WHO Headquarters
Women’s Health and Development (WHD)

WHO’s activities in the area of violence against women were initiated by WHD in 1995. The initiative focuses on the role of the health sector in preventing violence against women and managing its consequences. Current priority areas are violence against women in families and sexual violence.

In mid 1996 a WHO Task Force on Violence and Health was set up to coordinate all work on violence being carried out by various WHO programmes, including WHD.

The long-term aim of WHO activities concerning violence against women is to identify effective strategies to prevent violence and to decrease morbidity and mortality among women victims of abuse. The specific objectives are to:

- increase knowledge on the magnitude of the problem and its health consequences and make this information available to policy-makers, health providers and programme planners;
- identify appropriate prevention and intervention strategies that can reduce the prevalence/incidence of violence against women by partners;
- improve the capacity of health workers at all levels to identify and respond appropriately to victims of mental, physical and sexual abuse;
- support the formulation, by national governments, of adequate anti-violence policies and protocols;
- serve as an advocate within WHO and with professional health associations, concerning the implications of physical, mental and sexual violence for health policies, programmes and training.

Researchers, health care providers, women’s health advocates, and staff from several WHO programmes attended a WHO consultation on violence against women in Geneva in February 1996. They reviewed existing information concerning the scale of violence against women by partners, the health consequences and interventions, and ongoing research initiatives. Recommendations made by consultation participants formed the basis for WHO’s Plan of Action.

Plan of action on violence against women

Multi-country research

The ultimate goal of this research is to generate new data on prevalence, determinants and related risk and protective factors, and health consequences of violence against women. WHO also seeks to: strengthen local research capacity; develop and test new instruments for measuring violence and its consequences, including mental/emotional trauma across cultures; and promote a form of research that serves the needs of women and values the experience of women’s groups working on the issue.

Documentation and testing of effective interventions

Often the most effective groups in the field are those who lack the time and funding to document their work. WHO plans to invest in systematically recording interventions by such groups in developing countries so that others can benefit as they begin their work. A small-grants fund will support the documentation of ongoing interventions and of lessons learned.
A second fund will seed several research and demonstration projects. In addition, a meeting will be convened to review experiences by the health sector in countries, with particular attention to their appropriateness for resource poor settings.

**Development of a research manual**

WHO is collaborating on the development and testing of a manual for researchers who undertake community surveys in resource-poor settings. The manual will respond to the need for practical and ethical guidance for research in this area.

**Development of a database**

WHO has set up a database on violence against women in families, rape and sexual assault, female genital mutilation, and the health consequences of violence against women. Research findings are being collected from around the globe, including hard-to-access unpublished data such as theses, dissertations and the work of local non-governmental organizations (NGOs). The database will be used to discover if sufficient information exists to develop policies and programmes in these areas, where further research is most needed, and the magnitude and severity of related health risks.

**Advocacy and information**

WHO seeks to ensure greater recognition, with health providers and planners, and within health professional organizations, of violence against women and its implications for health policies and programmes. Advocacy is needed both within and outside WHO; for example, many WHO training programmes could integrate basic information on violence against women. This information package is one tool for such advocacy.

**The Rwanda Project**

In Rwanda, sexual violence against women and girls were used as weapons of war and genocide.

WHO, with the assistance of the Italian Government, is supporting a project to help women affected by violence through:

- training of health workers;
- establishment of a national network for health and psychosocial assistance.

WHD convened a workshop in February 1997 in Kigali, Rwanda, for health workers and administrators. The workshop was designed to identify problems linked to violence and improve relevant technical skills.

Using the knowledge gained from the workshop, training modules for health workers are being developed. These are expected to enhance the ability of health workers to provide care for women affected by violence.

**Pan American Health Organization: working with communities to end violence against women**

The Pan American Health Organization (PAHO) is working with 16 Member Countries to address domestic violence against women. PAHO uses a two-pronged approach to increase the capacity of institutions, both governmental and non-governmental, to design prevention and support strategies that can effectively deal with this complex social problem. At the local level, it seeks to create coordinated community networks where the health system, the legal system, police, churches, NGOs and other community-based groups meet regularly to design and carry out a coordinated response to domestic violence. At the national level, it seeks to promote the adoption of laws and policies designed to strengthen the institutional capacity to respond effectively to domestic violence. Additionally, the project fosters linkages with mass media to communicate that violence against women is unacceptable, and to challenge the social attitudes and beliefs which posit the basic superiority of men, granting them the right to control female behaviour.
A convincing proof that domestic violence can be eradicated is the existence of success stories at the community level. PAHO’s project seeks to seed those success stories by piloting models of intervention and prevention of violence against women on a small scale. Subsequently, these can be scaled up to achieve broad-based reforms. This project has been designed and is being executed in close collaboration with women’s organizations and other NGOs, which have worked extensively on gender-based violence in their respective countries.

A central component of the project is the strengthening of the health sector’s ability to identify and respond to battered women. PAHO is piloting models of interventions and prevention of intra family violence against women, including the sensitization and training of health professionals.

Other components of the project include the improvement of information systems for the surveillance of domestic violence; the establishment of self-help groups for women and for offenders; advocacy for necessary legal reforms to protect women and girls; and advocacy for enforcement of laws against domestic violence.

The first step in fashioning the community-based response has been the implementation of a qualitative study at each site which provides not only a baseline measure but also an instrument around which solutions can be collectively designed and pursued. The sobering results of this effort suggest the complex nature of this problem by showing that the institutions which were set up to protect citizens may be part of the victimization.

Undertaking this diagnosis has had the added advantage of serving as an instrument by which those interviewed, specifically key community people and groups, became interested in the problem of domestic violence. Thus, what was conceived initially as an instrument that would reflect community institutions’ responses to battered women, became the vehicle for raising awareness of the problem. When results were shared with the community, the commitment to the issue usually had already been nurtured.

Within this context, in the past year, significant advances have been made at the community level in all 25 participating communities. In many countries, the project has been included as part of the “Healthy Municipalities” efforts, and town mayors, state governors, and local authorities are heavily involved. In rural areas with few institutions, the project is seeking to explore, with the community, creative ways to prevent and address violence. This is the case in six sites, many of which are populated primarily by indigenous peoples. Work in these areas has been supported heavily by local parish priests who, with the staff of primary health care centres, are becoming key participants in these efforts in rural areas.

At the national level, the project is working with a variety of participants, mainly ministries of health and justice, women’s and human rights groups, and relevant international organizations. In some countries, PAHO has mobilized significant additional local resources to support the project’s efforts.

1 A report of the consultation is available from Women’s Health and Development, World Health Organization, 1211, Geneva 27, Switzerland.