

# Chapter 7

## Intimate Partner Violence in Colombia



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### 7.1 Our Background on This Topic

We are female scholars working at Universidad de los Andes in Colombia. We are both psychologists, with postgraduate studies in family therapy and family science in the USA. Since 2015, we have collaborated on different research projects focused on therapeutic treatments for family violence. We culturally adapted a version of Domestic Violence Focused Couple Treatment (DVFCT; Stith et al., 2011) for its use with Colombian couples (Jaramillo-Sierra & Ripoll-Núñez, 2018). Currently, we are working on developing a treatment program for families that targets both intimate partner violence (IPV) and child abuse.

I (Karen) started doing research on change processes in family therapy for family violence early in my career. I was engaged in a 2-year project in which my colleagues and I explored therapists' and mandated clients' perspectives on change in family therapy. This research project led to a number of interesting findings regarding the contrasting ways in which clients and therapists understand therapy effectiveness. Later, I worked with colleagues adapting clinical interventions for IPV described above. Another project involved the development of a brief group intervention for women dealing with IPV-related trauma symptoms, based on Compassion-Focused Therapy (Naismith et al., 2020).

I (Ana) became interested in research regarding IPV from a larger interest in gender relations in couples and families. I am particularly interested in better understanding the limits and overlaps between gender-based violence (GBV), IPV, and child abuse and its consequences on prevention and treatment. I am also interested in GBV beyond the family, particularly, sexual violence in universities (Pérez

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Trujillo et al., 2019). As a clinician and clinical supervisor, I see a number of clients who have been victims or perpetrators of these types of violence. Clinical practice and supervision reminds me of the complexity of these phenomena, the suffering, as well as the strength and resilience of victims (and others involved).

## 7.2 Colombia: A Brief Country Overview

More than 48 million people live in 1,141,748 square kilometers, making Colombia the seventh largest country in the Americas (DANE, 2020). Eighty-six percent of the population identify as White and *mestizo* (i.e., of mixed race), 10.6% identify as of African descent, and 3.4% identify as Indigenous (DANE, 2020). Colombia is a representative democracy with a President, two chambers of Congress, and Supreme and Constitutional Courts. Colombia is considered an *emergent economy*. It has the fourth highest GDP in Latin America, but second largest GINI (economic inequality) in the region (The World Bank, 2020). Approximately 89% of Colombians are Catholic, and 11% belong to other Christian churches (Cely, 2013). Predominant cultural beliefs are sexist (*machismo*) and privilege the family unity (*familism*) (Puyana Villamizar, 2007). However, urban, middle-class families demonstrate diverse patterns of gender organization (traditional, transitional, gender egalitarian; Puyana Villamizar, 2003).

Colombia has a history of socio-political violence that has expanded over six decades. This context of political violence has been associated with increased risks for IPV and other forms of familial and community violence such as sexual assault (Colombian Institute for Family Welfare & International Organization for Migrations, 2013). One important factor that increases women's vulnerability to violence victimization is forced displacement by guerrilla and other illegally armed groups. Women and children represent 50% of victims of forced displacement in Colombia. Forced displacement is associated with risk factors for IPV and an increased risk for traumatic experiences, broken family relationships, poverty, and limited access to health services (Colombian Institute for Family Welfare & International Organization for Migrations, 2013).

## 7.3 Gender-Based Violence and Intimate Partner Violence

As will be discussed later, there are two bodies of laws and social policies that deal with IPV victimization in Colombia: one that focuses on violence within the family and another that is centered on women's victimization due to gender-based inequalities. Therefore, it is important to differentiate between these concepts: GBV and IPV.

GBV is "violence directed against a person because of that person's gender or violence that affects persons of a particular gender disproportionately" (European Commission, 2020). It includes "any act that results in, or is likely to result in,

physical, sexual, or mental harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life” (WHO, 2020). GBV includes a wide range of violence in diverse contexts, beyond couple and family ties.

IPV “refers to behavior by an intimate partner or ex-partner that causes physical, sexual or psychological harm, including physical aggression, sexual coercion, psychological abuse and controlling behaviors” (WHO, 2020). Within the IPV literature, there is an ongoing discussion regarding the role of gender in explaining all or some types of IPV. Some authors (e.g., Winstok, 2017) argue that the gender symmetry evidenced in IPV victimization reports in community-based representative samples provides support to the idea that IPV is currently not associated with gender. However, gender theorists argue that gender structure and gender relations explain why women are more frequently victims of severe forms of violence; are stigmatized, blamed and mistrusted when they report violence; and, are more likely than men to stay in violent relationships (Anderson, 2005). We hold a view closer to Johnson’s (2017, feminist response), where power relations by gender are the primary explanatory factor for some types of IPV (for intimate terrorism and violent resistance), but not for all IPV types (e.g., for situational partner violence).

## 7.4 Statistics of IPV in Colombia

IPV is a prevalent social and mental health issue in Colombia. According to the annual report from the National Institute of Legal Medicine and Forensic Sciences (2019), there were approximately 43 thousand reports of physical IPV victimization in Colombia. Men’s reports represented 14.1% and women’s 85.9%. Most men and women who reported were in a relationship with a partner of the opposite sex. Only 1.3% of women and 7.5% of men reported physical IPV in a same-sex relationship. Perpetrators were mainly current intimate partners (44.3% and 43.2% for women and men, respectively) or ex-partners (32.4% and 33.1% for women and men, respectively). Regarding other types of IPV, a nationally representative survey showed that 64.1% of women and 74.4% of men between the ages of 13 and 49 have been victims of psychological violence; 31.1% of women and 25.2% of men of economic violence, 31.9% of women and 22.4% of men of physical violence, and 7.6% of sexual violence by their partners or ex-partners (Demography and Health Survey; Profamilia-Ministry of Health and Social Protection, 2017).

## 7.5 Laws and Policies

Since 1991, with the new Constitution, Colombia has developed two separate normative frameworks to protect victims of IPV. On the one hand, some laws have focused on the prevention and elimination of violence within the family. These laws

establish protective measures (e.g., taking the aggressor out of the home and prohibiting contact with victims) and consequences for perpetrators (e.g., fines, incarceration, and treatment). On the other hand, a separate set of laws has focused on eliminating gender-based inequalities in a broader sense and, more specifically, different forms of gender-based violence that occur in different contexts (e.g., sexual harassment, exploitation, and family violence). For instance, law 1257 (Colombian Congress, 2008) focuses on GBV both within and outside of the family. This law not only includes protective and punitive measures but also establishes measures to raise awareness and prevent GBV. A study by Jaramillo-Sierra et al. (2016) suggests that these legislative efforts, and their corresponding developments, have resulted in two distinct approaches to social policy and psychosocial interventions regarding IPV within public agencies in Colombia, namely, a family-centered approach and a gender-informed approach.

Firstly, laws, policies, and agencies that hold a family-centered approach focus on violent acts between adults within the family (e.g., IPV) as well as intergenerational violence (e.g., violence against children and elderly family members). In addition, family-centered laws, policies, and agencies focus on restoring the rights of victimized family members (more often children) and preventing future occurrence of violent acts. Interventions are directed toward different family members, with a special interest in keeping the family unit together. Lastly, this set of laws does not conceptualize family violence and IPV as being nested in gender-based social inequalities.

Secondly, laws, policies, and agencies based on a gender-informed approach to IPV originated from the government's alliance to international agreements to protect the rights of women and children both inside the family and in other social contexts (e.g., workplace, armed conflict). Their primary focus is the restoration of women's rights within the family system, and, therefore, the interventions and services that derive from these policies are centered exclusively on women. They are based on a conceptualization of different forms of gender-based violence (including couple violence) as products of social inequalities and the abuse of power by men over women.

### ***7.5.1 Legislation on Same-Sex Couples***

Colombian legislation has also advanced in the recognition of same-sex couples and the protection of the rights of individuals with diverse gender identities and sexual orientation. In 2011, the Constitutional Court passed laws to include same-sex couples in the constitution's definition of a family and to protect the rights of families formed by sexually diverse individuals, including the right to receive assistance and protection in cases of family violence (Noguera & Guzmán, 2012). As is in the case for different-sex couples, IPV legislation considers violent acts a criminal offense and laws focus primarily on punishing the offending partner and protecting the victim. Revisions to current legislation on IPV should include a systemic

conceptualization of IPV and the factors involved in generating and maintaining this issue that would lead to a) developing actions to intervene on risk factors both within and outside the family and b) implementing strategies to transform interaction patterns within the family and use family resources (Santander et al., 2020).

### **7.5.2 Services Available for IPV Victims**

As mentioned above, there are different types of legislation and policies that deal with IPV and other forms of family violence. Depending on the emphasis and focus of laws, policies, and agencies, there are different government institutions that are responsible for receiving IPV reports and taking actions to restore the rights of victims and prevent future violent episodes. For instance, family commissaries are government institutions – created and regulated by family-centered laws and policies – that are responsible for receiving IPV reports, conducting assessments, and referring partners to services (e.g., mental health, legal services). Most of the interventions suggested by family commissaries involve both members of the couple and other subsystems in the family. However, institutions such as houses for equal opportunities and shelters – which operate under laws and policies based on a gender perspective of IPV – focus their services specifically on women victims of IPV.

Depending on the type of institution receiving the IPV report, there may or may not be services available for perpetrators of IPV. For instance, family commissaries usually work with both members of the couple and refer them to individual or couple therapy. Legal professionals attempt to reach a conciliation as a measure to prevent future violent episodes and to deal with conflicts around child support. In contrast, houses for equal opportunities do not offer any services for perpetrators, and their services seek to empower women to become emotionally and financially independent.

Services available to women victims of IPV include counseling, shelters, and a 24-hour phone assistance to provide information and refer women to services. However, these services are primarily available in the country's main cities, and, unfortunately, women living in rural areas still do not have access to them. There are also shelters available to members of the LGBT+ community who are victims of IPV and other forms of familial or societal violence (District Secretary of Government, 2019).

## **7.6 Research on IPV**

Research on IPV in Colombia has predominantly focused on two different issues: (a) systemic and contextual risk factors and (b) psychological characteristics of offenders and victims. Research on risk factors has examined educational and

economic factors (Friedemann-Sanchez & Lovaton Davila, 2012), alcohol and drug use (Klevens, 2001; Tuesca & Borda, 2003), and the intergenerational transmission of violence (Barón, 2012). Research studies have also focused on characteristics of female victims (Muñoz & Torres, 2014) and the psychological needs of male perpetrators (Medina et al., 2014).

Also, a few studies have explored IPV against men, although characteristics of the samples in such studies do not allow definite conclusions to be drawn because of sample selection methods, sample size, and types of IPV that have been studied. One study – based on a sample of 78 men who reported physical violence in a different-sex couple relationship to legal authorities – found that most (88%) were young adults (25 through 40 years), in cohabitating relationships (40%), and from lower-middle class. Approximately 74% reported previous IPV from their aggressor (mainly physical). In addition, partner's intolerance, jealousy, and alcohol abuse were seen as the main factors that triggered IPV (Floyd-Aristizabal et al., 2016). Another study explored IPV in same-sex relationships based on 90 individuals (64% gay men, 12% lesbian women, 18% bisexual, and 6% transgender and intersex individuals) who reported on frequency of violent behaviors and attitudes toward IPV (Muñoz, 2018). No significant sex differences were found in reports of minor and severe physical, psychological, and sexual violence (both received and perpetrated). Thus, men, women, and intersex individuals reported on average the same frequencies of these forms of IPV. Future studies about IPV against men should focus on (a) the relationship dynamics (e.g., power, control) that maintain these interactions in different-sex and same-sex couples; (b) characteristics of female perpetrators in different-sex partnerships; and (c) men's coping strategies when services available for men victims are scarce.

More research is needed on IPV in couple relationships formed by individuals with diverse sexual orientations and gender identities in Colombia. Muñoz (2018) found no significant differences according to sexual orientation in frequency of psychological aggression or physical aggression (perpetrated or received), between gay, lesbian, and bisexual individuals. However, intersex and transgender individuals who identified as heterosexual showed more acceptance of minor acts of physical violence (both received and perpetrated) and minor sexual coercion. Some limitations of this study are its sample size (90 individuals, with only 6% who identified as transgender and intersex) and the non-random sample selection method, which does not allow for generalizations to a specific population.

Some studies have examined the effectiveness of interventions for IPV in the Colombian context. A quasi-experimental research study that evaluated the effectiveness of an intervention for court-mandated couples found a decrease in violent interactions (i.e., physical and psychological violence), as reported by women, as well as an increase in positive communication patterns (González, 2016). The intervention focused on developing emotion regulation and coping skills.

A cultural adaptation of the DVFACT intervention for couples dealing with situational violence in Bogotá, Colombia, provided evidence for its feasibility and potential for therapeutic changes (Jaramillo-Sierra & Ripoll-Núñez, 2018). The resulting program includes seven structured sessions based on solution-focused

therapy principles, as well as IPV education and safety planning, and training in emotion regulation and communications skills. Through pre-session surveys and post-intervention interviews, couples participating in a pilot study reported elimination of physical violence, decreased psychological violence, and increased shared couple time, communication, and intimacy.

Another study piloted a group-based compassion-focused intervention for women who reported IPV in a current or previous relationship (Naismith et al., 2020). This 6-week program targeted psychological symptoms as well as cognitions that derive from the trauma associated with IPV. Results indicated a clinically significant change in PTSD (i.e., intrusions/hyperarousal), depression, and anxiety symptoms, as well as in guilt and self-inadequacy cognitions that continued at a 6-week follow-up. Lastly, a qualitative research study explored clients' and therapists' ideas about therapeutic change in mandated IPV cases (Ripoll-Núñez et al., 2012). Both clients and therapists reported individual (e.g., increased self-worth, improved reaction to conflict) and relationship (e.g., positive communication, less criticism) changes as outcomes of the therapy process.

In conclusion, research on interventions for IPV have mostly focused on treatments for women and couples. Future research should focus on evaluating the effectiveness of existing interventions in randomized controlled studies. In addition, research studies on the effectiveness of multi-component interventions that target adult victims and perpetrators and also deal with the consequences of IPV on parent-child relationships are needed. Such multi-component interventions could attend to the diverse needs of spouses/partners and other family members, victims, and perpetrators of different types of violence. They could both protect children, the focus of the family-based approaches, and women, the interest of the gender-informed approach. In addition, such interventions could also respond to the needs of groups currently underserved, such as perpetrators. Government policies for IPV must include a funding program to support research on the effectiveness of clinical interventions, which would later be implemented by public agencies dealing with this critical issue.

## 7.7 Challenges to Laws and Policies

Policy analysts have argued that having two different sets of laws that refer to IPV – either directly or indirectly – often makes it difficult for those making decisions and implementing interventions to consider both the protection of individuals' rights and the needs of the family as a system (Santander et al., 2020). Another criticism to most existing policies on IPV is that they focus on protecting and restoring the rights of those who are targets of violent acts – most often women and children – but they are not based on a clear conceptualization of violence as a phenomenon associated with multiple factors in the ecology of family relationships (Santander et al., 2020).



Another issue that is connected to the conceptualization of IPV in existing social policies has to do with the need for a differential approach in the evaluation and intervention of couple violence that be clearly defined and based on existing evidence on the typology of violent couple relationships (Johnson, 2017). In our view of current policies on IPV, there is a need for more specific guidelines on how to intervene when coercion and control are present (or absent) and when violence is primarily unidirectional vs. bidirectional (Jaramillo-Sierra & Ripoll-Núñez, 2018). This is especially critical for social agencies that implement IPV policies and requires that professionals receive training to evaluate and make decisions on the most appropriate intervention in each case.

Lastly, international experts recommend that family policies should be based on existing empirical evidence on the most effective interventions to deal with serious social issues such as IPV. This approach to family policies, known as evidence-based public policy (Bogensneider & Corbett, 2010), requires permanent communication mechanisms between academics-researchers and officials in charge of designing policies. In addition, the creation of alliances between academic and government institutions that design and implement policies would result in essential actions for the development of social policies such as (a) joint funding of research on interventions and their effectiveness and (b) support in the evaluation of programs and strategies contemplated in the policy, among others.

## 7.8 Challenges to IPV Services in Colombia

Recommendations for future public policy development in Colombia include increasing awareness of IPV and services provided. Currently, even when services are available, they may be used only on a limited basis. In a recent research study (Ripoll-Núñez & Jaramillo-Sierra, 2020), we found that psychologists working at NGOs and government agencies identified four types of limitations regarding IPV services. First, individual and family factors, including limited financial and time resources to access services outside the home; previous violence or criminal history that prevented family members from accessing services; and cultural beliefs normalizing couple violence. Second, professionals identified institutional obstacles such as limited budget and personnel in agencies attending IPV and/or GBV as well as increased bureaucratic tasks involved in attending this problem. Third, professionals expressed concern about the difficulties for collaboration between different government and non-government agencies. In their experience, it is exceptional that agencies collaborate to provide legal, psychological, and social services to a couple or family.



## 7.9 Conclusion

Similar to other countries in Latin America and the Caribbean, Colombia has high rates of couple violence that have periodically been measured in demographic and health studies. Recent evidence shows that both women and men in the country are frequently victims of violence by partners and ex-partners (Profamilia-Ministry of Health and Social Protection, 2017). Couple violence has been recognized by law in Colombia through two different sets of laws, policies, and agencies, one holding a family-approach perspective and another one promoting a gender-informed perspective. Such opposing perspectives frequently become an obstacle to families seeking services. Research on IPV interventions in Colombia in the last decade provides promising evidence for systemic, behavioral, solution-focused, and compassion-focused treatments to eliminate and/or reduce violence and psychological symptoms resulting from long-term couple violence. Alliances between policy makers, government agencies, and researchers are necessary to improve treatment efforts for couple violence. Such alliances could better integrate evidence-based treatments with the different needs identified nationally and internationally to protect children, women, and families.

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