Measuring the prevalence of violence against women: the WHO Multi-country study on women’s health and domestic violence against women
Measuring prevalence: the first global and regional estimates (2013)
**Health consequences of intimate partner violence**

**HEALTH IMPACT:** Women exposed to intimate partner violence are

- **Mental Health:**
  - *Twice* as likely to experience depression
  - *Almost twice* as likely to have alcohol use disorders

- **Sexual and Reproductive Health:**
  - 16% more likely to have a low birth-weight baby
  - 1.5 times more likely to acquire HIV and 1.5 times more likely to contract syphilis infection, chlamydia or gonorrhoea

- **Death and Injury:**
  - 42% of women who have experienced physical or sexual violence at the hands of a partner have experienced injuries as a result
  - 38% of all murders of women globally were reported as being committed by their intimate partners
Violence Against Women Prevalence Estimates, 2018

Global, regional and national prevalence estimates for intimate partner violence against women and global and regional prevalence estimates for non-partner sexual violence against women

WHO, on behalf of the United Nations Inter-Agency Working Group on Violence Against Women Estimation and Data (VAW-IAWGED)
Technical Advisory Group (TAG)

• Naeemah Abrahams, MRC, South Africa
• Sarah Bott, USA
• Kristin Diemer, U of Melbourne, Australia
• Mary Ellsberg, Global Women’s Institute, USA
• Monica Howlett, USA
• Sunita Kishor, Director DHS Program
• Ma Giuseppina Muratore, Inst Natl di Statistica, Italy
• Nguyen Thi Viet Nga, Gl Stats Office, Vietnam
• Ruchira Tabassum Naved, icddr,b, Bangladesh
• Eva Gisela Ramirez, Natl Inst of Statistics, Mexico
• Charlotte Watts, LSHTM and FCDO, UK
• Ilknur Yüksel, Hacettepe University, Turkey
Preventing violence against women
Implement 7 strategies to prevent violence against women.
Health sector response

"What"
Responding to intimate partner violence and sexual violence against women
WHO clinical and policy guidelines

"How"
Health care for women subjected to intimate partner violence or sexual violence
A clinical handbook

strengthen the capacity of health-care providers

strengthen health systems
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:

1. **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).

2. **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.

3. **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.

4. **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.

5. **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.

6. **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.
WHO tools to support health systems

Responding to intimate partner violence and sexual violence against women: WHO clinical and policy guidelines

Health care for women subjected to IPV or SV: A clinical handbook

Strengthening health systems to respond to women subjected to IPV or SV: A manual for health managers

Caring for women subjected to violence: A WHO curriculum for training health-care providers

WHO Clinical Guidelines for responding to children and adolescents who have been sexually abused

Strengthening the medico-legal response to sexual violence

Available from: https://www.who.int/reproductivehealth/publications
WHO Member States adopted a resolution (WHA 67.15) to strengthen the role of the health system in addressing violence, in particular against women and girls, and against children.
Political mandate for health response to VAW

69th World Health Assembly, May 2016
The Ministries of Health of the 193 Member States of WHO, endorse the global plan of action on strengthening the health system’s role in addressing violence against women and girls and against children.

4 strategic directions

1. Strengthen health system leadership and governance in addressing VAW
2. Strengthen health service delivery and health workers’ capacity to respond to violence against women
3. Strengthen programming to prevent violence
4. Strengthen research and evidence