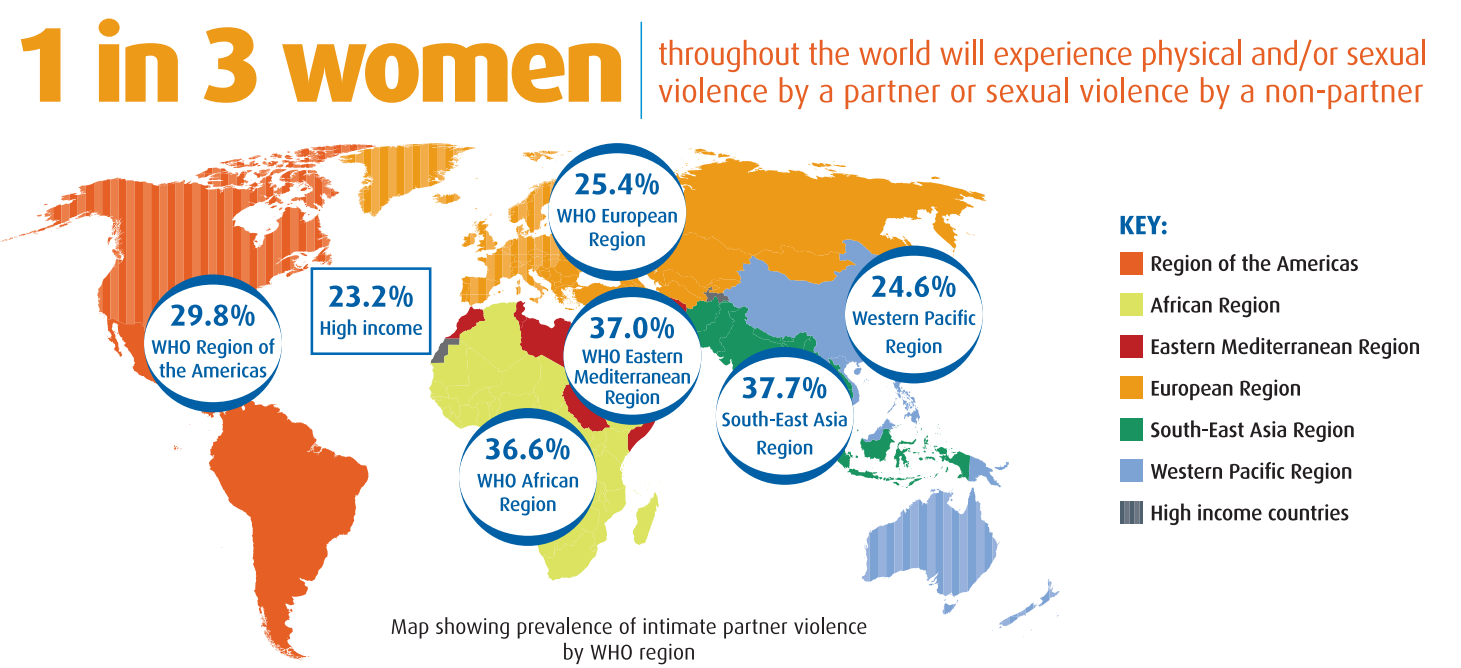


# VIOLENCE AGAINST WOMEN: GLOBAL PICTURE


## HEALTH RESPONSE

### PREVALENCE →




### HEALTH IMPACT: Women exposed to intimate partner violence are →

Mental Health




**TWICE**  
as likely to experience depression




**ALMOST TWICE**  
as likely to have alcohol use disorders

Sexual and Reproductive Health




**16%**  
more likely to have a low birth-weight baby




**1.5 TIMES**  
more likely to acquire HIV and 1.5 times more likely to contract syphilis infection, chlamydia or gonorrhoea

Death and Injury









**42%**  
of women who have experienced physical or sexual violence at the hands of a partner have experienced injuries as a result



**38%**  
of all murders of women globally were reported as being committed by their intimate partners

### GUIDELINES FOR HEALTH SECTOR RESPONSE →

WHO’s new clinical and policy guidelines on the health sector response to partner and sexual violence against women emphasize the urgent need to integrate these issues into clinical training for health care providers. WHO has identified the key elements of a health sector response to violence against women which have informed recommendations in the following areas:

 <div> <b>Women-centred care:</b> Health-care providers should, at a minimum, offer first-line support when women disclose violence (empathetic listening, non-judgmental attitude, privacy, confidentiality, links to other services). </div>	 <div> <b>Training of health-care providers on intimate partner violence and sexual violence:</b> Training at pre- and post- qualification level in first-line support for women who have experienced intimate partner violence and sexual assault should be given to healthcare providers. </div>
 <div> <b>Identification and care for survivors of intimate partner violence:</b> Health-care providers should ask about exposure to intimate partner violence when assessing conditions that may be caused or complicated by intimate partner violence, in order to improve diagnosis identification and subsequent care. </div>	 <div> <b>Health-care policy and provision:</b> Care for women experiencing intimate partner violence and sexual assault should, as much as possible, be integrated into existing health services rather than as a stand-alone service. </div>
 <div> <b>Clinical care for survivors of sexual violence:</b> Offer comprehensive care including first-line support, emergency contraception, STI and HIV prophylaxis and take a complete history, recording events to determine what interventions are appropriate. </div>	 <div> <b>Mandatory reporting of intimate partner violence:</b> Mandatory reporting to the police by the health-care provider is not recommended. Health-care providers should offer to report the incident if the woman chooses. </div>

### HEALTH-CARE WORKER INTERVENTION →

Violence against women is a global public health problem of epidemic proportion, requiring urgent action. Health-care providers are in a unique position to address the health and psychosocial needs of women who have experienced violence, provided certain minimum requirements are met:



- ✓ Health-care providers are trained
- ✓ Standard operating procedures are in place
- ✓ Consultation can take place in a private setting
- ✓ Confidentiality is protected
- ✓ A referral system is in place to ensure that women can access related services
- ✓ Health-care settings are equipped to provide a comprehensive response, addressing both physical and mental health consequences