

## VIOLENCE AGAINST WOMEN

Numerous reports have stated that one of every three women has, at some point in her life been the victim of sexual, physical or psychological violence perpetrated by men.

Over the last few decades, violence against women (VAW) has been recognized and discussed as a public, rather than a private problem and thousands of programs have been developed to assist women; from shelters and legal aid groups, to support groups and counselling services

Activists and theorists alike have realized that, while essential, these services are insufficient. To eradicate violence against women, we must address the cause as well as the effect. Though some approaches are more effective than others, the key to eliminating VAW lies in the participation of multiple sectors and entire communities. When VAW is addressed from all angles, the possibility of prevention becomes a reality, and social networks are created which ensure that victims of VAW get the care and protection they need.

*Violence against women is any 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, whether occurring in public or private life.*

UN Economic and Social Council, 1992

### Quick Facts

- 33% of women (aged 16-49) have been victims of sexual abuse.
- At least 45% have been threatened, insulted or had their personal possessions destroyed.
- In established market economies, gender-based violence is responsible for one out of every five healthy days of life lost to women of reproductive age.
- In a study of battered women in Costa Rica, 49% reported being beaten while pregnant, and 7.5% of these women suffered miscarriages as a result.
- A 1995 survey stated that violence against women in Canada cost the country CDN\$1.5 billion in lost labor productivity and increased use of medical and community support services.
- 10-50% of women in every country (where reliable data exists) have experienced physical abuse by an intimate partner.
- In 1998, interpersonal violence was the tenth leading cause of death for women (aged 15-44).
- 95% of Mexican female workers report being sexually harassed.
- The WHO Multi-Country Study recently found a lifetime prevalence of physical violence of 60.9% (Cuzco) and 48.4% (Lima) among women (aged 15-49) interviewed in Peru.
- According to DHS data, 28% of women in Haiti (2000), 28% of women in Nicaragua (1997/98), and 41% of women in Colombia (2000) have experienced violence by a partner or other person.
- A study in Sao Paulo, Brazil found that of deaths of women of reproductive age, 13% of were homicides; of which 60% were committed by the victims' partners (IJGO 63, 1998).
- Each year, 700,000 women are raped or sexually assaulted in the US (UNFPA).
- 90% of 12 to 16 year old Peruvian girls giving birth were pregnant from rape, often incest (UNFPA, SWP 1997).
- In Costa Rica, Peru and Uruguay, a rapist can go free under the Penal Code if he proposes to marry the victim and she consents.
- In Europe, 10 - 15 percent of foreign prostitutes in Belgium were forcibly sold from abroad. These women and girls were mainly from Central and Eastern Europe, Colombia, Nigeria and Peru (UNSS on Children)

The dearth of consistent, reliable data on the magnitude of violence against women, the scarcity or absence of gender-sensitive health research, and a lack of understanding about the causes of violence against women are obstacles both to preventing VAW, and developing actions and efforts to address it. The World Health Organization has developed and is implementing a Multi-country Study on Women's Health and Domestic Violence, which thus far has provided evidence from eight culturally diverse countries on:

- The prevalence and frequency of different forms of violence against women
- The health consequences of violence by intimate partners
- Risk and protective factors for intimate partner violence in different settings
- Strategies and services used by women experiencing domestic violence

For more information: <http://www.who.int/gender>

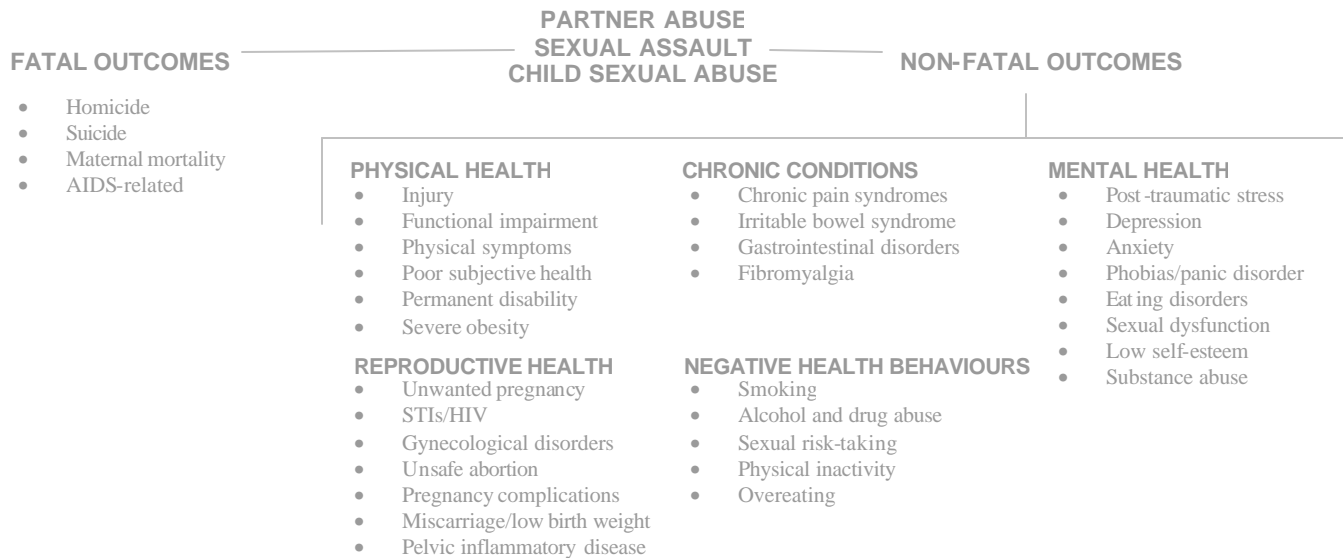
### Why is Violence against Women a Health Problem?

There is increasing evidence and awareness among health providers and policymakers of the negative health outcomes of gender-based violence. It has been associated with reproductive health problems, chronic ailments, injury, and death. However severe the physical consequences of violence, most women find the psychological consequences to be even more long-term and devastating.

Health care providers can play a crucial role in detecting, referring, and caring for women living with violence, even when women themselves do not

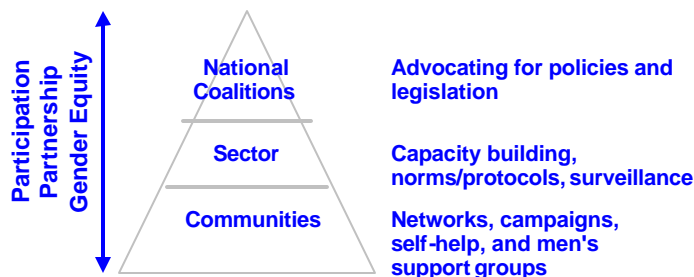
disclose it. Interventions by health providers can potentially mitigate both the short- and long-term health effects of violence on women and their families.

## Health Outcomes of Violence against Women



## Mobilizing the Health Sector to Address Violence against Women

PAHO, the first UN organization to pass a resolution recognizing VAW as a human rights and public health problem (1993) has been at the forefront of mobilizing the health sector to address it. Since then, PAHO has worked with the health sector to advocate, strengthen capacity, and involve stakeholders in formulating better health policies and improving prevention and health care. PAHO developed an *Integrated Model for Addressing Violence against Women* that has been implemented in 10 countries of the Americas.



### The Integrated Model

The *Integrated Model for Addressing VAW* involves the development of community networks for the provision of care and support to victims of violence and promotion of non-violent relations. Each community network plans, implements and monitors its own efforts according to the following components:

1. Health services are often the initial detection point for survivors of VAW. Providers are trained to screen women during routine health care visits
2. A situation analysis is carried out in the community to assess the prevalence of VAW and identify organizations and people that help women.
3. Community organizations and leaders are mobilized to form support and service networks.
4. Networks meet to plan, implement and monitor activities that address VAW
5. Replications of the community networks at the regional and national levels advocate for policies, legislation and resources that address VAW.

In 2003, PAHO published *Violence against Women: the Health Sector Responds*, which brings together 10 years of experience in addressing VAW at the community level, advocating with policy-makers at the national level, and raising awareness at the international level. The book provides a strategy and concrete approaches for addressing VAW, not only for those on the front lines attending to the women who live with violence, but also for the decision-makers who may incorporate the lessons learned from PAHO's experience in the development of policies and resources.

*Violence against women is perhaps the most shameful human rights violation. And it is perhaps the most pervasive. It knows no boundaries of geography, culture, or wealth. As long as it continues, we cannot claim to be making real progress towards equality, development, and peace.*

United Nations Secretary General Kofi Annan, 1999