

Violence Against Women

A global concern

A local experience

Landmarks before 2000

1987 : Safe Motherhood

1993 : World Conference on Human Rights

1993 : The Declaration on the Elimination of Violence Against Women

1995 : 4th World Conference on Women

1996 : World Health Assembly*

1997 : FIGO Resolutions**

UN Declaration on Elimination of Violence Against Women

Article 1 ... the term "violence against women" means any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life.

Violence Against Women

An universal problem

The universal phenomenon of violence against women is the result of *"historically unequal power relations between men and women, which have led to domination over and discrimination against women by men and to the prevention of women's full advancement"*

UN Special Rapporteur on Violence against Women, 1994

Violence against women is a a
fundamental violation of women's
human rights as well as a
significant public health problem.

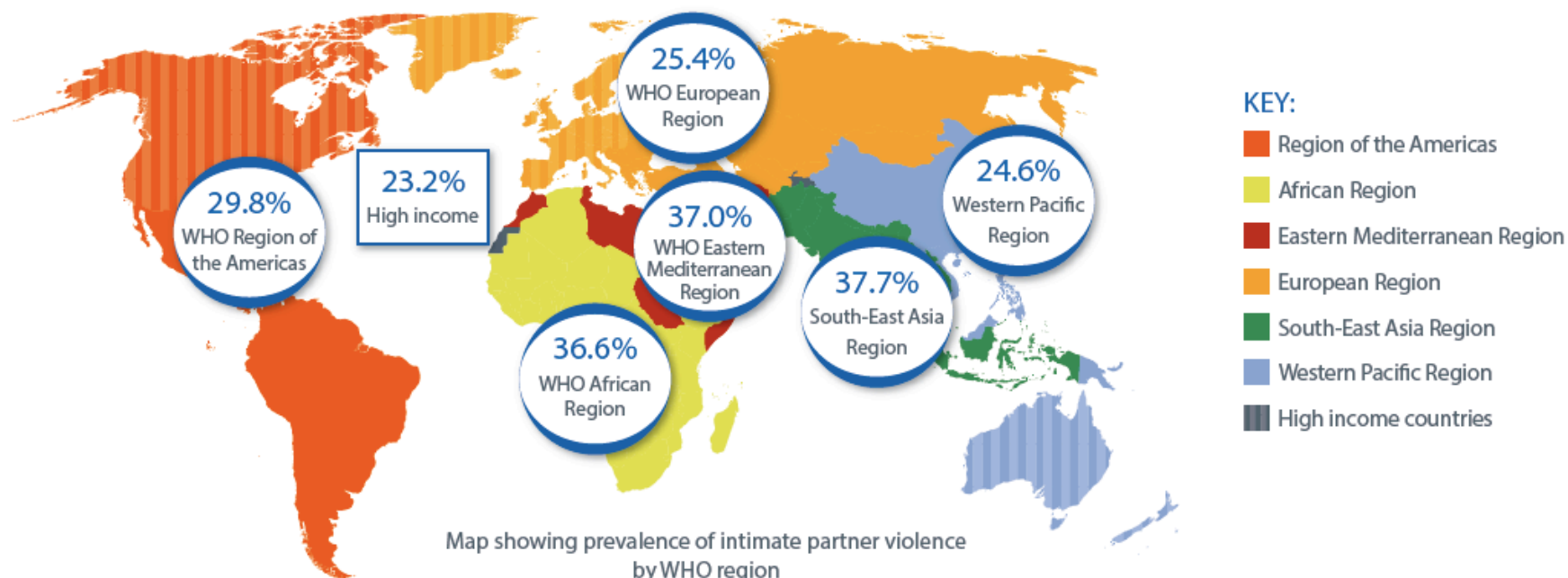
VAW, Prevalence

Overall, 35% of women worldwide have experienced either physical and/or sexual intimate partner violence or non-partner sexual violence.

PREVALENCE →

1 in 3 women

throughout the world will experience physical and/or sexual violence by a partner or sexual violence by a non-partner



From Global and regional estimates of violence against women infographic. © World Health Organization 2013, ISBN 978 92 4 156462 5

Globally, 7% of women have been sexually assaulted by someone other than a partner.

There are fewer data available on the health effects of non-partner sexual violence.

However, the evidence that does exist reveals that women who have experienced this form of violence are:

- 2.3 times more likely to have alcohol use disorders and
- 2.6 times more likely to experience depression or anxiety.

From Global and regional estimates of violence against women: prevalence and health effects of intimate partner violence and non-partner sexual violence. © World Health Organization 2013, ISBN 978 92 4 156462 5

WHO region	Prevalence, %	95% CI, %
Low- and middle-income regions:		
Africa	36.6	32.7 to 40.5
Americas	29.8	25.8 to 33.9
Eastern Mediterranean	37.0	30.9 to 43.1
Europe	25.4	20.9 to 30.0
South-East Asia	37.7	32.8 to 42.6
Western Pacific	24.6	20.1 to 29.0
High income	23.2	20.2 to 26.2

CI = confidence interval.

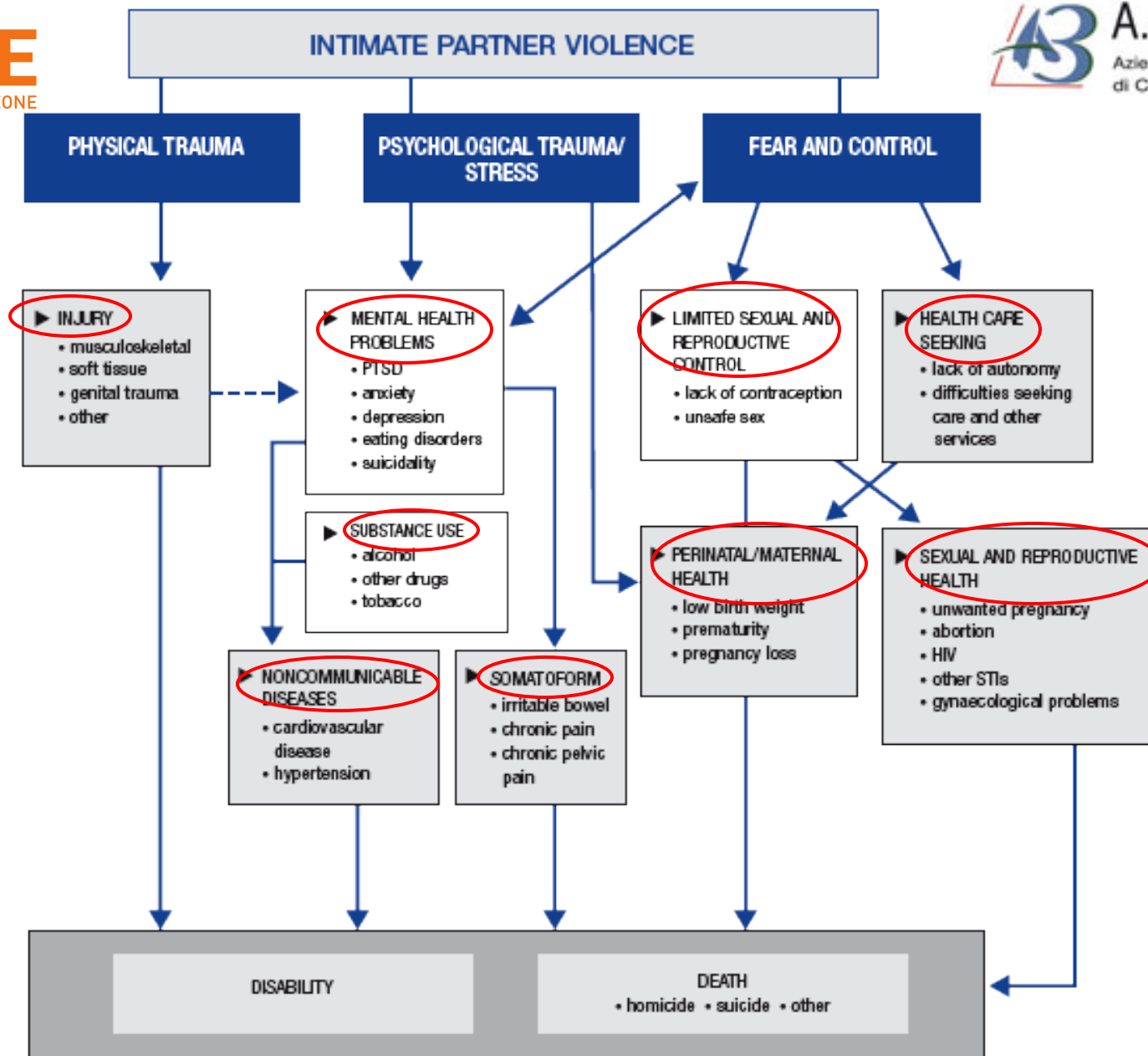
Lifetime prevalence of physical and/or sexual intimate partner violence among ever-partnered women by WHO region

Lifetime prevalence of intimate partner violence by age group among ever-partnered women

Age group, years	Prevalence, %	95% CI, %
15–19	29.4	26.8 to 32.1
20–24	31.6	29.2 to 33.9
25–29	32.3	30.0 to 34.6
30–34	31.1	28.9 to 33.4
35–39	36.6	30.0 to 43.2
40–44	37.8	30.7 to 44.9
45–49	29.2	26.9 to 31.5
50–54	25.5	18.6 to 32.4
55–59	15.1	6.1 to 24.1
60–64	19.6	9.6 to 29.5
65–69	22.2	12.8 to 31.6

CI = confidence interval.

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VAW, Health Related Problems


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

From Global and regional estimates of violence against women infograph. © World Health Organization 2013, ISBN 978 92 4 156462 5

VAW Prevalence in Italy

- In 2006, a survey was conducted *ad hoc* on a large scale entirely devoted to the phenomenon of physical and sexual violence against women in Italy, called "*The violence and abuse against women inside and outside the family.*"
- This research, due to an agreement among the Istat Institute, conductor of the survey, the Ministry for Rights and Equal Opportunities, Interior and Labor, funded by the National Operational Program "Security and Systems Actions" of the European Social Fund, had the following objectives:
 - global analysis of the violence against women phenomenon
 - estimate the prevalence,
 - identify the characteristics of people involved and
 - consequences for the victims.

VAW Prevalence in Italy

- The purpose of this investigation was to estimate the submerged violence by interviewing women.
- This stemmed from the consideration that the complaints were, and still are, just the tip of the iceberg of the phenomenon of VAW and can not therefore be taken as indicators.
- In addition, the quantitative knowledge VAW is essential for the development – at institutional level and local policies - of services needed to face it.
- The research methodology was based on the interview call, from January to October 2006; a sample of twenty-five thousands women, aged between 16 and 70 years old, residing on the whole Italian territory.

VAW Prevalence in Italy

At least one physical or sexual violence	6.743.000 women	31,9%
Repeated physical violence	3.916.679 women	18,8%
Sexual violence	4.937.515 women	23,7%
Rape or attempted rape	1.000.000 women	4,8%

Italian women between 16 and 70 years who have suffered physical and sexual violence in their lifetime (data from the Ministry of the Interior, 2006)

Forms of sexual violence reported (Istat, 2006)

Undesired sexual intercourse 19.0%

Sexual intercourse experienced as
degrading and humiliating 6.1%

VAW Prevalence in Italy

Violence is almost never episodic

- 52.9% of the victims suffered more violence
- 67.1% suffered more episodes of physical or sexual violence by their partners
- 79.4% suffered more episodes of sexual violence by their partners

Italian women aged between 16 and 70 years who have suffered physical and sexual violence during the past 12 months (Data from the Ministry of the Interior, 2006).

The variation in the prevalence of violence seen within and among communities, countries and regions, highlights that violence is not inevitable, and that it can be prevented.

Different factors explain this global variation.

This highlights the need to address the economic and socio-cultural factors that foster a culture of violence against women.

Guidelines for Health Sector Response WHO Recommendations



Women-centred care:

Health-care providers should, at a minimum, offer first-line support when women disclose violence (empathetic listening, non-judgmental attitude, privacy, confidentiality, link to other services).



Identification and care for survivors of intimate partner violence:

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.

Guidelines for Health Sector Response WHO Recommendations



Clinical care for survivors of sexual violence:

Offer comprehensive care including first-line support, emergency contraception, STI and HIV prophylaxis by any perpetrator and take a complete history, recording events to determine what interventions are appropriate.



Training of health-care providers on intimate partner violence and sexual violence:

Training at pre-qualification level in first-line support for women who have experienced intimate partner violence and sexual assault should be given to healthcare providers.

Guidelines for Health Sector Response WHO Recommendations



Health-care policy and provision:

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.



Mandatory reporting of intimate partner violence:

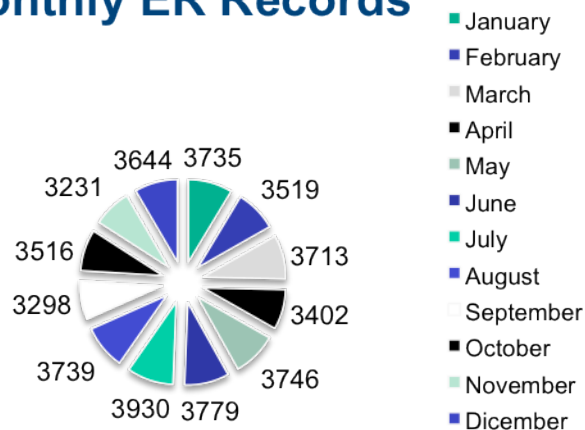
Mandatory reporting to the police by the health-care provider is not recommended. Health-care providers should offer to report the incident if the woman chooses.

"The prevalence of sexual violence is 10 times more common than the doctors' perception"

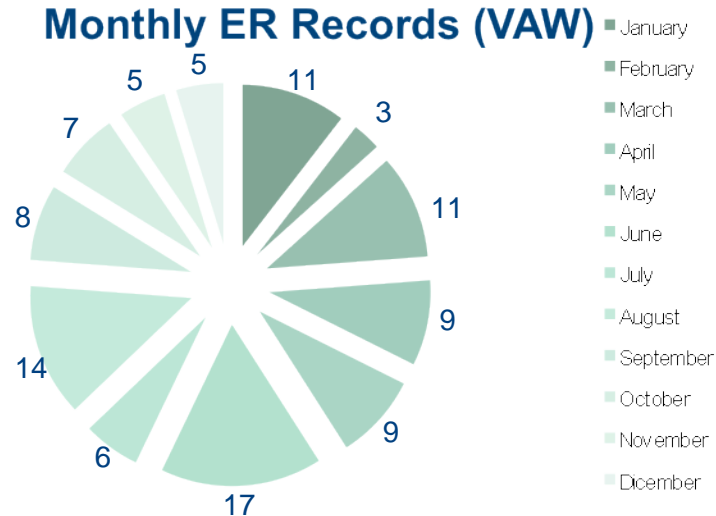
Stark et al, 1979

Azienda Sanitaria Locale Torino 3 Experience

Monthly ER Records

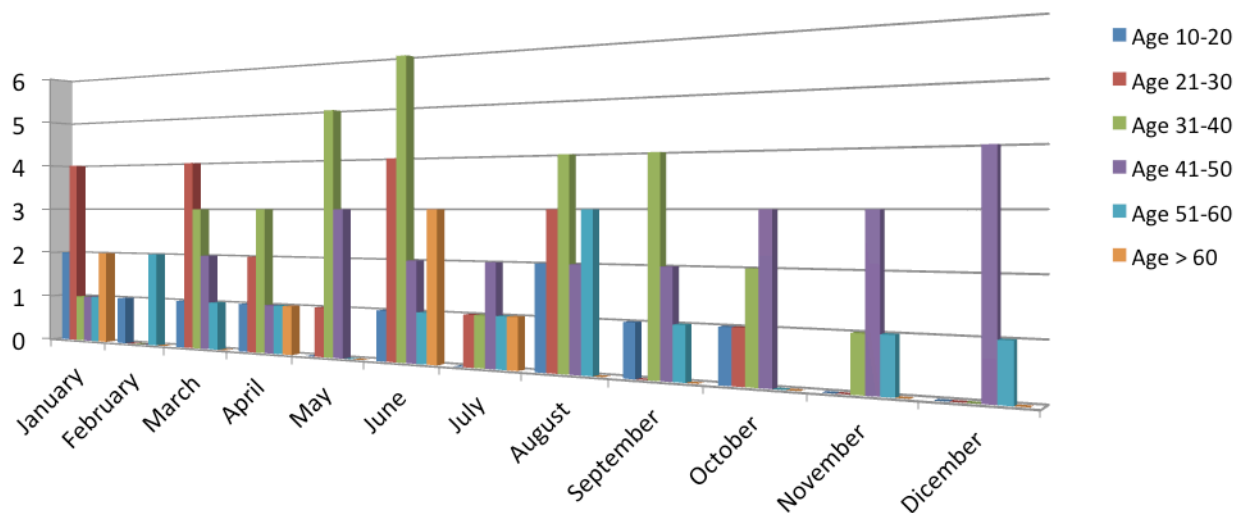


Monthly ER Records (VAW)

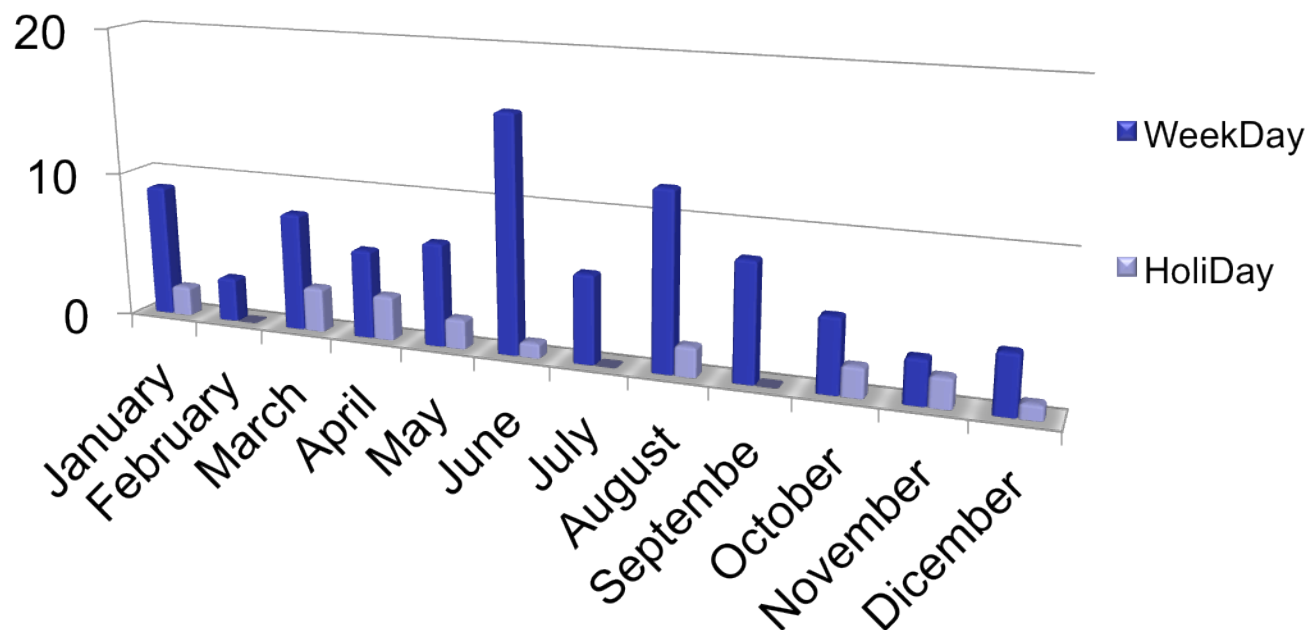


Azienda Sanitaria Locale Torino 3 Experience

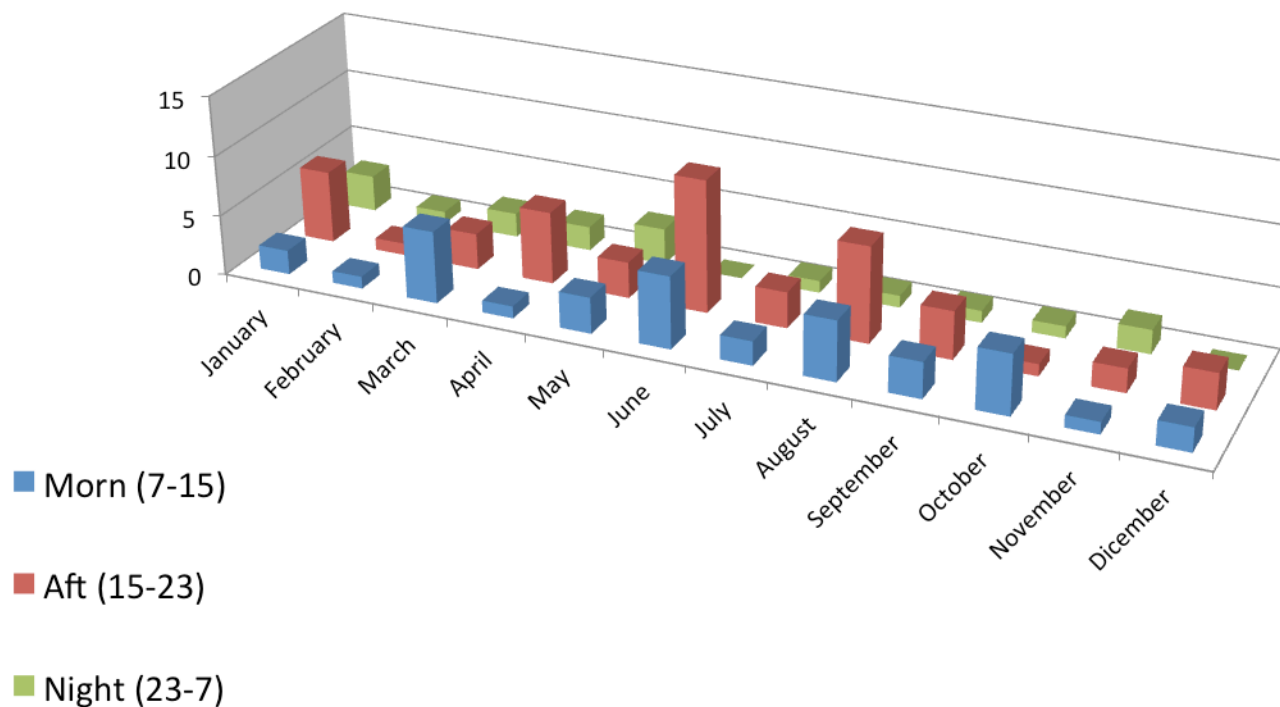
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Azienda Sanitaria Locale Torino 3 Experience

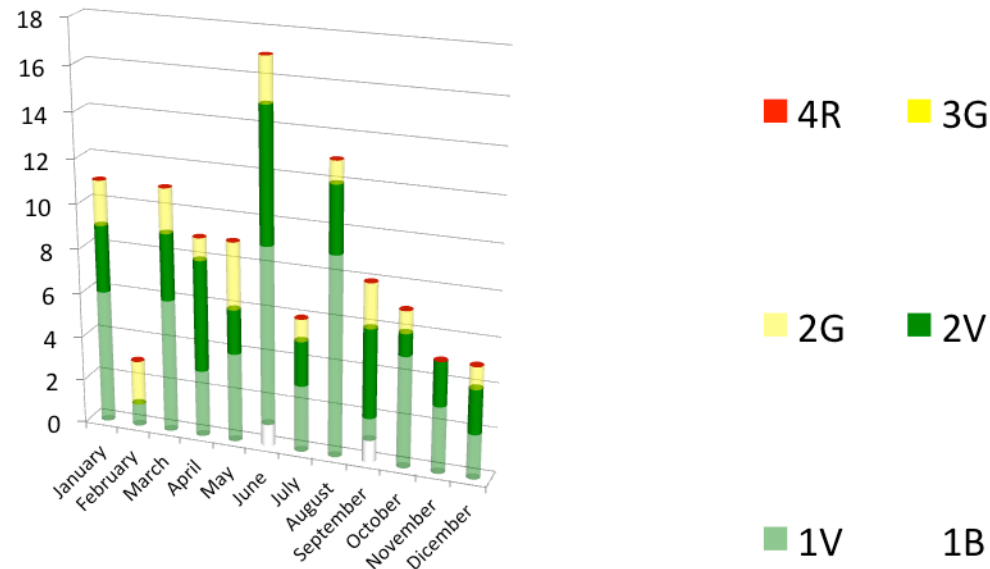


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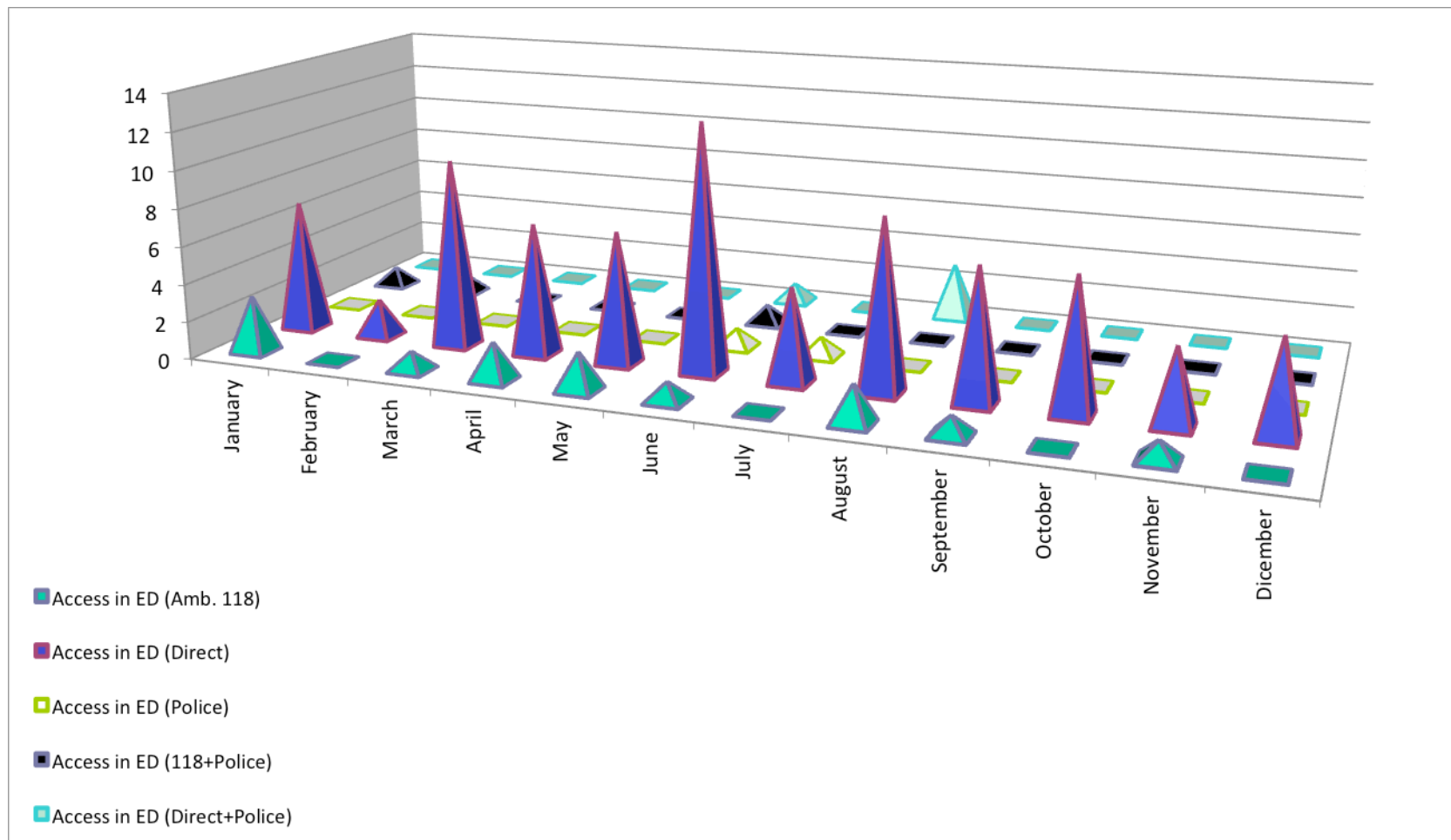


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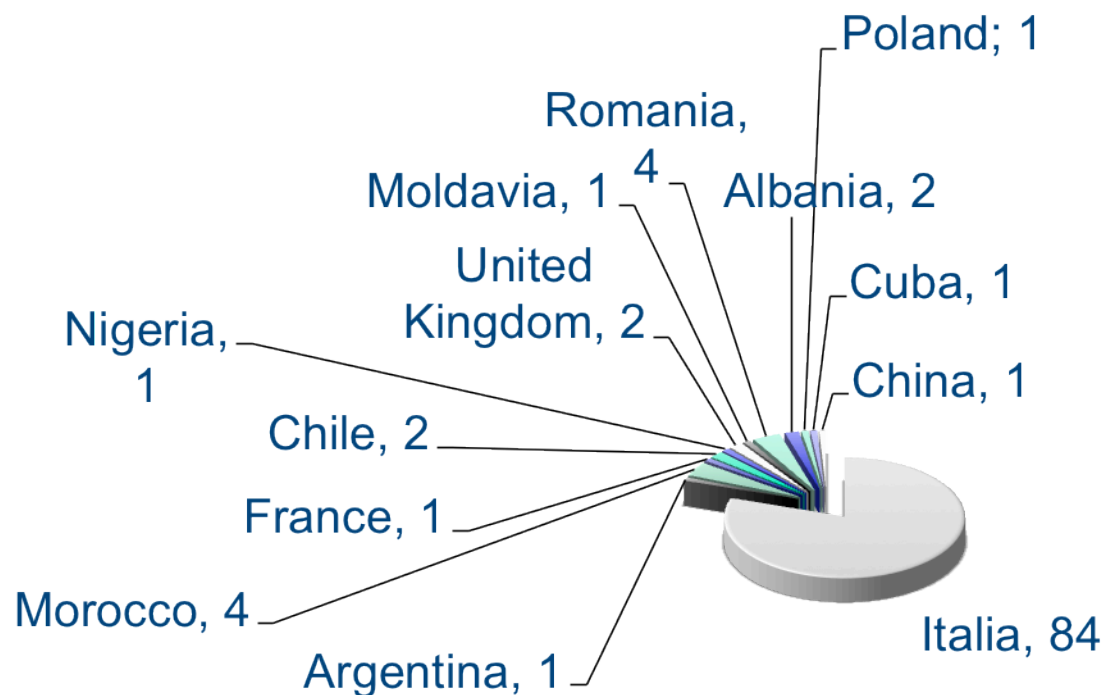
TRIAGE CODES



Azienda Sanitaria Locale Torino 3 Experience



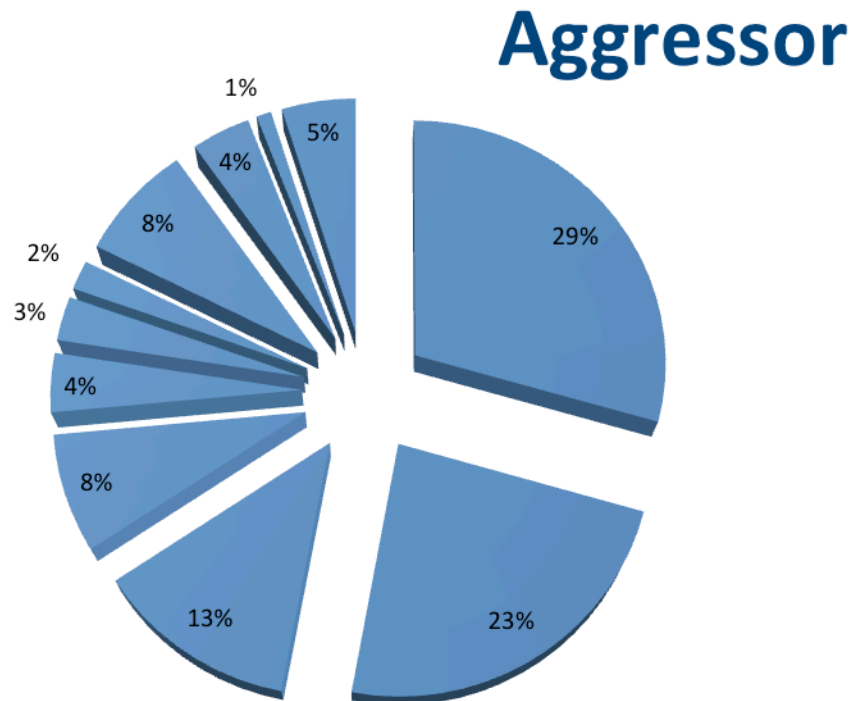
Azienda Sanitaria Locale Torino 3 Experience



Nationality

Azienda Sanitaria Locale Torino 3 Experience

- Known person 30
- Husband 24
- Living Partner 13
- Father 8
- Son 4
- Relative 3
- Unknown 2
- Not spec. 8
- Ex husband 4
- Boyfiend 1
- Ex boyfriend 5



ZOHE'S "LAST MINUTE'S SURVEY ON VAW"

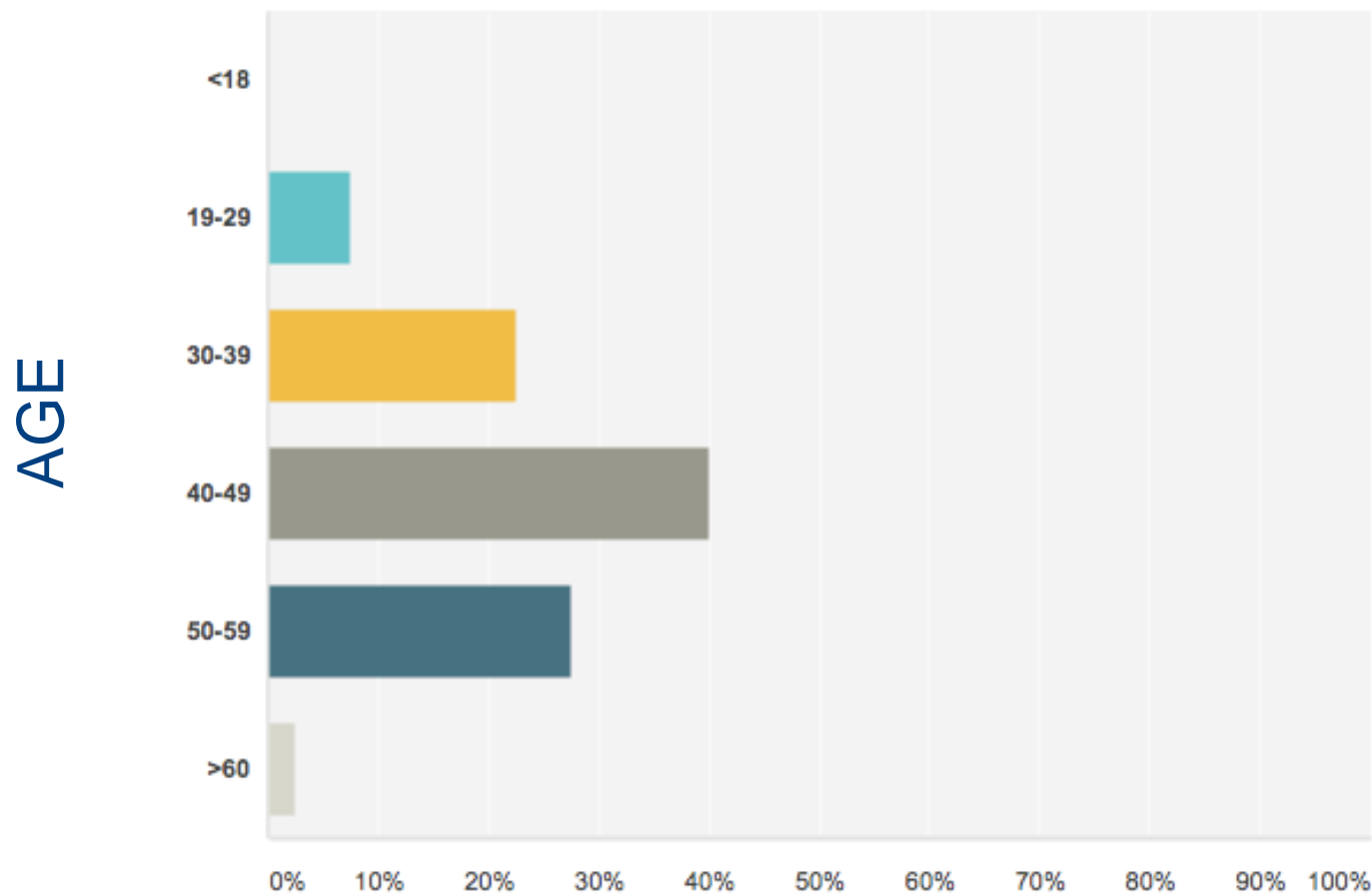
In the coming days ZOHE is going to participate at IWEEE 2014 (http://www.iweee.org/2014-las_palmas/) speaking about violence against women.

This is a universal concern since more than one in three women will experience physical or sexual violence, around the world.

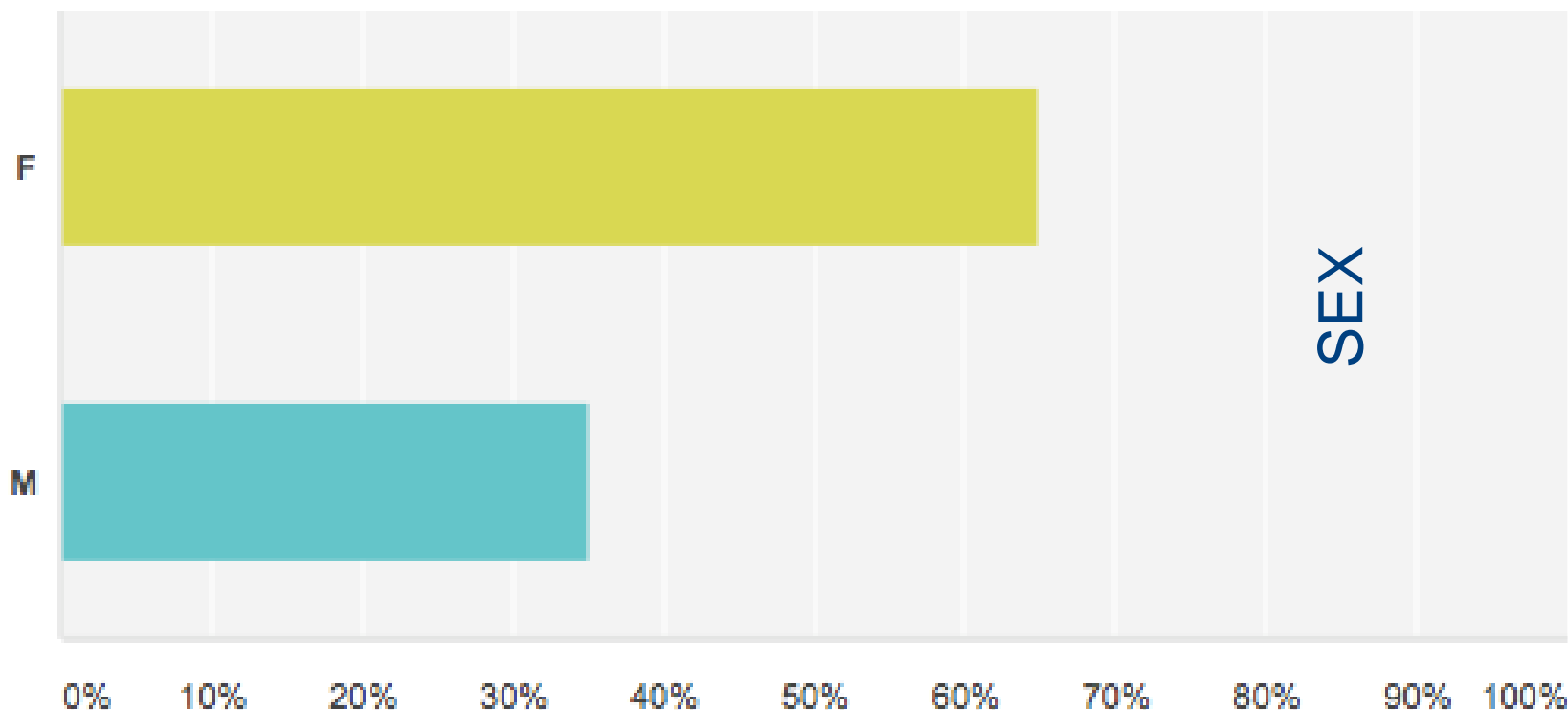
Trying to move from ideas to solutions, how can technologies (informatics, ICT, mobile devices etc.) face this issue?

Please feel free to go to this link (<https://www.surveymonkey.com/s/CV5TB3R>) and answer the "last minute" questionnaire. It's a superfast 6 questions-survey taking a few minutes, please consider it.

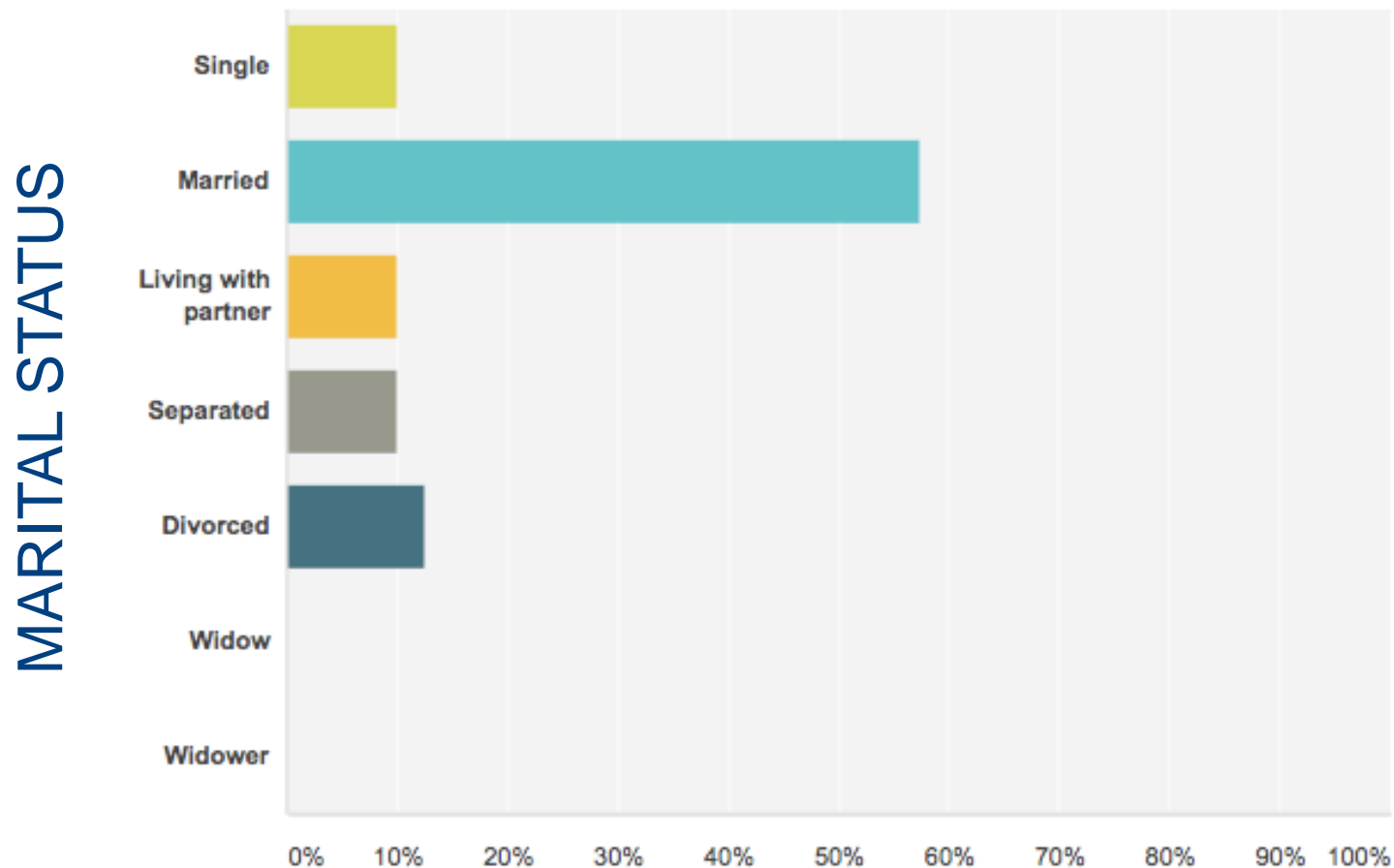
ZOHE'S "LAST MINUTE'S" SURVEY ON VAW



ZOHE'S "LAST MINUTE'S" SURVEY ON VAW

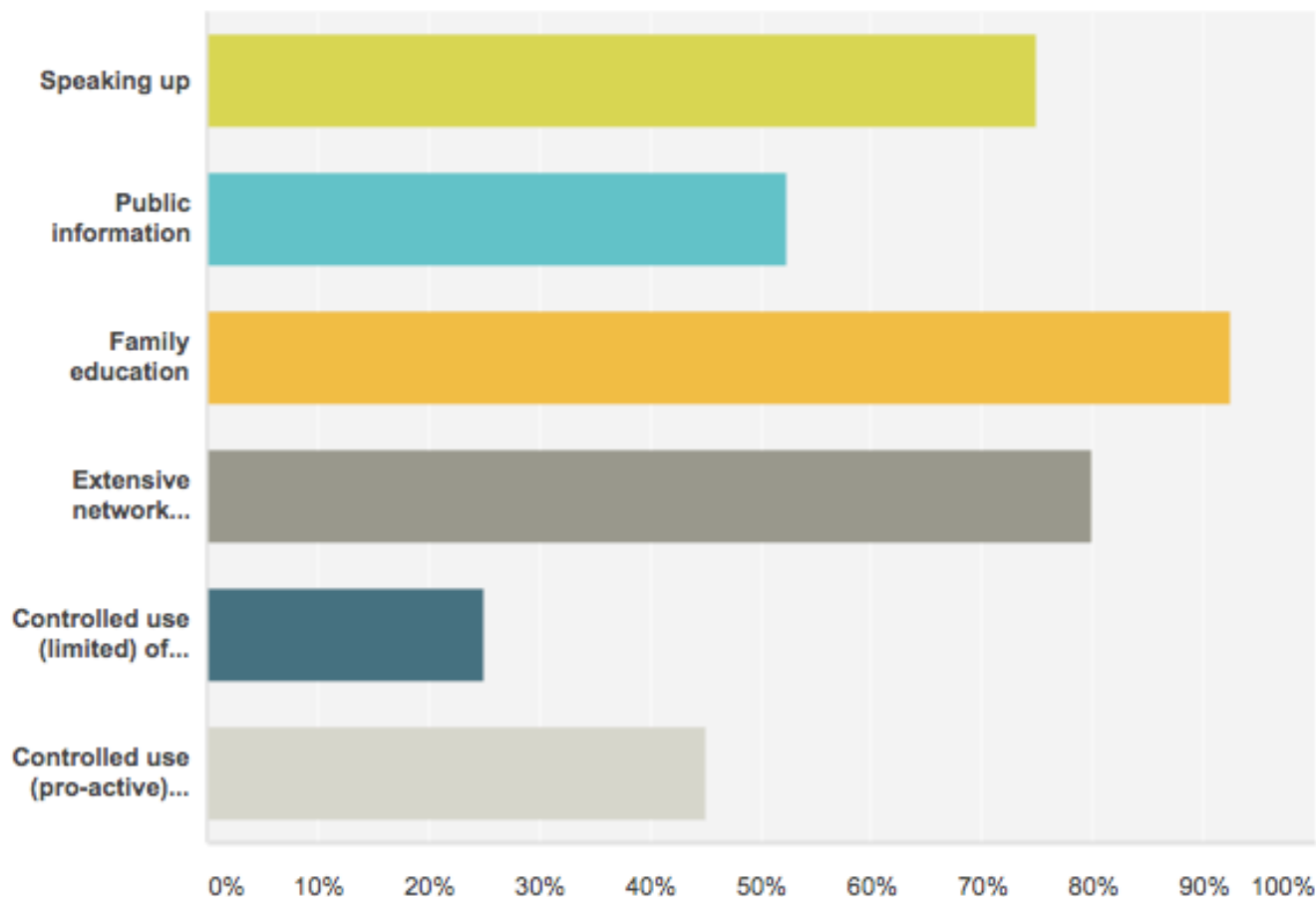


ZOHE'S "LAST MINUTE'S SURVEY ON VAW



ZOHE'S "LAST MINUTE'S" SURVEY ON VAW

TOOLS



ZOHE'S “LAST MINUTE’S” SURVEY ON VAW

- No apps will help if the victim is not capable/educated/willing/courageous to denounce the aggressor
- Infrastructure-network support (economic, too)
- Give economy independence
- Freely available App for reaching the nearest hotline, given the GPS position of the phone, for reporting violence against women.
- Can spread information and create a network among victims
- Off topic, software license is not related in anyway to this topic. In emerging economies the absence of Licensing fees might help to get easier access to software but this software must still be maintained

CONCLUSIONS

Violence against women is a fundamental violation of women's human rights as well as a significant public health problem.

The health sector must play a greater role in responding to this kind of violence.

It is important that all health-care providers understand the relationship between exposure to violence and women's ill health, and are able to respond appropriately.

There is a clear need to scale up efforts across a range of sectors, both to prevent violence from happening and to provide necessary services for women experiencing violence.

CONCLUSIONS

One key aspect is to identify opportunities to provide support and link women with other services they need – for example, when women seek:

- sexual and reproductive health services
- antenatal care, family planning, post-abortion care
- HIV testing,
- mental health
- emergency services.

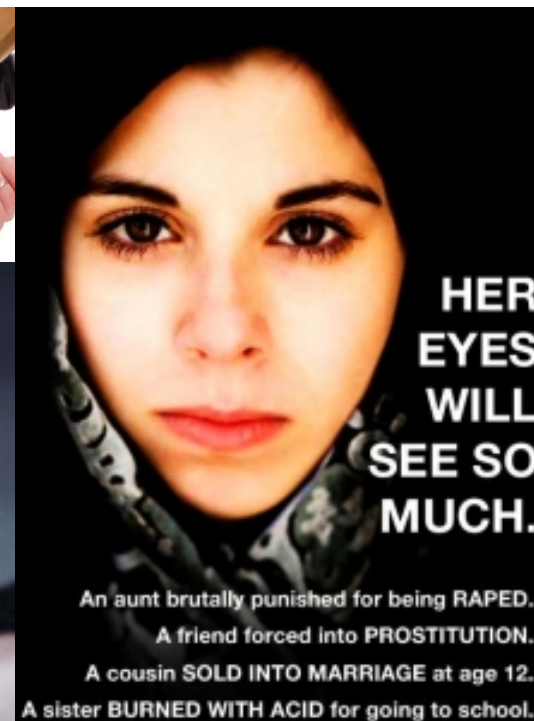
Comprehensive post-rape care services need to be made available and accessible at a much larger scale than is currently provided.

In line with the WHO recommendations, at a global level, and considering the different laws and cultures, there is a need of:

- challenging social norms that support male authority and control over women and sanction or condone violence against women;
- reducing levels of childhood exposures to violence;
- reforming discriminatory family law;
- strengthening women's economic and legal rights;
- eliminating gender inequalities in access to formal wage employment and secondary education

The experience of the ASL TO3 is pointing through the cross-sectoral cooperation among different actors (Hospitals, Emergency Services, Municipalities, Local Authorities, Social Services, Police, Prosecutor, Court) to develop a network able to give the right interpretation of the phenomenon and discover the submerged violence to face the problem and respond more effectively.

STOP
Violence Against Women







Anija Seedler