Understanding violence against women/gender-based violence as a public health problem

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December 2015

World Health Organization

Overview

- What is a public health approach to violence against women
- Definitions and forms of violence against women
- Prevalence of violence against women globally and in African Region
- Health and other social consequences of violence against women
- Risk factors
- Developing, implementing health response

Public health approach: Characteristics

- Population-level
- Interdisciplinary
- Multi-sectoral

Photo credit: Marwa Adel, Egypt

Public Health Approach

Surveillance

What? Who? How much? Where?

Identify risk and protective factors

What are the causes?

Develop and evaluate interventions

What works? And for whom?

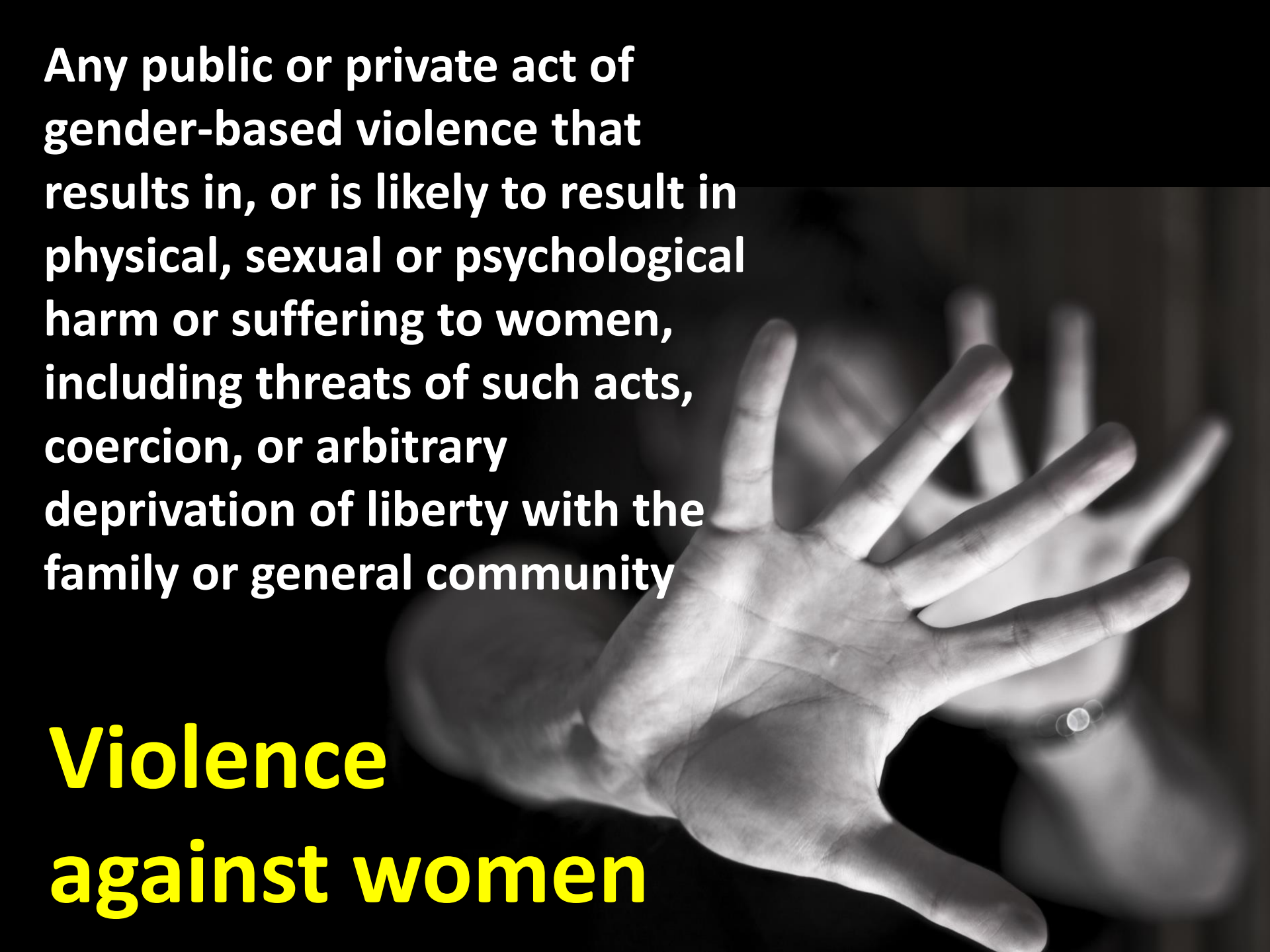
Implementation

Scaling up effective policy and programmes

Surveillance

What? Who? How much? Where?

Any public or private act of gender-based violence that results in, or is likely to result in physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion, or arbitrary deprivation of liberty with the family or general community

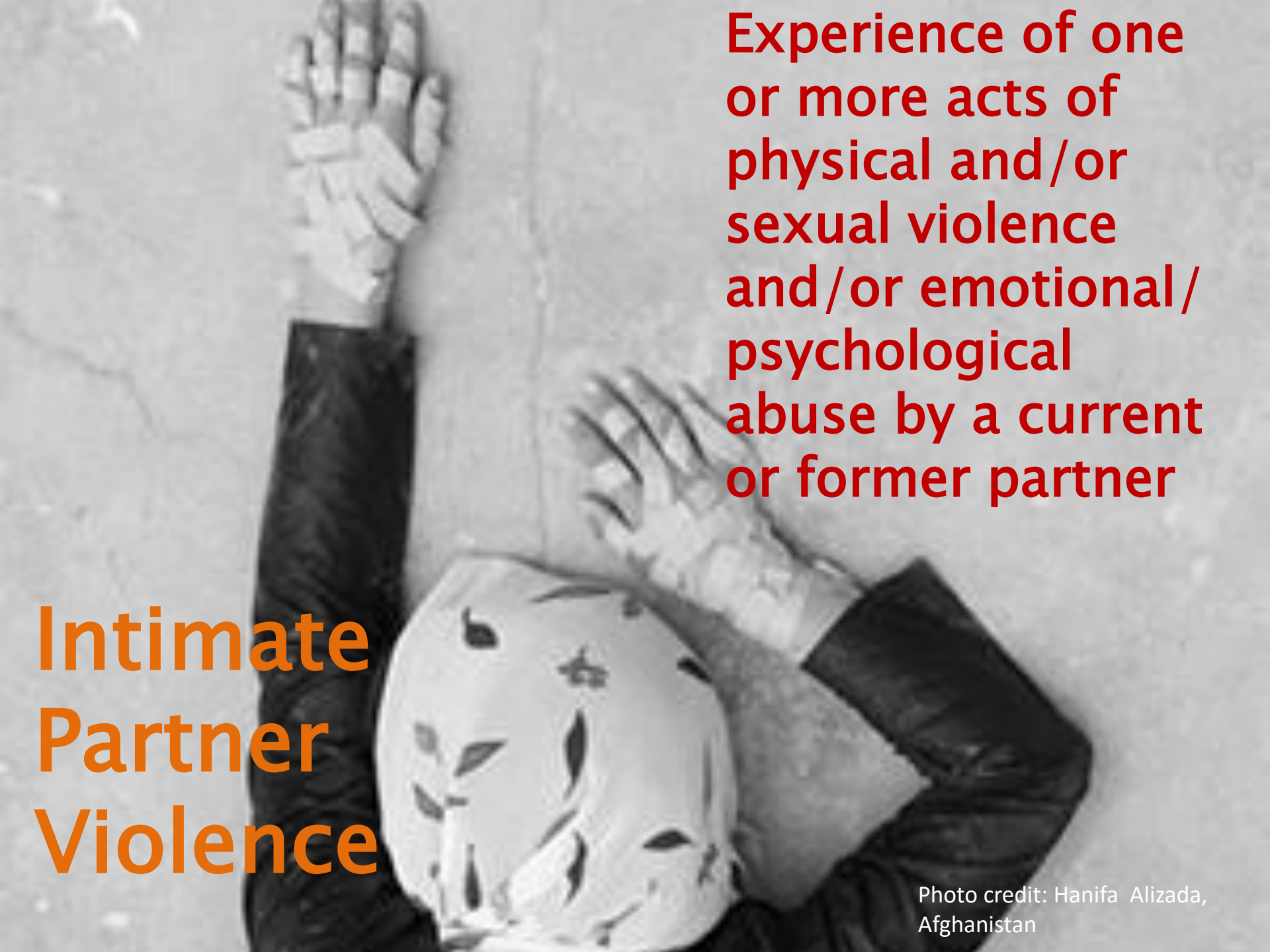


Violence against women

Violence against women…

…takes many forms

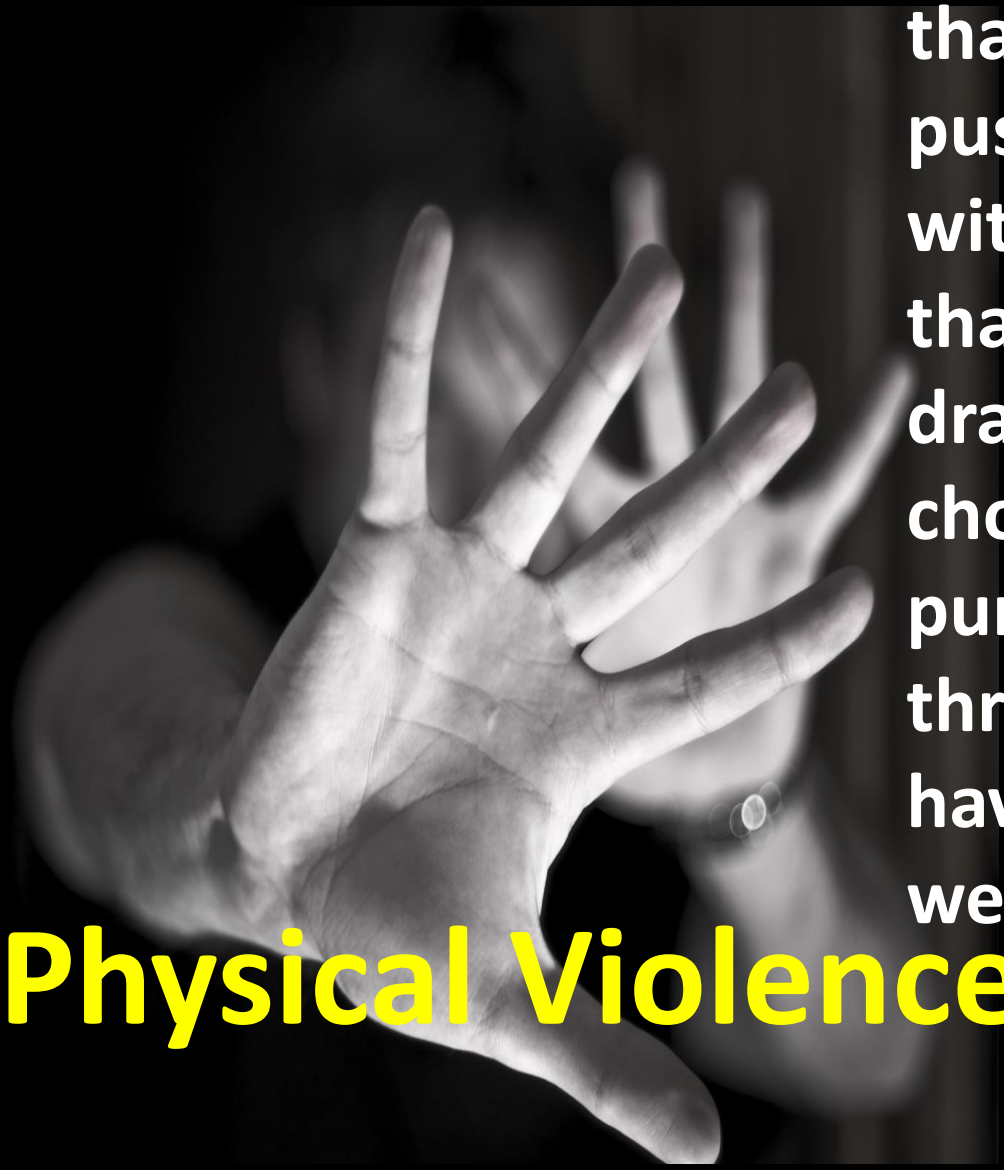
Intimate partner violence: the most common form of violence experienced by women



Intimate Partner Violence

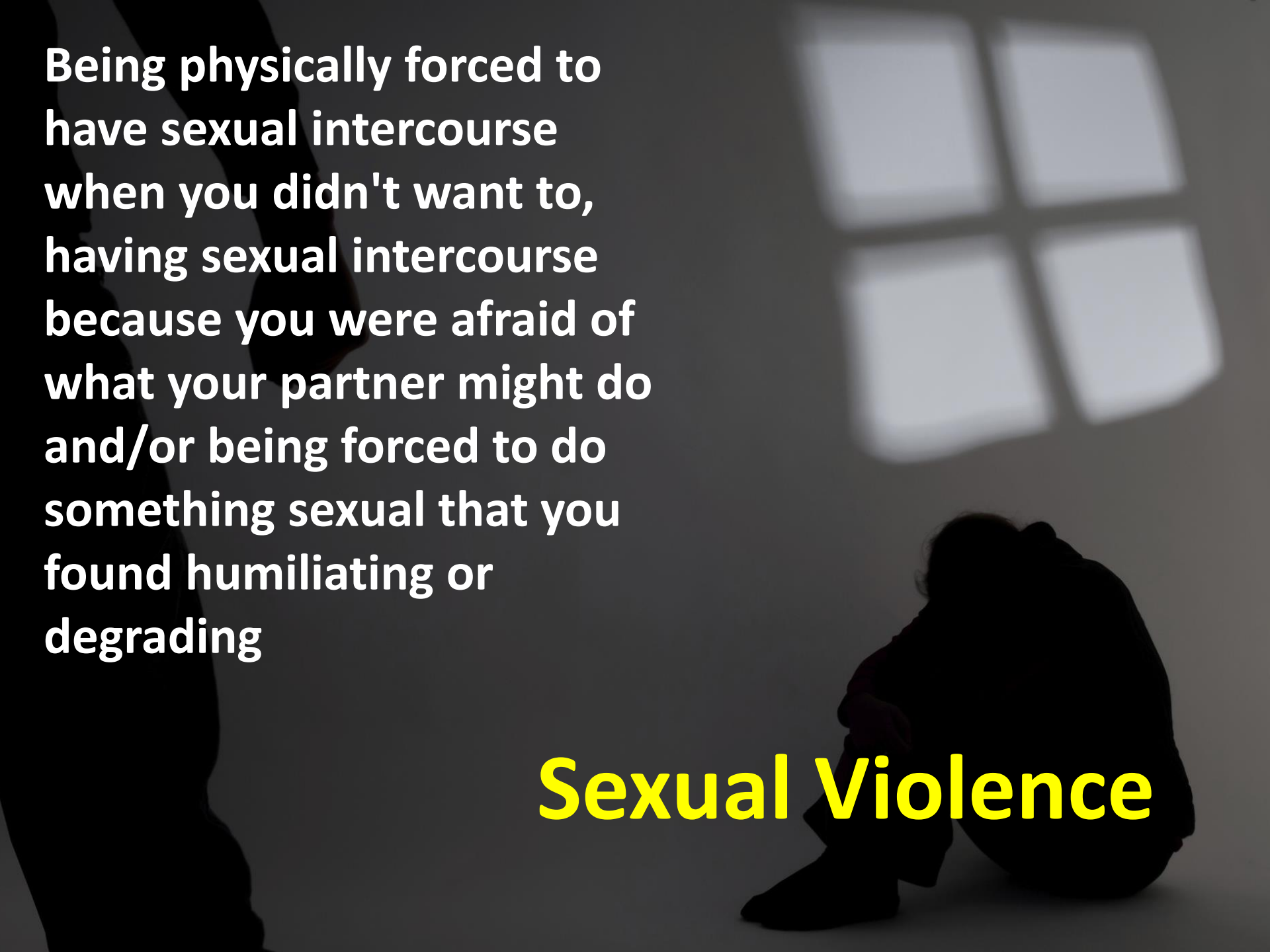
Experience of one or more acts of physical and/or sexual violence and/or emotional/ psychological abuse by a current or former partner

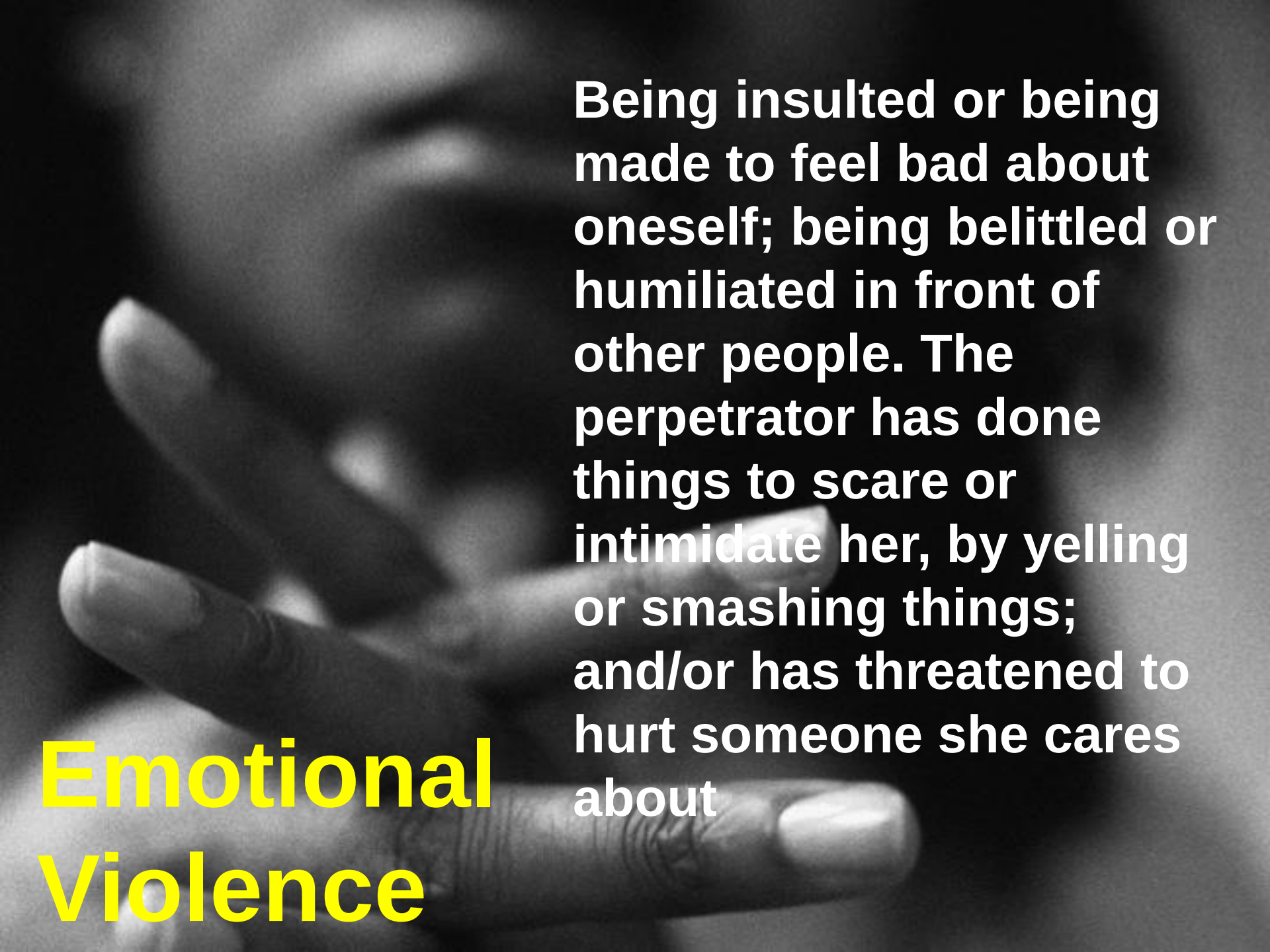
Photo credit: Hanifa Alizada, Afghanistan



Physical Violence

Being slapped, having something thrown at you that could hurt you, being pushed or shoved, being hit with a fist or something else that could hurt, being kicked, dragged or beaten up, being chocked or burnt on purpose, and/or being threatened with or actually having a gun, knife or other weapon used on you


Being physically forced to have sexual intercourse when you didn't want to, having sexual intercourse because you were afraid of what your partner might do and/or being forced to do something sexual that you found humiliating or degrading
Sexual Violence

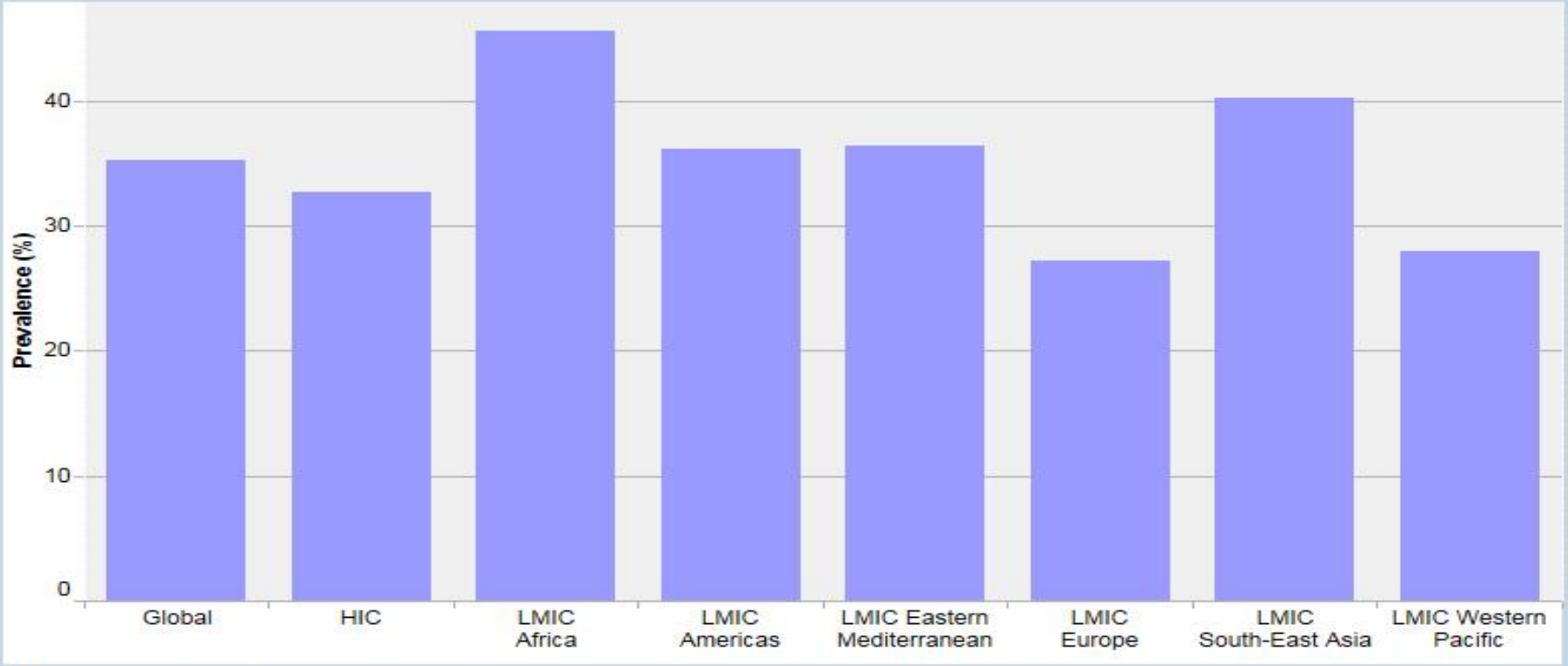


Emotional Violence

Being insulted or being made to feel bad about oneself; being belittled or humiliated in front of other people. The perpetrator has done things to scare or intimidate her, by yelling or smashing things; and/or has threatened to hurt someone she cares about

Prevalence of intimate partner violence and/or non-partner sexual violence, 2010
Globally and by WHO income region, ages 15-69 (total)

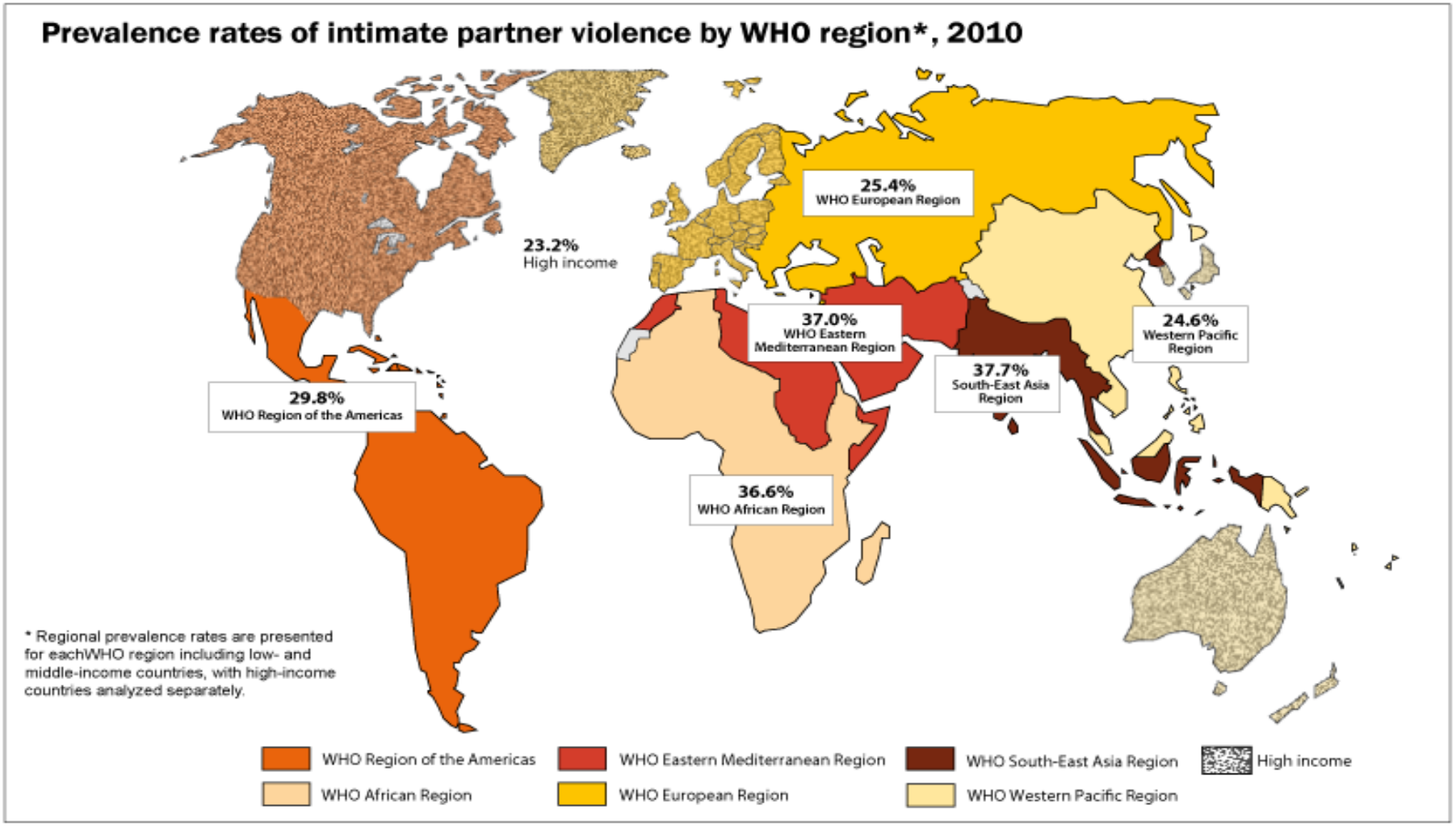
World Health Organization



LMIC = Low- and middle-income countries
HIC = High-income countries

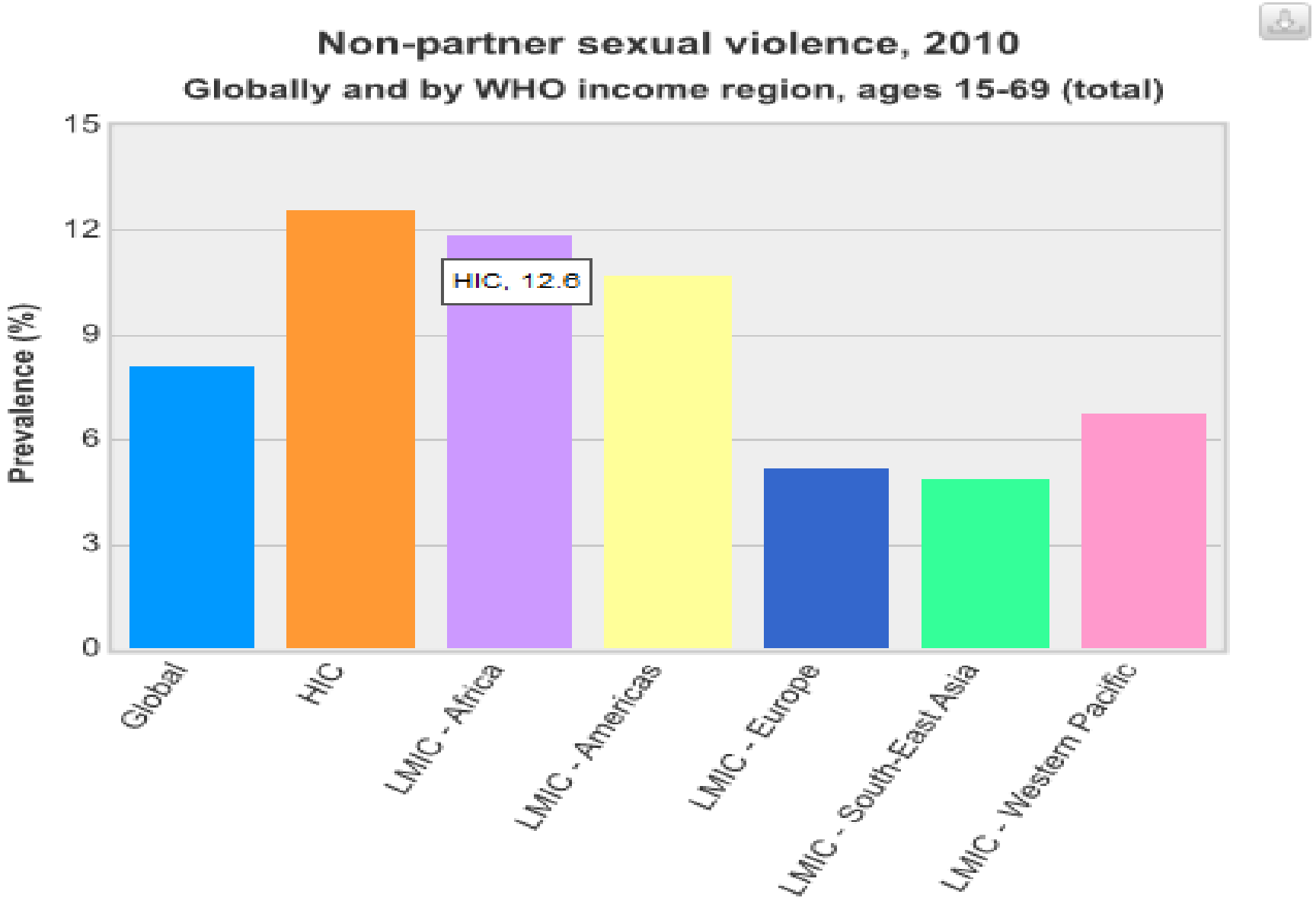
1 in 3 (35%) ♀ globally & 45% ♀ in Africa: have experienced physical &/or sexual violence by an intimate partner and/or non-partner

30% ♀ globally: have experienced physical &/or sexual violence by an intimate partner



Data Source: *Global and regional estimates of violence against women*. WHO, 2013.

World Health Organization



7% ♀ globally & 11% ♀ in the African region:

have experienced sexual violence by a non-partner

Violence starts early in lives of women

Age group, years	Prevalence, %	95% CI, %
15–19	29.4	26.8 to 32.1
20–24	31.6	29.2 to 33.9
25–29	32.3	30.0 to 34.6
30–34	31.1	28.9 to 33.4
35–39	36.6	30.0 to 43.2
40–44	37.8	30.7 to 44.9
45–49	29.2	26.9 to 31.5
50–54	25.5	18.6 to 32.4
55–59	15.1	6.1 to 24.1
60–64	19.6	9.6 to 29.5
65–69	22.2	12.8 to 31.6

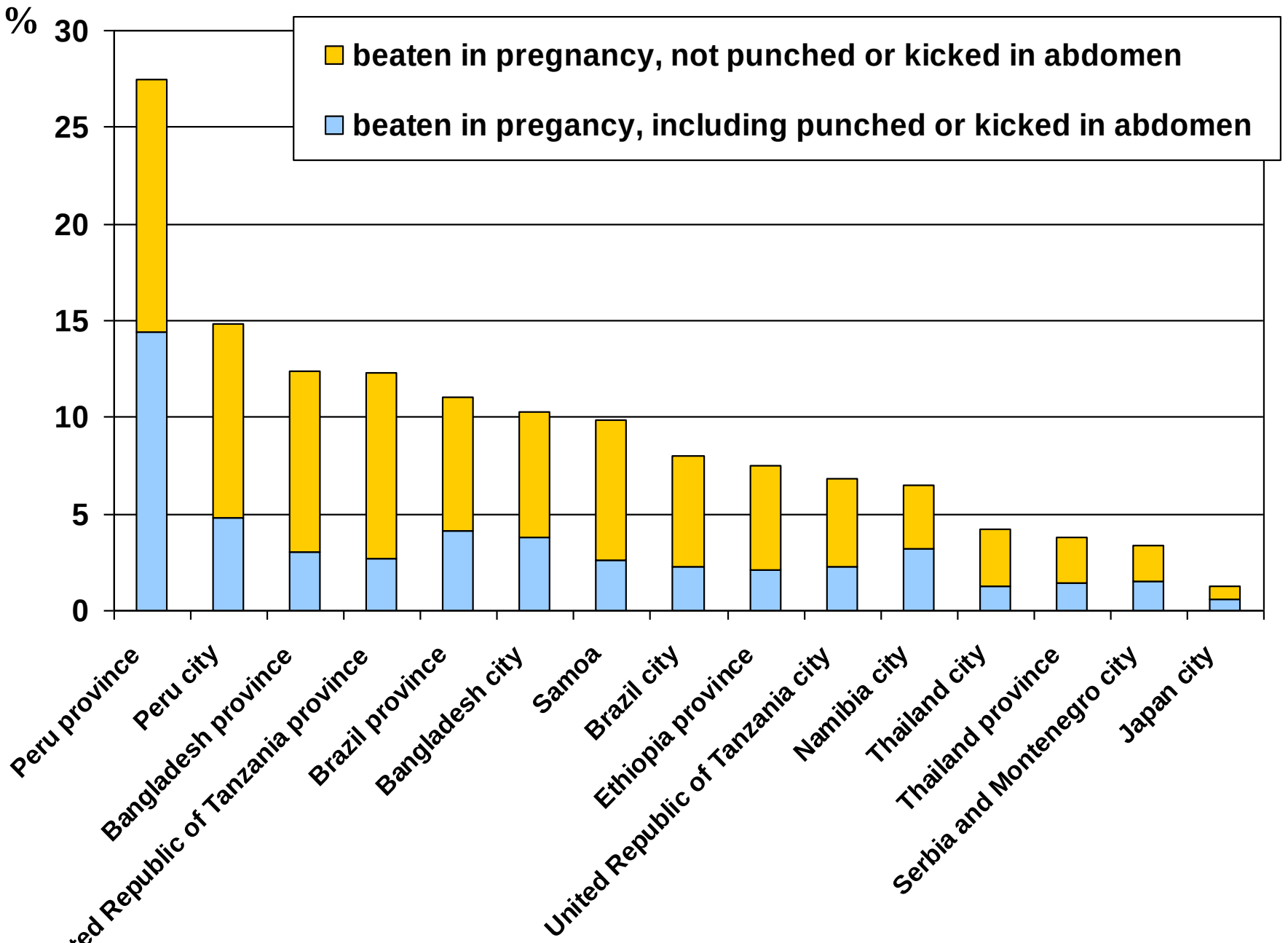
Lifetime prevalence of intimate partner violence by age group among ever-partnered women (WHO, 2013)

HIGH levels of VIOLENCE during pregnancy

“

He hit me in the belly and made me miscarry two babies - identical or fraternal twins, I don’t know. I went to the hospital with heavy bleeding and they cleaned me up.

Woman interviewed in Peru



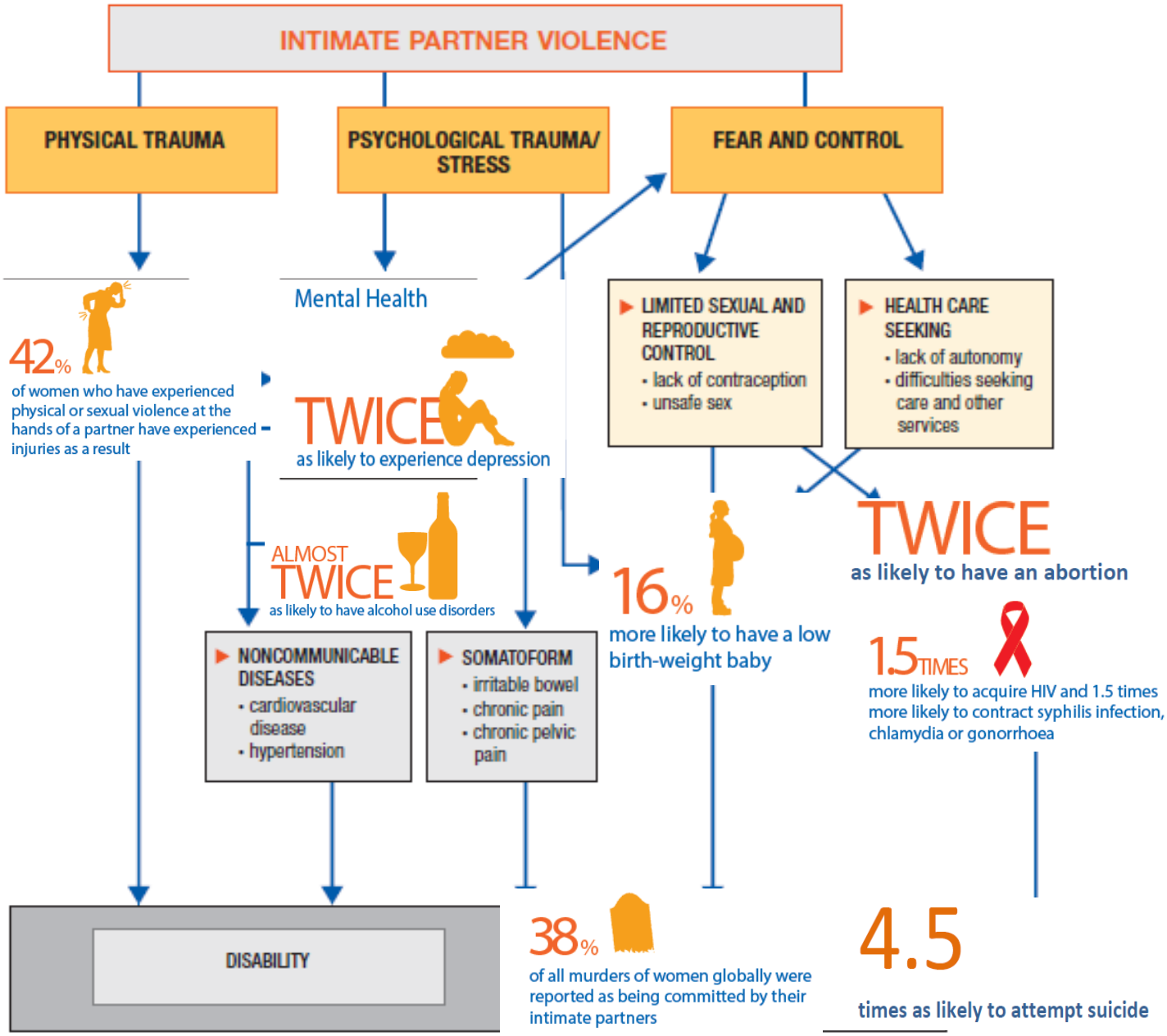
Source: Garcia-Moreno C et al. 2005, WHO multi-country study on women's health and domestic violence against women: initial results on prevalence, health outcomes and women's responses.

Consequences

Violence against women has not only health consequences, but also social and economic consequences for the individual, families, communities & societies

Key Message

Pathways & health effects of IPV



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

Healthcare Costs

CANADA

1.1bn (US$)per year for direct medical costs related to IPV in 2001

COLOMBIA

184bn pesos (US$73.7m) spent by the government in 2003 for prevention & services related to family violence, **0.06%** of national budget

UGANDA

UGX 56bn (US$22m) costs of public provision of services (health, police & judiciary) to survivors of domestic violence in 2010-11, **0.75%** of Uganda's national budget

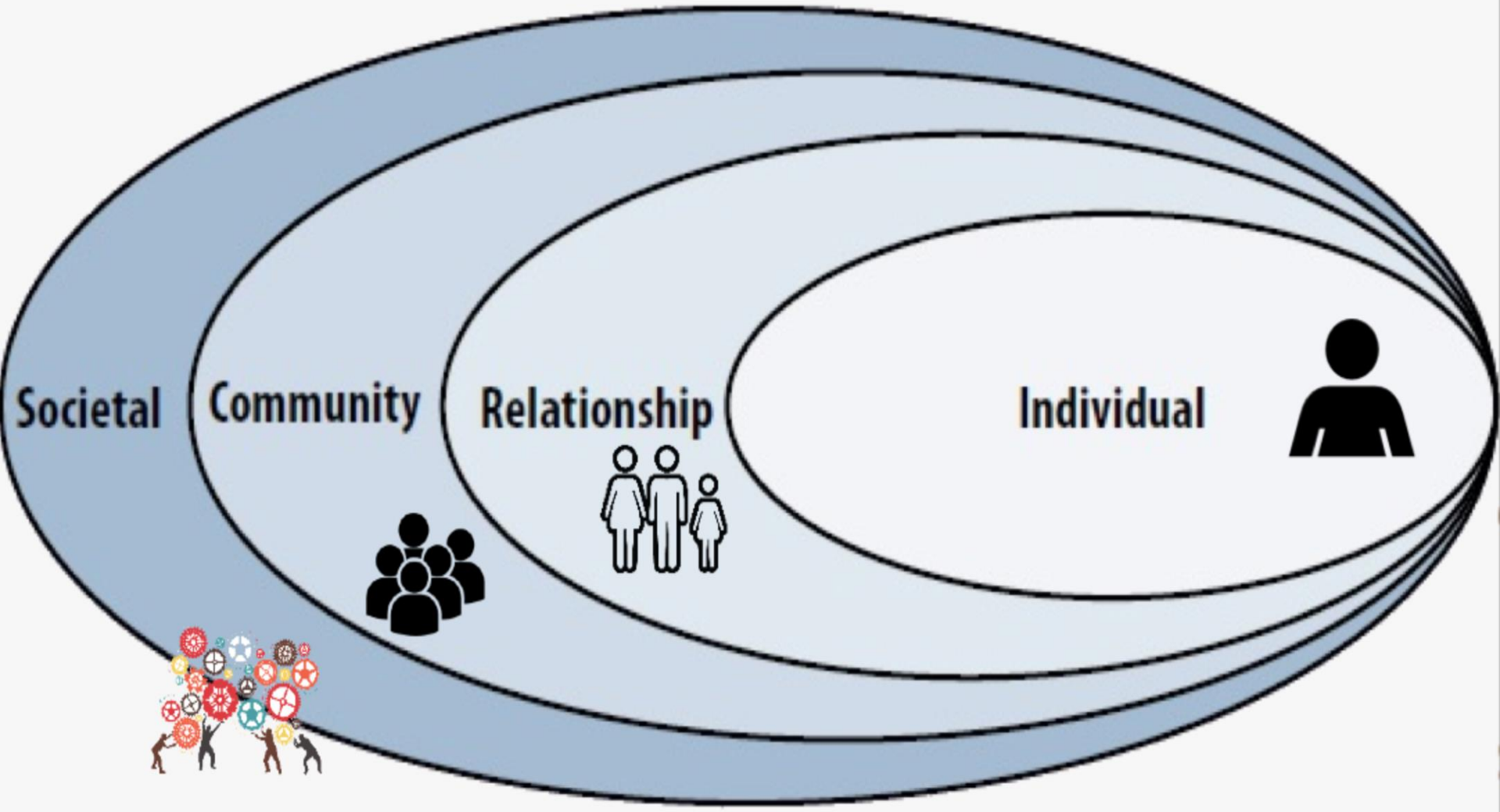
UK

£1.7bn for physical & mental health costs related to visits to general practitioners in 2008

Identify risk and protective factors

What are the causes?

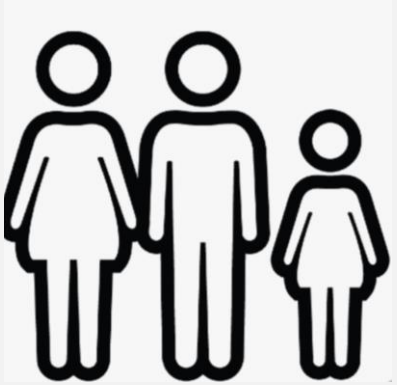
Risk factors can occur at multiple levels



Individual

Risk factor		Intervention
History of violence in childhood	→	Addressing childhood abuse
Low education	→	Improving access to education & social skills
Harmful use of alcohol	→	Reducing harmful drinking
Personality disorders	→	Early identification & treatment of conduct disorders

Relationship



Risk factor		Interventions
Men's control over women	→	Working men & boys to promote gender equitable attitudes & behaviours
Marital dissatisfaction	→	Promoting gender equitable attitudes & behaviours / healthy relationship skills among women, men & couples
Multiple partners	→	

Community level

Risk factor

Unequal gender norms that condone violence against women & weak community sanctions

Intervention

Promoting equitable gender norms through mass media, community mobilization, schools & religious institutions

Societal level

Risk factor	Intervention
Harmful use of alcohol	Policies to reduce harmful use of alcohol
Women's lack of access to education & employment	Laws, policies & programmes that promote women's access to employment & microcredit; girls' access to education; & that prohibit violence against women
Gender & social norms accepting violence/ideologies of male entitlement	Interventions addressing social & gender norms
Lack or poor enforcement of laws on VAW	Strengthen & enforce legislation: prohibiting VAW; promoting equality in marriage & divorce, property & inheritance laws

Risk factors for women's experience of partner violence : history of abuse, gender norms, alcohol: data from 10 countries

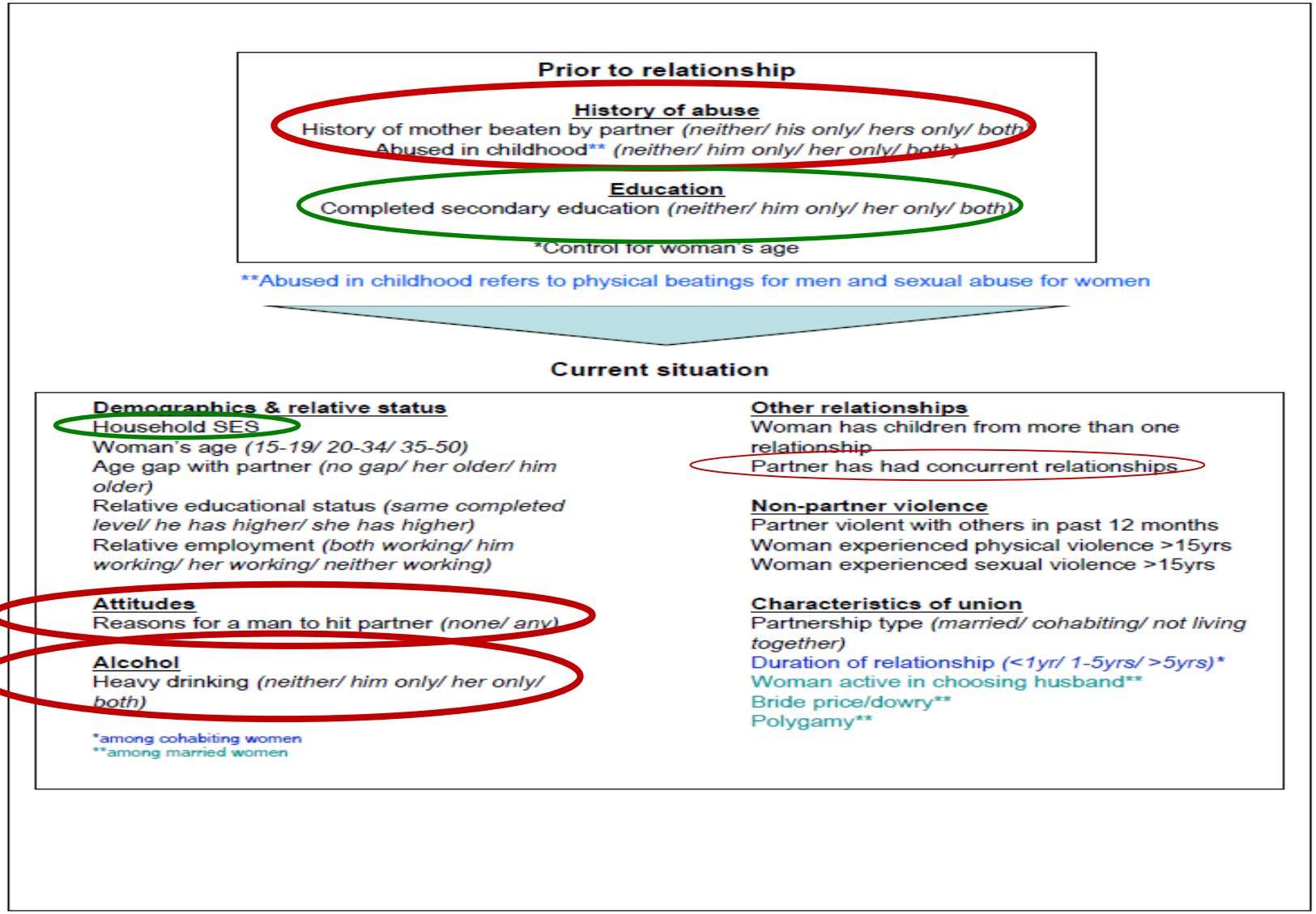
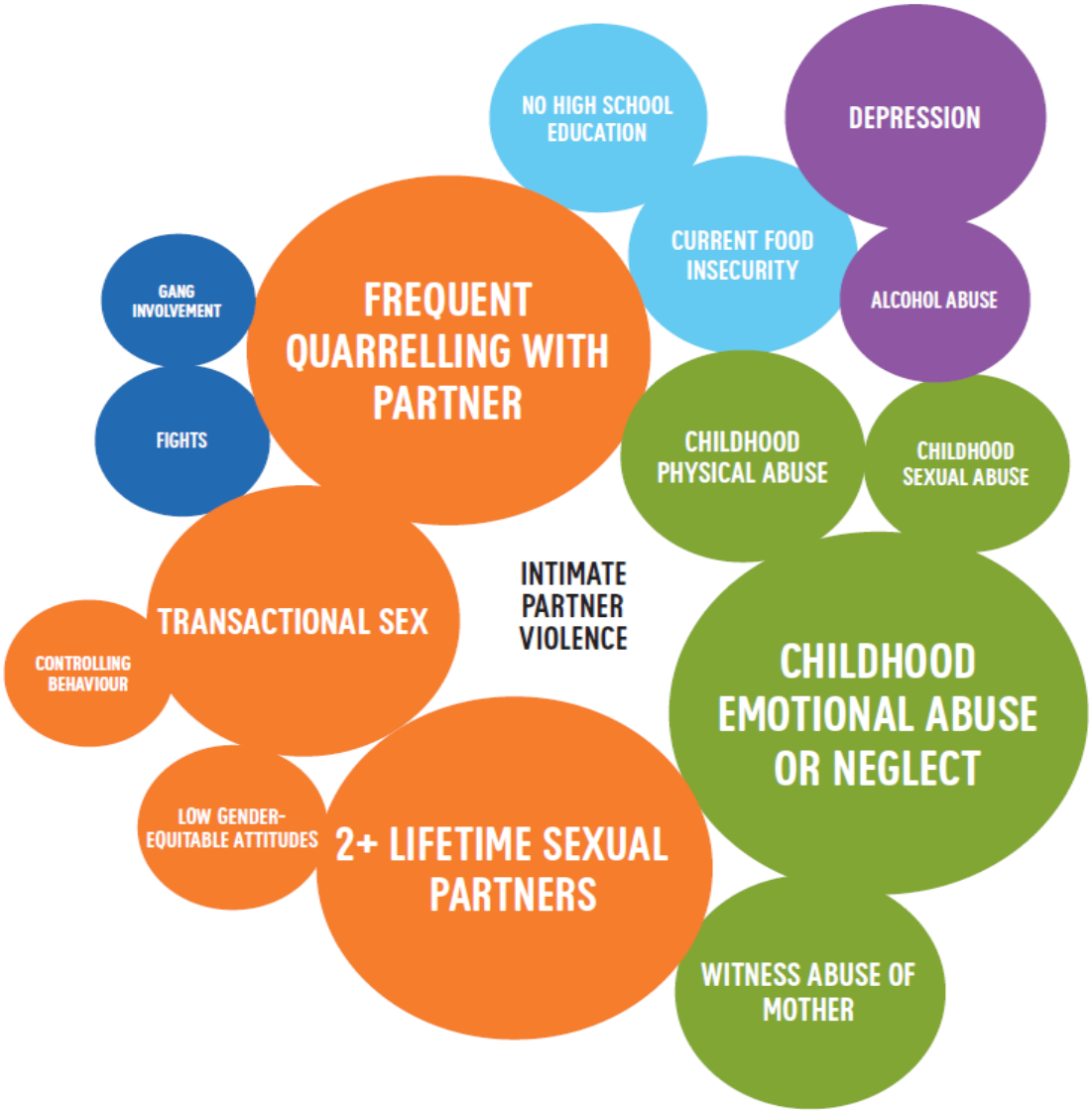


Figure 1 Predictors of current IPV - the 'relationship approach'.

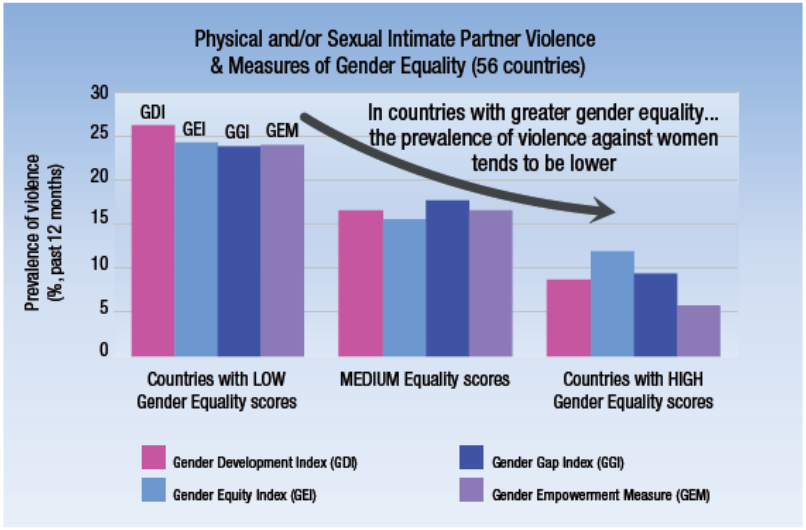
Risk factors for men's perpetration of intimate partner violence – 6 countries, 10,000 men in Asia-Pacific

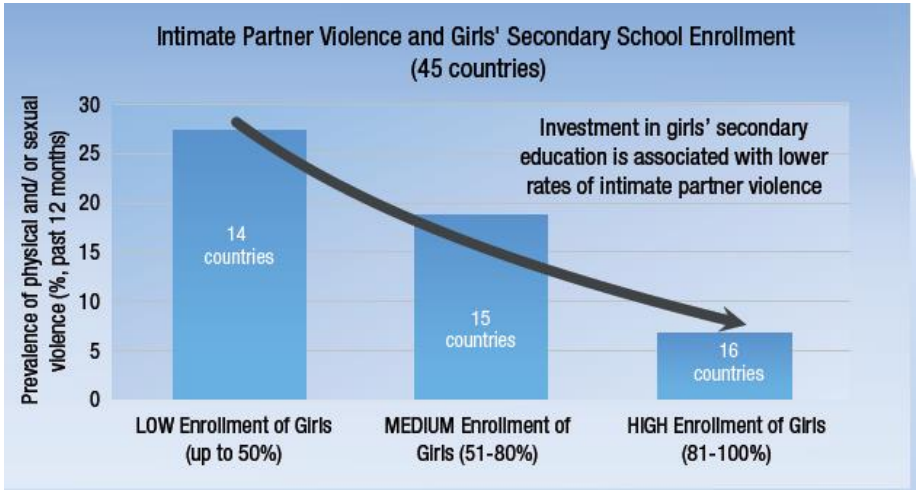
FIGURE 5

SUMMARY OF RELATIVE IMPORTANCE OF DIFFERENT CLUSTERS OF FACTORS IN EXPLAINING AND ADDRESSING INTIMATE PARTNER VIOLENCE PERPETRATION



VAW & 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 evaw.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 per cent for countries in each category.

Source: UNIFEM, Investing in gender equality: Ending violence against women and girls. 2010. UN Women, New York

Violence against women

Take home points

1. is widespread

2. has serious health consequences for women

3. has intergenerational consequences

4. has adverse socio-economic impact on families, communities & society

5. Two main set of modifiable risk factors: **Childhood abuse & gender inequality (** i.e. unequal gender norms, women's lack of empowerment, men's control & entitlement over women)

Develop and evaluate interventions

What works? And for whom?

Implementation

Scaling up effective policy and programmes

Violence is preventable

Key Message

Prevention programmes should increase focus on:

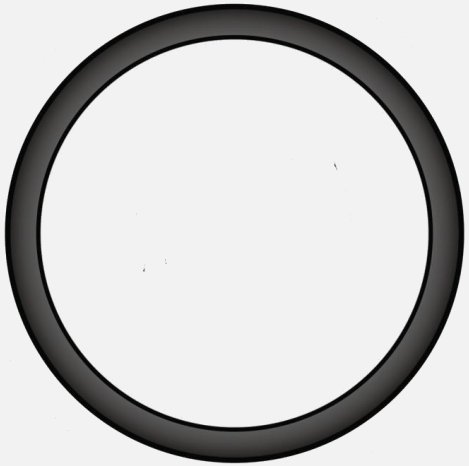
1. Addressing childhood abuse
2. Empowerment of women and girls
3. Transforming harmful gender norms and attitudes
4. Promoting gender equality in laws and policies

Criteria for assessing effectiveness of prevention programmes

Effective

Promising

Effectiveness unclear or harmful



Have potential but need testing/ evaluation

- **These criteria are ONLY in relation to outcomes related to reduction of IPV**

Preventing child maltreatment & IPV & SV in adolescents: School-based strategies

School-based programmes to prevent dating violence

School-based training to help children recognize and avoid potentially sexually abusive situations

Rape awareness & knowledge programmes for schools & colleges

Sexual violence prevention programmes for schools & colleges

Self-defence training for schools and colleges

Confrontational rape prevention programmes

Community-based strategies to empower women & girls

- Integrated economic & gender empowerment strategies
- Cash Transfers – conditional and unconditional
- Increasing women's ownership of property, assets and securing their inheritance rights

Community & societal level strategies: to transform harmful gender norms

- Promoting gender equitable attitudes & behaviours by working with men and boys (in groups)
- Community mobilisation
- Social norms marketing/edutainment or behaviour change communication campaigns

Societal & policy level strategies

- Promoting & enforcing laws and policies that ban violence against and promote gender equality (e.g. girls and women's access to education, employment)

- Reducing harmful use of alcohol (policies to reduce availability)

Characteristics of effective prevention interventions

Encourage autonomy and empowerment of women

Combine multiple approaches as part of a single intervention.

Duration of intervention is more than six months

Address social norms regarding acceptability of violence

Have elements of psychosocial interventions, victim advocacy

There is no magic bullet

No single intervention or single sector can prevent violence against women

- Multisectoral action needed
- Life course approach
- Underlying **risk & protective factors** need to be identified and addressed

Provide
Comprehensive health services for survivors

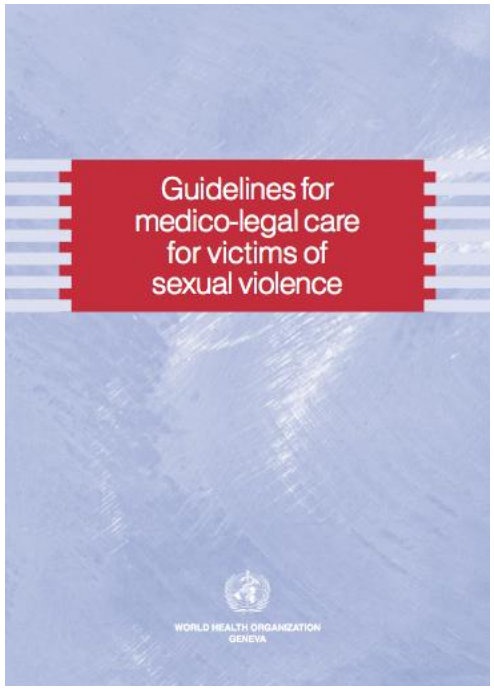
Collect data
about prevalence, risk factors and health consequences

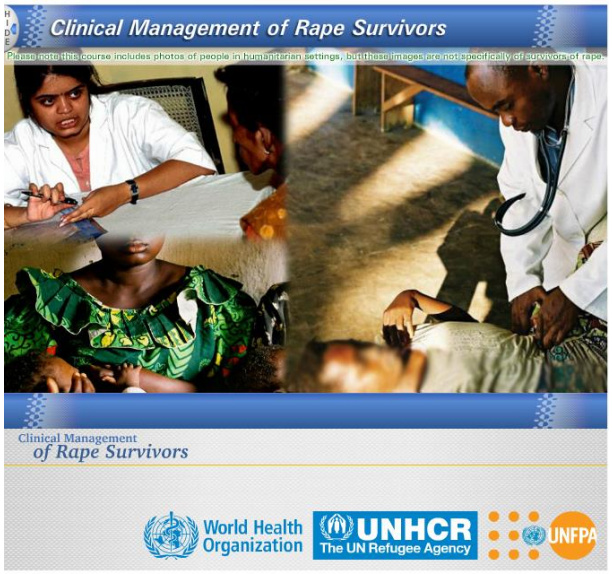
Inform
policies to prevent violence against women

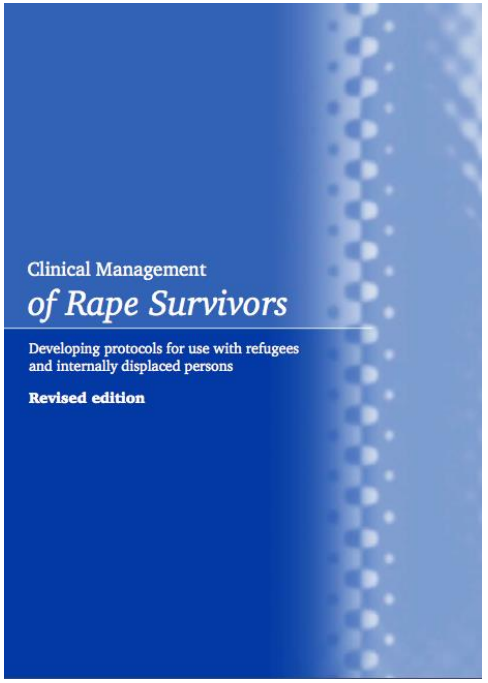
Prevent violence
by fostering and informing prevention programs

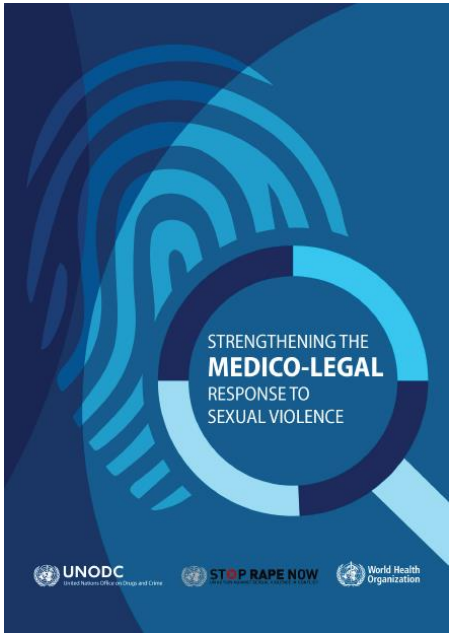
Advocate
for the recognition of violence against women as a public health issue

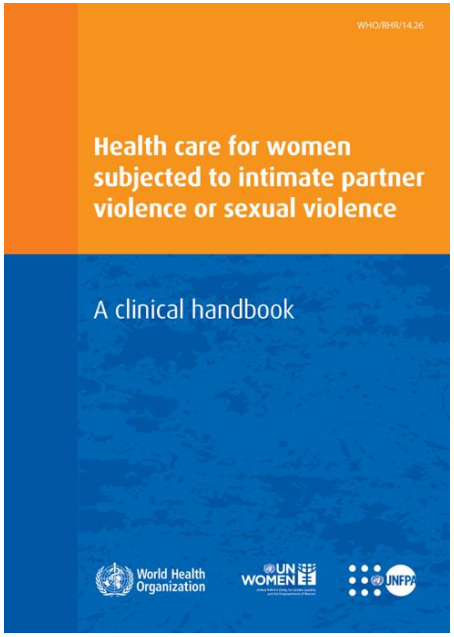
Role of the health sector in a multi-sectoral response

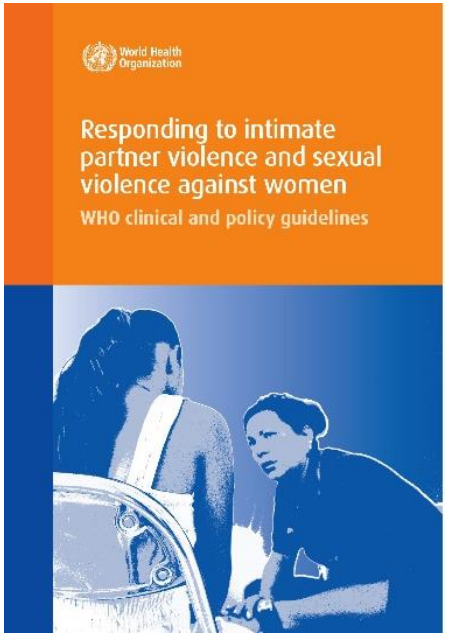

Guidelines for medico-legal care for victims of sexual violence
WORLD HEALTH ORGANIZATION
GENEVA


Clinical Management of Rape Survivors
Please note this course includes photos of people in humanitarian settings, but these images are not specifically of survivors of rape.
Clinical Management
of Rape Survivors
World Health Organization
UNHCR
The UN Refugee Agency
UNFPA


Clinical Management
of Rape Survivors
Developing protocols for use with refugees and internally displaced persons
Revised edition


STRENGTHENING THE
MEDICO-LEGAL
RESPONSE TO
SEXUAL VIOLENCE
UNODC
STOP RAPE NOW
World Health Organization


WHO/RHR/14.26
Health care for women subjected to intimate partner violence or sexual violence
A clinical handbook
World Health Organization
UN WOMEN
UNFPA


World Health Organization
Responding to intimate partner violence and sexual violence against women
WHO clinical and policy guidelines

WHY should the health sector address VAW?

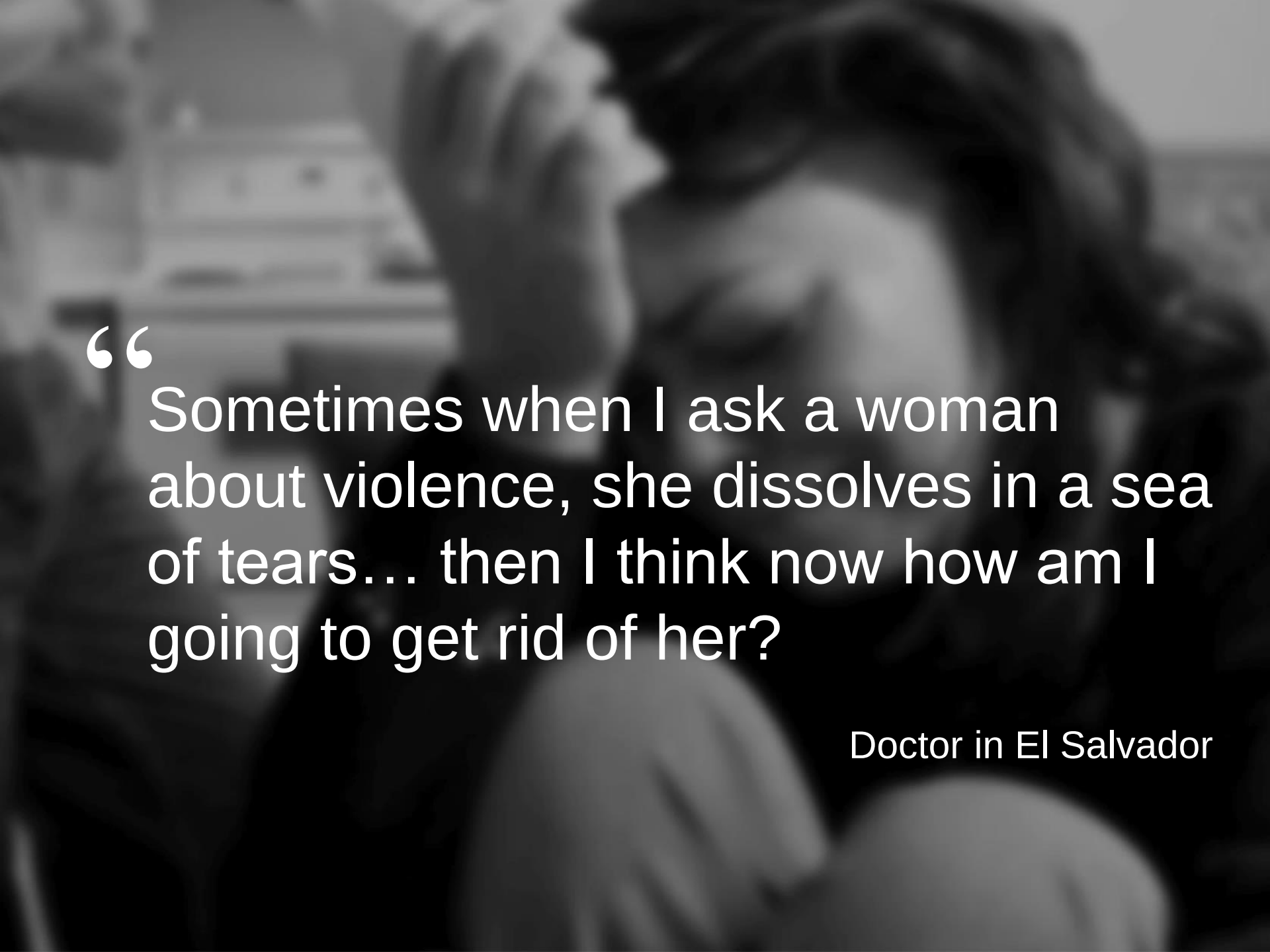
1. Abused women more likely to seek health services

2. Violence is an underlying cause of injury and ill health

3. Most women attend health services at some point, especially sexual and reproductive health

4. If health workers know about a history of violence they can give better services for women
   - Identify women in danger before violence escalates
   - Provide appropriate clinical care
   - Reduce negative health outcomes of VAW
   - Assist survivors to access help / services/ protections
   - Improve sexual, reproductive health and HIV outcomes

5. Human rights obligations to the highest standard of health care



“Sometimes when I ask a woman about violence, she dissolves in a sea of tears… then I think now how am I going to get rid of her?

Doctor in El Salvador

Ignoring violence can do harm

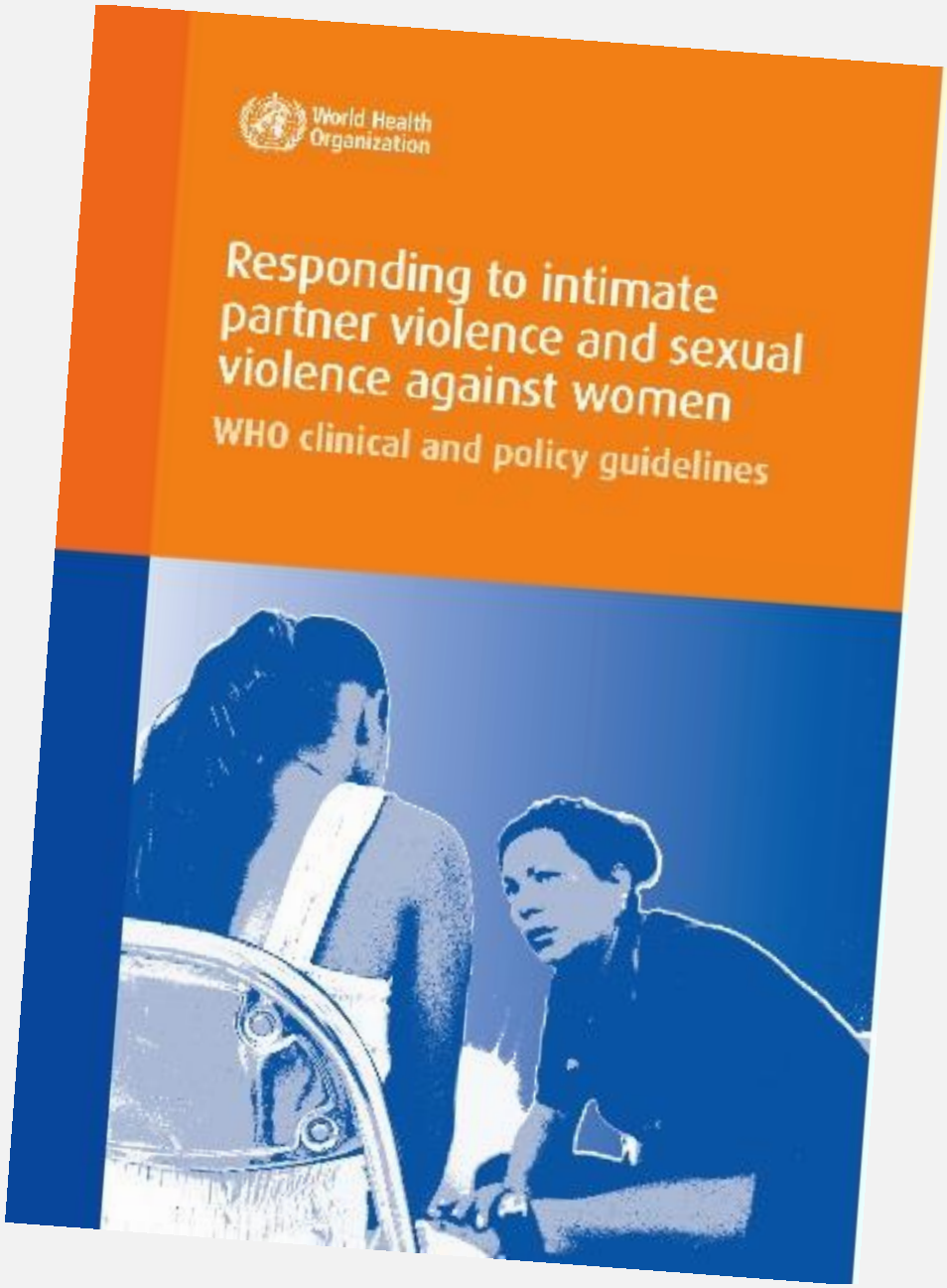
Provider behaviour		Possible consequences
Blames or disrespects women or girls	→	Inflicts additional emotional distress or trauma
Doesn't recognize VAW behind chronic or re-occurring conditions	→	Woman receives inappropriate or inadequate medical care
Fails to provide adequate care to rape victims	→	Unwanted pregnancy, untreated STI, unsafe abortion

Ignoring violence can do harm

Provider behaviour		Possible consequences
Breaches privacy or confidentiality	→	Partner or family member becomes violent after overhearing information
Doesn't address VAW in family planning or STI/HIV counselling	→	Unwanted pregnancy; STIs/HIV/AIDS; unsafe abortion; additional violence
Ignores signs of fear or emotional distress	→	Woman is later injured, killed or commits suicide

WHO Guidelines: Purpose

- Provide evidence-based guidance for clinicians on how to respond to intimate partner violence or domestic violence (IPV) and sexual violence (SV)
- Guidance to policy makers on how to deliver training and on what models of health care provision may be useful
- Inform educators designing medical, nursing and public health curricula regarding training



GUIDELINES FOR HEALTH SECTOR RESPONSE

WHO's new clinical and policy guidelines on the health sector response to partner and sexual violence against women emphasize the urgent need to integrate these issues into clinical training for health care providers. WHO has identified the key elements of a health sector response to violence against women which have informed the following recommendations:

Women-centred care:

Health-care providers should, at a minimum, offer first-line support when women disclose violence (empathetic listening, non-judgmental attitude, privacy, confidentiality, link to other services).

Training of health-care providers on intimate partner violence and sexual violence:

Training at pre-qualification level in first-line support for women who have experienced intimate partner violence and sexual assault should be given to healthcare providers.

Identification and care for survivors of intimate partner violence:

Health-care providers should ask about exposure to intimate partner violence when assessing conditions that may be caused or complicated by intimate partner violence, in order to improve diagnosis/identification and subsequent care.

Health-care policy and provision:

Care for women experiencing intimate partner violence and sexual assault should, as much as possible, be integrated into existing health services rather than as a stand-alone service.

Clinical care for survivors of sexual violence:

Offer comprehensive care including first-line support, emergency contraception, STI and HIV prophylaxis by any perpetrator and take a complete history, recording events to determine what interventions are appropriate.

Mandatory reporting of intimate partner violence:

Mandatory reporting to the police by the health-care provider is not recommended. Health-care providers should offer to report the incident if the woman chooses.

Small changes make a BIG difference

" The doctor helped me feel better by saying that I don't deserve this treatment, and he helped me to make a plan to leave the house the next time my husband came home drunk"

Salvadoran woman

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