframe (ever; past year), and perpetrator (any partner in life; current/most recent partner). In

countries with 3+ rounds of data, Cochran-Armitage and Pearson chi square tests were used to assess whether changes over time were significant ( $p < 0.05$ ).

**Results:** Twenty four countries in the Americas had eligible estimates, and four more had potentially eligible national surveys in development (Cuba, Grenada, Guyana, and Suriname). Reported prevalence of physical and/or sexual IPV ever ranged from about one in seven (14-17%) ever-partnered women aged 15-49 (unless noted in page 5) in Brazil, Panama, and Uruguay, to more than half (58.5%) in Bolivia. Past year prevalence of physical and/or sexual IPV ranged from 1% in Canada to more than one-fourth (27.1%) in Bolivia. Significant declines in reported prevalence of certain types of IPV were documented in eight countries; however, some changes were small, some indicators did not change significantly, and significant increases were found in the reported prevalence of physical IPV (past year) in the Dominican Republic.

**Conclusions:** Intimate partner violence against women remains a public health and human rights problem across the Americas, suggesting a need for greater and more sustained investment in evidence-based initiatives to prevent and respond to such violence and for more comparable, high quality data for monitoring the impact of these efforts.



# Percentage of women who reported physical and/or sexual IPV, ever and past 12 months

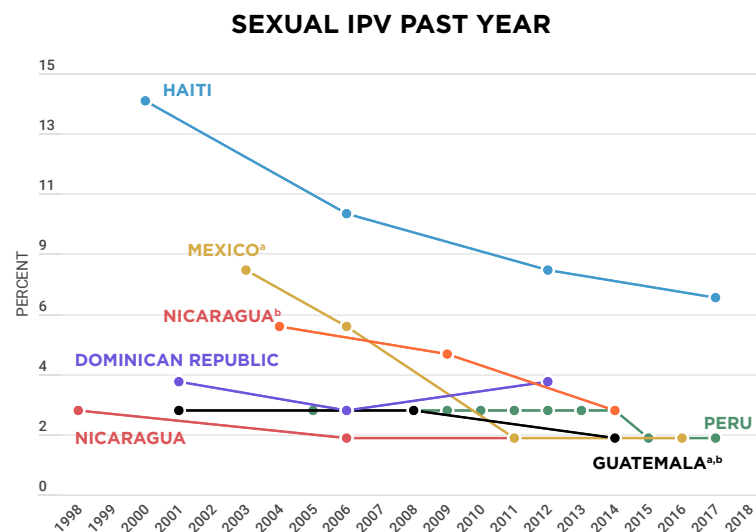
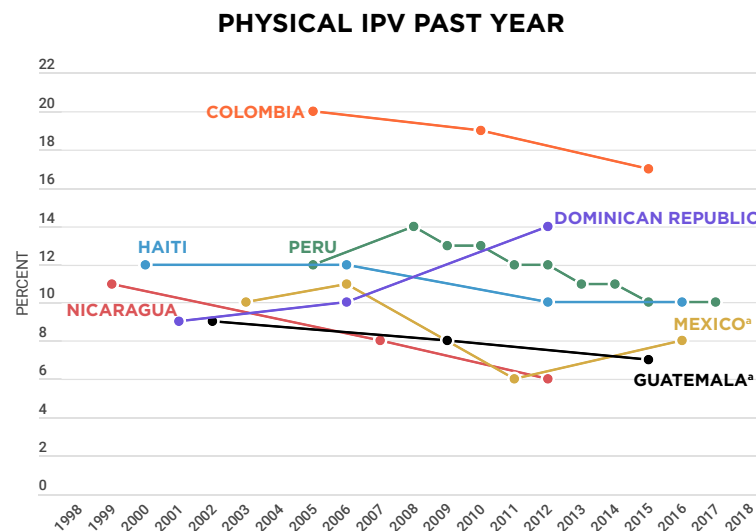
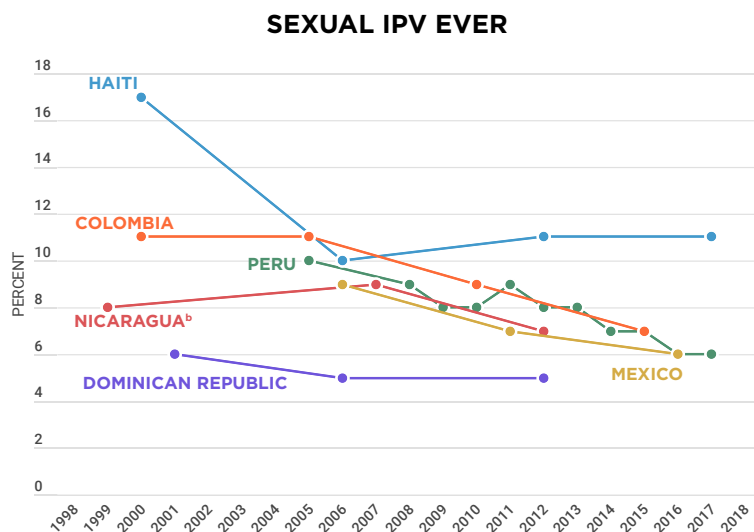
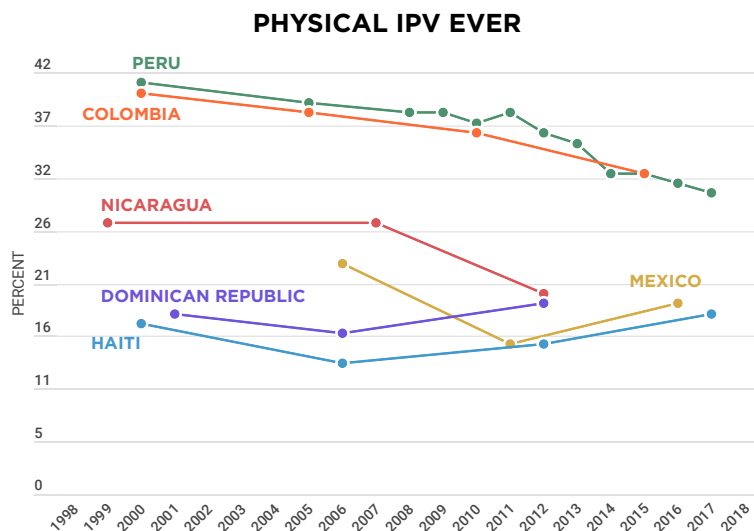
COUNTRY, YEAR	PARTNER	PHYSICAL AND/OR SEXUAL		SEXUAL		PHYSICAL		N
		Ever	Past year	Ever	Past year	Ever	Past year	
Argentina 2015	Any	26.9	2.7	3.9	0.2	26.5	2.7	1 221
Belize 2015	Any	22.2	—	6.9	—	21.9	—	501
Bolivia 2016	CMR	58.5	27.1	34.6	16.3	52.4	21.4	4 149
Brazil 2017	Any	16.7	3.1	2.4	0.7	16.1	2.7	1 116
Canada 2014	Any	—	1.1	—	—	—	—	[a]
	CMR	—	0.8	—	—	—	—	
Chile 2016/17	Any	—	—	6.7	2.1	—	2.7	6 824
Colombia 2015	CMR	33.3	18.3	7.6	3.8	32.3	17.5	24 862
Costa Rica 2003	Any	35.9	7.8	15.3	2.5	33.4	6.9	822
Dominican Republic 2013	Any	28.5	16.0	9.3	4.4	27.3	15.1	5 803
	CMR	20.4	15.6	5.4	4.2	19.4	14.7	
Ecuador 2011	Any	40.4	—	14.3	4.0	38.6	—	9 131
	CMR	35.5	10.8	10.2	3.9	34.4	9.3	
El Salvador 2017	CMR	14.3	5.9	5.0	2.0	13.7	5.4	2 127
El Salvador 2013/14	Any	24.7	6.7	11.9	3.2	20.6	4.9	741
	CMR	15.7	—	7.7	—	12.0	—	
Guatemala 2014/15	Any	21.2	8.5	7.1	2.6	20.4	7.9	6 512
	CMR	18.0	8.5	5.2	2.6	17.3	7.9	
Haiti 2016/17	Any	26.0	13.9	14.0	7.2	21.3	10.1	4 322
	CMR	23.5	13.8	11.2	7.0	18.6	10.0	
Honduras 2011/12	Any	27.8	11.0	10.9	3.3	25.9	10.0	12 494
	CMR	21.6	10.9	6.5	3.2	20.2	10.0	
Jamaica 2016	Any	28.1	8.6	7.6	2.4	25.6	7.1	723
Mexico 2016	Any	24.6	—	7.8	—	23.3	—	60 040
	CMR	21.0	9.5	6.3	2.7	19.8	8.6	
Nicaragua 2011/12	Any	22.5	7.5	10.1	3.5	20.0	6.1	12 065
Panama 2009	CMR	14.4	10.1	3.2	2.7	13.8	9.2	5 831
Paraguay 2008	Any	20.4	8.0	8.9	3.3	17.9	6.7	4 414
Peru 2017	CMR	31.2	10.6	6.5	2.4	30.6	10.0	21 454
Trinidad & Tobago 2017	Any	30.2	5.7	10.5	0.9	28.3	5.1	1 079
Uruguay 2013	Any	16.8	3.1	6.6	0.6	15.7	2.9	1 560
	CMR	7.6	2.8	2.4	0.6	7.0	2.6	
USA 2010/12	Any	37.3	6.6	16.4	2.1	32.4	3.9	22 590
Venezuela 2010	CMR	17.9	12.2	4.7	3.3	17.5	11.7	[a]

[a] Unweighted denominators unavailable; full sample sizes of women: 17 966 (Canada); 3 793 (Venezuela).

Notes: Any = Any partner in life; CMR = Current or most recent partner; — = unavailable.

# Percentage of ever partnered women aged 15-49

who reported physical IPV and sexual IPV, ever and past 12 months, in national, population-based surveys from the Americas with 3+ round of comparable data collection, by type of violence, country and year



These charts present a preliminary analysis of changes over time in the reported prevalence of physical IPV and sexual IPV (ever and past 12 months) in seven countries with 3+ rounds of comparable data collection over 10-20 years. Physical and sexual IPV were analyzed separately, in case they changed in different directions or at different rates.

Changes in past year prevalence may reflect recent changes in levels of violence, while changes in lifetime prevalence of IPV may reflect longer term changes, including different life experiences of young women of reproductive age compared with older cohorts of women aging out of samples.

The reported prevalence of both physical and sexual IPV declined significantly (per Cochran-Armitage chi square trend testing) in all countries, except for physical IPV in the Dominican Republic (which rose significantly); sexual IPV in the past year in the Dominican Republic (which did not change); and physical IPV ever in Haiti (which rose significantly per Cochran-Armitage but not Pearson chi square test).

Given the limited number of data points for most countries and the fact that in some countries, prevalence rose before it fell (or vice versa), these findings should be considered preliminary, and they suggest a need for monitoring over a longer period of time and across age groups.

Notes: **[a]** Past year IPV estimates for Guatemala and Mexico were limited to women currently married or cohabiting at the time of the interview. **[b]** Estimates of sexual IPV from Guatemala and Nicaragua were limited to forced sex and excluded sex out of fear, because that item was not measured in one of the three surveys from each country. **[c]** Three data points for IPV ever were not available for Guatemala; **[d]** Earliest surveys from Colombia and Peru measured physical IPV ever, only.

Sources and characteristics of IPV estimates from the Americas cited in this infographic

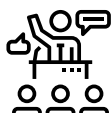
Country	Survey name	Data collection year	Instrument	Dedicated / module	Method	Age (if not 15-49)	Partnership history (if not ever married/ cohabited)	Source (most recent)
Argentina	Estudio sobre Violencia de Género	2015	IVAWS	Dedicated	Telephone	18-69	All women	Report
Belize	Belize Public Health Survey	2015	WHO	Dedicated	Household	18-64	Ever had romantic partner	Report
Bolivia	Encuesta de Prevalencia y Características de la Violencia contra las Mujeres	2016	Similar to ENDIREH	Dedicated	Household			Reanalysis
Brazil	Violência Violência Doméstica e Familiar contra a Mulher, Pesquisa DataSenado	2017		Dedicated	Telephone	16+	All women	Research team
Canada	General Social Survey	2004, 2009, 2014		Dedicated	Mixed	15+	Married, cohabited, in contact w/ ex, past 5 yrs	Report
Chile	Encuesta Nacional de Victimización por Violencia Intrafamiliar y Delitos Sexuales	2016/17		Dedicated	Household	15-65	All women/currently had romantic partner	Report
Colombia	Encuesta Nacional de Demografía y Salud	2000, 2005, 2010, 2015	DHS	Module	Household			Reanalysis
Costa Rica	International Violence Against Women Survey	2003	IVAWS	Dedicated	Household	18-69	Ever had romantic partner	Research team
Dominican Republic	Encuesta Demográfica y de Salud	2002, 2007, 2013	DHS	Module	Household			Reanalysis
Ecuador	Encuesta Nacional de Relaciones Familiares y Violencia de Género contra las Mujeres	2011	Similar to ENDIREH	Dedicated	Household			Reanalysis
El Salvador	Encuesta Nacional de Violencia Contra las Mujeres	2017	Similar to ENDIREH	Dedicated	Household		Ever had romantic partner	Reanalysis
El Salvador	Estudio de Población de Violencia contra las Mujeres	2014	WHO	Dedicated	Household			Reanalysis
Guatemala	Encuesta Nacional de Salud Materno Infantil	2002, 2008/9, 2014/5	RHS/DHS	Module	Household			Reanalysis
Haiti	Enquête Mortalité, Morbidité et Utilisation des Services	2000, 2005/6, 2012, 2016/17	DHS	Module	Household			Reanalysis
Honduras	Encuesta Nacional de Demografía y Salud	2011	DHS	Module	Household			Reanalysis
Jamaica	Women's Health Survey	2016	WHO	Dedicated	Household		Ever married, cohabited, had 'regular' (visiting) partner	Research team
Mexico	Encuesta Nacional sobre la Dinámica de las Relaciones en los Hogares	2003, 2006, 2011, 2016	ENDIREH	Dedicated	Household			Reanalysis
Nicaragua	Encuesta de Demografía y Salud	1998, 2006/7, 2011/12	RHS/DHS	Module	Household			Reanalysis
Panama	Encuesta Nacional de Salud Sexual y Reproductiva	2009	DHS	Module	Household			Report
Paraguay	Encuesta Nacional de Demografía y salud Sexual y Reproductiva	2008	RHS	Module	Household	15-44		Reanalysis
Peru	Encuesta Demográfica y de Salud Familiar	2000, 2004/6, 2007/8, 2009-17	DHS	Module	Household			Reanalysis
Trinidad & Tobago	Trinidad and Tobago Women's Health Survey	2017	WHO	Dedicated	Household	15-64	Ever had romantic partner	Report
Uruguay	Encuesta Nacional de Prevalencia sobre Violencia Basada en Género y Generaciones	2013	Similar to ENDIREH	Dedicated	Household		Male or female partner	Reanalysis
USA	National Intimate Partner and Sexual Violence Survey	2010/12		Dedicated	Telephone	18+	All women	Report
Venezuela	Encuesta Demográfica	2010	DHS	Module	Household			Report

# A multi-sector response to violence is needed – one that includes health systems

Policy makers, health sector organizations, researchers and activists can help prevent and respond to violence against women by taking actions such as:



**Collect and use data** on prevalence, risk factors, consequences and contexts of violence against women to raise awareness, mobilize action and inform evidence-based programs and policies



**Advocate for changes in policies** that influence risk and protective factors for violence, including women's and girl's legal rights, access to education and economic empowerment



**Collaborate** across all sectors to mobilize comprehensive, evidence-based prevention and response efforts.



**Ensure a comprehensive service response** to violence (including health, legal and social services) that identifies women exposed to violence, provides immediate care, mitigates harm, addresses long term effects of violence, and helps reduce reoccurrence.



**Use a whole system approach** to encourage all parts of the health system to recognize violence against women as a health issue.



**Change social norms** that support or enable violence against women and children, and raise awareness of violence as a public health, human rights, and economic development problem.

## Key messages

- Population-based evidence from the Americas confirms that IPV against women remains a widespread public health and human rights problem in the Americas, with reported prevalence of physical and/or sexual IPV ever across countries ranging from about 14-17% to 58.5% women.
- While reported IPV prevalence declined in several countries, some changes were small, some indicators remained unchanged, and in two countries, reported prevalence rose over time.
- Intimate partner violence is preventable, but measurable changes in prevalence levels require continuity of policies and programs over a number of years.

- There is a need for greater and more sustained investment in evidence-based violence prevention and response.
- The evidence base has geographic gaps in coverage, and barriers to comparability.
- More research is needed to understand the impact of IPV across different age groups and among specific groups of women, including minority ethnic and racial populations, women with disabilities and older women, amongst others.
- Ideally countries would carry out high quality, national, population-based surveys every few years ensuring that these adhere to international scientific and ethical guidelines.<sup>10</sup>
- Well-designed population-based surveys can give countries evidence they need to develop policies and programs, monitor changes in the prevalence of violence against women over time and to measure progress towards the SDGs, as PAHO Member States have agreed to do.

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