



Multicultural Health Institute (MHI)

Violence against women

Key facts:

- Violence against women is a major public health problem and a violation of human rights.
- Lack of access to education and opportunity, and low social status in communities are linked to violence against women.
- Violence by an intimate partner is one of the most common forms of violence against women.
- A wide range of physical, mental, sexual and reproductive, and maternal health problems can result from violence against women.
- Many women do not seek help or report violence when it occurs.

The United Nations defines violence against women as any act of gender-based violence that results in, or is likely to result in, physical, sexual or mental harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life.

There are many forms of violence against women, including sexual, physical, or emotional abuse by an intimate partner; physical or sexual abuse by family members or others; sexual harassment and abuse by authority figures (such as teachers, police officers or employers); trafficking for forced labour or sex; and such traditional practices as forced or child marriages, dowry-related violence; and honour killings, when women are murdered in the name of family honour. Systematic sexual abuse in conflict situations is another form of violence against women.



Multicultural Health Institute (MHI)

Scope of the problem

- In a 10-country study on women's health and domestic violence conducted by WHO,
 - Between 15% and 71% of women reported physical or sexual violence by a husband or partner.
 - Many women said that their first sexual experience was not consensual. (24% in rural Peru, 28% in Tanzania, 30% in rural Bangladesh, and 40% in South Africa).
 - Between 4% and 12% of women reported being physically abused during pregnancy. [More about the study](#)
- Every year, about 5,000 women are murdered by family members in the name of honour each year worldwide.
- Trafficking of women and girls for forced labour and sex is widespread and often affects the most vulnerable.
- Forced marriages and child marriages violate the human rights of women and girls, yet they are widely practiced in many countries in Asia, the Middle East and sub-Saharan Africa.
- Worldwide, up to one in five women and one in 10 men report experiencing sexual abuse as children. Children subjected to sexual abuse are much more likely to encounter other forms of abuse later in life.

Health effects

Health consequences can result directly from violent acts or from the long-term effects of violence.

- **Injuries:** Physical and sexual abuse by a partner is closely associated with injuries. Violence by an intimate partner is the leading cause of non-fatal injuries to women in the USA.
- **Death:** Deaths from violence against women include honour killings (by families for cultural reasons); suicide; female infanticide (murder of infant girls); and maternal death from unsafe abortion.
- **Sexual and reproductive health:** Violence against women is associated with sexually transmitted infections such as HIV/AIDS, unintended pregnancies, gynaecological problems, induced abortions, and adverse pregnancy outcomes, including miscarriage, low birth weight and fetal death.
- **Risky behaviours:** Sexual abuse as a child is associated with higher rates of sexual risk-taking (such as first sex at an early age, multiple partners and



Multicultural Health Institute (MHI)

- unprotected sex), substance use, and additional victimization. Each of these behaviours increases risks of health problems.
- **Mental health:** Violence and abuse increase risk of depression, post-traumatic stress disorder, sleep difficulties, eating disorders and emotional distress.
 - **Physical health:** Abuse can result in many health problems, including headaches, back pain, abdominal pain, fibromyalgia, gastrointestinal disorders, limited mobility, and poor overall health.

Social and economic costs

The social and economic costs of violence against women are enormous and have ripple effects throughout society. Women may suffer isolation, inability to work, loss of wages, lack of participation in regular activities, and limited ability to care for themselves and their children.

Who is at risk?

Though risk factors vary, some characteristics seem to increase the likelihood of violence. The potential risk factors can be grouped into the following subsets.

- **Individual:** Personal attributes associated with higher risk of violence include: limited education, a young age, lower socio-economic status, limited education, a history of abuse and substance use, and, for partner violence, the choice of partner. Partner traits that put women at risk include alcohol or drug use, low educational level, negative attitudes about women, and witnessing domestic violence against women or being abused as a child.
- **Family and relationship:** Within families, risk of violence increases with marital conflicts, male dominance, economic stress and poor family functioning.
- **Community:** Within communities, the risk is higher where there is gender inequality, and a lack of community cohesion or resources.
- **Societal:** On a broader level, higher risk is found in societies with traditional gender norms or a lack of autonomy for women, and where there are restrictive laws on divorce and ownership and inheritance of property, or when there is social breakdown due to conflicts or disasters.



Multicultural Health Institute (MHI)

Prevention and response

Further evaluation is needed to assess the effectiveness of violence prevention measures. Interventions with promising results include increasing education and opportunities for women and girls, improving their self-esteem and negotiating skills, and reducing gender inequities in communities.

Other efforts with positive outcomes include: work with teenagers to reduce dating violence; programmes that support children who have witnessed intimate partner violence; mass public education campaigns; and work with men and boys to change attitudes towards gender inequities and the acceptability of violence.

Advocacy for victims, better awareness of violence and its consequences among health workers, and wider knowledge of available resources for abused women (including legal assistance, housing and child care), can lessen the consequences of violence.

WHO response

WHO and partners collaborate to decrease violence against women through initiatives that help to identify, quantify and respond to the problem, including:

- **Building evidence** on the scope and types of violence in different settings. This is a key step in understanding the magnitude and nature of the problem at a global level.
- **Developing guidance** for Member States and health professionals to prevent violence and strengthen health sector responses to it.
- **Disseminating** information to countries and **supporting** national efforts to advance women's rights and prevent violence.
- **Collaborating** with international agencies and organizations to deter violence against women globally.

http://www.nytimes.com/2011/03/04/opinion/04holmes.html?_r=1&ref=domesticviolence