Violence Against Women & Violence Against Children

What Can Health Systems do?

WHAT IS VIOLENCE AGAINST WOMEN?

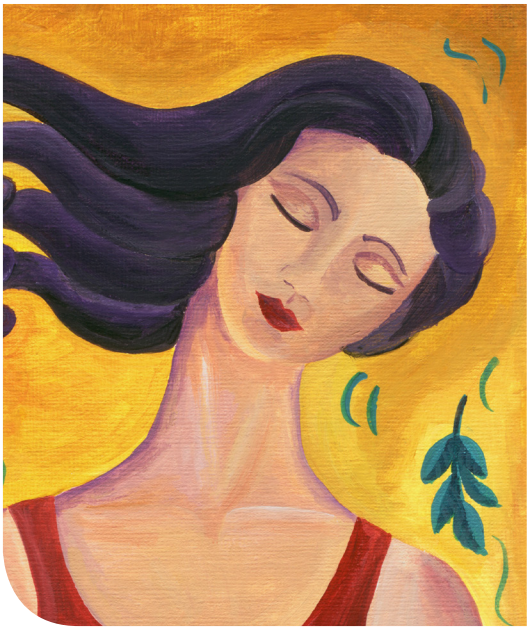
Violence against women (VAW) takes many forms, including physical, sexual and emotional violence by intimate partners, rape and sexual coercion by any perpetrator, trafficking, femicide, and culturally-specific forms such as so called 'honour killings', female genital mutilation (FGM), and early and forced marriage. Intimate partner violence (IPV) is the most common form of violence against women worldwide.

WHAT IS VIOLENCE AGAINST CHILDREN AND CHILD MALTREATMENT?

Violence against children (VAC) includes all forms of physical, sexual and emotional violence, neglect, negligent treatment and exploitation.[1,2] Child maltreatment refers to violence perpetrated by adults in positions of responsibility, trust or power.[3]

HOW COMMON ARE VAW AND VAC IN LATIN AMERICA AND THE CARIBBEAN (LAC)?

Violence affects large numbers of women and children in the region. About 1 in 3 women report physical and/or sexual intimate partner violence or sexual violence by any perpetrator during their lifetime.[4] According to a recent meta-analysis, a majority (an estimated 58%) of girls and boys aged 2–17 in the LAC Region experience some form of physical, sexual, or emotional abuse each year, corresponding to more than 99 million children.[5] Data on child sexual abuse is more limited, but in population-based surveys, women report having experienced childhood sexual abuse at levels that range from 2.6% to 5.8%.[6]



WHY SHOULD HEALTH SYSTEMS ADDRESS VIOLENCE?

Violence contributes to high levels of mortality and morbidity in the LAC region. In addition to death and physical injury, violence has long term, often under-recognized consequences for health, including mental health conditions such as anxiety, depression, suicidal ideation and substance abuse; negative sexual and reproductive outcomes such as unwanted pregnancy, sexually-transmitted infections and miscarriage; and, among children, impaired social, emotional and cognitive development.

HOW DO PATTERNS OF VAW AND VAC DIFFER FROM VIOLENCE AGAINST ADULT MEN?

The patterns and consequences of violence are different for men, women and children across the life course. While men are most likely to experience violence perpetrated by strangers, women and children are more likely to suffer violence by individuals who are close to them. These differences have implications for programs and policies, given that blame, shame and fear may keep children and women from reporting violence and seeking care.

EVIDENCE SHOWS THAT VAW AND VAC CAN BE PREVENTED

Violence can be prevented and negative impacts can be mitigated. While women and children experience violence in all settings, prevalence varies, indicating that high levels of violence are not an inevitable feature of human society.

There are a broad range of evidence-based strategies that have been shown to effectively reduce different forms of violence. While some fall outside of the purview of health systems, many can benefit from the contribution of public health and others must be led by health systems (e.g. access to care for survivors).[7] Furthermore, associations between VAW and VAC suggest that prevention of violence in childhood may be essential for long-term prevention of VAW and vice-versa.[8]

WHAT DO VAW AND VAC HAVE IN COMMON?

Perpetrators are often close to the victim

Women and children are more likely than adult men to suffer violence in the home by people close to them. Globally, an estimated 38% of women murdered are killed by current or former partners, compared with an estimated 6% of men.[9]

Social acceptability

In surveys from LAC, between 3% and 38% of women say a husband has the right to beat his wife under certain circumstances.[10] A UNICEF analysis found that in over half of 33 countries for which data are available, more than 20% of caregivers believe that violent discipline is necessary for raising children.[11] Among countries with data in Latin America and the Caribbean, between 2.3% to 36% of caregivers share this belief.[12]

Barriers to help-seeking

Social norms often view VAW and VAC as "private matters", prioritize family reputation, and blame victims. The acceptability of violence, alongside stigma, and fear of retaliation discourage help seeking behaviors.

Invisibility of the problem

VAW and VAC are often absent or grossly underestimated in national and international statistics because indicators are not tracked and/or survivors do not report.

Lack of criminal sanctions and weak enforcement of legal protections

Penal codes do not always recognize violence against women or children as a crime and governments often fail to enforce legal protections that do exist.

VAW and VAC can have intergenerational consequences

Evidence suggests that early exposure to violence, directly or as a witness, can last into adulthood. Partner violence can increase the risks for low-birth weight, under-5 mortality, and can impact children's mental health and development.[13] Children who experience or witness violence against their mothers are more likely than those who do not to perpetrate or experience violence later in life.[14]

These types of violence stem from gender norms that prioritize the rights of men over the rights of women and the rights of adults over those of children.

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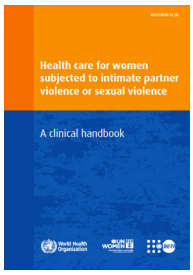
What Can Health Systems do?

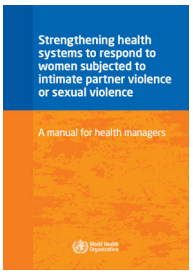
Survivors tend to seek health services more frequently than their non-abused counterparts, though they do not disclose the violence. Trained health providers have a key role to play in mitigating harm, including preventing femicide, and reducing the risk of recurrence of violence. They can identify the violence and provide women-centered first line support, which includes[15]:

- **L** **LISTEN** - Listen to survivors closely, with empathy, and without judging.
- **I** **INQUIRE** - Assess and respond to their various needs and concerns—emotional, physical, social and practical
- **V** **VALIDATE** - Show that you understand and believe them and that they are not to blame.
- **E** **ENHANCE SAFETY** - Discuss a plan for protection from further harm if violence occurs again.
- **S** **SUPPORT** - Help survivors connect to information, services and social support.

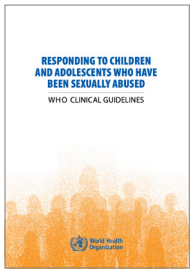
TOOLS FOR STRENGTHENING HEALTH SYSTEMS' AND PROVIDERS' CAPACITY TO ADDRESS VAW AND VAC



Health care for women subjected to intimate partner violence or sexual violence: A clinical handbook



Strengthening health systems to respond to women subjected to intimate partner violence or sexual violence: A manual for health managers



Responding to children and adolescents who have been sexually abused. WHO clinical guidelines

INSPIRE: Seven strategies to end violence against children (core document, implementation handbook and indicator guidance)

2015-2025 Strategy and Plan of Action on Strengthening the Health System to Address Violence against Women

In 2015, PAHO's Directing Council, composed of Ministers of Health from 38 Member States, with contributions from over 100 experts, unanimously approved the 2015-2025 Strategy and Plan of Action on Strengthening the Health System to Address Violence against Women. In doing so, PAHO Member States recognized that VAW is a public health and human rights problem that health systems must address and the Americas became the first WHO region to have its highest authorities endorse a framework for action on VAW.

2016-2030 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.

Adopted by Ministries of Health globally at the World Health Assembly in 2016, the Global Plan of Action aligns fully with PAHO's Strategy and Plan of Action and provides a strong mandate to address VAW and VAC as urgent public health problems.

HEALTH SYSTEMS HAVE A KEY ROLE TO PLAY IN ADDRESSING VAW AND VAC

Addressing violence requires comprehensive multisectoral action. A problem of this magnitude cannot be solved by one actor or one sector alone. Nonetheless, health systems are uniquely positioned to undertake a number of steps that are key to violence prevention and response, including the following priorities which were approved by health authorities in the two mandates above.

STRENGTHEN HEALTH SYSTEM LEADERSHIP AND GOVERNANCE

- Strengthen political will by publicly committing to address and challenge the acceptability of VAW and VAC throughout the life-course.
- Allocate resources and integrate violence prevention and response policies, plans, programs and budgets
- Advocate for the adoption and reform of laws, policies, and regulations, their alignment with international human rights standards and their enforcement.

STRENGTHEN HEALTH SERVICE DELIVERY AND HEALTH PROVIDERS' CAPACITY TO RESPOND TO VIOLENCE AGAINST WOMEN AND CHILDREN

- Implement guidelines, recommendations, and tools such as those developed by WHO/PAHO
- Build health care professionals' capacity to provide compassionate and effective care
- Integrate VAW and VAC into university-level and continuing education for health care providers.

STRENGTHEN PROGRAMMING TO PREVENT VIOLENCE AGAINST WOMEN AND CHILDREN

- Support prevention programmes that challenge norms that perpetuate male dominance or female subordination, stigmatize survivors or normalize violence
- Inform policies and programmes in other sectors about evidence-based prevention interventions.

STRENGTHEN INFORMATION COLLECTION AND EVIDENCE

- Strengthen routine reporting of violence against women and children
- Conduct research to develop, evaluate, and scale up health systems' interventions to prevent and respond to violence
- Integrate modules to regularly collect data on VAW and VAC across all ages in demographic and health or other population-based health surveys at regular intervals.

FOR MORE INFORMATION:

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1 United Nations General Assembly (adopted 1989; entered into force 1990) Convention on the Rights of the Child, (Article 19). Geneva. United Nations, Office of the High Commissioner for Human Rights. www.ohchr.org/en/professionalinterest/pages/crc.aspx **2** UNICEF (2014) Hidden in plain sight: A statistical analysis of violence against children. New York, United Nations Children's Fund. www.unicef.org/publications/index_74865.html **3** Krug EG, Dahlberg LL, et al., Eds. (2002) World report on violence and health. Geneva, World Health Organization. www.who.int/violence_injury_prevention/violence/world_report/en/ **4** WHO (2013) Global and regional estimates of violence against women: Prevalence and health effects of intimate partner violence and non-partner sexual violence. Geneva. World Health Organization, Department of Reproductive Health and Research, London School of Hygiene and Tropical Medicine, South African Medical Research Council. www.who.int/reproductivehealth/publications/violence/9789241564625/en/ **5** Hillis, S. D., Mercy, J. A., Amobi, A., & Kress, H. (2016). Global prevalence of past-year violence against children: A systematic review and minimum estimates. Pediatrics , 137 (3), e2015407. **6** Bott S, et al. (2017) **7** Adapted from: World Health Organization (2007). Preventing injuries and violence: A guide for ministries of health. Geneva: WHO **8** Guedes A, Bott S, Garcia-Moreno, Colombini M (2016) Bridging the gaps: a global review of intersections of violence against women and violence against children. Glob Health Action 2016, 9: 31516. http://dx.doi.org/10.3402/gha.v9.31516. **9** WHO (2013) **10** Bott S, Guedes A, Goodwin M, Mendoza JA (2012) Violence Against Women in Latin America and the Caribbean: A comparative analysis of population-based data from 12 countries. Washington, DC. Pan American Health Organization. www.paho/violence **11** UNICEF (2010) Child disciplinary practices at home: Evidence from a range of low- and middle-income countries. New York, United Nations Children's Fund. http://www.childinfo.org/files/report_Disipl_FIN.pdf **12** Bott S, et al. (2017) **13** Fulu E, Warner X, et al. (2013) Why Do Some Men Use Violence Against Women and How Can We Prevent It? Quantitative Findings from the United Nations Multi-country Study on Men and Violence in Asia and the Pacific. Bangkok. UNDP, UNFPA, UN Women and UNV. http://www.partners4prevention.org/about-prevention/research/men-and-violence-study **14** Bott et al. (2012)