

*Global Public Health*, 2015

Vol. 10, No. 2, 186–188, <http://dx.doi.org/10.1080/17441692.2014.986163>



## **THEME: INTEGRATED AND COMPREHENSIVE SRH SERVICES: A GLOBAL VIEW**

### **Commentary: Actions to end violence against women: A multi-sector approach**

Claudia García-Moreno\* and Marleen Temmerman

*Department of Reproductive Health and Research, World Health Organization, Geneva, Switzerland*

Overall, 35% of women worldwide have experienced either physical and/or sexual violence by an intimate partner or non-partner sexual violence, although most is by an intimate partner (World Health Organization, London School of Hygiene and Tropical Medicine, & South African Medical Research Council, 2013). Many other forms of violence can affect women and girls, such as trafficking, female genital mutilation, early and forced marriage, murders in the name of honour or dowry, and sexual harassment and abuse by authority figures (e.g., teachers, police officers or employers) (United Nations General Assembly, 1993). Disabled women, women in prison and women in conflict-affected settings may be at additional risk for sexual and other forms of gender-based violence. Despite the prevalence, the tremendous impacts on women's physical, sexual, reproductive and mental health, and the consequences for their own and their children's health and development, many women do not report violence or seek help, so it remains hidden (Campbell, 2002; Plichta & Falik, 2001; Stökl et al., 2013; World Health Organization et al., 2013). Governments are obligated under the Convention on the Elimination of All Forms of Discrimination Against Women and have also made numerous commitments in intergovernmental forums, most recently at the 2013 session of the United Nations Commission on the Status of Women, to develop and implement national policies, budgets and actions to reduce, eliminate and mitigate the consequences of violence against women (VAW) and girls (United Nations Commission on the Status of Women, 2013).

Prevention is imperative and promising programmes exist that need to be tested and scaled up (Heise, 2011; WHO & London School of Hygiene and Tropical Medicine, 2010). These include multi-sector interventions implemented under a coherent and systematic policy framework that empowers women socially and economically. All governments, NGOs and development partners together, need to: frame and implement laws and programmes to eliminate the economic and sociocultural factors that foster a culture of violence against women, including discriminatory family laws; support interventions to challenge social norms that support gender inequality and sanction or condone VAW, including comprehensive sexuality, human rights and gender equality education (Redner & Akinfaderin-Agarau, 2014); reduce childhood exposure to violence—a risk factor for

---

\*Corresponding author. Email: [Garciamorenoc@who.int](mailto:Garciamorenoc@who.int)

© 2015 World Health Organization. Published by Taylor & Francis.

This is an Open Access article distributed under the terms of the Creative Commons Attribution-NonCommercial-NoDerivatives 3.0 IGO License, which permits non-commercial re-use, distribution, and reproduction in any medium, provided the original work is properly cited, and is not altered, transformed, or built upon in any way. This article shall not be used or reproduced in association with the promotion of commercial products, services or any entity. There should be no suggestion that the World Health Organization (WHO) endorses any specific organization, products or services. The use of the WHO logo is not permitted. This notice should be preserved along with the article's original URL.

violence in adulthood; strengthen women's economic rights and position, including eliminating gender inequalities in access to formal wage employment and secondary education; and build the capacity of all sectors (health, police, legal, social work) to address such violence (Heise, 2011; WHO, 2013; WHO & London School of Hygiene and Tropical Medicine, 2010).

Countries must also provide care and support for women who are experiencing violence. Although many women may not want to disclose abuse or violence, a health-care provider is likely to be the first professional contact for women suffering intimate partner violence or sexual assault. Women also identify health-care providers as the professionals whom they would most trust with disclosure of abuse (Feder, Hutson, Ramsay, & Taket, 2006).

The health system and health-care providers, particularly but not only sexual and reproductive health services, programmes and information, can support disclosure, provide treatment, care and support, referral and follow-up, and create documentation. National and local health policies and programmes should ensure that health services meet the minimum requirements for addressing violence against women in accordance with WHO guidance (WHO, 2013), including: policies, training and support for health professionals so that they can recognise and respond to partner and/or sexual violence, including first-line psychological support, as well as physical health care; post-rape care including, emergency contraception, safe abortion, and STI and HIV prophylaxis and psychological support; and violence prevention, recognition, and care information in all education activities. The health system must also address violence perpetrated by health-care providers against women, especially in sexual and reproductive health services, including during labour and delivery, and in the provision of abortion and post abortion care, among others.

Unprecedented worldwide public, professional and political interest currently offers exceptional opportunities for action. Strong leadership and coordination, to guide a multi-sector response and ensure coherence across sectors, can and must be mobilised, including with women's organisations, which have been at the forefront of work to date. Better evaluation of promising interventions and further research to inform programmes should be supported.

Finally, the UN's post-2015 global agenda, currently under discussion, must include a target to eliminate VAW and girls, which supports the actions we outline above. This will help to pave the way for a generation of women and girls who live free of violence, and create more peaceful societies. Violence against women and against girls is one of, if not the, most common violation of human rights in today's world. It does not have to happen and it can end with concerted action.

### **Disclaimer**

The authors are staff members of the World Health Organization. The authors alone are responsible for the views expressed in this publication and they do not necessarily represent the decisions or policies of the World Health Organization.

### **References**

- Campbell, J. C. (2002). Health consequences of intimate partner violence. *Lancet*, 359, 1331–1336.
- Feder, G. S., Hutson, M., Ramsay, J., & Taket, A. R. (2006). Women exposed to intimate partner violence: Expectations and experiences when they encounter health care professionals: A meta-analysis of qualitative studies. *Archives of Internal Medicine*, 166 (1), 22–37.

- Heise, L. L. (2011). *What works to prevent partner violence? An evidence overview*. London: Centre for Gender Violence and Health, London School of Hygiene and Tropical Medicine. Retrieved from <http://strive.lshtm.ac.uk/system/files/attachments/What%20works%20to%20prevent%20partner%20violence.pdf>
- Plichta, S. B., & Falik, M. (2001). Prevalence of violence and its implications for women's health. *Women's Health Issues, 11*, 244–258. doi:10.1016/S1049-3867(01)00085-8
- Redner, J., & Akinfaderin-Agarau, F. (2014). Young people: Shattering the silence on sexual and reproductive health and rights. In G. Sen & M. Durano (Eds.), *The remaking of social contracts: Feminists in a fierce new world* (pp. 310–311). London: Zed Books.
- Stökl, H., Devries, K., Rotstein, A., Abrahams, N., Campbell, J., Watts, C., & García-Moreno, C. (2013). The global prevalence of intimate partner violence: A systematic review. *Lancet, 382*, 859–865. doi:10.1016/S0140-6736(13)61030-2
- United Nations Commission on the Status of Women. (2013). *Agreed Conclusions of the 57th session of the CSW on the elimination and prevention of all forms of violence against women and girls* (Report No. E/CN.6/2013/11). New York: United Nations. Retrieved from [http://www.un.org/womenwatch/daw/csw/csw57/CSW57\\_Agreed\\_Conclusions\\_\(CSW\\_report\\_excerpt\).pdf](http://www.un.org/womenwatch/daw/csw/csw57/CSW57_Agreed_Conclusions_(CSW_report_excerpt).pdf)
- United Nations General Assembly. (1993). *Declaration on the elimination of violence against women*. New York: United Nations.
- World Health Organization (WHO). (2013). *Responding to intimate partner violence and sexual violence against women: WHO clinical and policy guidelines*. Geneva: Author. Retrieved from <http://www.who.int/reproductivehealth/publications/violence/9789241548595/en/>
- World Health Organization (WHO) & London School of Hygiene and Tropical Medicine. (2010). *Preventing intimate partner and sexual violence against women: Taking action and generating evidence*. Geneva: World Health Organization.
- World Health Organization, London School of Hygiene and Tropical Medicine, & South African Medical Research Council. (2013). *Global and regional estimates of violence against women: Prevalence and health effects of intimate partner violence and non-partner sexual violence*. Geneva: World Health Organization.