The Critical Path of Women Affected by Family Violence in Latin America

Case Studies From 10 Countries

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This research examined the critical path followed by women from 10 Latin American countries who suffer family violence. It identified the personal and social processes women experience as a result of their help-seeking actions and the kinds of responses found at local services. The study used an action-oriented qualitative methodology with a standard research protocol that was translated and adapted for the various ethnic groups. The results provided community actors with an understanding of the barriers women face in overcoming the obstacles, humiliation, and inadequate responses they encounter along their critical paths.

Keywords: *domestic violence; family violence against women; violence in Latin America*

Studies conducted around the world show that violence within the family is a social problem of great proportions, the product of a social organization structured on the basis of gender and age inequality, which systematically affects important sectors of the population, especially women and children (Carcedo & Zamora, 1999; Ellsberg, Peña, Herrera, Liljestrand, & Winkvist, 1996;

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Heise, Pitanguy, & Germain, 1994; Kennedy, 1999; Sagot, 2003). This type of violence has a clear direction: In most cases, it is executed by men and directed at women. An endemic form of family violence is the abuse of women by their partners. According to research carried out in Latin America, somewhere between a fourth and a half of the women report having been abused by their partners (Güezmes, Palomino, & Ramos, 2002; Heise et al., 1994; Johns Hopkins University–CHANGE, 1999; United Nations, 2000). Around the world, at least one out of every three women has been beaten, forced to have sexual relations, or mistreated in some way in her life (Johns Hopkins University–CHANGE, 1999).

Studies carried out in Brazil, the Dominican Republic, and Costa Rica show how disproportionately domestic violence is directed toward women. These studies demonstrate that between 60% and 78% of all female homicides are committed by a partner, expartner, or male relative and that the majority of these femicides take place in the victims' own homes (Carcedo & Sagot; 2002; Pola, 2002; United Nations, 2000). In Costa Rica, results of the National Survey on Violence Against Women show that 67% of women have experienced at least one incident of violence after age 15 and that, in most cases, that violence was exercised by men close to them (Sagot, 2003). Such a prevalence of family violence constitutes a serious public health problem, a hidden obstacle for socioeconomic development, and a flagrant violation of the victims' human rights.

As a public health issue, this type of violence represents a significant cause of morbidity and mortality for women during their reproductive years. In addition to physical injuries, women targeted by violence may suffer from chronic stress and, as a consequence, illnesses such as hypertension, diabetes, and asthma. Frequently, abused women suffer from chronic headaches, sexual disorders, depression, phobias, and fears (Güezmes et al., 2002; Johns Hopkins–CHANGE, 1999; Larraín & Rodríguez, 1993). A study carried out in Colombia by the Forensic Institute of Bogotá found that one fifth of the physical injury cases evaluated were because of conjugal violence against women (United Nations, 1991). An evaluation of the emergency services at several hospitals in Santiago, Chile, determined that 73% of the women treated

for any injury had been hurt by members of their own families (Heise et al., 1994).

Family violence also has a high social and economic cost for the state and society at large. The expenses incurred in health care, legal responses, transportation, disabilities, and absences from work could amount to multimillion-dollar annual sums for public and private institutions as well as for the affected families (Buvinic, Morrison, & Shifter, 2001). Furthermore, some studies estimate that sexual and physical abuse diminish women's income by 3% to 20% because of their impact on women's educational attainment and health, which then have repercussions on their productive life (Nelson, 1996). According to calculations made with the Disability Adjusted Life Years methodology, in market economies, family violence represents almost a year of life lost for every 5 years of healthy life for women between 15 and 44 years of age (Heise et al., 1994).

Family violence also means restriction of the person's freedom, dignity, and free movement as well as a direct violation of her integrity (Bunch, 1991). Many of the manifestations of domestic violence are, in fact, forms of torture, house arrest, and hidden slavery. Therefore, family violence represents a flagrant violation of human rights.

One of the main characteristics of this type of violence is its invisibility. The broad underreporting of cases contributes to this. According to estimates, only 2% of the sexual abuse of children and between 20% and 30% of the sexual abuse of adult women are reported (United Nations, 2000). In Latin America, estimates are that only 15% to 25% of domestic violence is reported to the authorities (Centro Feminista de Información y Acción, 1994; Sagot, 2003; Shrader Cox, 1992).

The solution to this social problem requires policies and actions coordinated strategically and within the different social sectors, with participation of both state institutions and civil society. Each sector has a crucial role to play in the prevention and eradication of family violence and in caring for and guaranteeing the rights of the victims. Nevertheless, in most cases, the predominant ideas about violence against women make the social responses inadequate and insufficient. A growing body of research suggests that violence survivors are often denied help by their communities,

and what help they do receive often leaves them feeling blamed, doubted, and revictimized (Campbell, 1998; Campbell & Sefl, 1999; Campbell, Wasco, Ahrens, Sefl, & Bonnes, 2001). Consequently, the affected person's well-being may be affected not only by the violence itself but also by help-seeking interactions (Campbell et al., 2001).

The purpose of this study was to analyze the actions taken by women who suffer violence, the answers found in their quest for help, the obstacles, and the availability and quality of services. The study also gathered and analyzed the social meanings of family violence that prevail among service providers in the health, law enforcement and judicial, education, and nongovernmental sectors as well as in communities in 10 Latin American countries.

The study was the initial step of a research-action process that helped to catalyze the design of an integrated strategy for addressing family violence against women. The strategy aimed to incorporate local community resources into the social sectors—particularly the health sector—in a coordinated response to the problem in the selected countries. The results of the study provided community and national stakeholders with a much deeper understanding of the barriers that women face in breaking the silence and in overcoming the obstacles, humiliation, and inadequate responses they encounter along with their search for help and solutions.

To rebuild the logic of the decisions and actions taken by the women who suffer violence as well as to describe the intervening elements, the study uses the concept of a *critical path* (Figure 1). The research team developed this explanatory concept out of its own experiences working for several years with women affected by family violence. Narrative data from interviews with women, service providers, and community members were used to support and refine the concept. The critical path is understood as a process that builds from the sequence of decisions and actions executed by women and the answers found in their quest for solutions. This is an iterative process comprised not only of factors related to women and their individual actions but also of the social responses. These responses become crucial elements of the critical path because violence does not occur in cultural isolation. As suggested by research on rape conducted elsewhere, society's

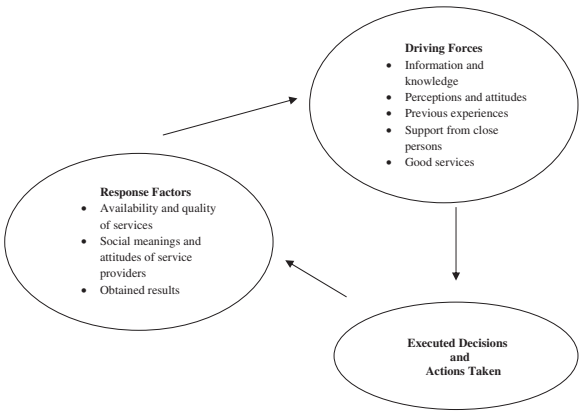

Figure 1: The Critical Path

response to these types of crimes can also affect women's well-being (Campbell et al., 2001).

The first step of the critical path is breaking the silence. Women begin their critical path when they decide to reveal the situation to someone outside of their domestic environment or their immediate family in an attempt to find solutions. There are a series of factors or elements that either drive women to or inhibit them from looking for help. Among these elements are the information and knowledge they have, their perceptions and attitudes, the resources available, their previous experiences, their assessments of the situations, and the support and obstacles they find. The critical path involves the decisions and actions of women and the answers found within the family and the community as well as in the institutions. Within the institutional realm, response factors are associated with the access, availability, and quality of services, which are determined by structural and normative factors as well as by the social meanings and attitudes of the community in general and of the service providers.

METHOD

This study used an interactive qualitative methodology with a research protocol that was translated and adapted for the differ-

ent countries and ethnic groups. The few empirical studies conducted previously in the region were quantitative, small scale, and confined to certain circumscribed urban areas (Ellsberg et al., 1996; León, 1995; Quirós & Barrantes, 1994; Shrader Cox, 1992). Although they provided useful information on prevalence rates and the types of violence women suffer, they did not capture the subjective dimensions of women's experiences, their help-seeking actions, or society's responses to them. A qualitative approach was a clear choice of method given that one of its strengths is that it allows for an excellent understanding of the symbolic dimensions of human behavior as well as of the processes experienced by the social actors (Denzin & Lincoln, 1998; Glaser & Strauss, 1967; Taylor & Bogdan, 1992).

The data collection techniques allowed for gathering the participants' experiences through their own words at their own rhythm and thus better captured their worldviews (Mason, 1996; Strauss & Corbyn, 1990; Taylor & Bogdan, 1992). The goal was to obtain detailed textual data capturing social meanings and real-world contexts. Following principles of qualitative research, the information was collected through in-depth interviews with women who suffer violence; semistructured interviews with service providers in the health, law enforcement, judicial, education, and nongovernmental sectors; and through focus groups with members of the communities.

The study was carried out in 16 communities in 10 countries—the 7 Central American countries (Belize, Guatemala, El Salvador, Honduras, Nicaragua, Costa Rica, and Panama) and 3 Andean countries (Peru, Bolivia, and Ecuador). Data were gathered between 1996 and 1998 by female researchers from each country, on the basis of a standard multicentered research protocol (Shrader & Sagot, 1998). The protocol included detailed field guides, which presented the basic theory and assumptions, the research questions, the rationale for selection of the participants, the type of information to be collected, and the procedures to be used so that the different research teams could replicate the study in each community.

Pan-American Health Organization, its counterpart ministries of health, and other local entities involved in the prevention and care of family violence selected the research communities in each country. The researchers worked closely with community teams

to facilitate the process and also to develop their skills and knowledge so as to analyze and make good use of the results once the study was completed. In Central America, the study was conducted in one community per country. In Peru, Bolivia, and Ecuador, three communities per country were studied.

In each community, 15 to 27 women participated, aged 15 years or older, who were experiencing family violence and had contacted a service provider within the previous 24 months. A minimum of 17 providers from among the various types of institutions were also interviewed. Furthermore, two to four focus groups per community were organized, with 7 to 12 participants each, giving a total of approximately 900 persons interviewed in the 10 countries. The local research teams also collected institutional documents, when available, such as procedures and policy guidelines for dealing with family violence, reporting forms, brochures, fliers, and any other documents that could reflect the way the institutions dealt with the problem.

All interviews were recorded and transcribed verbatim. The research team developed an initial set of categories and a coding system that was used as the first step in organizing the data. The local researchers later expanded the system with new categories that emerged in some of the different cultural contexts. At least two members of the local teams independently read all of the transcripts and coded each of them. Disagreements on coding or the emergence of new categories were discussed until all members of the team agreed on the changes.

Data analysis was an interactive process based on interpretation and the establishment of relationships among categories, such as type of provider, availability of services, quality of care, social perceptions, help-seeking actions, and results obtained. The main goal of the analysis was to discover relational patterns that could explain the process of the critical path.

The research process was a long one. It required cultural adaptations, such as the translation of the field guides, originally written in Spanish, into three different languages (English, Quechua, and Aymara) and followed different rhythms in each country. Nevertheless, a unifying thread was achieved through a standard research protocol and a set of preestablished ethical principles based on a profound respect for the women's stories and processes, the assurance of confidentiality and personal safety, and

the commitment of everyone involved to the prevention and eradication of family violence against women. As part of this process, the local teams prepared a research report for each of the studied communities and presented the results to service providers, community groups, and policy makers in an effort to reinforce their awareness of the problem and their own shortcomings in responding to the needs of abused women. This was the starting point for the development of a strategy for addressing violence against women, particularly in the health sector, which includes care procedures and protocols, training programs, and coordination of services.

Despite having distinct features as well as similarities, the 16 selected communities represent a good sample of the different cultural scenarios in which the critical path is followed by women. Encompassing the heterogeneous reality of urban neighborhoods in capital cities, the peculiarities of a jungle community in the border of Bolivia and Brazil, Central American areas that were the stage for armed conflicts, and towns in the Andean Sierra, this study aims to capture the different expressions of social, cultural, geographic, and institutional diversity that characterize the 10 selected countries. From that diversity of contexts, the study analyzed the similarities and differences in the processes followed by women who break their silence as well as the social responses found along their critical paths.

WOMEN'S EXPERIENCES WITH VIOLENCE: WE ALL HAVE THE SAME STORY

Family violence is a serious social problem in all the communities, and it expresses itself in different ways in women's daily life. Although the study included women from different countries and socioeconomic and ethnic backgrounds, their experiences were tragically similar. They experienced diverse cycles of aggression generally made up of a combination of the different manifestations of violence—physical, psychological, sexual, and economic—which frequently placed many of them at serious risk. The majority of these women spoke about long histories of violence that often began during their childhoods and were sometimes connected to the authoritarian way in which they were brought up. Women expressed this history as follows.

> Actually, I did not have a childhood because I did not live with my parents. The people who brought me up just took me in their house and I had to do all the housework. Their children . . . used to hit me and I was desperate. I said to myself that when I would have a boyfriend, I would leave, and finally, I left with him. (woman from Guatemala)

> I have suffered a lot of physical abuse from my father and my brothers; and my father hanged me from a tree once, when I was 10 years old, because I had eaten a piece of cheese. (woman from Peru)

Men of all generations and in all kinds of relationships with the women are the main perpetrators. During childhood, perpetrators are the fathers, brothers, uncles, grandfathers, and other men close to the family. During adolescence, boyfriends or partners are added to the list. And for many of the interviewed women, their mothers, in charge of their upbringing, also played controlling roles in their lives. On many occasions, mothers also resorted to physical and psychological punishment. A woman from Costa Rica said,

> I have many good things that my mother taught me, things that nobody is going to take away from me, but I also have things that, within her kindness and ignorance, hurt me very much. . . . There was a lot of kindness, but a wrongly approached love because that was the way she was brought up herself. It is a terrible chain.

It is common that violence exercised by partners starts with cohabitation, marriage, or the beginning of sexual relations. These circumstances seem to give the aggressors a sense of ownership of the women. As one Salvadorian woman put it, "The problem started when we got married." Another woman from El Salvador said, "He was one thing before, he didn't even break a dish, but once he felt that he had his little chicken in his hands, he said, 'I will stick out my nails' and then he changed completely."

The physical and psychological abuses are the most widely mentioned manifestations of violence. All the interviewed women suffered the latter, and it accompanied all other forms of family violence. Almost every woman suffered physical violence at one time or another. Blows, pushes, kicks, and hair pulls are frequent forms of physical violence. Some of these women experienced extreme forms of violence and were at risk of dying because

of attacks with guns, knives, choking, blunt objects, and even cars. This is how women from the different countries expressed their experiences:

> He struck me again on my temple and almost strangled me. It took me 2 months to recover, to be able to swallow again. (woman from Honduras)
>
> He already tried to kill me twice. The third time, I think he will succeed. (woman from Belize)

Even if physical violence is the most widely recognized form of violence, many women feel psychological violence is the most painful, harmful, and devastating. Women's sexuality, pregnancies, and their relations with their children are privileged targets of psychological violence. The core of women's mandates as mothers, wives, or lovers is found in these situations, and the aggressors use them to control their partners. Women from different countries told their stories and feelings about psychological violence:

> He still hits me, always on my face, but what hurts more are the insults. I tell him that it is worse than a stab in the back. (woman from Peru)
>
> He wanted me to give him a son and it took me too long . . . to become pregnant. . . . He would tell me, "Son of a bitch, you're no good for shit, not even to have children." (woman from Costa Rica)
>
> He really threatens me and says he will take my son away from me. And my son! . . . I could not give him the child because he is a man who is capable of anything, of anything. (woman from Honduras)

Sexual violence is particularly humiliating and was not easy for the interviewed women to discuss. In most countries, they discussed it of their volition, but in others, such as Bolivia, they spoke about it only in response to direct questions from the researchers. Many of the women experienced sexual abuse at some time in their lives. The abusers were mainly men who were close to them and also priests, teachers, and even service providers. But the most frequent sexual aggressors were their own partners. Sexual violence was the origin of some women's marriages. In the rural areas of Guatemala, it is the custom to marry a raped woman to her rapist to save the girl's honor. In Cusco, Peru, the parents

arranged one out of three marriages of the interviewed women. These young girls barely knew their would-be husbands.

Directives on how to have sexual relations were common for these women as was prohibition of use of contraception. Although most considered these forms of sexual violation expected, many found this control harmful and undesirable.

> And then he pulled down my panties and got on top of me. And I thought that was how it should be. Afterwards, every time I arrived, he would do the same thing. It's been that way always. After talking to other women, I've been told that some men caress their women, but I don't know about that. (woman from Guatemala)

Economic violence is another form of aggression that was frequently experienced by the women interviewed. With it, the aggressors extend their control to areas other forms of violence cannot reach. This is a way for abusers to ensure that women will remain in their place and under the conditions that the abusers have determined. The most frequent manifestations of economic violence are damage of the women's prized objects and refusal to provide economic support for the family. Men also commonly control the family's resources, including those they have not earned. Some women expressed their experiences of economic violence in this way:

> He didn't want to give me any money. I asked him, 'Where is your salary?' 'What do you want the salary for?' That's how he answers. (woman from Bolivia)

> With my work, we were able to save a good amount of money, we bought improved cattle and a car, but he has always denied my contribution, and on his own, he has decided to sell the car and the cattle. (woman from Peru)

There were women from all countries who had been thrown out of their homes by their partners, sometimes with their children. This is a violent act that encompasses multiple forms of violence: physical, psychological, and economic. It is the consequence of the unequal distribution of property between women and men in Latin America (Deere & León, 2000). Furniture and household equipment were also privileged targets of economic

violence. And aggressors frequently destroyed women's emotionally prized objects, such as letters, photographs, and clothes. "I left with one dress. He burned all my clothes. And he kept the house we bought together as well as another piece of land that we had bought. I don't have anything" (woman from Guatemala).

Despite the geographic, cultural, and social differences, the forms of violence experienced by these women are perversely similar. In general, the women interviewed were unaware of their rights as well as of the existence of services available to them. That was true even of women with better economic resources and higher levels of education. Nonetheless, all the women interviewed had initiated some help-seeking processes, which demonstrated that their capability to protect themselves and to reject violence as an unavoidable fate was not eliminated, despite the absence of positive social answers.

The research process itself became an important element of the critical path for many of the participants. It helped them analyze and reconstruct their own experiences in a safe and supportive environment. Their willingness to talk about their histories of violence is evidence that these women were trying to make their voices heard. Many of the interview situations were, in fact, instances of women breaking the silence.

SOCIAL RESPONSES TO FAMILY VIOLENCE

Despite the important developments of the past decade and the declarations that emerged from international organizations on violence against women (including the resolution by the Pan-American Health Organization defining it as a public health issue), the social responses for women who suffer violence continues to be deficient. The scarcity of resources, along with the consequent lack of positive social solutions, was more extreme in the rural communities. For women in rural areas, it is almost impossible to initiate judicial or criminal processes against the aggressors. Furthermore, in rural areas, women have less access to the specialized services offered by nongovernmental or governmental organizations in urban settings. This represents a form of discrimination against these women because the regions where they live determine the adequacy or existence of resources and judicial options to which all citizens have a right.

In general, at the time the data were gathered, the institutions analyzed did not have treatment protocols or established mechanisms for coordination and referral. The lack of these instruments placed women who sought help at a disadvantage when attempting to get what they needed from providers and resulted in revictimization through indifference, questioning, mocking, even sexual harassment. The persistence of patriarchal social meanings and behavior on the part of many of the service providers and in the community at large has led to the generalized perception that family violence does not represent a real danger for women. This promotes responses that are insensitive, prejudiced, and inadequate, putting women at greater risk and promoting the aggressors' impunity.

These inadequate responses are reflected in the following comments given by service providers in different sectors:

> I could not grant a divorce to a woman just because I see she has been assaulted. (judicial worker from Ecuador)
>
> No questioning is done. There is no time to detect or do specialized exams to those women who report mistreatment. (health service provider from Nicaragua)
>
> Women often present no evidence of abuse and therefore people don't believe [them]. . . . Women are blamed because they don't provide all the details. (police officer from Peru)

According to the interviews, women's organizations provided the best support, especially those that provided services related to women's health and legal rights. The worst attitudes were found in the law enforcement and judicial sectors. The health sector showed an unequal response toward the problem; positive results obtained by some women were the result of the personal good will of specific providers. In general, in all the countries, the educational sector had not developed strategies for dealing with family violence.

THE HEALTH SECTOR

Almost all of the women interviewed had visited different institutions in the health sector for various conditions, some of them related to their abuse. However, they did not speak there

about the aggression they suffer nor did the service providers routinely inquire about that possibility. Women see these institutions as places where they can heal their injuries or illnesses but not as places where they can talk about their experiences of violence. A woman from Honduras recalls, "The doctor did not ask me anything, he just said, 'You seem very sad, what you need is a lot of vitamins.'" A woman from Costa Rica said, "I used to tell the doctor, 'Don't prescribe me any more pills, I am not crazy! I am hurt, but not crazy!'"

The care received in the health sector is limited to treatment of injuries. In some countries, such as Costa Rica, Panama, Nicaragua, Honduras, and Ecuador, there is a better response capability. But in the absence of treatment protocols, this is determined by the service provider's personal sensitivity. Field personnel and nurses tend to demonstrate more sensitivity. Among physicians, the study detected a clear tendency toward a fragmented medical vision of the problem that does not incorporate an integrated perspective of health as a human right. This tendency is clearly reflected in these quotes from physicians in Ecuador and Honduras, respectively:

> We verify the rape with a relative. We are not interested in who did it, how, or where it happened because that is none of our business. . . . That is a legal problem.

> The demand is very high, we don't have time to talk with the patients. . . . We only look at the medical problem.

The countries had not developed a registration and documentation system in the health sector for these types of situations (the process began in some countries in the year 2000). The study found a strong relationship between the quality of the care in the health sector and factors such as gender, language, and culture. For example, in Belize, all of the Ministry of Health's documents and materials are published in English, which represents an obstacle for the growing Spanish-speaking immigrant population. Gender and cultural differences also influence the manner in which service providers treat women. The indigenous women from the Andean region clearly indicated that cultural, ethnic, and gender stereotyping are prevalent. A woman from Bolivia told of her experiences with a health provider: "And he said to

me, 'You are a bad woman, a dirty woman! Go! Go home to take care of your husband!'" A woman from Peru said, "[The health personnel] say we are ignorant indians, dirty, drunken."

In countries such as Honduras, Peru, and Ecuador, some initiatives for dealing with family violence were underway. Nevertheless, these initiatives have not immediately translated into a comprehensive policy by the health sector in any of the participating countries. The quality of response continues to be uneven, still depending mainly on the degree of personal sensitivity of the service providers.

> Most of us dedicate ourselves solely to the medical aspects. . . . Some of us ask, "Why? How did this happen to you? Since when this is happening? What have you done to try to solve it?" And give them some advice. (health provider from Honduras)

THE LAW ENFORCEMENT AND JUDICIAL SYSTEMS

The law enforcement and judicial sectors have a fundamental role in the efforts to confront and sanction family violence. For women, going to these authorities is a major step resulting from a transcendental decision indicating an understanding of the public dimensions of their problem. Nevertheless, the data gathered in the 10 countries demonstrate that these are the institutions that offer the worst responses to women who seek help. The administration of justice presents a series of obstacles common to all the countries: inadequate laws and incorrect application of the specific legislation on family violence; excess bureaucracy and long, inefficient procedures; little privacy for women who report the offense; lack of specialized personnel; and lack of response or slowness to face emergencies except in extreme situations. Confronting abuse situations presents complex legal problems, which combine different criminal and civil processes. Service providers from the legal sector in Bolivia and Peru explain,

> The bureaucracy, imagine! A woman goes to the police because her husband assaulted her. From there, she has to go to the forensic doctor, and then has to return to the police. Then, she has to go to the district attorney's office, it is an ordeal.
>
> In the long run, the person just gets tired of going from one place to the next. . . . The first thing she has to do is to go to the police. The

> police tells her that it is a domestic matter. . . . Then, she goes to a lawyer, then to the district attorney, to the judge and, like that, because of the lack of information, on many occasions, the person says, "Okay, fine," and just gives up and leaves.

Police stations exist in practically all the communities included in this study, so they are the institutions most readily available to women who suffer violence. However, the most readily available institution in geographic terms is the least accessible in terms of attitudes. At the police station, women encounter gender stereotyping and myths regarding family violence. Although new legislation to deal with domestic violence has been passed in every country, the police as an institution, particularly in the rural areas, show the most resistance to change and to complying with the new legal procedures and mandates. The inefficiency and disregard of the police were described by an officer of the National Police in El Salvador: "When women come and ask to reprimand their husbands, we don't even keep a record of the complaint." A legal service provider from Nicaragua said,

> All in all, it's a very painful experience. Many times women go to the police in tears, and the police tell them not to be irresponsible and waste their time with that kind of complaint. . . . They tell them, "Tonight your man is going to be between your legs again." In other words, besides not helping them, they disrespect them.

Furthermore, for a variety of reasons, the police corps is severely mistrusted in most of the communities studied. In countries that have gone through war and repression, such as Guatemala and El Salvador, the police are associated with the state's repressive forces. In the Andean countries, they are considered to be inefficient, corrupt, and poorly behaved.

Since the 1980s, many countries have begun to create women's precincts or women's police stations. Nicaragua, Costa Rica, Peru, Bolivia, and Ecuador have these institutions. Although each country has a different schema for these special law enforcement agencies, in general, women's precincts operate as legal counseling and care provision bureaus for women who have suffered from violence. The creation of these bureaus represents an important step toward a positive social response to violence against women. However, their mere existence does not guarantee

quality care for women who suffer violence. These agencies exist only in a few cities per country, so coverage is inadequate and they are unable to act quickly and effectively.

In all the countries studied, violence is only recognized as a crime if the resulting injuries take 10 or more days to heal. Judicial systems do not act on cases of psychological violence or if the physical injuries are not considered serious enough. Those cases—that is, those in which, according to the forensic doctor, the injuries require less than 10 days to heal—are classified as a misdemeanor; the action does not qualify as a criminal offense. The sanctions in these cases are small fines, at best. A service provider from the Office of Criminal Investigations in Honduras put it this way: "If the aggression is classified as a misdemeanor, the judicial action corresponds to a civil action and we know that the case will die in the Peace Court."

The procedures, language, and attitudes of the staff in these offices also inhibit women from seeking help. Procedures and attitudes can often be discouraging, as in the case of the local judicial bureaus in Panama (Corregidurías), where the woman reporting the crime is given a copy of the report to take to the aggressor. For an aggressor to be arrested, he must have accumulated at least three such reports.

The staff of these institutions trivialize family violence, blame the victims, or try to settle problems through informal conciliatory procedures. These negotiated solutions to violence weaken the position of the women, who see themselves forced by a state institution to accept impunity as a starting point, and later to forget and forgive the aggressor. Conciliatory processes, promoted by many judicial authorities in the region, are contradictory in institutions whose purpose it is to make people comply with the law through the application of the established norms. Conciliatory procedures result in the majority of cases being relegated to out-of-court agreements, which, even if promoted by judicial authorities, leave women unprotected, deny them access to justice, and violate many of their rights, particularly their right to due process.

In general, the judicial and law enforcement sector poses serious obstacles to women who decide to speak up and take their problems into the public sphere. The goal of guaranteeing women

who suffer violence their rights and full access to justice is still unrealized in the 10 countries studied. Some women told us,

> I report . . . to the authorities, who then do nothing with him. They are not going to lock him up. . . . They are not going to heal my leg. (woman from Costa Rica)

> The Corregidor [judge] told me that he could not lock him up because it was Mother's Day. He told me, "Think about how his mother would feel!" And he did nothing, not even a warrant, nothing! (woman from Panama)

> And the policeman told me, "But lady, how are you going to press charges against him if he just kicked you, he just punched you? Probably you made a mistake—that is probably why your husband reacted like this. Think about it, lady, you don't want to get into an even worse problem later. Nowadays women don't want to take anything. Isn't true, lady? My wife is also getting like that with me. Where are you all learning that?" (woman from Peru)

EDUCATION SECTOR

At the time the data were collected, the educational systems in these countries had not developed any policies for dealing with family violence. In fact, service providers from this sector considered gender and family violence to be issues that fall outside the domain of educational policy and curricula. The sporadic care provided was the result of individual teachers' interest, but even they, in most cases, lacked the necessary information and skills to offer quality responses to affected students and their families. A teacher from Lima, Peru, felt helpless when she gave a sexually abused student this advice: "If your mother doesn't support you, try to get away from it. Sleep with full pajamas, pants, and shirt, tie it well and, if you feel that he is doing it to you, scream so that everybody finds out."

In some countries, such as Belize or in the rural areas in Ecuador, educators see family violence as a problem beyond their capabilities or responsibilities. A male teacher from Ecuador said, "It is not a teacher's duty to become involved in the family problems of our students."

However, some schools, particularly in urban areas, had begun promoting awareness and training on family violence–related

issues. In Tegucigalpa, Honduras, students and teachers of the largest high school were involved in a prevention program coordinated by a women's nongovernmental organization. In Costa Rica, an elementary school had organized support groups for battered mothers. Peru recently introduced the topics of child mistreatment and abuse in the high school sexual education curricula. In Cusco, Peru, the state and a nongovernmental organization were implementing an innovative program to introduce family violence–related topics into a literacy program.

Although the advances described above reflect progress in dealing with family violence, they have not yet become part of a general policy by the ministries of education, nor do they reflect the attitudes of the majority of the service providers. The tendency among those interviewed is toward maintaining a cautious attitude so as not to become involved in legal issues regarding minors. A female teacher from Peru said, "Don't get involved; don't let yourself get too close because sometimes when you try to do a favor, it can really get you implicated."

The majority of the studied educational institutions artificially separated the problems of the students as human beings and their academic performance. Educational institutions reflect a generalized lack of awareness of the important role they could play in the critical path of the girls and adolescents who suffer from family violence.

COMMUNITY ORGANIZATIONS

Community organizations would appear to be in the best position to detect and address family violence because of their integral role in women's daily life. Nevertheless, it was not until recently that some organizations began to redefine their roles in providing support to the affected women. Their level of involvement varies substantially, depending on the type of organization and its leadership. This study detected three types of social response to family violence from the community sector.

First, traditional organizations, such as cooperatives, labor unions, and community development associations, supplied virtually no response. These kinds of organizations, generally controlled by men, show no concern about family violence because they believe it is outside the scope of their actions and interests.

Women who live in communities where only such traditional organizations exist do not find any support from these sources. A woman leader from Mizque, Bolivia, said, "When there is an organization . . . , they are always men. The complaints get there, but they pay attention to the men, not the women."

When organizations have a number of female leaders or deal with issues related to women's social or economic conditions, the women leaders get involved, although not from a formal position of service provision but through their personal relationships with members of the community, neighbors, friends, or colleagues. These female leaders usually lack the information, skills, and policies to adequately respond to the problem; therefore, their role is limited to providing some advice. On occasions when more information is available, even if the organization does not have specific programs to deal with family violence, the leaders will take the time to listen to the women and refer them to the appropriate institutions, if available. This is the case with community organizations such as the Asociación de Mujeres de Guazapa (Women's Association of Guazapa) in El Salvador and Bartolina Sisa and Mujeres en Desarrollo (Women in Development) in Bolivia.

The data also suggest that service providers in religious institutions play an important role in the critical path of women who suffer from violence. These institutions provide the second type of community response; they constitute an important point of reference for many women, even if they do not offer specific services. In some countries, church representatives were beginning to modify their rhetoric regarding family violence as well as their responses to affected women. For example, in some rural areas of Peru, grassroots religious organizations were incorporating the topic of family violence into catechism programs. In Costa Rica and Nicaragua, some priests and pastors were willing to support battered women and even to coordinate actions with other community organizations. Nonetheless, these changes in attitudes and practices are not generalized, and many women who suffer from violence search for support in the church and end up finding the traditional inappropriate and victimizing responses that make them feel guilty and inadequate. The Vicar in South Quito, Ecuador, said, "The woman must count to three and swallow, so that the anger goes away and to avoid more aggressions."

The third kind of social response from the community sector is the kind offered by women's groups and organizations specifically dedicated to providing services to those who suffer from gender-based violence. These organizations generally have specialized programs and provide their services for free or at a low cost. In the selected countries, women's organizations provide a variety of services, such as emotional and therapeutic support, vocational training, legal counseling, health services, shelter, and meeting spaces. Many of these organizations are pioneers in making violence against women socially visible in their respective countries and in promoting public policies to prevent, confront, and eradicate it. They have qualified staff and apply intervention models based on women's right to self-determination. A service provider from a women's group in Honduras explained,

> We listen to the woman and then put the ball back in her court: How would she like us to help her, we ask. . . . We treat those who seek our services with respect; we explain possible alternatives, but the decisions are theirs.

Some women from Peru and Ecuador described their experiences with some of these organizations: "My participation with Flora Tristán and Vaso de Leche has helped me recognize my worth as a woman and to start a new life with joy."

These organizations are the most efficient service provider institutions and have the greatest capabilities to provide effective support to women who suffer from violence. They have a dual positive effect. On one hand, they broaden the opportunities for adequate services and effective support for women, and on the other, because of their activism and advocacy, they contribute to a general social awareness of the dimensions and impact of family violence. They also generate and maintain coordinating networks, sometimes even with state institutions, thus maximizing the exchange of information and resources.

However, most of these women's groups are located in the capital cities or in urban centers, making them virtually inaccessible to women who live in rural areas. Local women's groups had started to provide some services for women who suffer from violence, such as Comadronas (midwives) in Santa Lucía Cotzumalguapa, Guatemala; the Comité Central de Mujeres de Limatambo in Cusco, Peru; and Servicios para un Desarrollo

Alternativo del Sur (Services for an alternative development of the South) in Sigsig, Ecuador. Despite these changes, the main problems with the women's organizations are their limited availability and their scarce resources, which prevent expansion and the sustainability of their programs' efforts to achieve a greater social and political impact.

THE PROCESS OF THE CRITICAL PATH

As previously explained, the beginning of the critical path is breaking the silence. Given the number of intervening elements, the critical path can be a complex, nonlinear process. The term *path* implies progress or retrocession, but in fact, women generally employ multiple routes and itineraries. Undertaking the critical path is a risk for women, often increasing the violence they experience. So once the first step is taken, a reversal or search for other ways may follow. From an outside perspective, these processes may seem contradictory or even irrational, but the testimony given by the interviewed women reveals the existence of complex reasoning processes and careful evaluation of situations and their possible outcomes, all of which guide women's decisions and actions.

There are a number of subjective and personal processes that either drive women toward or inhibit them from initiating a critical route. These personal processes are generally reinforced by or interact with external driving elements. Some of the driving elements are support from close persons; favorable economic or material conditions; good information, sometimes obtained from public campaigns; and the existence of appropriate services that respond to women's needs and expectations.

There are also elements that compel women to stay in violent relationships, sometimes for many years, surviving in conditions that are both emotionally and physically precarious. The examination of these elements provides us with some of the most important clues to understanding the complexity of the phenomenon of family violence. Internal and emotional factors may function as powerful inhibiting forces; these have a close interrelation to the contextual elements and to the pressure that the social environment exerts on women.

One of the most important things that inhibit women from beginning a critical path is the inadequate institutional responses, which become the wall and labyrinth that deter many and force the rest into complicated, sometimes whimsical procedures and formalities. Prejudice and other negative attitudes from service providers are an integral part of promoting impunity for aggressors. Consistent with these findings, parallel research conducted in the United States on rape also suggests that secondary victimization may result from different sources, including victim-blaming attitudes among service providers, refusal to provide assistance to meet victims' needs, and lack of coordinated community programs (Campbell & Ahrens, 1998; Campbell et al., 2001).

In some countries, such as Nicaragua and El Salvador, the relationship between political history, social violence, and family violence also becomes an inhibiting factor. Some of the women explained that the aggressiveness of the armed forces and the history of repression by the police are deterrents to beginning and continuing along a critical path.

The limited coverage and scarce resources of women's governmental and nongovernmental organizations were also identified as inhibiting factors. The absence of these groups and institutions in many of the communities results in a general lack of support and encouragement for women. If victims do not receive the services they need or are treated in an insensitive manner, interactions with service providers can magnify their feelings of powerlessness, shame, and guilt (Campbell, 1998; Madigan & Gamble, 1991).

FINAL CONSIDERATIONS

Despite powerful inhibiting elements that sometimes acquire the characteristics of a great social conspiracy, many women find their situations intolerable and undertake actions to end the violence they are experiencing. However, their trajectories in their attempts to free themselves from violence are not linear but rather complex processes that, on occasion, make them carry out actions that may seem contradictory.

Once the critical path is initiated, women build their decisions and actions in a process full of ambivalence. Generally, this process is not understood by the people close to them or by the

service providers, which produces inadequate support and increased fear and doubt. Additionally, the pervasive prejudiced social meanings reinforce distorted conceptions about family violence, the women who suffer from it, and the relationships between the genders. Only a few service providers and community members expressed views outside of the patriarchal conceptions that cast this form of violence as natural or pathological, and justified, or blame the women. The strength and pervasiveness of these social meanings, even among service providers in key sectors, point to the urgency of refining the rhetoric, the content of public campaigns, and the creation of strategies that will transform the collective mind.

The success of external intervention in family violence varies depending on the availability, quality, and coordination of services; the attitudes of the service providers; and, most of all, their commitment to supporting women. Women were most successful on their critical paths when the institutions were genuinely concerned about their welfare, provided emotional support and useful information, respected them, and showed a willingness to defend their rights and guarantee their safety.

A successful critical path should not be confused with a preestablished plan, a road map, or a compulsory institutional itinerary. It is, instead, a process of empowerment that leads to self-determination in which the institutions should function as support and facilitation instruments. The most effective services in this process were those that remained unencumbered by rigid institutionalized mandates and whose flexibility enabled women's individual situations, expectations, and needs to be taken into account.

The data showed that the contacts made by women on their critical paths with existing institutions almost never resulted in their receiving support, useful information, or accurate guidelines about the steps to be followed. In the countries studied, the burden of trying to end the violence is still heavily placed on the affected women.

The study's qualitative and action-oriented methodology was validated in the different sociocultural contexts and proved to be a good tool for a sensitive and in-depth approach to the study of family violence against women in the region. It also became an important element of the critical path for many of the partici-

pants; it provided vital information on women living in violent relationships and shed light on the social response offered by the institutions from which the women most typically sought help. When the results were presented to the communities, the women's stories, in particular, helped to make the service providers more aware of the tremendous burden placed on the women who suffer continuing violence because of the woeful inadequacies of services and national policies. This spurred some of the communities to create new programs and coordinate actions to address violence against women. However, these changes are incipient and their results remain to be seen.

Although some positive changes have taken place, women's narratives and those of service providers reveal a great gap between the democratic discourse employed in these 10 countries and the realization of true social justice for those affected by family violence. Despite the latest advances, neither the states nor civil society guarantee abused women full access to their rights.

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