Violence against women: health consequences, prevention and response

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Outline

1. Prevalence of violence against women
2. Health, RH & socio-economic consequences
3. Risk factors
4. Prevention & response
5. WHO's priorities
Acknowledgements

WHO
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LSHTM:
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Karen Devries

Main Data Sources

Ongoing analyses: WHO multi-country study on women's health and domestic violence - surveys from 10 countries

Forthcoming analyses: Global Burden of disease estimates of violence against women prevalence
Key Message 1

Violence against women is a widespread public health & human rights problem worldwide.
Definition: violence against women (VAW)

Public or private act of gender-based violence that results, or likely to result in physical, sexual or psychological harm to women; derived from unequal power relationships; includes:

- acts of physical aggression and harm
- emotional, psychological abuse & controlling behaviours
- coerced sex, sexual harassment, rape
Different forms of GBV

- Sexual, physical, or emotional violence by an intimate partner (*intimate partner violence or IPV*) & non partners;
- Child sexual abuse & child maltreatment
- Sexual violence in conflict situations
- Sexual harassment & abuse by authority figures (e.g. teachers, police officers or employers etc),
- Forced prostitution and sexual trafficking
- Child marriage
- Violence perpetrated or condoned by the state.
- Homophobic violence
Percentage of women who have ever experienced intimate partner violence*

*Results show the simple average prevalence of lifetime IPV among ever partnered / married women by country. Only includes population based studies with samples that are representative of either the whole country, region, or a city or town, and have an age range from <20 to >48. Any definition of IPV included, and varies by study.

Prevalence intimate partner physical or sexual violence or both, life time & recent – WHO multi-country study

Figure 4  Prevalence of physical or sexual violence, or both, by an intimate partner among women aged 15–49 years*, selected countries

*In Japan and New Zealand, the age group was 18–49 years.
Note: Data drawn from specific provinces or cities, except for Maldives and Samoa.
Key Message 2

Violence against women has multiple health, social & economic consequences for the individual, families, communities & societies.
# VAW & multiple health consequences

<table>
<thead>
<tr>
<th>Fatal Outcomes</th>
<th>Non-fatal Outcomes</th>
<th>Psychological &amp; Behavioral</th>
</tr>
</thead>
<tbody>
<tr>
<td>Femicide</td>
<td>Physical</td>
<td>Depression and anxiety</td>
</tr>
<tr>
<td></td>
<td>Fractures</td>
<td>Eating and sleep disorders</td>
</tr>
<tr>
<td>Suicide</td>
<td></td>
<td>Drug and alcohol abuse</td>
</tr>
<tr>
<td>AIDS-related mortality</td>
<td></td>
<td>Poor self-esteem</td>
</tr>
<tr>
<td>Maternal mortality</td>
<td></td>
<td>Post-traumatic stress disorder</td>
</tr>
<tr>
<td></td>
<td>Sexually-transmitted infections, including HIV</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Unwanted pregnancy</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Pregnancy complications/loss</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Unsafe abortion</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Low birth weight</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Traumatic gynecologic fistula</td>
<td></td>
</tr>
</tbody>
</table>

- Fractures
- Chronic pain syndromes
- Fibromyalgia
- Permanent disability
- Gastro-intestinal disorders
- Obesity (children)

- Sexually-transmitted infections, including HIV
- Unwanted pregnancy
- Pregnancy complications/loss
- Unsafe abortion
- Low birth weight
- Traumatic gynecologic fistula

- Depression and anxiety
- Eating and sleep disorders
- Drug and alcohol abuse
- Poor self-esteem
- Post-traumatic stress disorder
- Self harm
- Increased sexual risk taking
- Smoking
- Perpetrating or being victims of violence later (children & adolescents)

*Source: Adapted from Bott, Morrison and Ellsberg, 2005*
IPV ↑ risk for unintended pregnancies

1. Graph: AOR for unintended pregnancies: women who have experienced IPV vs those who have not for 10 DHS countries

2. From 10 countries of the WHO multi-country study, the pooled AOR show that IPV ↑ risk of unintended pregnancy 1.7 fold (CI: 1.5-1.9)


Source: Pallitto CC, Garcia-Moreno C, Jansen HAFM, Heise L, Ellsberg M, Watts C. Intimate partner violence, abortion and unintended pregnancy: Results from the WHO multi-country study on women’s health and domestic violence (forthcoming)
IPV ↑ risk for pregnancy loss

- Abortion: 3 fold increase
- Stillbirth or miscarriage: 1.5 -fold increase
- Pregnancy loss in general: 2 fold increase

Source: Garcia-moreno C and Pallitto C. Results of the WHO multi-country study on women's health and domestic violence, presented at the international RH conference in Mumbai February 15-18 2009.
IPV ↑ risk of STI & HIV

Women with IPV 1.7 fold ↑ risk of STI/HIV vs those with no IPV. AOR: 1.66 (1.17-2.34)

Attempted suicide among women who experience IPV

Source: Garcia-Moreno C et al. 2005, WHO mult-country study on women's health and domestic violence against women: initial results on prevalence, health outcomes and women's responses.
## Inter-generational & socio-economic consequences

| Effects on children of women who experience abuse | • Higher rates of infant mortality  
• Behavior problems  
• Anxiety, depression, attempted suicide  
• Poor school performance  
• Experiencing or perpetrating violence as adults  
• Physical injury or health complaints  
• Lost productivity in adulthood |
|---|---|
| Effects on families | • Inability to work  
• Lost wages and productivity  
• Housing instability |
| Social and economic effects | • Costs of services incurred by victims and families (health, social, justice)  
• Lost workplace productivity and costs to employers  
• Perpetuation of violence |
Key Message 3

Violence against women is rooted in or a manifestation of gender inequality in society: Traditional gender norms held by women & men perpetuate violence against women.
Risk factors: history of abuse, alcohol, norms ↑ IPV risk

Abramsky T et al 2011, What factors are associated with recent intimate partner violence? Findings from WHO multi-country study on women’s health & domestic violence. BMC Public Health
Risk factors – Normative attitudes justifying violence

Table 4.6 Women’s attitudes towards intimate-partner violence, by site

<table>
<thead>
<tr>
<th>Site</th>
<th>Wife does not complete housework (%)</th>
<th>Wife disobey her husband (%)</th>
<th>Wife refuses sex (%)</th>
<th>Wife asks about other women (%)</th>
<th>Husband suspects infidelity (%)</th>
<th>Wife is unfaithful (%)</th>
<th>One or more of the reasons mentioned (%)</th>
<th>None of the reasons mentioned (%)</th>
<th>Total no. of woman</th>
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<tbody>
<tr>
<td>Bangladesh city</td>
<td>13.8</td>
<td>23.3</td>
<td>9.0</td>
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<td>53.3</td>
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<td>24.6</td>
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<td>55.5</td>
<td>68.2</td>
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<td>1450</td>
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</table>
Gender equality & prevalence of recent IPV

ABOUT THE DATA: Prevalence data for all graphs is drawn from leading international surveys on violence against women: World Health Organization; International Violence Against Women Survey; MEASURE Demographic and Health Surveys (DHS) and the World Bank Domestic Violence Dataset and is based on physical and/or sexual violence by an intimate partner in the previous 12 months. Detailed Technical Notes on the methodology and sources are available on request at www.helpdesk@unifem.org.

NOTES ON GRAPH: Secondary school enrollment is measured as the percentage of eligible girls enrolled in secondary school, based on data from the UNESCO Institute for Statistics on Female Secondary Net Enrollment Rate (2000-2009), with countries categorized from low to high enrollment rates. Prevalence data shown is the average percent for countries in each category.

Key Message 4

Violence against women & children can be prevented.

Prevention programmes should increase focus on:
- transforming harmful gender norms and attitudes,
- addressing childhood abuse,
- reducing harmful drinking.
- improving access to education for girls and boys.
Preventing VAW: promising or effective interventions

1. Empowering women:
   - Microfinance, gender & relationship training;
   - School-based programmes to prevent dating violence

2. Transforming harmful gender norms
   - Media awareness
   - Community mobilization
   - Gender equality education in schools

3. Engaging men & boys
   - Peer & participatory education to change male norms & behaviours
   - Reducing access to and use of alcohol

4. GE laws & policy change
   - Anti-violence laws
   - Training law-enforcement
   - Legal aid services
   - Forensic evidence collection
   - National standards on post-rape care
Improving health sector response

- Developing policies & protocols for treatment of survivors
- Training health staff
- Ensuring privacy & confidentiality
- Strengthening referral networks with other VAW services
- Providing emergency supplies
- Providing educational materials on VAW
- Monitoring & evaluating VAW services
WHO priorities: 1. Research & Evidence

1. Global Burden of Disease (GBD) Study
   - Estimates of deaths, illness & disability-adjusted life years due to VAW
   - Estimates of health effects: low birth weight, HIV & STI, injuries, mental health outcomes

2. Intervention study: addressing VAW in ANC: South Africa & Mozambique

3. Ongoing analysis of WHO multi-country study on emotional abuse and health impacts and risk and protective factors for adolescents

4. Systematic reviews of violence against sex workers and STI and HIV links
2. Norms and Guidelines

- Clinical & policy guidelines on health sector response VAW
- Guidance on primary prevention of IPV
- Programming tool to address VAW & HIV

3. Policy, capacity, programme development in countries

- Course on how to research VAW with university in Thailand
- Primary prevention of VAW workshops for East African & Western-Pacific countries
‘Take home’ points

1. Violence against women:
   - is widespread
   - has serious health consequences for women
   - has intergenerational consequences – affects children & families
   - poses considerable economic costs

2. Violence against women can and must be prevented

3. We must promote gender equality

4. Preventing VAW requires multi-sectoral responses
For more information about WHO's work on VAW & Children

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