

Insights Series #150

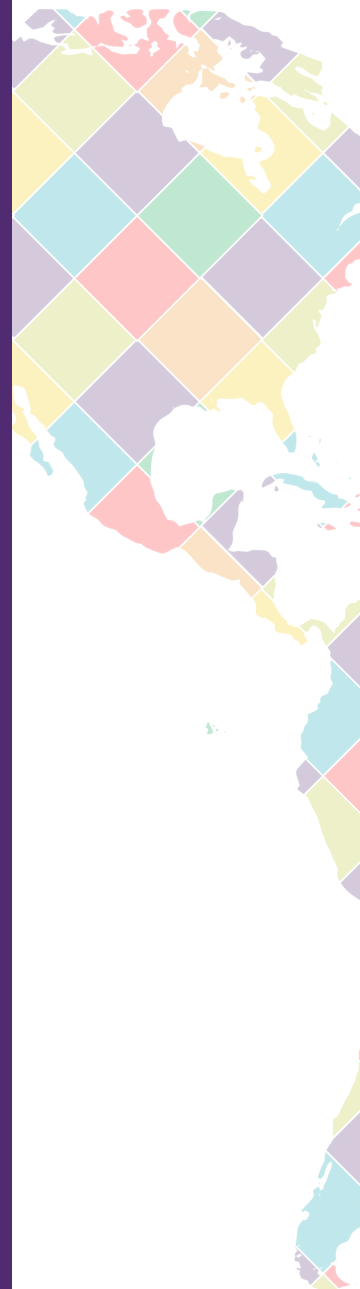
Socialization Matters More than Circumstance in Predicting the Normalization of Intimate Partner Violence in the Americas

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Key Findings:

- Publics in countries that fare better in gender equality generally are less likely to believe that intimate partner violence (IPV) is a private matter to be handled outside the public realm
- Education is the strongest, and negative, predictor of this type of normalization of IPV
- Men and those less wealthy are more likely to tolerate IPV and see it as a private matter
- Those reporting relatively more food insecurity are more likely to normalize IPV
- Pandemic-induced food insecurity and health-related stress are not significant predictors of normalization of IPV
- Authoritarian beliefs (support for a strong leader) are linked to more normalization of IPV



Although many Latin American and Caribbean (LAC) governments have passed reforms to reduce violence against women, the issue remains critical to public health. This report focuses on intimate partner violence (IPV), which disproportionately affects women and has increased in the context of the COVID-19 pandemic.¹ IPV refers to any behavior within an intimate relationship that causes physical, psychological or sexual harm to those in the relationship.² While IPV historically was relegated to the private sphere,³ laws and government institutions now recognize women's right to safety regardless of where threats to that safety originate.⁴ The question is whether public attitudes coincide with these reforms. With laws just recently recognizing the governments' responsibility to protect individuals against IPV, it matters whether individuals problematize the behavior of perpetrators as a matter that the society and the government institutions should attend to. Understanding attitudes towards IPV matters because attitudes toward IPV are correlated with engaging in IPV and with underreporting victimization.⁵ Specifically, while normalizing IPV is not equivalent to the approval of abusive behaviors, it entails lower support of society's or authorities' protection to the victims.⁶ In that sense, it is important to assess the predictors of IPV views: are these a response to socialization and/or are they affected by circumstantial factors that trigger stress within families?

In this *Insights* report, I analyze the degree to which the public in seven countries in the Americas normalizes IPV. One of the main obstacles to preventing IPV has been laws and institutions that treat the private sphere as an inviolable space. Subsequent lack of state action, in combination with the prevalence of patriarchal norms, helped reinforce the view that a man's use of violence to impose order in his household was acceptable or normal.⁷

Thus, to operationalize the normalization of IPV, I examine the extent to which the public sees violence between intimate partners as a private issue that ought to be resolved within the family. This proxy for the normalization of IPV allows us to contrast those who perceive IPV as an issue that should not be subjected to a public authority, versus those who do. I rely on data from the 2021 AmericasBarometer, and focus on this item that was asked in seven countries:

GENOR4: Physical violence between members of a couple is a private matter and should be handled by the couple or close family. Do you: (1) Strongly agree, (2) Agree, (3) Neither agree nor disagree, (4) Disagree or (5) Strongly disagree?

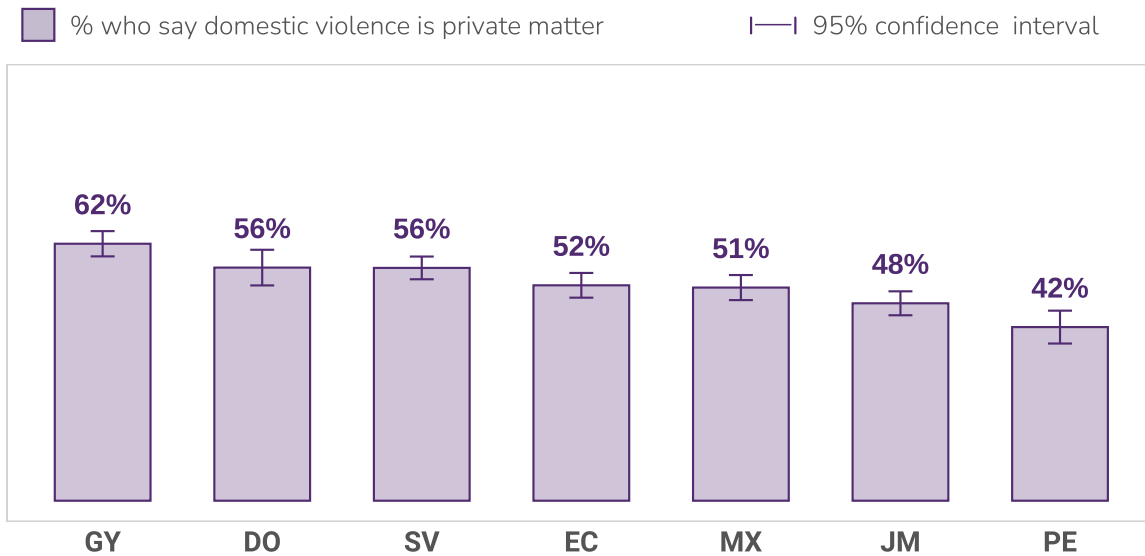
Normalization of Intimate Partner Violence in Seven Countries in the Americas

Figure 1 shows the percentage of adults in the Dominican Republic, Ecuador, El Salvador, Guyana, Jamaica, Mexico, and Peru that normalize IPV.⁸ Answers were recorded on a 1-5 scale. For this report, I have coded responses 4 and 5 as "disagree" and 3 or less as "agree",

such that expressions of indifference (option 3 in the scale) or those agreeing to some degree with the statement are coded as 1 and 0 otherwise. In the figure, each country is represented by a bar that shows the percentage (as indicated by the x-axis) of adults in that country that agree with violence between members of a couple being a private matter. The figure also includes a 95% confidence interval for each estimate, indicated by the gray area.

Figure 1.

Normalization of Intimate Partner Violence in Seven LAC Countries



Source: AmericasBarometer, 2021



Countries can be grouped into three distinct tiers: 1) Guyana has the highest percent of agreement with keeping IPV in the private realm (61.8%);⁹ 2) the Dominican Republic, El Salvador, Ecuador, Mexico, and Jamaica have intermediate levels of acceptance that are closer to the average for the seven countries (52.7%); and 3) Peru has the lowest rate of agreement (41.8%). When compared to average responses to questions previously included in the AmericasBarometer that ask directly about the acceptability of IPV under different circumstances—i.e., when a woman is unfaithful or neglects her household chores—we see that normalization of IPV as measured here is far higher than tolerance of IPV as studied in previous *Insights* reports.¹⁰ That is, asking whether IPV should be dealt with as a public or private matter reveals attitudes towards IPV that are not uncovered by more obtrusive measures.

The estimates in Figure 1 largely comport with how these countries rank in more comprehensive gender outcomes, such as the Gender Inequality Index (GII).¹¹ The GII captures whether countries are better at reducing gender inequality in health, education, labor outcomes, and women's participation in government institutions. Table 1 in the Appendix presents the GII ranks alongside the average country-level acceptance of IPV as a private matter. With the exception of Peru,¹² those countries that have greater gender equality tend to have societies more supportive of dealing with IPV in the public sphere.¹³ While such country-level patterns are important to recognize, the following sections concentrate on individual-level predictors of seeing violence between members of a couple as a private (vs. public) matter.

Education is the Most Important Predictor of Seeing IPV as a Private Matter

Based on prior research, a set of demographic and socioeconomic characteristics—i.e., gender, age, education, wealth, and relationship status—may be associated with normalizing IPV. These factors can be grouped into two sets: on the one hand, gender, age, and education may reflect how individuals have been socialized around gender norms, or the signals that they have received from society in terms of which behaviors are acceptable. On the other hand, circumstantial factors such as wealth (holding education constant) and being in a relationship may increase stress and opportunities for conflict, leading to higher chances of and the normalization of aggression within the couple.

To begin, research finds a gender gap in views of gender-based violence (GBV), with men often reporting higher tolerance or support of violence against women.¹⁴ This gender gap is not intrinsic to men, but responds to how men and women are socialized. Specifically, this relates to traditional notions of gender that mandate men to be dominant in households and intimate relationships, and to enforce their right to remain dominant when necessary.¹⁵ As such, it is expected that men in the Americas will hold more permissive views around intimate partner violence.

Gender norms socialization might also change with age.¹⁶ Specifically, research finds that young male adults hold views more tolerant of IPV than their older peers, potentially because of the effect of gender segregation that frequently occurs during teenage age.¹⁷ Similarly, older women tend to reject IPV more, since at an older age they gain self-confidence and freedom.¹⁸ Older respondents are thus expected to reject IPV at higher rates.

The role of education in influencing attitudes towards IPV is also relevant. Education exposes individuals to ideas and practices concerning gender and equality that do not conform to prevalent and traditional gender norms. Similarly, individuals often are exposed in school to a more egalitarian social structure than in the household.¹⁹ Further, education may change the circumstances that individuals face as both women and men are empowered by access to social networks, an improved ability to interpret information and use resources, self-confidence, and higher chances of generating wealth outside of the home.²⁰ Education has been documented by others to be an important factor influencing attitudes towards IPV in Latin America.²¹ Based on this research, we may expect that those with higher educational attainment will be less likely to accept IPV as a private matter.

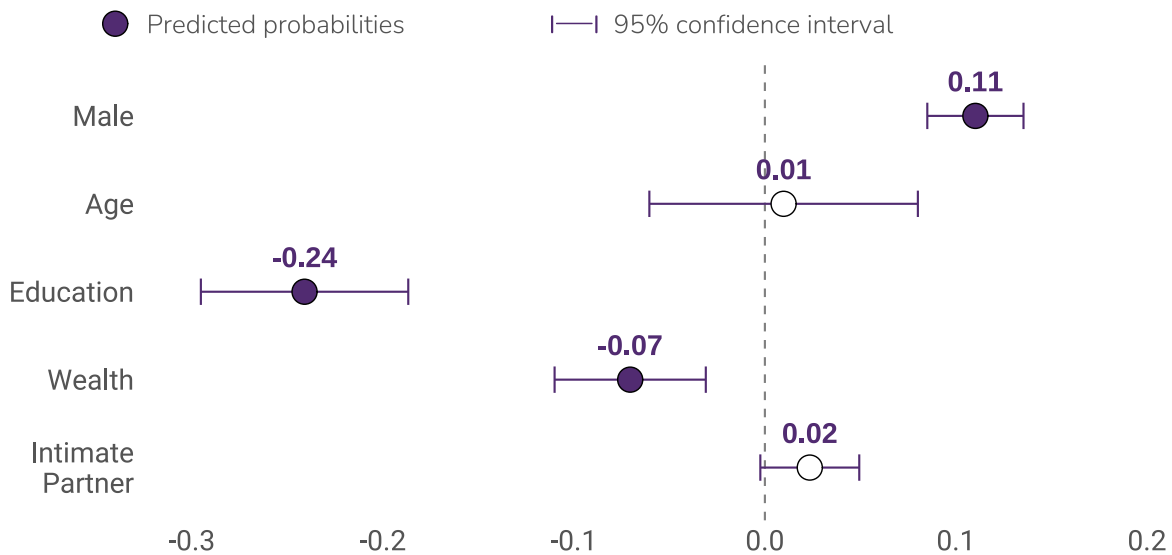
Wealth may affect attitudes towards IPV and GBV. As a circumstantial factor, poverty or lack of wealth might create conflict and stress, which then may translate in violence within the household, inflicted by men who seek to assert control or cope with stress.²² Wealth may also affect views of IPV through socialization, since settings with high poverty present higher incidences of crime and IPV and are harder to access by state institutions. There is systematic evidence of a negative association between wealth and both attitudes favoring IPV and reports of IPV.²³ In particular, women who are better off might be more likely to assert an anti-IPV position.²⁴

Finally, I consider whether individuals are in an intimate relationship. This factor may affect attitudes towards IPV since members of a couple tend to take on distinctly traditional gender roles within the marital context, at the start of adult family life.²⁵ Hence, I expect individuals who report being married and those who reported being in an intimate relationship to normalize IPV at higher rates.

Figure 2 shows the results of a logistic regression analysis, in which I predict the dependent variable (agreement that IPV should be handled by the couple or close family) with a set of five individual characteristics: gender, age, education, wealth, and relationship status. Each independent variable is coded on a scale of 0-1, with 1 indicating “more” of each variable. The dependent variable is dichotomized as above. The independent variables are listed on the vertical axis and the predicted relationship with the dependent variable is on the x-axis. Points to the right of the red vertical line indicate positive coefficients and correlations. Each coefficient is plotted within a horizontal line that marks the 95% confidence interval for that estimate; an intersection of that bar line with the red vertical line indicates that the coefficient is not statistically significant.²⁶

Figure 2.

Demographic and Socioeconomic Predictors of Normalizing IPV



Source: AmericasBarometer, 2021



As expected, there is a positive relationship between identifying as male and agreeing that IPV should be treated as a private issue. Men are 11 percentage points more likely than women and nonbinary persons to normalize IPV as a domestic matter. In turn, I find that age does not significantly predict attitudes towards IPV, contrary to previous findings.²⁷ That said, the education and wealth variables behave as expected. Education has the largest predicted effect on attitudes towards IPV: more educated individuals are 24 percentage points less likely to normalize IPV (i.e., more likely to see it as a matter that merits the public attention). Similarly, wealthier individuals are 7 percentage points less likely to view violence within the couple as private. Finally, Figure 2 shows that those in an intimate relationship report a slightly higher likelihood of normalizing IPV when compared with single, separated and divorced individuals, although this estimate is not significant at conventional levels. Variables related to socialization, specifically education and gender, are most influential when it concerns attitudes towards IPV.

Preference for a Strong Leader Predicts Normalization of Intimate Partner Violence

How do factors beyond sociodemographic and economic characteristics influence the normalization of IPV? First, I consider how the normalization of IPV may be affected by crisis circumstances threatening individuals' sense of safety, which increases individuals' stress and conflict within the household—namely, suffering food insecurity or worry of illness in the context of the COVID-19 pandemic. Second, I address how individuals' agreement with authoritarian beliefs—specifically, the degree to which they support a strong leader who breaks the rules—affects their views of IPV.

Economic insecurity may enable attitudes favorable to IPV through several mechanisms: high economic distress is often associated with other conditions of precariousness, such that deprivation is compounded, for instance, by living in isolated communities with limited access to public services thwarting IPV. Additionally, to cope with deprivation, individuals may use risky behaviors such as substance abuse, which is associated with increases in IPV. Finally, the acute stress resulting from these circumstances may increase conflict and create opportunities for IPV. Along these lines, shocks to the economy such as the COVID-19 pandemic have been linked to an increase in victimization.²⁸ Ultimately, economic insecurity might also be associated with attitudes more forgiving of GBV, specifically, it might lead individuals to see IPV as more of a private than a public matter. By looking separately at food scarcity and at pandemic-induced food scarcity, here I assess how economic stress, and specifically when it is adjudicated to the pandemic, affects the normalization of IPV.

Similarly, health insecurity may enable IPV normalization as heightened uncertainty and fear of illness affect the stress levels suffered by individuals. It is then reasonable to expect that suffering from pandemic-related stress manifesting as fear of illness will increase the normalization of IPV. To measure health insecurity, I look at reported worry of contracting COVID-19.

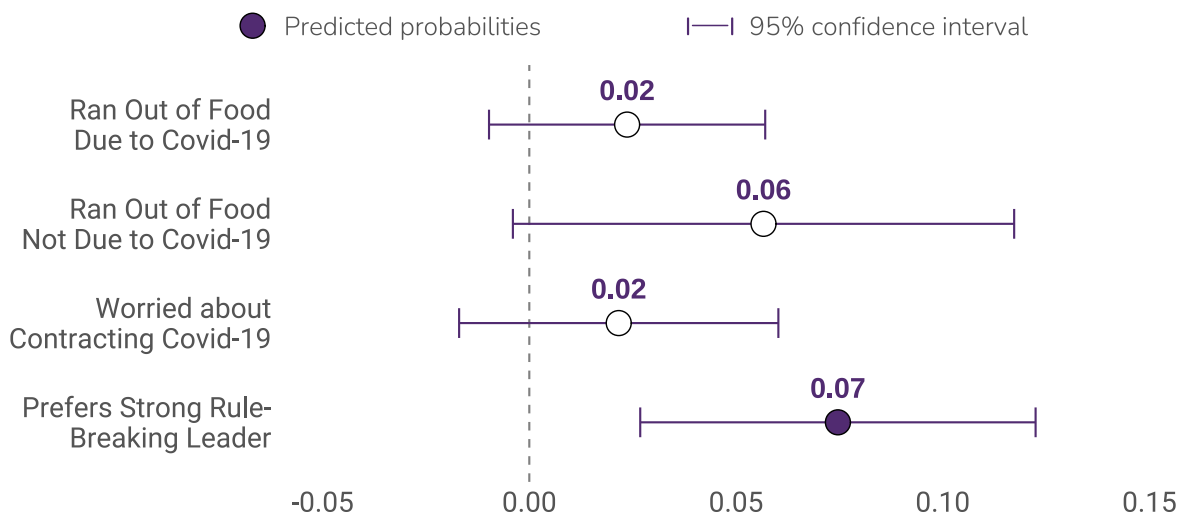
I also study the role of authoritarian beliefs, which are relatively more fixed in individuals than circumstantial factors. Authoritarian attitudes, or the expressed beliefs reflecting political and social intolerance and punitivism, are associated with a preference for order, reliance upon established authority to impose that order, and traditional social norms.²⁹ They are also linked to values that may express themselves in prejudice against women,³⁰ in hostile sexism³¹ (that is, attitudes that sanction women who deviate from traditional norms or challenge male dominance), and attitudes favoring the preservation of the family structure above women's safety and health, even in the event of IPV.³² Specifically,

authoritarian attitudes may be expressed in submissiveness to authority figures, for instance, the willingness to cede power to a strong, determined leader who will solve problems. To capture these dynamics, I analyze how preferring a strong leader over a law-abiding one correlates with the normalization of IPV.

Considering the expectations and literature above, I test the extent to which the following variables predict the normalization of IPV: food insecurity due to the COVID-19 pandemic,³³ food insecurity for causes different from the COVID-19 pandemic,³⁴ worry about contracting COVID-19,³⁵ and preference for a strong although rule-breaking leader.³⁶ Using these new variables, I conduct another logistic regression on seeing IPV as a private matter. The results of the analysis, which also includes the measures previously shown in Figure 2, are presented in Figure 3.

Figure 3.

COVID-19 Related Stress, Authoritarian Beliefs, and Normalization of IPV



Source: AmericasBarometer, 2021



As shown in Figure 3, the results do not support the prediction regarding the effect of crisis circumstances related to the COVID-19 pandemic on seeing IPV as a private matter. The association between normalization of IPV and expressing worry about contracting the illness is not statistically significant. Likewise, those suffering food insecurity as a result of the pandemic are not significantly less or more likely to see IPV as private. These findings suggest that IPV and attitudes towards it are not strongly responsive per se to stressors that are relatively more circumstantial, such as the COVID-19 pandemic.

That said, it appears that normalization of IPV is more likely for those reporting food insecurity for causes other than the pandemic—by 6 percentage points, compared to those that do not suffer food insecurity and those who suffer it and identify the pandemic as a cause, although that result is just below the conventional threshold for statistical significance. This might indicate that relatively more enduring economic precariousness is associated with attitudes favorable to IPV. This is also consistent with the finding in the previous section concerning the negative effect of wealth on seeing IPV as private.

In addition, these attitudes might be rooted more directly in beliefs towards power and authority. Figure 3 shows the association between seeing IPV as private and authoritarian beliefs (the latter measured as individuals' willingness to cede power to strong leaders who break the rules). The results show that individuals who report the most (vs. the least) approval of strong but rule-breaking leaders are eight percent more likely to normalize IPV. This result is in line with the research conducted by others³⁷ who find that authoritarian attitudes are a significant predictor of attitudes towards IPV. Furthermore, the finding that attitudes towards authority matter for attitudes towards violence within the household is another indication that how individuals are socialized (in their relationship with authority) can be (or not) protective against the normalization of IPV.³⁸ In brief, just as factors related to socialization were the most important predictors of the set assessed in Figure 2, the results in Figure 3 similarly support the notion that dynamics related to socialization are critical to understanding attitudes toward IPV.

Conclusion

The variables most strongly correlated with seeing intimate partner violence as a private matter are those linked to socialization—related to individuals' gender, educational and social milieu, or their political socialization. Those who hold authoritarian beliefs and those who identify as male are more likely to normalize IPV or see it as a private matter, whereas education and wealth are highly associated with lower normalization of IPV. Age, having an intimate partner, and being affected by COVID-19-related stressors have no statistical significance with respect to seeing IPV as an issue that the public should attend to.

At the country level, based on the pattern observed across the seven LAC countries, we may conclude that how good societies are at dealing comprehensively with gender inequality is connected to public attitudes that are more protective against IPV. Roughly, countries that rank high in the GII have publics generally more resistant to dealing publicly with IPV.

From a policy perspective, understanding the public normalization of IPV is meaningful because these attitudes are associated with the perpetration of violence and failure to

report it both by victims and by outsiders. The results suggest that circumstantial factors—feeling economic or safety/health threats in connection to COVID-19 or having an intimate partner—are not per se substantially associated with attitudes that enable IPV. Instead, the evidence presented here points to the relevance of beliefs about power and authority and of other factors that are associated with socialization: gender, education, socioeconomic status, and—and the country-level—structural improvements in gender equality. Creating opportunities for individuals to be socialized into norms and experiences with gender equality can create a protective environment against IPV. That, in turn, may buttress against otherwise negative effects from crisis circumstances such as those experienced by many in the region since the start of the COVID-19 pandemic.

Appendix

Appendix 1: Average Views of Intimate Partner Violence as a Private Matter and Gender Inequality Index Ranks for the Seven Countries in the Americas³⁹

Human Development Index rank	Country	Gender Inequality Index (2019) Value	Gender Inequality Index (2019) Rank	IPV as Private Mean [Confidence Interval]	IPV as Private Tier
74	Mexico	0.322	71	51.3% [48.7%,53.9%]	2
124	El Salvador	0.383	85	56.0% [53.6%,58.4%]	2
86	Ecuador	0.384	86	51.8% [49.2%,54.4%]	2
79	Peru	0.395	87	41.8% [38.5%,45.0%]	1
101	Jamaica	0.396	88	56.1% [52.5%,59.7%]	2
88	Dominican Republic	0.455	112	47.5% [44.9%,50.1%]	2
122	Guyana	0.462	115	61.8% [59.3%,64.3%]	3
	Latin America and the Caribbean	0.389	—	52.7% [51.7%,53.8%]	

Notes

1. See UN Women, The Shadow Pandemic. Violence Against Women During COVID-19. In Focus. Available at <https://www.unwomen.org/en/news/in-focus/in-focus-gender-equality-in-covid-19-response/violence-against-women-during-covid-19>
2. WHO (2019).
3. Schneider (1990).
4. Weldon (2002); Hawkins and Humes (2002).
5. See Capaldi, Knoble, Shortt, and Kim (2012) and Flood and Pease (2009).
6. See Schneider (1990).
7. Schneider (1990).

8. All figures in this report use the following AmericasBarometer dataset version: GM_20211108.
9. Only in Guyana are women as likely as men to normalize IPV.
10. See Azpuru (2015) and Pak (2016).
11. United Nations Development Program (2020).
12. The exceptional nature of Peru may stem from its widespread public dialogue around gender-based violence since the installment of a truth and reconciliation commission following the armed conflict (Boesten, 2019 and Sarkin and Ackerman, 2019).
13. See Bucheli and Rossi (2019). The correlation between the GII and normalization of IPV is positive, at 0.20; if Peru is excluded, the correlation is 0.26.
14. Flood and Pease (2009).
15. Connell (2005).
16. Fan and Marini (2000).
17. Flood and Pease (2009); Tran, Nguyen, and Fisher (2016).
18. Pierotti (2013). But see Pak (2016).
19. Bryant (2003); Rani, Bonu, and Diop-Sidibe (2004); and Boyle, Georgiades, Cullen, and Racine (2009)
20. Jewkes (2002).
21. Pak (2016).
22. Goode (1971); see Jewkes (2002).
23. Bucheli and Rossi (2019); Behrman and Frye (2021).
24. Friedman *et al.*, (2016).
25. Lucier-Greer and Adler-Baeder (2011); Fan and Marini (2011).
26. Country fixed effects are included but not shown, for the analyses in both Figures 2 and 3.
27. Even when looking at the association between specific age cohorts and normalization of IPV, the predicted effect of age is not statistically significant at conventional levels.
28. Systematic research in Latin America finds increases in IPV victimization after the start of the COVID-19 pandemic in Argentina, Brazil, Mexico, and Peru (See Peterman *et al.* 2020 and CGD, 2021).
29. Altemeyer (1996).
30. Altemeyer (1988).
31. Riley and Yamawaki (2018).

32. Riley and Yamawaki (2018). See Boesten (2006).
33. The pandemic-related food insecurity measure is coded “1” if individuals reported running out of food in the last three months at the time of the survey and if this was a result of the COVID-19 pandemic. The measure is coded as “0” if respondents do not report food insecurity, as well as if they do report it but consider it is rooted in causes different from the pandemic. (**FS2**. In the last 3 months, because of a lack of money or other resources, did your household ever run out of food? and **FS2COVIDN**. And did that happen mainly because of the coronavirus or for another reason?).
34. The measure of food insecurity for reasons different from the pandemic is coded “1” if individuals reported running out of food in the last three months at the time of the survey and if they see it being a result of causes other than the pandemic. The measure is coded as “0” if respondents do not report food insecurity, as well as if they do report it and consider the pandemic to be the cause. (**FS2**. In the last 3 months, because of a lack of money or other resources, did your household ever run out of food? and **FS2COVIDN**. And did that happen mainly because of the coronavirus or for another reason?).
35. The variable for worry about contracting COVID-19 is measured by the following question: **COVID2AT**. How worried are you about the possibility that you or someone in your household will get sick from coronavirus in the next 3 months? The variable was recoded on a four-point scale that is coded here on a scale of 0-1, with “1” indicating more worry.
36. Preference for a strong although rule-breaking leader refers to the respondents’ evaluation of the following statement: **CSES6N**. Having a strong leader in the government, even if the leader bends the rules to get things done. Would you say that it is very good, good, neither good nor bad, bad, or very bad as a form of government for our country? The five-point scale was recoded in reverse order on a scale of 0-1, with “1” indicating a more positive evaluation of such leader.
37. See Riley and Yamawaki (2018).
38. The results shown in Figure 3 beg the question, along the lines of research on threat and public opinion, such as Merolla and Zechmeister’s (2009), of whether crisis circumstances—such as the COVID-19 pandemic—that create a sense of threat may trigger attitudes favoring punitive or hostile actions, but depending on individuals’ authoritarian attitudes. However, I do not find statistically significant evidence that, among those suffering COVID-19-related stress, normalization of IPV is higher only for those who prefer strong but rule-breaking leaders.
39. GII rankings obtained from UNDP (2020).

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