

WHO: Addressing Violence Against Women

*Key achievements
and priorities*



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1 in 3

women will experience physical and/or sexual violence in their lifetime, mostly by an intimate partner. This is a stark reminder of the scale of gender inequality and discrimination against women. While some women are more at risk than others, violence can happen to any woman, in any country – regardless of culture, religion or economic status.

Violence against women is a problem of epidemic proportions. It causes devastating, life-long damage to women. It also hurts the economic and social health of their families, communities, and countries.

“Eliminating all forms of violence against women and girls is critical for achieving the SDG health targets... it is vital that health systems are equipped to prevent and respond to violence. Health systems that are designed to support universal health coverage should ensure that women can access the health services they need, without facing financial hardship.”

Dr Tedros Adhanom Ghebreyesus, Director-General, WHO, November 2017

WHO plays a key role in bringing attention to and responding to violence against women as a public health issue through:



1 **Research and evidence-building** to highlight the magnitude of violence against women, its risk factors and consequences, and to identify effective interventions for prevention and response.



2 Developing **guidelines and tools, setting norms and standards** for an effective health response to violence against women.



3 **Strengthening country capacity** of health systems to respond to violence against women.



4 Encouraging leadership in health systems and **building the political will** to address violence against women through advocacy and partnerships.

1. Research and evidence-building



The evidence base on violence against women has been steadily increasing over the last 20 years, however there are still gaps that need to be filled to inform policies and programmes properly. WHO continues to expand this vital evidence base. Priority projects include:

Research to identify effective health sector interventions and training approaches for addressing violence against women

WHO undertakes research to test interventions to respond to survivors' needs, and to test approaches for training health care workers to address violence against women in all health care settings.



KEY ACHIEVEMENTS

Research to test approaches to implement WHO guidelines and tools to respond to violence against women in India
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Safe and sound; a clinical trial on empowerment counselling intervention in antenatal care completed
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Ethical and safety recommendations for intervention research on VAW

Improving methods for measuring VAW in the context of the SDGs monitoring

The Sustainable Development Goals (SDGs; target 5.2), have two indicators regarding prevalence of recent physical, sexual or psychological violence by an intimate partner, and sexual violence by a non-partner among women 15 and older. WHO undertakes activities to align measures and data collection tools for global monitoring:

- Update of the landmark WHO multi-country study questionnaire to include refined measures of sexual violence by non-partners.
- Standard measures for psychological abuse and for violence against older women.
- Update prevalence estimates of intimate partner violence and non-partner sexual violence.



KEY ACHIEVEMENTS

Global and regional estimates of violence against women: prevalence and health effects of intimate partner violence and non-partner sexual violence
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WHO multi-country study on women's health and domestic violence against women

2. Norms and standards



WHO has developed evidence-based guidelines, programming and capacity strengthening tools with a focus on guiding public health responses to VAW. Priority projects include:

Development of WHO clinical and policy guidelines and implementation tools for responding to violence against women

- The *clinical handbook on health care for women subjected to violence* provides practical advice and job aids to health workers on how to discuss and respond to intimate partner violence and sexual violence. It is being widely used in countries and it has been translated into multiple languages (Armenian, English, German, Italian, Japanese, Russian, Spanish).
- The *manual for health managers* provides practical advice to policy-makers and administrators on how to strengthen health systems to address violence against women, using the WHO health system building blocks
- The *clinical guidelines for responding to children and adolescents who have been sexually abused* has been taken up by several countries.

★ KEY ACHIEVEMENTS



Health care for women subjected to intimate partner violence or sexual violence: A clinical handbook (2014)



Strengthening health systems to respond to women subjected to intimate partner violence or sexual violence: A manual for health managers (2017)



Responding to intimate partner violence and sexual violence against women: WHO clinical and policy guidelines (2013)



Eliminating virginity testing – WHO statement



Responding to children and adolescents who have been sexually abused: WHO clinical guidelines (2017)



WHO statement on the prevention and elimination of disrespect and abuse during facility-based childbirth (2014)

Norms and standards



Curricula for strengthening capacities of health care providers

Health care providers have an important role to play in responding to the needs of women who have been subjected to violence. In-service and pre-service training curricula for health care professionals being finalized in order to strengthen knowledge, skills and attitudes of providers and provide quality clinical care to survivors of violence.



3. Strengthening health system capacities



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WHO supports countries in strengthening their public health approach and health systems response to violence against women through technical support:

- On national prevalence surveys on VAW using the WHO methodology.
- To align national health policies, protocols and training curricula with WHO guidelines or adapt and roll out WHO guidelines and tools for the health system response to violence against women.
- To build capacity of research institutions on research on violence against women. This includes providing guidelines on methods, and on ethical and safety aspects of conducting the research.

Examples of country work



Botswana, Cambodia, Namibia, Pakistan, Uganda, Uruguay, and Zambia have adapted and implemented the clinical handbook.



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