Violence against women and girls is a major health and human rights issue. At least one in five of the world’s female population has been physically or sexually abused by a man or men at some time in their life. Many, including pregnant women and young girls, are subject to severe, sustained or repeated attacks.

Worldwide, it has been estimated that violence against women is as serious a cause of death and incapacity among women of reproductive age as cancer, and a greater cause of ill-health than traffic accidents and malaria combined.¹

The abuse of women is effectively condoned in almost every society of the world. Prosecution and conviction of men who beat or rape women or girls is rare when compared to numbers of assaults. Violence therefore operates as a means to maintain and reinforce women’s subordination.

United Nations definition

The Declaration on the Elimination of Violence Against Women, adopted by the United Nations General Assembly in 1993, defines violence against women as “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”.² It encompasses, but is not limited to, physical, sexual and psychological violence occurring in the family, including battering, sexual abuse of female children in the household, dowry related violence, marital rape, female genital mutilation and other traditional practices harmful to women, non-spousal violence and violence related to exploitation; physical, sexual and psychological violence occurring within the general community, including rape, sexual abuse, sexual harassment and intimidation at work, in educational institutions and elsewhere; trafficking in women and forced prostitution; and physical, sexual and psychological violence perpetrated or condoned by the state, wherever it occurs.”

Why are definitions and measurements important?

Accurate and comparable data on violence are needed at the community, national and international levels to strengthen advocacy efforts, help policy makers understand the problem and guide the design of interventions.

Measuring the true prevalence of violence, however, is a complex task. Statistics available through the police, women’s centres, and other formal institutions often underestimate levels of violence because of under-reporting.

Population-based research is more accurate, but the lack of consistent methods and definitions makes comparisons across studies difficult. Because definitions are subjective, survey questions often ask whether women experience specific acts of violence, during a fixed period of time. While some studies examine only physical abuse, others may consider physical, sexual and psychological abuse. In family violence research, some may include only those women currently in a relationship, while others report on women who have ever been married.

The severity of violence recorded may also vary between studies. For example, one researcher may record all violence regardless of whether it results in bodily injury, whereas
another researcher may record only incidents in which a physical injury occurred.

Violence across the life span

Violence has a profound effect on women. Beginning before birth, in some countries, with sex-selective abortions, or at birth when female babies may be killed by parents who are desperate for a son, it continues to affect women throughout their lives. Each year, millions of girls undergo female genital mutilation. Female children are more likely than their brothers to be raped or sexually assaulted by family members, by those in positions of trust or power, or by strangers. In some countries, when an unmarried woman or adolescent is raped, she may be forced to marry her attacker, or she may be imprisoned for committing a “criminal” act. Those women who become pregnant before marriage may be beaten, ostracized or murdered by family members, even if the pregnancy is the result of a rape.

After marriage, the greatest risk of violence for women continues to be in their own homes where husbands and, at times, in-laws, may assault, rape or kill them. When women become pregnant, grow old, or suffer from mental or physical disability, they are more vulnerable to attack. Women who are away from home, imprisoned or isolated in any way are also subject to violent assaults. During armed conflict, assaults against women escalate, including those committed by both hostile and “friendly” forces.

Prevention of violence: a public health priority

During the Forty-ninth World Health Assembly in 1996, Member States agreed that violence is a public health priority. Resolution WHA 49.25 endorses recommendations made at prior international conferences to tackle the problem of violence against women and girls, and to address its health consequences.

An issue for health workers

Three reasons why violence against women should be a priority issue for health workers are:

• violence causes extensive suffering and negative health consequences for a significant proportion of the female population (more

<table>
<thead>
<tr>
<th>Phase</th>
<th>Type of violence</th>
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<tbody>
<tr>
<td>Pre-birth</td>
<td>Sex-selective abortion; effects of battering during pregnancy on birth outcomes</td>
</tr>
<tr>
<td>Infancy</td>
<td>Female infanticide; physical, sexual and psychological abuse</td>
</tr>
<tr>
<td>Girlhood</td>
<td>Child marriage; female genital mutilation; physical, sexual and psychological abuse; incest; child prostitution and pornography</td>
</tr>
<tr>
<td>Adolescence and adulthood</td>
<td>Dating and courtship violence (e.g. acid throwing and date rape); economically coerced sex (e.g. school girls having sex with “sugar daddies” in return for school fees); incest; sexual abuse in the workplace; rape; sexual harassment; forced prostitution and pornography; trafficking in women; partner violence; marital rape; dowry abuse and murders; partner homicide; psychological abuse; abuse of women with disabilities; forced pregnancy</td>
</tr>
<tr>
<td>Elderly</td>
<td>Forced “suicide” or homicide of widows for economic reasons; sexual, physical and psychological abuse</td>
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than 20% in most countries);

• it has a direct negative impact on several important health issues, including safe motherhood, family planning, and the prevention of sexually transmitted diseases and HIV/AIDS;

• for many women who have been abused, health workers are the main, and often the only, point of contact with public services which may be able to offer support and information.

In this package, *What health workers can do* explores the role of the health worker in a multi-sectoral response.
