

A public health approach to preventing and responding to GBV

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Gender-Based Violence:

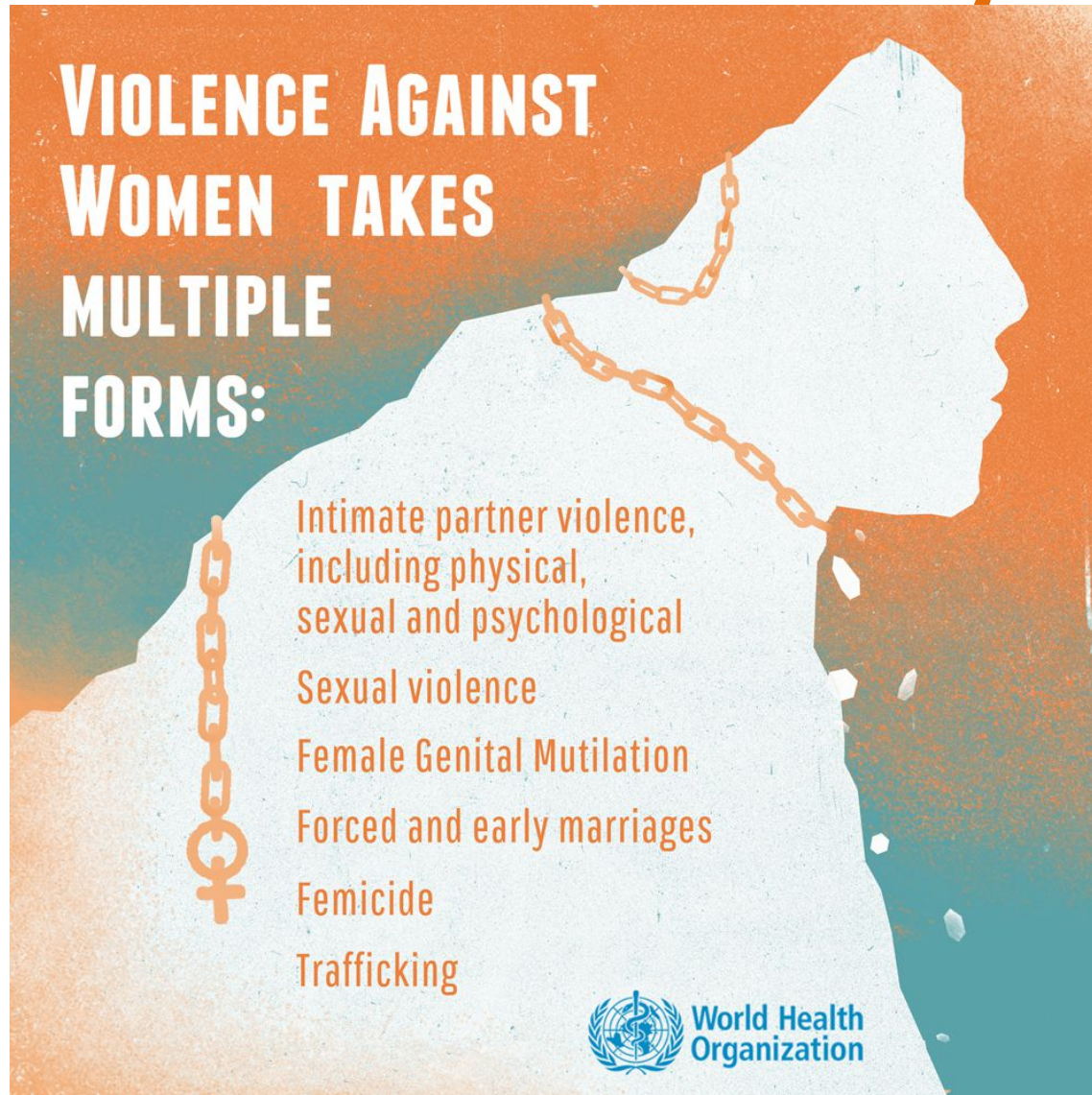
Approaches and Challenges at

Community and Advocacy Level

MMS Annual Conference, Bern 2018



Violence against women takes many forms



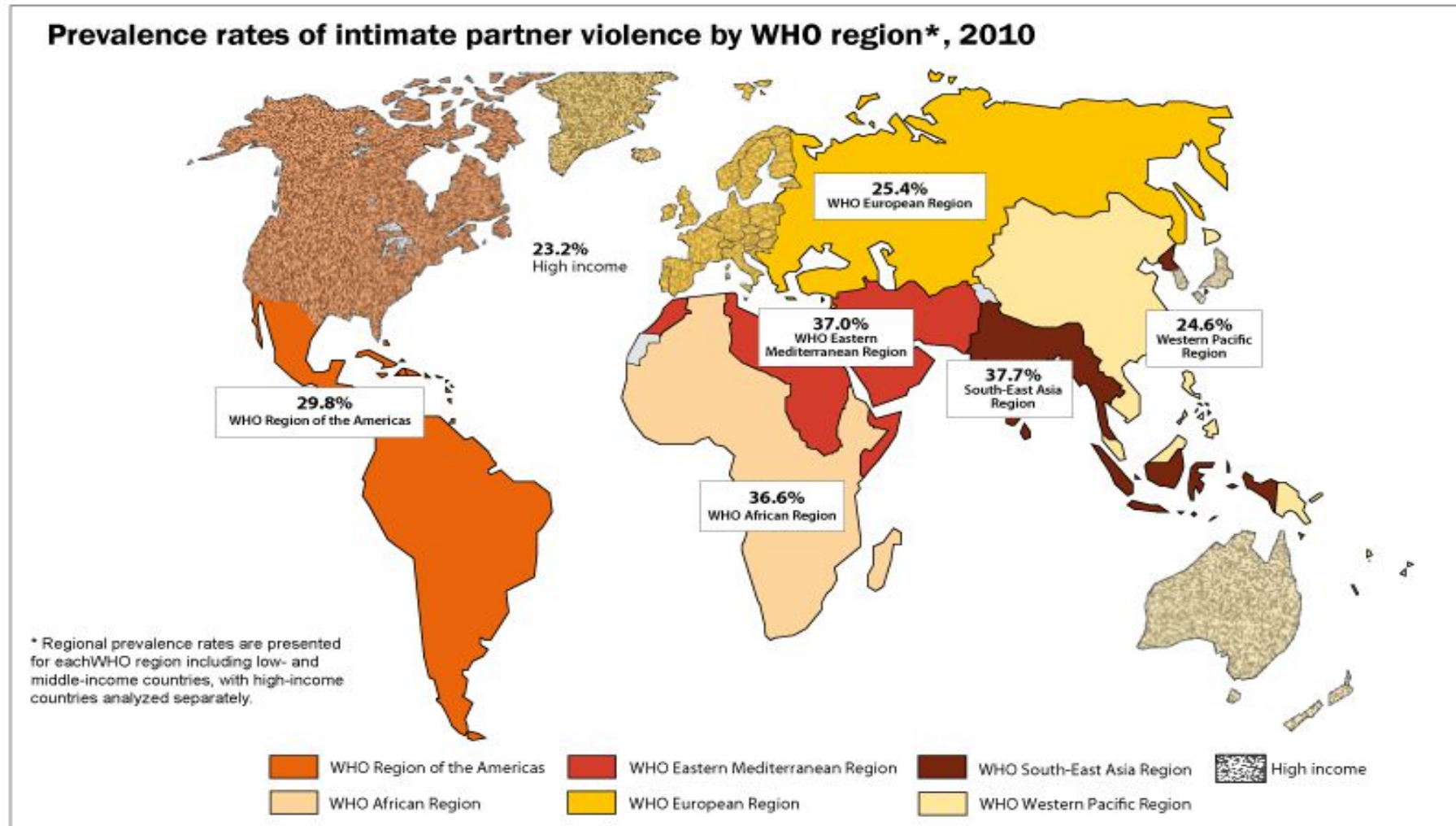
**Intimate partner/
domestic
violence:**
the most common
form of violence
experienced by
women



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

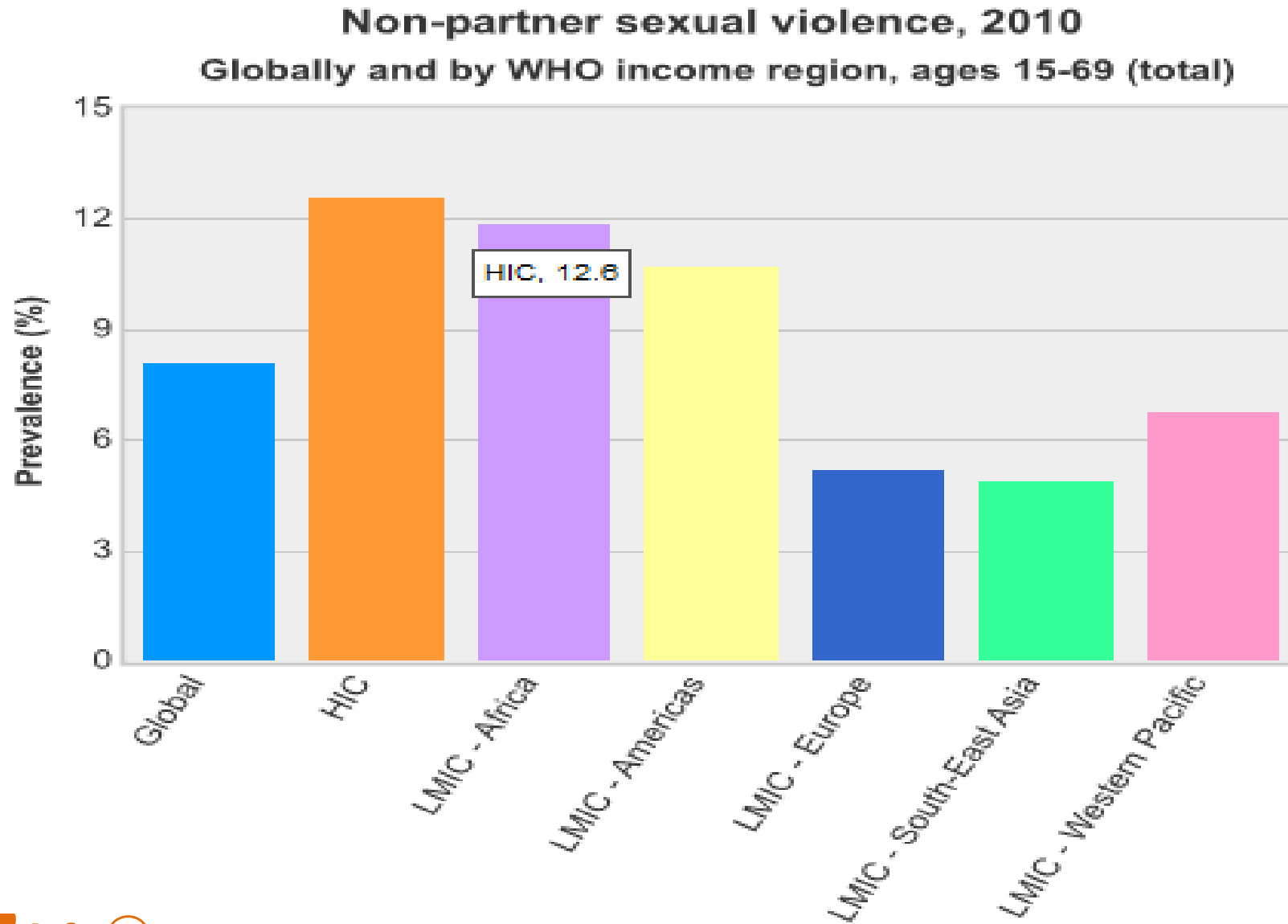
30% ♀ globally: have experienced physical &/or sexual violence by an intimate partner



The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement. © WHO 2013. All rights reserved.

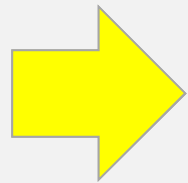
Data Source: *Global and regional estimates of violence against women*. WHO, 2013.



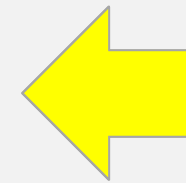


7% ♀ globally have experienced sexual violence by a non-partner

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

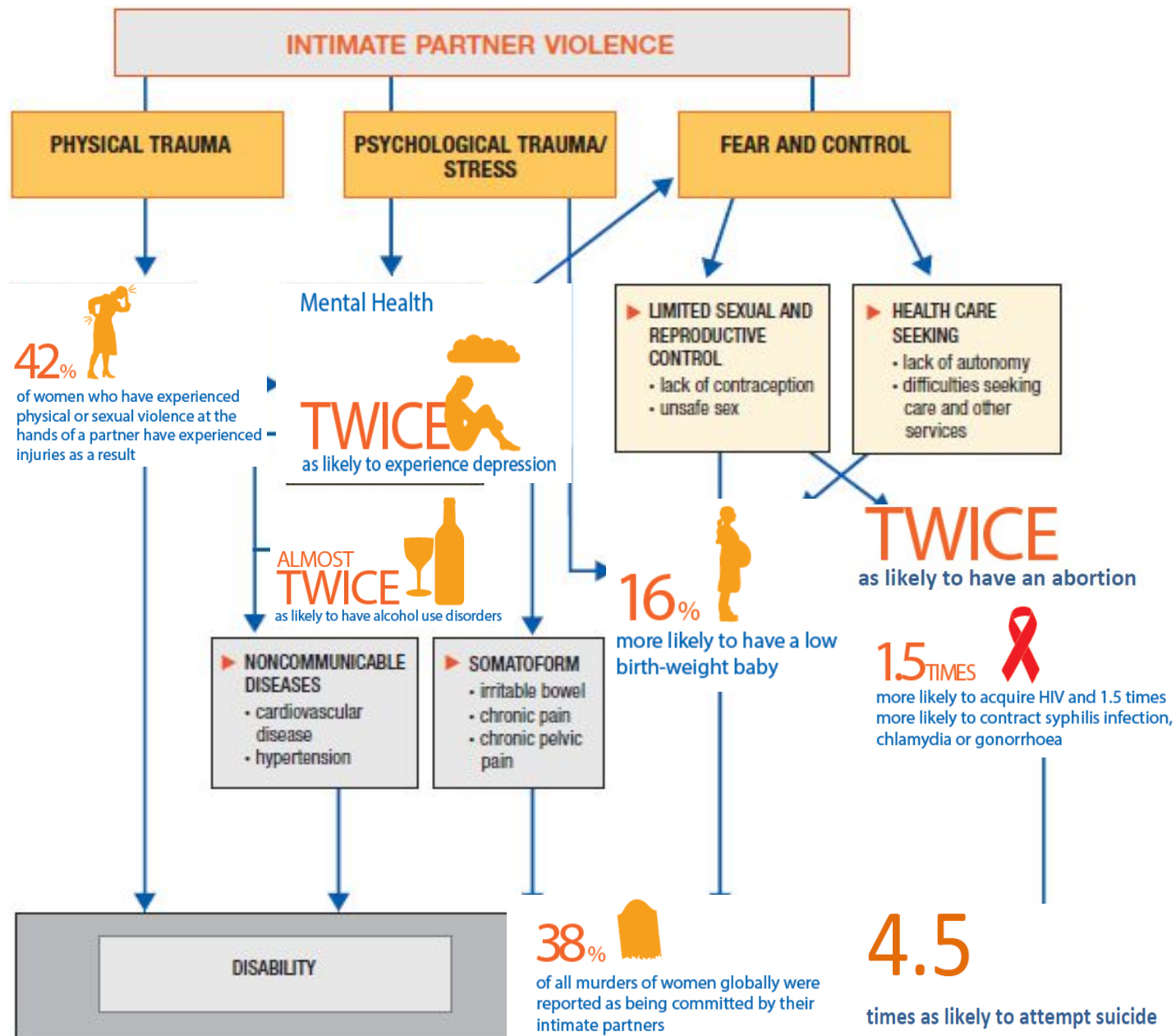
“

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












Pathways & health effects of IPV



Inter-generational & socio-economic consequences

Effects on children of women who experience abuse	<ul style="list-style-type: none">• 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	<ul style="list-style-type: none">• Inability to work• Lost wages and productivity• Housing instability
Social and economic effects	<ul style="list-style-type: none">• Costs of services incurred by victims and families (health, social, justice)<ul style="list-style-type: none">✓ 42% higher health care expenditure in the US• Lost workplace productivity and costs to employers<ul style="list-style-type: none">✓ 3.7% of GDP in Peru• Perpetuation of violence

Level	Risk Factor
Individual 	 History of violence in childhood
Relationship 	 Male control over women
Community 	 Unequal gender norms that condone violence against women
Societal 	 Male partner's harmful use of alcohol
	 Women's lack of access to education and employment

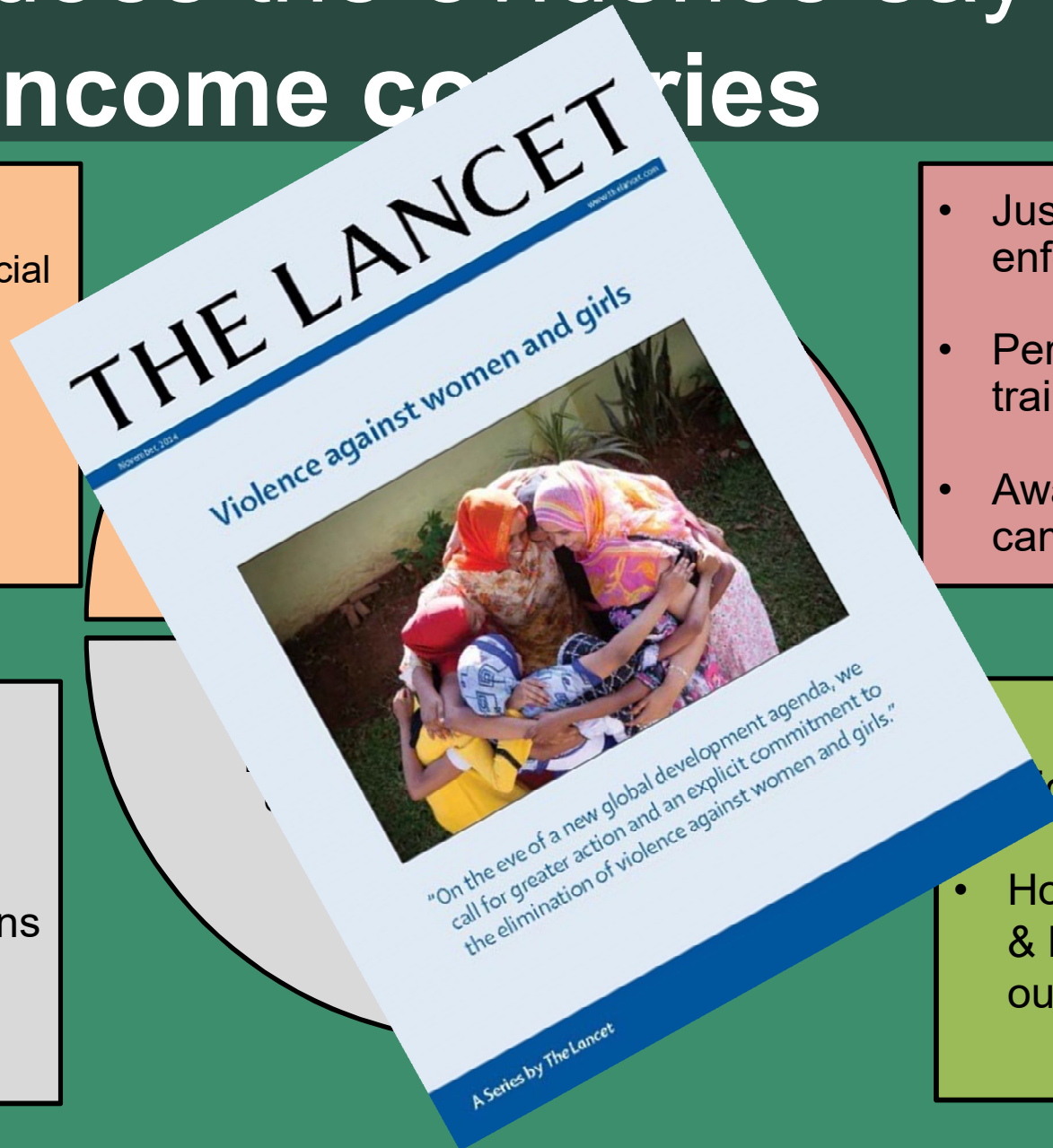
**Violence is
preventable**

What does the evidence say? High-income countries



- Health sector/psychosocial
- Perpetrator programmes
- School-based interventions

- Refuges
- ICT interventions



- Justice & law enforcement
- Personnel training
- Awareness campaigns

- Victim advocacy
- Home visitation & health worker outreach

What does the evidence say?

Low-middle income countries



- Men and boys social norms programming
- Economic empowerment & income supplements

- One stop crisis centres
- Women's police stations
- Social marketing programmes

- Awareness-raising campaigns
- Personnel training

- Community mobilization
- Empowerment training for women and girls or women and men
- Economic empowerment + gender equality training





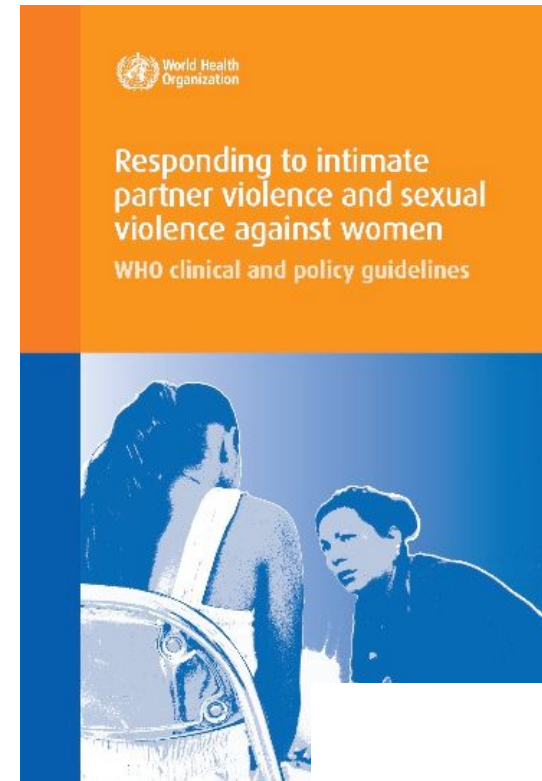
Health providers and health systems have a critical role in supporting women, minimizing the impact and preventing violence from happening.

Why health systems?

- women and girls experiencing violence are more likely to use health services
- health care providers are often women's first point of professional contact
- all women are likely to seek health services at some point in their lives

Objectives

- Guidance for clinicians on responding to IPV, SV and child & adolescent sexual abuse
 - Apply ethical, human rights-based, trauma informed good practice
- Guidance to managers & policymakers on training and models of health care provision
- Inform educators designing medical, nursing and public health curricula regarding training



**RESPONDING TO CHILDREN
AND ADOLESCENTS WHO HAVE
BEEN SEXUALLY ABUSED**
WHO CLINICAL GUIDELINES



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.



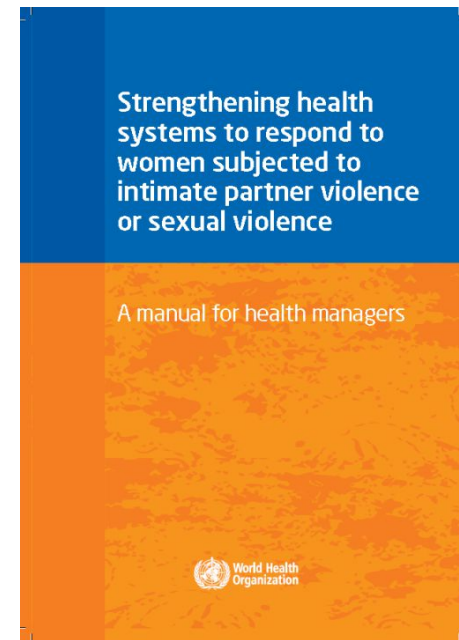
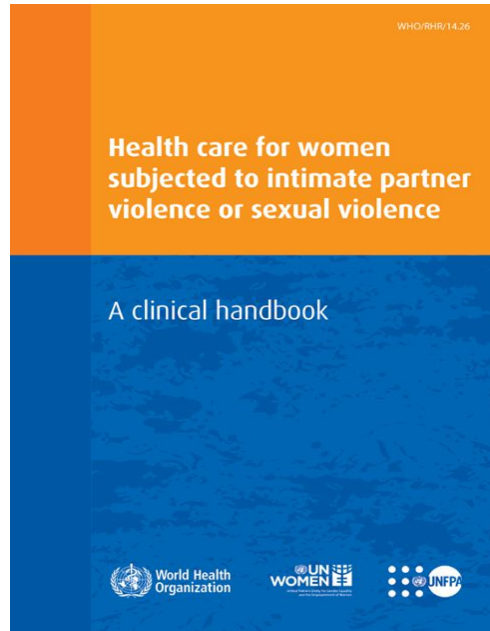
Clinical care for survivors of sexual violence:

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.



Political mandate for health response to VAW

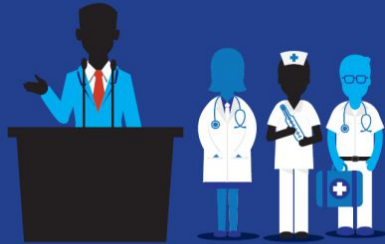
**69th World Health Assembly,
May 2016**

The Ministries of Health of the 193 Member States of WHO, endorse the global plan of action on strengthening the health system's response to violence against women and girls and against children



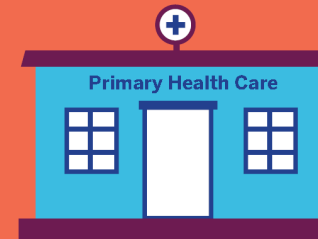
What actions can health sector take?

1.



YOU CAN
Strengthen health
system leadership and
governance

2.



YOU CAN
Strengthen health service
delivery and health providers'
capacity to respond to violence
against women and girls

3.



YOU CAN
Strengthen
programming
to prevent
violence against
women and girls

4.



YOU CAN
Strengthen
information
collection
and
evidence

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



Violence against women



Key Messages

1. is a violation of human rights & rooted in gender inequality
2. has serious health, social, economic and intergenerational consequences for women, children and adolescents
3. health care providers are often the first point of contact for survivors
4. ignoring violence in lives of patients can do harm
5. Prevention requires multi-level, multisector solutions
6. The health sector must provide woman-centred first-line support to survivors

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