

# Resource package for strengthening countries' health systems response to violence against women





### WHO/SRH/21.5

### © World Health Organization 2021

Some rights reserved. This work is available under the Creative Commons Attribution-NonCommercial-ShareAlike 3.0 IGO licence (CC BY-NC-SA 3.0 IGO; https://creativecommons.org/licenses/by-nc-sa/3.0/igo).

Under the terms of this licence, you may copy, redistribute and adapt the work for non-commercial purposes, provided the work is appropriately cited, as indicated below. In any use of this work, there should be no suggestion that WHO endorses any specific organization, products or services. The use of the WHO logo is not permitted. If you adapt the work, then you must license your work under the same or equivalent Creative Commons licence. If you create a translation of this work, you should add the following disclaimer along with the suggested citation: "This translation was not created by the World Health Organization (WHO). WHO is not responsible for the content or accuracy of this translation. The original English edition shall be the binding and authentic edition".

Any mediation relating to disputes arising under the licence shall be conducted in accordance with the mediation rules of the World Intellectual Property Organization (http://www.wipo.int/amc/en/mediation/rules/).

**Suggested citation.** Resource package for strengthening countries' health systems response to violence against women. Geneva: World Health Organization; 2021 (WHO/SRH/21.5). Licence: CC BY-NC-SA 3.0 IGO.

**Cataloguing-in-Publication (CIP) data.** CIP data are available at http://apps.who.int/iris.

**Sales, rights and licensing.** To purchase WHO publications, see http://apps. who.int/bookorders. To submit requests for commercial use and queries on rights and licensing, see http://www.who.int/about/licensing.

**Third-party materials.** If you wish to reuse material from this work that is attributed to a third party, such as tables, figures or images, it is your responsibility to determine whether permission is needed for that reuse and to obtain permission from the copyright holder. The risk of claims resulting from infringement of any third-party-owned component in the work rests solely with the user.

**General disclaimers.** The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by WHO in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by WHO to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall WHO be liable for damages arising from its use.

Edit and design by Inis Communication



# Why focus on violence against women?

Nearly one in three women 15 years and older (30%) have experienced physical or sexual violence by an intimate partner or sexual violence by any perpetrator. Violence against women is a public health problem. The issue is rooted in gender inequality and is a violation of women's human rights. Such violence negatively affects women's mental and physical health, including sexual and reproductive health, and well-being.



# What is the role of health systems and sectors?

Within a multisectoral response, the health system is an important entry point to identify and support women experiencing violence, even though most women who experience violence do not explicitly disclose this. Women who are abused are more likely to seek health services compared with those who are not abused.<sup>2</sup>

Since most women seek health-care services at some point in their lives, particularly in relation to sexual and reproductive health, the health system provides an important opportunity to identify women being subjected to violence, provide first-line support (psychological first-aid), treat-injuries and other presenting health conditions, mitigate health consequences, and refer to other support services, including psychological support, shelters and legal aid.

The health system also provides an opportunity to promote prevention through messages to communities about the non-acceptability of violence, its harmful health consequences, the importance of mutually respectful and equal relationships, and services to address risk factors such as alcohol and substance use.



# What are the political mandates and commitments made by Member States?

Eliminating all forms of violence against women and girls in public and private spheres is a target (5.2) of Sustainable Development Goal 5 on gender equality and women's empowerment. The health system response to violence against women and girls has been prioritized by WHO Member States through the World Health Assembly (WHA Resolution 67.15) and the 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 (WHA Resolution 69.5). It has also been prioritized in the WHO General Programme of Work 13 (2019–2023) and is a core area of focus for WHO's work on sexual and reproductive health and rights.



# What is in this resource package?

To support and guide countries and partners to strengthen a health systems response to address violence against women, WHO has produced several tools, including:

- clinical and policy guidelines;
- implementation handbooks and manuals;
- training curriculum;
- evidence-based policy, prevention and intervention strategy packages.

The resource package consolidates these documents to support countries to develop or update their national or subnational guidelines, protocols, standard operating procedures, health provider training materials, and multisectoral action plans to prevent and respond to violence against women.

The resource package is also intended to be used for training and sensitization of policy-makers, advocates, health care providers and managers of services and programmes to address violence against women.

Figure 1 shows the different documents with weblinks, and their intended audiences and uses.



# Partnerships in implementing the toolkit

Implementation of the tools in this resource package in countries has been achieved through a wide range of partnerships and collaborations. The primary partnership has been with Ministries of Health (MoH) and United Nations partners, including through the Joint United Nations initiative on the Essential Services Package for Women and Girls Subjected to Violence, which involves UN Women, UNFPA, UNDP, UNODC, and WHO. International (e.g. International Planned Parenthood Federation, Care, JHPIEGO) and national nongovernmental organizations have also been key partners and collaborators.

<sup>&</sup>lt;sup>1</sup> Violence against women prevalence estimates, 2018. Global, regional and national prevalence estimates for intimate partner violence against women and global and regional prevalence estimates for non-partner sexual violence against women. Geneva: World Health Organization, on behalf of the United Nations Inter-Agency Working Group on Violence Against Women Estimation and Data (UNICEF, UNFPA, UNODC, UNSD, UNWomen); 2021.

<sup>&</sup>lt;sup>2</sup> Garcia-Moreno C, et al. The health-systems response to violence against women. Lancet. 2015;385(9977):1567–79.

# Figure 1. Overview of resource package

# **POLICY-MAKERS**

# Guidelines: health-sector response to violence against women



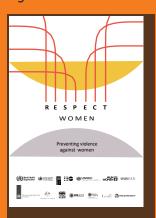
# Mandate



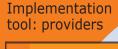
Global Plan
of Action:
Health
systems
address
violence
against
women and
girls

World Medith
Organization

# Framework for prevention of violence against women



# **PROVIDERS AND MANAGERS**





# Implementation tool: managers

Strengthening health systems to respond to women subjected to intimate partner violence or sexual violence

A manual for health managers

# Implementation tools: providers and managers

Implementation tool - Forensics

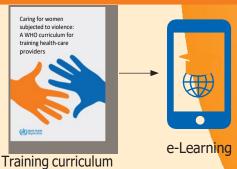


# Implementation tool - Emergencies

Clinical management of rape and intimate partner violence survivors Developing protocols for use in humanitarian settings



Implementation tool





e-Learning

# **ALL AUDIENCES**







# MONITORING AND EVALUATION

# Quality assurance









# COVID-19 and violence against women: All Audiences

COVID-19 and violence against women What the health sector/system can do

7 April 2020

Violence against women remains a major threat to global public health and women's health during emergencies

- Violence against women is highly prevalent. Intimate partner violence is the most common form of violence.
   Globally, 1 in 3 women worldwide have experienced physical and/or sexual violence by an intimate partner or sexual violence by any perpetrator in their lifetime. Most of this is intimate partner or violence.
- rerugees, and living in comitci-artected areas are particularly vulnerable.

  Although data are scarce, reports from China, the United Kingdom, the United States, and other countries suggest an increase in domestic violence cases since the COVID-19 outbreak began. <sup>1,2</sup>
- tripled in February 2020, compared with the same period the previous year.<sup>2</sup>

  The health impacts of violence, particularly intimate partner/domestiv-violence, on women and their children, are significant. Violence against women can result in injuries and serious physical, mental, sexual and

reproductive health problems, including sexually transmitted infections, HIV, and unplanned

### How COVID-19 can exacerbate risks of violence for women

- Stress, the disruption of social and protective networks, and decreased access to services can all exacerbate
  the risk of violence for women.
- As distancing measures are put in place and people are encouraged to stay at home, the risk of intimate partner violence is likely to increase. For example:
- The likelihood that women in an abusive relationship and their children will be exposed to violence is dramatically increased, as family members spend more time in close contact and families cope with additional stress and potential economic or job losses.
- Women bear the brunt of increased care work during this pandemic. School closures further exacerbat
  this burden and place more stress on them
- The disruption of livelihoods and ability to earn a living, including for women (many of whom are informal wage workers), will decrease access to basic needs and services, increasing stress on families, with the potential to exacerbate conflicts and violence. As resources become screen, women may be at
- greater risk for experiencing economic abuse.<sup>1</sup>

  O Perpetrators of abuse may use restrictions due to COVID-19 to exercise power and control over their partners to further reduce access to services, help, and psychosocial support from both formal and informal nebunders.
- Perpetrators may exert control by spreading misinformation about the disease and stigmatize partners.<sup>5</sup>
   Access to vital sexual and reproductive health services, including for women subjected to violence, will likely
- Other services, such as hotlines, crisis centers, shelters, legal aid, and protection services may also be scaled back, further reducing access to the few sources of help that women in abusive relationships might have.

The risks of violence that women and their children face during the current

Violence Against Women and Girls - Data Collection during COVID-19 COVID-19 and violence against women:
What the health sector/system can do?



Violence Against Women and Girls Data Collection during COVID-19

## INTRODUCTION

This is a Inley document that summarizes principles and recommendations to those pioning to embors on data collection on the impact of CVIVIO-19 on violence against yearness and grisk (VAWIC). It was informed by the needs and challenges identified by colleagues in regional and country offices and be benefited from their input. It responds to the difficulties of otherings to methodological, ethical and sofely principles in the center of the physical distancing and stoying at home measures imposed in

This note complements <u>UN Women's brief</u> and <u>WHO's</u>

### About COVID-19 and VAWG

pointed. "In stable as well as emergency contents. Temper, and as in contrast pointing data inclinates that is noverained quited the COVID-19 pandemic." The measures put in place to address the pandemic. "The measures put in place to address the pandemic of the pandemic

p ndemic like CDVID-19 can executable not only violence within the home, but other forms of VAVIC. Voton the violence of the control of VAVIC is of the control of the control of VAVIC is of VAVIC in the control of VAVIC is of VAVIC in the control of VAVIC is of VAVIC in the control of VAVIC in the

family), as well as to quality essential services, includin in psychosocial support, may be limited or need to be do livered differently as a result of physical distancing regulations.

important health concern during this pandemic. Addressing it must be a priority.

### WHY DATA COLLECTION

all a second too the understanding flow and will administrated the second second second second second second VAMW, it can help destript the risk discuss, how assill, but planted for borne analysis of violence is beig affected flow women's access to audit services and second secon



# 预览已结束, 完整报告链接和二维码如下:

https://www.yunbaogao.cn/report/index/report?reportId=5\_23581

