BREAKING THE CYCLE

Understanding and Addressing Violence Against Women

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Violence against women takes different forms

• Intimate partner violence (sexual, physical, emotional violence)
• Sexual violence by non-partners
• Sexual harassment & abuse in public spaces, work-place, educational institutions, etc.
• Forced prostitution and sexual trafficking
• Sexual violence in conflict situations
• Femicide
• Harmful traditional practices: early/forced marriage, female genital mutilation, dowry-related violence, ‘honor’ crimes

Intimate partner violence is the most prevalent form of violence against women
Why focus on violence against women?

• It’s often invisible
• It’s socially acceptable
• Survivors face barriers when seeking help
• Criminal sanctions are limited and law enforcement is weak
Partner violence affects a substantial number of women

% of women (15-49) who reported physical or sexual intimate partner violence ever

What are some of the risk factors associated with intimate partner violence in our region?

- Urban residence
- Being divorced or separated
- Being currently or recently employed
- High parity (number of live births)
Health related consequences of VAW

Fatal Outcomes
- Homicide
- Suicide
- Maternal Mortality
- AIDS related

Nonfatal Outcomes

Negative Health Behaviors
- Smoking
- Alcohol and drug abuse
- Physical inactivity
- Overeating

Reproductive Health
- Unwanted pregnancy
- STIs/HIV
- Gynecological disorders
- Unsafe abortion
- Pregnancy complications
- Miscarriage/low birth weight
- Pelvic inflammatory disease

Physical Health
- Injury
- Functional impairment
- Physical symptoms
- Poor subjective health
- Permanent disability
- Severe obesity

Chronic Conditions
- Chronic pain syndrome
- Irritable bowel syndrome
- Gastrointestinal disorders
- Somatic complaints
- Fibromyalgia

Mental Health
- Post-traumatic stress
- Depression
- Anxiety
- Phobias/panic disorder
- Eating disorders
- Sexual dysfunction
- Low self-esteem
- Substance abuse
Intimate partner violence is associated with unwanted pregnancies

% of women (15-49) who reported at least 1 unwanted pregnancy in the last 5 years, according to experience of partner violence

Partner violence can be an important cause of maternal mortality

- 3% to 44% of pregnant women experience partner violence in LAC (Han et al. Intl J Gynecology and Obstetrics 2014)

- USA (3 cities): intimate partner violence was the main cause of maternal mortality, responsible for up to 20% of MM from 1993-1998 (Campbell j et al. Violence Against Women 2004)

- Canada (1 province): hemorrhage was 3 times more frequent among pregnant women exposed to violence (Janssen PA, et al. Am J Obstet Gynecol. 2003)
Violence against women affects children

- In households where women are abused, children are more likely to be punished harshly (hitting, beating, spanking).

- Children who suffer physical or sexual violence have higher risks of perpetrating (boys) or suffering (girls) partner violence in adulthood.

- Children who witness violence against their mothers/stepmothers also have higher risks of perpetrating (boy) or suffering (girls) partner violence in adulthood.
Why should the health sector address violence against women?

• Human rights imperative
• Affects significant number of women
• Significant cause of injury and ill health to women and children
• Poses considerable costs to health sector and beyond
IPV is associated with depression and missed work
% of women who reported anxiety or depression severe enough that they
could not complete work as a result of partner violence

What can the health sector do?

• Provide comprehensive health services to survivors:
  • Assess danger and assist with safety planning
  • Provide psychosocial support, emergency contraception, post-exposure prophylaxis for STI/HIV
  • Refer to external services (legal, social, etc.)

• Collect data about prevalence, risk factors, and health consequences

• Inform policies to address violence against women

• Promote and inform primary prevention efforts
What is PAHO/WHO doing to prevent and respond to violence against women?

• Improving the quality, dissemination and use of data for evidence-based policy and programming

• Strengthening capacity for preventing violence against women and violence against children

• Improving the health sector response to violence against women and violence against children

• Supporting the development and revision of national policies, plans and protocols
TOGETHER WE CAN END VIOLENCE AGAINST WOMEN

Thank you for listening!