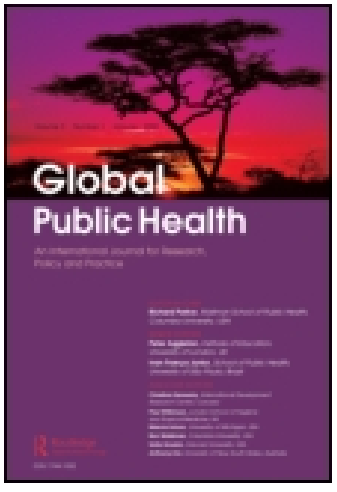

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Commentary: Actions to end violence against women: A multi-sector approach

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THEME: INTEGRATED AND COMPREHENSIVE SRH SERVICES: A GLOBAL VIEW

Commentary: Actions to end violence against women: A multi-sector approach

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Overall, 35% of women worldwide have experienced either physical and/or sexual violence by an intimate partner or non-partner sexual violence, although most is by an intimate partner (World Health Organization, London School of Hygiene and Tropical Medicine, & South African Medical Research Council, 2013). Many other forms of violence can affect women and girls, such as trafficking, female genital mutilation, early and forced marriage, murders in the name of honour or dowry, and sexual harassment and abuse by authority figures (e.g., teachers, police officers or employers) (United Nations General Assembly, 1993). Disabled women, women in prison and women in conflict-affected settings may be at additional risk for sexual and other forms of gender-based violence. Despite the prevalence, the tremendous impacts on women's physical, sexual, reproductive and mental health, and the consequences for their own and their children's health and development, many women do not report violence or seek help, so it remains hidden (Campbell, 2002; Plichta & Falik, 2001; Stökl et al., 2013; World Health Organization et al., 2013). Governments are obligated under the Convention on the Elimination of All Forms of Discrimination Against Women and have also made numerous commitments in intergovernmental forums, most recently at the 2013 session of the United Nations Commission on the Status of Women, to develop and implement national policies, budgets and actions to reduce, eliminate and mitigate the consequences of violence against women (VAW) and girls (United Nations Commission on the Status of Women, 2013).

Prevention is imperative and promising programmes exist that need to be tested and scaled up (Heise, 2011; WHO & London School of Hygiene and Tropical Medicine, 2010). These include multi-sector interventions implemented under a coherent and systematic policy framework that empowers women socially and economically. All governments, NGOs and development partners together, need to: frame and implement laws and programmes to eliminate the economic and sociocultural factors that foster a culture of violence against women, including discriminatory family laws; support interventions to challenge social norms that support gender inequality and sanction or condone VAW, including comprehensive sexuality, human rights and gender equality education (Redner & Akinfaderin-Agarau, 2014); reduce childhood exposure to violence–a risk factor for

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violence in adulthood; strengthen women's economic rights and position, including eliminating gender inequalities in access to formal wage employment and secondary education; and build the capacity of all sectors (health, police, legal, social work) to address such violence (Heise, 2011; WHO, 2013; WHO & London School of Hygiene and Tropical Medicine, 2010).

Countries must also provide care and support for women who are experiencing violence. Although many women may not want to disclose abuse or violence, a health-care provider is likely to be the first professional contact for women suffering intimate partner violence or sexual assault. Women also identify health-care providers as the professionals whom they would most trust with disclosure of abuse (Feder, Hutson, Ramsay, & Taket, 2006).

The health system and health-care providers, particularly but not only sexual and reproductive health services, programmes and information, can support disclosure, provide treatment, care and support, referral and follow-up, and create documentation. National and local health policies and programmes should ensure that health services meet the minimum requirements for addressing violence against women in accordance with WHO guidance (WHO, 2013), including: policies, training and support for health professionals so that they can recognise and respond to partner and/or sexual violence, including first-line psychological support, as well as physical health care; post-rape care including, emergency contraception, safe abortion, and STI and HIV prophylaxis and psychological support; and violence prevention, recognition, and care information in all education activities. The health system must also address violence perpetrated by health-care providers against women, especially in sexual and reproductive health services, including during labour and delivery, and in the provision of abortion and post abortion care, among others.

Unprecedented worldwide public, professional and political interest currently offers exceptional opportunities for action. Strong leadership and coordination, to guide a multi-sector response and ensure coherence across sectors, can and must be mobilised, including with women's organisations, which have been at the forefront of work to date. Better evaluation of promising interventions and further research to inform programmes should be supported.

Finally, the UN's post-2015 global agenda, currently under discussion, must include a target to eliminate VAW and girls, which supports the actions we outline above. This will help to pave the way for a generation of women and girls who live free of violence, and create more peaceful societies. Violence against women and against girls is one of, if not the, most common violation of human rights in today's world. It does not have to happen and it can end with concerted action.

Disclaimer

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