

Latin America looks to violence prevention for answers

Several Latin American countries are beginning to see interpersonal violence affecting children as a public health problem that can be prevented. Barbara Fraser reports from Lima, Peru.

In Loíza, Puerto Rico, ask a group of several dozen adolescents if they have seen someone murdered on the street or abused at home, and virtually all will say yes. “And they all know someone who has been killed”, said Alana Feldman, director of Taller Salud (Health Workshop), which works with young people there.

Similar findings come from Honduras, where 27 of 40 university students reported having witnessed a murder, according to Migdonia Ayesta, who heads the Observatory on Violence, based at the National Autonomous University of Honduras in Tegucigalpa.

Homicide rates, which have declined in other parts of the world, have been on the rise in Latin America, and most victims are adolescents or young adults. Of more than 100 000 people murdered each year in Latin America and the Caribbean, 28% are between the ages of 10 and 19 years, according to UN figures. And of 6 million children annually who suffer severe physical abuse, more than 80 000 die, according to an Inter-American Development Bank report.

Experts say that these statistics taken together paint a picture in which increasing violence is becoming the new norm, and children and adolescents are most at risk.

Few countries in the region have specific plans for addressing violence that affects children, but those that do are increasingly approaching the issue as a public health problem, rather than a matter for law enforcement. Their tactics range from health-brigade home visits for pregnant women to after-school programmes to fill teenagers’ spare time to crisis intervention to defuse disputes that might lead to retaliatory shootings. “A public health approach helps

organise, identify magnitudes, risk factors and protective factors, which may differ between communities, even within the same country, and try to tailor interventions to those risk factors”, said Alessandra Guedes, regional adviser on intra-family violence at the Pan-American Health Organization (PAHO) in Washington, DC.

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In Loíza, Feldman’s group is tackling firearm deaths and injuries among young people with a programme that was initially launched in Chicago and later implemented in Baltimore and other cities by an organisation called Cure Violence.

“Brain science, social psychology, and epidemiology reveal that violence behaves like an infectious disease”, said Cure Violence founder Gary Slutkin, a physician and professor of epidemiology and international health at the University of Illinois at Chicago School of Public Health, who has worked with WHO on HIV/AIDS, tuberculosis, and cholera in various parts of the world. “It has clustering, it has epidemic-like curves with waves upon waves, and it’s transmitted—the likelihood of doing violence is increased by having violence done to you, the same way the likelihood of getting flu is if you’re exposed to flu”, he said.

The programme aims to interrupt the “transmission” of violence by training neighbourhood residents who are trusted by members of groups that engage in violence

to defuse situations before they escalate into more shootings. The ultimate goal is to change community behaviours to create a healthier environment, just as providing safe drinking water stops cholera epidemics, Slutkin said.

In US cities, the programme has seen reductions of between 40% and 70% in shootings and killings, he said, and organisations in Honduras, Jamaica, and Trinidad have consulted the group about transferring the concept to their countries.

Although the related problems, such as gang activity or drug trafficking, may differ from country to country, the underlying dynamics of firearm violence are similar, said Francisco Pérez, Cure Violence’s national director. “Children see, children do”, he said. “It’s all about mimicking or modelling behaviour—people do what they see.”

Physician Roberto Guerrero took a similar approach when he became mayor of Cali, Colombia. Violence “was a national pandemic”, he said, “but it wasn’t politically correct to focus on preventing violence”.

Guerrero, a Harvard-trained epidemiologist, compares violence to



Young people in El Salvador participate in an arts programme to prevent violence

tuberculosis—it spreads from person to person, especially in the home, and stopping it requires patient, consistent efforts over months or years.

Stymied at first by a lack of reliable data, Guerrero began by setting up observatories on crime and violence to gather reliable data, an initiative that has spread to 27 cities in the country. He also worked with the Inter-American Development Bank on a recently completed 18-country project to develop consistent indicators so countries can compare crime and violence statistics.

In Cali, he used statistics to identify districts with high rates of violence and target them with social programmes. He lengthened the school day and added recreational and sports activities, to give young people constructive spare-time activities, and he implemented programmes to improve housing and create jobs.

The city has also focused on health care and support for pregnant women, to help reduce child abuse—which, in turn, helps reduce youth violence, he added.

“Violent behaviours in adults are shaped in childhood”, said Guerrero, who participated in a UN-sponsored expert consultation on children and violence in Lima, Peru, in late August. “Children’s emotional and psychological behaviours are determined in the first 5 years of life. I’ve become a convert to the prevention of violence against children. When I started 20 years ago, I didn’t think it was important.”

Studies show that people who witnessed domestic violence or were physically abused as children are more likely to abuse their own children, but Guerrero also found that parents do not always perceive physical punishment as abuse.

In one survey in Colombia, when parents were asked if they mistreated their children, none said yes. In response to questions about particular behaviours, however, 60%

said they had yelled at their children, 30% had spanked them, and 15% had struck them with an object. The latter figure was 28% for Cali, he said.

In a 2009 survey in Latin America and the Caribbean, 19% of respondents said they knew of a child who had been abused by a relative in the past month. The figures were even higher—between 25% and 29%—in Guatemala, Peru, and Bolivia.

PAHO’s Guedes said policy makers often do not understand the relationship between different forms of violence, especially violence against women and violence against children. “If a woman is being abused in the home, the likelihood of the children being abused is much higher”, she said.

Public health systems in some countries are increasingly implementing programmes to detect domestic violence and child abuse and support parents, especially those overwhelmed by child-care pressures and economic problems.

Chile’s health and development ministries have programmes that begin while women are pregnant and continue monitoring families during the child’s first 5 years, with home visits, access to child-care centres, economic assistance for needy families, and early-childhood stimulation centres for children and mothers.

A programme called Nobody’s Perfect focuses on developing parenting skills, because “nobody teaches you to be a parent”, says Marisol Flores, regional director of the National Service for Minors (Servicio Nacional de Menores, SENAME) in Antofagasta, Chile. Although cases are referred to the courts if necessary, the focus is on prevention, to keep families out of the judicial system altogether, she said.

Brazil has taken similar steps, with a national anti-violence policy that began a decade ago and comprehensive legislation on children’s rights. A nationwide surveillance network tracks violence in

more than 5500 districts through the health system, with a national study of causes of emergency treatment every 2 years, according to Marta Silva, coordinator of surveillance and prevention of violence and accidents in the Brazilian Ministry of Health.

Latin America’s high levels of violence have variously been blamed on poverty, inequality, drug trafficking, and the armed conflicts of the 1980s and 1990s, but Andrés Marroquín says those may not be the most important reasons. An assistant professor of economics at the University of Wisconsin in the USA, Marroquín grew up in Guatemala, where he regularly saw police and ambulances retrieving bodies along public thoroughfares.

When he and colleague Julio Cole did a statistical analysis of homicide rates around the world, they found that many factors often blamed for rising violence—poverty, increasing urbanisation, income inequality—were not significant. Worldwide, the most violent countries had more ethnic and linguistic diversity, lower educational levels, and weak rule of law—and the highest rates were in Latin America.

In their 2009 study, “the strongest variable is governance”, particularly the effectiveness of the judicial system, Marroquín said. The implication for policy makers is that scarce resources might best be used to reduce corruption and increase effectiveness in a country’s legal system.

From a public health perspective, priority should be placed on developing a stronger evidence base, parenting interventions that begin during pregnancy and continue until the child is at least 2 years old, better enforcement of laws on violence against women and children, and better detection of domestic violence, and child abuse through the health system, Guedes said.

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