World Health Organization

European Region

Care, courage, change: health-sector leadership in tackling violence against women and girls

Executive summary

New WHO data confirm that 123 million women and girls continue to face violence in their lifetime. The persistence of this staggering figure – virtually unchanged for decades – underscores an urgent public health crisis that shows no sign of abating, and that requires robust solutions. Spikes in rates of femicide in several countries across the Region highlight the urgent need to transform harmful social norms about gender.

Fewer than half of the countries in the WHO European Region include WHO-recommended minimum services in their health-sector policies. This means that many women and girls who face violence are left without the care and support they urgently need as survivors.

This report analyses 241 policies across the 53 Member States in the Region, providing a roadmap for the health sector to strengthen its role within the multisectoral system of prevention and response to violence against women and girls.

Countries are increasingly recognizing the central role of the health sector in both prevention of and response to violence and its consequences. However, translating multisectoral commitments into health-sector-specific policies and ensuring access to life-saving, rights-based services for survivors remains a challenge.

Key findings

The state of affairs

- Violence against women and girls remains widespread and underreported.
- Violence is not a marginal issue: it is pervasive across the WHO European Region. Violence against women and girls remains a serious public health concern, with high prevalence rates indicating that many women have experienced or will experience violence at some point in their lives (Tables ES1–3).
- Health systems are central to preventing and responding to violence. They must integrate prevention and response into policies and services, supported by continuous monitoring and evaluation to track progress and improve actions and responses. Health systems are uniquely positioned to establish and sustain safe, effective, survivor-centred services.
- Data gaps obscure the full picture. Prevalence varies widely across countries, influenced by cultural norms, stigma and underreporting amongst other things. Survivors often avoid the police due to fear, shame, or risks to custody of children or legal status – especially in systems that fail to protect them. Women with disabilities, older women and migrant women face added barriers like discrimination and accessibility challenges. As a result, official data capture only a fraction of the violence, masking its true scale and hindering effective policy and service responses.

Table ES1. Prevalence estimates of intimate partner violence against ever-partnered women in the WHO European Region across the lifetime and in the past 12 months, by age group, 2023

Age group	Prevalence of intimate partner violence across the lifetime (%) (95% uncertainty interval)	Prevalence of intimate partner violence in the past 12 months (%) (95% uncertainty interval)
15–49 years	21.7 (19.1–28.4)	6.5 (5.0–10.2)
15 years and older	21.2 (18.6–28.0)	5.4 (4.2–8.9)

Table ES2. Prevalence estimates of non-partner sexual violence against women in the WHO European Region across the lifetime (since age 15) and in the past 12 months, by age group, 2023

Age group	Prevalence of non-partner sexual violence across the lifetime (since age 15) (%) (95% uncertainty interval)	Prevalence of non-partner sexual violence in the past 12 months (%) (95% uncertainty interval)
15–49 years	9.1 (7.5–14.1)	1.5 (0.7–5.5)
15 years and older	9.1 (7.7–14.3)	1.4 (0.7–4.6)

Table ES3. Prevalence estimates of combined lifetime physical and/or sexual intimate partner violence or non-partner sexual violence among women in the WHO European Region aged 15–49 years and aged 15 years and older, by age group, 2023

Age group	Prevalence (%) (95% uncertainty interval)
1 5–49 years	28.9 (25.6–35.3)
15 years and older	28.4 (25.1–35.0)

The challenge

Survivors are still missing out on life-saving critical health care.

- Plans exist, but practice lags. Despite widespread multisectoral planning, only 45% of countries have clinical guidelines for health-care providers, and just 43% include violence against women in their national health strategies, plans or policies (see Fig. ES1).
- Critical services are incomplete. Fewer than 40% of the 53 countries in the WHO European Region include key services such as emergency contraception (17 countries), safe abortion (7 countries), prophylaxis for sexually transmitted infections (20 countries), HIV post-exposure prophylaxis (17 countries), mental health assessment (20 countries), mental health referrals (23 countries) or referrals to other sectors (25 countries) in their policies. These are core components of WHO's recommendations for the health sector's response.

Seize the opportunity

Momentum for health-sector action is growing.

- Commitment to training the workforce is high. Around 75% of countries in the Region have policies supporting training of health professionals on violence against women. This reflects growing recognition of the health sector's role in identification, response and referral. Sustained investment in both preservice/undergraduate and in-service training is essential to ensure high-quality, survivor-centred care.
- First-line support to respond to intimate partner violence and sexual violence is becoming standard practice. A majority of countries (68%) include first-line support in their health policies, ensuring that survivors receive immediate, empathetic and appropriate support at the first point of contact. This is a critical step towards aligning with WHO guidelines on the health response to intimate partner violence and sexual violence against women.
- Multisectoral plans are in place. Around 87% of countries have adopted multisectoral strategies to address violence against women that include the health sector. These frameworks demonstrate strong political will and intersectoral collaboration. However, their effectiveness depends on translation into concrete, funded actions within the health sector.

Conclusion

The health sector stands on the front line in addressing violence against women and girls, with a vital role to play as part of what needs to be a multisectoral, whole-of-society approach. This has been affirmed in multiple WHO resolutions, including the Global plan of action to strengthen the role of the health system within a national multisectoral response to address interpersonal violence, in particular against women and girls, and against children, which provides Member States with a roadmap to strengthen responses through leadership, service delivery, evidence-based prevention and improved data collection. In the WHO European Region, these efforts are reinforced by regional strategies, such as the strategies on health and well-being of women and men and the recently endorsed Second Europea Programme of Work 2026–2030 – "United Action for Better Health". Together, they place gender equality and the prevention of violence against women and girls at the heart of WHO's vision. This report takes stock of progress across the Region – highlighting achievements, exposing persistent gaps, and setting out what must be done to ensure that health systems are equipped to prevent and respond to violence with urgency, compassion and accountability.

Fig. ES1. Key numbers on the state of policies responding to violence against women in the WHO European Region

Creating an enabling environment for health-sector action on violence against women

87% of countries have **multisectoral policies addressing violence against women and girls**

43% of countries have **national health policies that include violence against women and girls**

45% of countries have **health-sector policies on violence against women and girls**

23% of countries have **all three types of policies on violence against women and girls**

75% of countries have commitments to **train health workers in addressing violence against women**

32% of countries have policies that do not align with **WHO guidance on mandatory reporting**

11% of countries have policies that **fully align with WHO guidance on mandatory reporting**

Survivor-centred care: promoting the right to the highest attainable standard of health and freedom from discrimination

53% of countries **include at least one component of confidentiality**

49% of countries **include at least one component of privacy**

Essential health-care services for survivors of violence included in policies

68% of countries include **first-line support**

47% of countries include **referrals to services in other sectors**

38% of countries include **prophylaxis for sexually transmitted infections**

32% of countries include **clinical enquiry**

32% of countries include **emergency contraception**

32% of countries include **HIV post-exposure prophylaxis**

13% of countries include **abortion**

43% of countries include **referral to specialist care in policies on violence against women and girls**

38% of countries include **mental health assessment in policies on violence against women and girls**

28% of countries include **both elements in policies on violence against women and girls**

Proportions of countries in the WHO European Region that mandate the provision of differentiated services for specific groups

17% of countries for **women with disabilities**

8% of countries for **pregnant women**

6% of countries for **adolescent girls and young women**

The WHO Regional Office for Europe

The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health. The WHO Regional Office for Europe is one of six regional offices throughout the world, each with its own programme geared to the particular health conditions of the countries it serves.

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World Health Organization Regional Office for Europe

UN City, Marmorvej 51, DK-2100 Copenhagen Ø, Denmark
Tel.: +45 45 33 70 00 Fax: +45 45 33 70 01
Email: eurocontact@who.int
Website: www.who.int/europe