

**How to Make the Law Work? Budgetary Implications of Domestic Violence (DV)  
Laws in Latin America, Central America and the Caribbean (LAC)**

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**Abstract**

This paper focuses on budgetary implications of DV laws in the Latin America, Central American, and the Caribbean (LAC) region. It is based on a survey of literature and data on DV legislation; literature reviews on the social and economic costs of DV; and an analysis of policies on DV in the region. The study shows DV is *not* being mainstreamed into ministerial budget line items as would be expected following the passage of law. There is clearly a difference between what is ratified in laws and the implementation of activities that follows those decisions. Funding for DV programs is insufficient to reach the entire target population and address the magnitude of the problem. Even after laws were passed, major sources of funding for DV services have continued to be discretionary funds from the ministries’ budgets and international donor funds.

## **Introduction**

This study is focused on budgetary implications of domestic violence (DV) laws in Chile, Costa Rica, Dominican Republic, Ecuador, El Salvador, Peru, and Mexico. DV is one of the most important human rights and development problems in the LAC region. Its costs are enormous, including time and resources for medical treatment, psychological counseling, police services, prison and detention, shelter and transitional housing, DV education and advocacy as well as personal and family pain and suffering.

Over the past decade, several countries in Latin America, Central America and the Caribbean (LAC) have taken specific legal action to address DV. The first generation of policies related to gender violence consisted mainly of those ratified through international agreements, such as CEDAW in the early 1990s. This period also witnessed a surge in DV work among NGOs, researchers, and governments, with an increase in advocacy and research efforts and new services for DV survivors. From 1996-2003, governments focused on developing plans of action, new laws and regulations, and on modifying codes. Standards for prevention and care were also established in this period.

The majority of the countries in the region have ratified specific domestic/intra-family violence legislation, and some have approved national plans of action. The laws establish procedures for reporting and prosecuting cases of DV, precautionary measures and, in some cases, they stipulate activities to support work on assistance, prevention, rehabilitation of aggressors, and conciliation or mediation. The primary focus of implementation has been identification of cases, crisis intervention, conciliation, referrals, and justice administration services (e.g., a free lawyer in El Salvador; free medical tests in Peru; and psychological and medical tests in Chile and Costa Rica).

### *Examining budgets through a gender lens*

A gender analysis of budgets can help identify the differential impact on and benefit to men and women of government programs and services. Based on such an analysis, the government will be better equipped to accurately assess priorities and reallocate resources that respond to the needs of the entire population, taking explicit account of women's disadvantaged position. Gender-aware budgets promote both equity and efficiency. In the LAC region, these initiatives have been launched as collaborative efforts between donors (UNIFEM, UN ECLAC), government agencies (Women's Ministries, Ministries of Health, Education, and Finance), and civil society organizations (FUNDAR in Mexico) in countries such as Brazil, Ecuador, Peru, Honduras, and Mexico. In spite of this progress, current gender analyses of budgets concentrate on expenditures *within* a given sector, an approach with limited utility for DV, which requires the development and implementation of responses *across* sectors.

A successful public policy on DV requires sufficient budgetary allocations to fund interventions needed to render the laws effective; it is not enough to simply pass laws without considering the funding they will need. In LAC, most campaigns for a law on DV focused on the content of laws and overlooked details of implementation, including

an estimate of the resources required. This is likely due, in part, to NGOs' inadequate time, resources, and skills needed for budget advocacy. NGOs generally concur that any activity on this front would require internal capacity building and cooperation with already existing budget advocacy groups.

### **Methodology Issues**

There are a number of methodological issues that make it difficult to undertake a budgetary analysis of DV legislation, among them data availability and access, variations of definitions, problems with calculating costs, and other problems described below.

*Data availability and access:* There is a dearth of information on budgetary allocations for DV policies in almost all countries in LAC. Only Costa Rica and Chile offer this data; in the other five countries studied, data is either non-existent or unavailable. For example, in El Salvador and the Dominican Republic, analysis of expenditures by local health services was based on estimates provided by the personnel in charge of the intra-family violence programs, since there is no documentation of those expenditures.

*Operationalization and variations of definitions of DV:* In determining DV in the law, the target population was usually defined as members of the family sharing a residence. There was no specific focus on women, and no specification of what constitutes physical, psychological or sexual violence. The laws rarely had a clear statement on 'marital rape' or threats and did not include all forms of violence, especially economic violence, which includes damage to property, business and assets. For example, only Costa Rican and Dominican laws include property damage as a type of violence.

*Variances in unit and timeframe for analysis:* Countries in LAC generally have intra-family violence laws and public policies that include any family member as a unit of analysis, especially children and young people. As a result, it is difficult to operationalize the expenditures by age group or gender. There are also important differences in terms of time frames of the implementation process. Different government agencies have different amounts and sources of funding that vary from year to year. This limitation reduces the possibility of making accurate or even approximate inferences regarding trends in public expenditures both within and across countries.

*Obstacles to measuring DV costs:* The analysis of costs is hampered by the inherent difficulty of establishing how many women are affected by DV, and how many of those utilize the available services and how often. In almost all countries in LAC, DV laws and plans of action consider all members of the family to be eligible for protection, which further complicates the estimation of specific costs of services for women victims of DV.

*Measuring the gap between need for DV services and actual allocations in the budget:* In order to measure the gap between the real costs of DV and what is allocated in the budget, one must know the actual amounts for each. While the latter is relatively easy to obtain, the former is much more difficult to assess. Rarely, if ever, have governments attempted to systematically estimate how much is required to address overall violence, or DV in particular. In order to estimate costs, one must first determine which sectors are

most relevant to addressing DV, and then gather data on the critical parameters to come up with cost estimates.

## **Findings**

As a multi-faceted problem, DV requires multisectoral approaches and interventions, and the respective budgetary allocations are necessarily spread over different sectors. In all countries examined, funding for DV programs came from one of two sources: government-funded programs, supported either through new resources allocated for DV work, or through the reallocation of existing program funds and human resources; and international donor funds. In cases where funding was not available from either of these sources, other strategies, such as user fees, were used to generate needed revenue.

### *Role of government after the passage of DV laws*

In the period since the laws and/or plans of action have been passed in the selected countries, governments have taken direct and indirect actions for prevention, treatment, punishment and elimination of DV. However, implementation of DV laws is easily frustrated by varying interpretations of the legislation.

In some countries, the laws and plans of action fail to indicate clearly where budgetary allocations should come from. This has created difficulties related to the timing of distribution of the allocations, and also has created ambiguity as to how much money will actually be available. For instance, in some countries, DV interventions in the health sector are carried out through programs that are not permanent, meaning that they have to compete with other programs every year for the allocations. In other countries, the allocation depends on the general budget approved for the agency, or the priorities of the administration in office at that time.

According to the agencies that responded to the questionnaires, in no case was there an appropriation in the national budget for DV programs and interventions when the law and/or plan of action were formulated or enacted. This is crucial, as it highlights the disconnect between budget allocations and DV policies. It is also likely a reflection of the failure of the social actors who mobilized around the passage of the DV law to focus on budgetary issues. The major sources of funding in almost all countries have been the discretionary funds from the ministries' budgets and international cooperation funds through donations and loans.

### *Strategies used to implement the laws when there is no specific public funding*

As the allocations for DV programs are scarce across the countries, government agencies have developed different strategies to implement the activities and programs. Some have made agreements with NGOs, universities, community groups and other organizations to carry out activities where the counterparts make contributions in cash, voluntary work, and/or goods and supplies. In some countries, government agencies are charging user fees. In the Dominican Republic, the health and justice administrations charge for lab tests, legal forms and stamps for legal documents. In Mexico, the Ministry of Health charges for lab tests, medical attention for physical problems, and psychological therapy.

### *Donor funding for DV activities*

International agencies have played an important role, in collaboration with government agencies and NGOs, in the design of the legal framework for DV policies at the international and national level, in the design of national plans of action, and in the implementation of public policies. International agencies have provided governments and NGOs with technical assistance, donations and loans.

### *NGOs' implementation of programs on DV after the legislation*

According to the questionnaire responses, all of the NGOs were conducting activities on DV before the law was approved. The most common activities include prevention and public campaigns, services for DV victims, training, advocacy and research. Yet, even after the passage of DV laws and plans of action, only three of the 12 NGOs surveyed have received funds from the government. The main source of NGO funding is from international cooperation agencies, even though some international agencies have started reducing their funding for DV programs. Given their limited contributions from the government and shrinking contributions from international donors, NGOs face difficulties maintaining programs, services and activities.

## **Conclusions**

The research shows that there is clearly a difference between what is ratified in laws and/or outlined in sectoral policies, and the implementation of activities that follows those decisions. Funding for DV programs is typically insufficient for them to reach the entire target population and address the magnitude of the problem. Even after laws were passed and plans of action launched, major sources of funding for DV services have continued to be discretionary funds from the ministries' budgets and international donor funds. This means budgetary resource allocation is *not* being mainstreamed into ministerial budget line items as would be expected following the passage of law.

## **Recommendations**

1. Governments and donor agencies should help build capacity among NGOs working on DV to monitor budgetary allocations of DV laws, and encourage NGOs working on DV to collaborate with organizations experienced in budget monitoring in the country.
2. Governments and donor agencies should mainstream DV spending into key sectoral projects funded or overseen by the justice administration, the health system (primary, mental and reproductive), and the education system. This could be achieved by integrating spending for DV programs into sectoral and intersectoral initiatives, rather than isolating DV budgets.
3. Donor agencies should encourage governments to mainstream spending on DV activities into key sectoral programs.
4. Donor agencies and NGOs working on DV should establish partnerships for DV activities with key government agencies, such as Ministries of Finance and Planning, where budget formulation and decisionmaking is concentrated.

5. DV stakeholders, including governments, donors and NGOs, should map out the steps and key players involved in the budgetary process in the country to identify strategic entry points to advocate for allocations for DV activities.
6. Researchers should conduct further in-depth, country-specific research to establish and further refine a toolkit for monitoring and evaluating budgetary allocations for DV.